



ADVISORY COMMITTEE ON DANGEROUS PATHOGENS

Management of Hazard Group 4 viral haemorrhagic fevers and similar human infectious diseases of high consequence

Issue

1. This paper updates Members on the revision of the updated ACDP guidance “Management of Hazard Group 4 viral haemorrhagic fevers and similar human infectious diseases of high consequence” and asks for their comments on the current draft guidance document provided at **Annex 1**.

Patient risk assessment algorithm

2. Following discussion at the last ACDP meeting, the patient risk assessment algorithm has been revised to break the feedback loop within the category ‘possibility of VHF’. Patients with a negative VHF screen should still be considered as having a possibility of VHF infection until an alternative diagnosis is obtained. The updated patient risk assessment algorithm is attached as **Annex 2** of this paper.

Risk meeting

3. An ad-hoc subgroup was held in March this year to discuss airborne and aerosol transmission risks from patients with viral haemorrhagic fevers. A summary paper was provided to members and is included as **Annex 3** of this paper. The minutes of the meeting are included as **Annex 4**.
4. Members concluded that, though animal transmission studies are important, it was unrealistic to extrapolate animal studies of aerosol transmission of VHFs to person-to-person transmission in the healthcare setting. Members also agreed that there is no circumstantial or epidemiological evidence that there is an aerosol transmission risk from VHF patients, but there remains a theoretical risk. It was agreed that evidence from outbreaks strongly indicates

that the main routes of transmission of VHF infection are via splashes and droplets, direct contact with body fluids, particularly through needlestick, and with environments contaminated by splashes, droplets and spills of body fluids.

Draft guidance document

5. The draft guidance document is presented at **Annex 1** for Members' comments. Officials at the Health and Safety Laboratory, Health and Safety Executive and Department of Health have conducted extensive research, visits and consultations with various stakeholders before drafting the sections and appendices of the guidance.
6. A section on engineering considerations and negative pressure ventilation (page 37 of the document) will be tabled at the meeting.
7. It is proposed that this guidance document will go out for public consultation this summer, to enable publication by the end of 2011.

Action

8. Members are asked to read the draft guidance document provided at **Annex 1** and give comments on the content.

Secretariat

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