



CVO BSE 1/39

*M. Lawson has seen.*

*22.10.92*

For completion by operator / originator

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## Part 1 - From:

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## Part 2 - To:

Full name and address

**MR T D ROSSINGTON**  
**MAFF**  
**WPW**

*cc Private Offices, Mr K Adam  
Mr C Capstick Mr M Hadder  
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*As requested.*

*Wendy Bolton (res)*

*P.P. R. BRADLEY.*

92/10.20/3.1

RBSB455.MIN DRAFT IN CONFIDENCE

Reference

CVO BSE 1139

**IDIOPATHIC BRAIN STEM NEURONAL CHROMATOLYSIS AND HIPPOCAMPAL SCLEROSIS (Vet. Rec. 1992, M Jeffrey, J W Wilesmith p359-362)****BRIEFING**

1. The disease title is complex and invites the press to coin a new one (such as BSE II, Mad Cow II or Son of BSE). It is suggested for now that it is called a brain disorder or brain degeneration (BD).
2. The clinical signs of BD overlap with those of BSE and all cases to date have been identified in submissions under the BSE Order. Major differences are in the mean age of onset, BD - 9 years old, BSE - 4 to 5 years old; breed, BD 80 per cent in beef breeds or beef crossbreeds, BSE largely dairy cows. The clinical signs in BD generally last for a shorter period than in BSE.
3. Unlike BSE there is no association with specific feeding regimens. In particular some cases have not been fed protein supplements such as meat and bone meal.
4. The geographical distribution is restricted to Scotland especially Grampian and Tayside Regions with only one case being identified in England (25 in Scotland).
5. The lesions of BD can be simply differentiated from those of BSE by microscopical examination of the brain.
6. The cause is unknown. It may have an environmental cause, such as a trace element deficiency but this is unknown. It is less likely to be a hereditary disease (several breeds are affected) a toxic condition or an infectious disease though no cause can be completely ruled out at this stage.
7. Further data and cases are required to:-
  - a) enable a more extensive epidemiological analysis and identify common factors and
  - b) determine if the disease can be more clearly differentiated from BSE at the clinical stage;

If b) were possible, necropsy to identify if other lesions in different organs existed could be helpful and samples could be examined post mortem. Biochemical studies on body fluids from the live animals also might lead to progress in developing clinical diagnostic aids.
8. The disease might have existed for many years, even before the advent of BSE, (oldest case 16 years old) yet have remained undetected, because it occurs only at a low incidence, is a sporadic event (1 case only per farm) and it would be unlikely that the brain would have been examined before the BSE era in the way BSE suspects are examined.

9. There is no risk to cattle, other species or man even if unexpectedly the disease turned out to be infectious. All cases are now trapped by BSE Order and once suspected to have BSE are incinerated thus being unable to enter any food chain. The brain alone is removed for diagnosis.
10. Farmers should call in their veterinary surgeon if animals are sick. If BSE is suspected the incident must be reported to the appropriate local Divisional Office of the Ministry.
11. Some research has started on investigating the disease.

BD - THE LINE TO TAKE

1. No danger to cattle, other species or man as all cases to date have been submitted as BSE suspects under the BSE Order. The carcasses are all incinerated and cannot enter any food or food chain.
2. Disease clinically similar to BSE but pathologically distinct. BD is NOT a form of BSE.
3. The cause is unknown. Research into the disease has commenced.
4. The disease is localised largely to Scotland and does not appear to be hereditary or have an origin in protein supplements.
5. Farmers should call their veterinary surgeon if they suspect the disease or indeed any illness. If the signs suggest that BSE might be the cause the incident must be notified to the local Divisional Veterinary Officer of the Ministry.
6. Some research has started on investigating the disease.

*S Bate*  
*(Signed in Mr Bradley's absence)*

R BRADLEY  
 20 October 1992

Mr K C Taylor |  
 Mr R C Lawson | Tol TJ

Dr B J Shreeve CVL

Mr P Hayward (for distribution as necessary) WHP

Mr J W Wilesmith (CVL) | if any adjustment is necessary  
 Dr M Jeffrey (Lasswade) | please notify

Mr M Dawson CVL

92/10.20/3.3