

Britain: Government suppresses report showing hospital patients face danger from Human BSE

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The Labour government has suppressed a damning report into the procedures used by hospitals to prevent the spread of the incurable brain-wasting disorder variant Creutzfeldt-Jakob Disease (vCJD).

There are 111 confirmed or probable cases in the UK of vCJD, the human form of “mad cow disease” (Bovine Spongiform Encephalopathy or BSE). According to scientists, the total number of cases could be between several hundred and 150,000.

David Hurrell, an expert on the investigation team recently revealed to the BBC television programme *Panorama* that a top health official had ordered the destruction of all copies of the report. Hurrell says the report—now known in the health service as “the survey that didn’t take place”—showed that procedures to decontaminate surgical instruments were “barely adequate” in most of the hospitals investigated. He believes they are “an accrued result of 20 years or more of neglect”. Professor Michael Banner, chair of the Department of Health CJD Incidents Panel also told *Panorama* “it’s really quite absurd and unbelievable that the document has not been made available.”

In 1999, Health Minister Alan Milburn commissioned an urgent investigation into the methods used to decontaminate surgical instruments in 43 selected English hospitals. The move came after scientists warned that the biggest risk of vCJD being passed from person to person came from surgical instruments—particularly the re-use of surgical instruments used in brain, nerve and eye operations. Recent evidence suggests that lymph tissue—which produces the body’s white blood cells and is present in such organs as the tonsils and appendix—is also infective. There is additional concern in medical circles about the use of blood and blood products after experiments on sheep showed that blood can transmit the

disease.

Milburn told parliament in November 2000 that he would publish the report in April 2001.

In a letter dated 26 September 2000, leaked to *Panorama*, National Health Service Estates Chief Executive Kate Priestley wrote, “In light of the somewhat negative outcome... there is a need to ensure, at the express request of ministers, that the final version and earlier drafts remain strictly confidential... please undertake to destroy [all copies] and to check that no relevant files remain on your system.”

Ministers refused to appear on the *Panorama* programme, telling the producers not to be “silly”.

It should be remembered that at the same time as Hurrell’s report was being destroyed, the government was drafting its *Response to the BSE Inquiry* [1] which boasted how the government was implementing a culture of “open government” and “the open sharing of information and research on all topics”.

The irresponsibility of the government’s suppression of the hospital decontamination information is further highlighted by the fact that the Scottish National Health Executive published a similar study in February this year. This shows there has been little research on decontamination procedures since an in-depth study was carried out more than 40 years ago. The Scottish study found that most of the hospitals were “deficient in a number of key areas... [giving] serious cause for concern”. It also documents how decontamination often takes place in unsuitable environments, many instruments are in need of replacement or upgrading and there are few records of what instruments are used on patients. A significant minority of hospitals re-use instruments only intended for single use.

Scientists have known for decades that classical CJD

can be transmitted to other patients after surgery on the nervous system. Many scientific studies say that the infective prion agent, believed to cause CJD, is remarkably resistant to conventional sterilisation and disinfection techniques. Recent research by Professor John Collinge at London University suggests instruments can become infected after five minutes contact with infected tissue. They remain infectious after normal decontamination procedures and can re-infect after 30 minutes contact.

In 1990, soon after the BSE epidemic in cattle began to escalate, records provided to the BSE Inquiry show government officials were discussing “appropriate decontamination procedures and blood products.” It was another four years—“a quite unacceptable delay” according to the BSE Inquiry—before a guidance document on the risks of contamination to laboratory and hospital workers was published. It was not until April 1998 that the Advisory Committee on Dangerous Pathogens suggested that instruments must be destroyed—but only from those patients with symptoms of vCJD or suspected of having vCJD.

As researcher Andy Hill at the University of Melbourne points out, “The bottom line is that healthy cattle may harbour infectivity and never show signs of BSE. It is entirely possible that, in the same way, humans might be harbouring the disease at this sub-clinical level... we don’t know how many people might be harbouring the disease.” Brain surgeon Henry Marsh told the *Panorama* programme “The problem is the whole population of this country has been exposed to the BSE agent”.

David Hurrell says his report “clearly indicated that it wasn’t possible in many cases to rely upon decontamination as being an effective barrier to the transmission [of vCJD].” However, the government pressed on with its announcement of £200 million to improve decontamination procedures in January this year and the introduction of single-use instruments for tonsillectomy. Their introduction in other areas of surgery was rejected on the basis that the instruments were too “sophisticated” [i.e. expensive]. Subsequently, the government has sent a consultation document to clinicians asking them what instruments or blood products should be removed from use and when—12 years after the subject was first discussed according to official records.

On the *Panorama* website [2], Operating Department Practitioner David Caldwell points out that operations on the throat close to the tonsils (laryngoscopy) are performed far more frequently than tonsil operations.

They often result in damage to the tonsils yet the devices employed are reused, often with the minimum of disinfection. He says the “consistency [of procedures] is illogical and the measures taken strike me as token gestures.”

In September this year, the *Sunday Times* newspaper reported that hospitals are having to warn thousands of patients about their operations. Research has shown that up to 41 hospitals unwittingly operated on patients incubating vCJD and then reused the instruments on other people. Medical staff have given transfusions to 22 people, and possibly thousands more, using blood donated by 15 people who later developed vCJD. Only blood from eight of the vCJD victims has been traced. Other newspapers report old surgical instruments being exported abroad.

It may be the case that the risk of spreading vCJD through hospital procedures is extremely low. However, by suppressing politically unfavourable information the government is sabotaging a scientific resolution of the problem and is denying the general public its right to be informed about a matter that raises critical public health issues. Or as David Hurrell put it, “At the moment what we have is essentially a dictated policy... with very little discussion going on among the professional groups that should be involved.”

1 The incoming Labour government in 1997 set up the BSE Inquiry, headed by senior judge Lord Phillips, to investigate the cause of the BSE crisis that decimated the British cattle industry and now threatens human health. It produced its report in October 2000.

2 The *Panorama* website, containing a transcript of the programme “Coming Clean” can be viewed at:
http://news.bbc.co.uk/hi/english/audiovideo/programmes/panorama/newsid_1637000/1637861.stm



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