This is a provisional English translation of an excerpt from the original full report.

Risk Assessment Report

Consideration of risk variations in Japan derived from proposed revision of the current countermeasures against BSE

Risk to human health by ceasing BSE testing for healthy slaughtered cattle (prions)

Food Safety Commission of Japan (FSCJ)

August 2016

ABSTRACT

FSCJ conducted assessments on human health risk associated with Bovine Spongiform Encephalopathy (BSE) in relation to the proposed revision of the domestic measures, in response to requests from the Ministry of Health, Labour and Welfare (MHLW). Using the findings obtained from published documents and reference materials /documents submitted by the MHWL, FSCJ first completed the risk assessment of (1) the limit of cattle age for BSE testing, and subsequently will conduct the assessment of (2) definition of Specified Risk Materials (SRMs).

For the age limit, FSCJ thoroughly assessed the possible risk of development of human prion diseases including *vCJD* linked with BSE prions through consumption of cattle meat and offal in association with the proposed cease of BSE testing of healthy slaughtered cattle for human consumption.

The results are summarized below.

Taking into account the status of occurrence of BSE after the completion of the 2013 assessment, FSCJ considered that the conclusion of the BSE risk assessment in May 2013 is appropriate. The conclusion in 2013 indicates that classical BSE is highly unlikely to occur under the continuously implemented countermeasures against BSE including feed restrictions.

Based on the available findings, evidence from experimental transmission of H-BSE to laboratory animals suggests that the animal-to human transmission is unlikely to occur. In the EU, the BSE incidence per million cattle over two years of age is extremely low at 0.07 per year. Although the brain tissue from L-BSE cattle could be infective to human, the infectivity in tissues other than SRM is considered to be extremely low. In Japan and the EU, the L-BSE incidence per million cattle over two years of age is extremely low at 0.07 and 0.09, respectively. Possible epidemiological associations between atypical BSE and human prion diseases including vCJD have not been reported so far.

Based on (1) the current status of BSE in cattle, (2) the comprehensive implementation of such control measures as import restriction, feed restriction, and appropriate processing at slaughterhouses, and (3) interspecies barrier between cattle and human in transmission of atypical and classical BSE prions, FSCJ considers that vCJD is highly unlikely to occur through consumption of meat and offal (excluding SRM)

derived from cattle born and raised in Japan. This consideration is the same as that in the assessment report in May 2013.

Regarding (1) the limit of cattle age for BSE testing, a difference between the following two measures would be extremely small in their influences on the risk to human health. One is to test continuously healthy slaughtered cattle over 48 months of age for human consumption, and the other is to cease BSE testing of healthy slaughtered cattle for human consumption. Therefore, FSCJ considers that the risk to human health arisen from the change of the measure on BSE testing from the former to the latter is negligible.

Feed regulation is an extremely important measure to prevent the transmission of BSE to livestock. The prevalence of BSE should be continuously monitored by BSE testing for high-risk cattle to verify the successful implementation of feed regulation.
It is also necessary to perform continuously an appropriate ante-mortem inspection on all cattle in slaughter houses.
Cattle over 24 months of age suspected of having nervous system impairments including ataxia, paresthesia, dysreflexia, impaired consciousness, and systemic symptoms at the inspection must be tested for BSE.

This assessment was conducted based on the findings that are currently available. However, findings on atypical BSE are limited, and therefore, new scientific findings especially on atypical BSE should be continuously collected.