

**Approved List redraft compared to old ACDP version**

<b>Organism</b>	<b>Old ACDP categorisation</b>	<b>Redraft categorisation</b>
Newcastle disease	2	Combined group - 4 Human hazard group – 2
Duvenhage	3	Combined group - 4 Human hazard group – 3
Rabies	3	Combined group - 4 Human hazard group – 3
Vesicular stomatitis	2	Combined group - 3 Human hazard group - 2

**Approved List redraft compared to European List**

<b>Organism</b>	<b>European categorisation</b>	<b>ACDP categorisation</b>
<i>Ehrlichia sennetsu</i> ( <i>Rickettsia sennetsu</i> )	2	3
<i>Mycobacterium malmoense</i>	2	3
<i>Mycobacterium szulgai</i>	2	3
<i>Rickettsia</i> spp.	2	3
<i>Salmonella paratyphi</i> A, B, C	2	3
LCMV (other strains)	2	3
Mopeia virus	2	3
Bhanja	2	3
Germiston	2	3
Kyasanur Forest	3	4
Omsk	3	4
Russian spring-summer encephalitis (TBE)	3	4
Herpesvirus simiae (B virus)	3	4

Newcastle disease	2	Combined group - 4 Human hazard group – 2
Rabies	3	Combined group - 4 Human hazard group – 3
Vesicular stomatitis	2	Combined group - 3 Human hazard group - 2
<i>Penicillium marneffe</i>	2	3

### Questions to ACDP

Organism	Current ACDP categorisation	Suggest change
LCMV (other strains)	3 (with derogation for LCM-Armstrong available)	<p>Should Armstrong strain be formally re-categorised as 2?</p> <p>“On the basis of European and American categorisation, plus our own risk assessment, we successfully argued for derogation of Armstrong strain to cat 2 about 5 years ago. Maybe this should be formalised. LCMV is a very common virus, with lots of genetic variety in wild mice, and not much evidence for human infection despite lots of opportunity. It may be that human-derived strains should be viewed as cat 3, but mouse-derived as cat 2 plus (i.e. the categorisation is based on a bias towards only working with human pathogens). See ‘other LCM-lassa complex viruses’.”</p> <p>“Armstrong strain been around for so many years in cat 2 labs it can’t be regarded as cat 3 – other strains could be classified at cat 3 – WE, Traub, Paster etc.”</p>
<i>Filoviridae</i> (Ebola & Marburg)		Has ACDP considered other filoviruses detected in non-human animal tissues?
<b>Three flu entries:</b> Influenza virus types A, B, C ( <b>cat 2</b> ); Influenza viruses (pathogenic avian)		“These additional two rows (i.e. pathogenic and uncharacterised avian strains) attempt to incorporate the SAPO elements, which are specific to avian strains. Of course, all such viruses will also be a type A, B or C and would therefore automatically be ACDP cat 2 as a

strains; <b>cat 4 combined</b> ); Influenza viruses (uncharacterised avian strains; <b>cat 4 combined</b> )		minimum. And we handle high path H5N1at ACDP cat 3. I think these three rows need to be harmonised, since, at the moment they are somewhat contradictory.”
Influenza viruses (pathogenic avian strains)	Combined 4; Human n/a (Animal pathogen only)	Animal pathogen only - Is this true? Ask ACDP how to categorise – for example, outbreak in turkeys, humans in direct contact, virus isolated from conjunctiva, how work in the lab?
Influenza viruses (uncharacterised avian strains)	Combined 4; Human n/a	Interested to know the basis for this – avian influenza viruses endemically circulate in wild water fowl, mostly with minimal pathogenicity to any host
XMRV		Flag up to ACDP for inclusion
		‘Vaccine available’ – should this include human and animal vaccines? If so, should which be specified?
		Should derogation be available for any pathogen as a case could be made for every cat 3 and 4 pathogen using newer technologies?