



## **ADVISORY COMMITTEE ON DANGEROUS PATHOGENS**

### **Secretariat Report for the 95<sup>th</sup> meeting of the ACDP, and matters arising from previous meetings**

1. This paper includes reports on progress made with matters arising from the last meeting, reports from ACDP Working Groups and other relevant advisory committees as well as other items that may be of interest to members.

#### **Matters Arising from the 94<sup>th</sup> meeting:**

##### Needlestick injuries (BBV) and the use of safe devices

2. Update to be tabled on the day
3. **HSE – short update** (Action 94.1)

The Directive on the prevention of sharps injuries implements a Framework Agreement signed between the social partners in the European healthcare sector (HOSPEEM - and EPSU). It sets up an integrated approach to assessing and preventing risks and to training and informing workers. If a risk assessment reveals a risk of injury, the workers' exposure must be eliminated by taking measures such as - implementing safe procedures for using and disposing of sharp medical instruments; disposing of contaminated waste; eliminating the unnecessary use of sharps; and banning the practice of needle recapping.

During January and February European Social Questions Working Party held a series of meetings on the Directive, which gave Member States the opportunity to discuss and clarify the text of the agreement (although the text of the agreement itself could not be changed). Those meetings confirmed that the scope of the agreement is confined to the hospital and healthcare sector - although other employers/activities may be covered if they have a contractual arrangement with a healthcare provider.

Political agreement on the Directive was reached at the EU Ministerial Council meeting on 8 March 2010. The text was then passed on to the EU Jurist Linguists to ensure that the text was the same in all languages. The final text of the Directive was formally adopted at the Council meeting on 10 May 2010. Following its publication in the European Journal, the UK, along with Other Member States, will have three years in which to implement its requirements.

Initial indications are that many of the requirements in the Directive are already covered in NHS guidelines and operating procedures (this is the view of the Department of Health). Similar guidelines have also been produced by the NHS in Scotland and Wales. The guidelines already advise dutyholders to assess risks and put in place procedures for safe use/disposing of sharps; disposal of waste; eliminating the unnecessary use of sharps; etc. The practice of needle recapping is also advised against. So, in practice, there may not be much change for the healthcare sector, although we still need to consider the impact of requirements such as the new injury reporting system (the Directive requires local, national and European level reporting) and the ban on needle recapping for groups such as dentists, etc.

**4. Professor Irving to provide update on meeting at HSL (Action 94.2)**

**Update - Evaluation of medical technologies/devices to reduce sharps injuries in healthcare**

Background - the wider European context of the HSE/HSL literature review study

In July 2009, The European Hospital and Healthcare Sector Social Partners signed a European Agreement, which was aimed at preventing medical sharps injuries for the whole health workforce in Europe. This is important, since injuries from sharps contaminated with patients' blood can transmit infectious diseases; including blood borne viruses. In addition, injuries involving chemical contamination of sharps are a recognised hazard within the healthcare sector. An additional but important consideration is that contaminated sharps injuries can cause considerable anxiety during any subsequent period of testing. Since the 2009 European Agreement, the initiative has evolved and has been presented as a proposed EU Directive to the Council of Ministers. Most recently, and as expected, the proposed Directive was adopted on the 8th March, with UK Government support. This development means that its implementation is required by 2012 if by regulation, or 2013 if through social partner's agreement. HSE needs to decide how best to implement the Directive:

- Whether it is covered in existing legislation;

- Whether there is a need to write new regulation or amend or add to existing legislation; and,
- Whether other regulations outside the remit of HSE apply, i.e. Health and Social Care Act 2008.

HSE has therefore initiated a project to provide robust evidence that will inform HSE's judgment in enforcement and inspection on the use of safer sharps/sharps disposal devices over the continuing use of conventional technology.

### **The assessment of evidence**

HSL and HSE have established an assessor group to assist in a planned appraisal of scientific papers for this study. The assessor group participants includes involvement from DH infection control Policy, HPA's BBV/sharps injury epidemiology team, NHS Scotland (individual also an ANHOPS member), The Surgical Material Testing Laboratory, The RCN (contributor also chosen because of active role in Safer Needle Network), the NHS (clinical virologist and BBV expert), ANHOPS member/Royal free Hospital occupational health physician, the NHS Supply Chain, the Faculty of Health and Human Sciences and Thames Valley University (a group that has undertaken systematic literature reviews for the Care Quality Commission and DH). In addition to these external contributors, HSL internal contributors include a Principle Microbiologist, senior occupational health physician and senior occupational health nurse.

The group held its first meeting on Feb 22nd at HSL. HSL presented the anticipated approach that will allow the literature review to be delivered successfully. The assessor group, HSE and HSL team agreed a series of key questions that will be used to interrogate the literature and, prior to this, to formulate the correct search terms in order to complete a successful search of the literature for relevant publications.

The next step will be to put the search in to practice and conduct an initial sift of the results. Relevant papers will then be distributed to the assessor group for analysis and scoring.

### Downflow ventilation (ACDP/94/P6B)

5. Update to be tabled on the day by HSE.

### Review of ACDP published guidance – ACDP/94/P7

6. Verbal update by HSE.

Dutch Q fever outbreak – ACDP/94/P8

7. At the February ACDP members raised the question of the adequacy of current serological testing for human infection and whether currently available serological tests in the UK would detect a new strain of *Coxiella burnetii*.
8. The Secretariat contacted Health Protection Scotland who were involved in an outbreak of Q fever associated with a meat processing plant in 2006 and was advised to discuss this issue with the Special Pathogens Reference Unit (Dr Tim Brooks) and/or the Bristol Regional HPA Laboratory (Dr Robert Spencer).
9. The vast majority of Q fever cases are diagnosed serologically. Although current serological tests will detect antibodies to all variants of *Coxiella burnetii*, they cannot distinguish between the strains. By the time the patient presents they no longer have circulating *Coxiella* in the blood so PCR tests are negative except on very rare occasions. However in certain situations, for example from infected heart valves in chronic Q fever, *Coxiella* is nearly always detected by PCR and it can then be genotyped. Genotyping is therefore really only practically possible in chronic disease, i.e. a small proportion of cases.
10. The Secretariat also contacted Dr Daan Notermans from the National Institute for Public Health and the Environment for information on Q fever diagnostics in the Netherlands. They are using the same range of testing as is available in the UK. Because of heightened awareness, they are now seeing patients with recent symptom onset (within 2-3 weeks) and so more samples are likely to be PCR positive. However, strain typing is not carried out routinely.

**Update on Q fever outbreak in the Netherlands**

11. Updated human cases of Q fever in the Netherlands were 2,357 in 2009 with 20% of these hospitalised and 6 deaths. 274 cases had been reported up to 10th May in 2010, of which four individuals have died, all with underlying health conditions and chronic Q fever infection. Several measures have been put in place to try to reduce the number of cases:-

*Vaccination:* Voluntary vaccination of small ruminants was put in place in October 2008 and this was made mandatory in April 2009 in affected regions for all premises where there are more than 50 dairy goats or milking sheep.

*Breeding ban:* A ban has been imposed on the breeding of milking sheep or goats on farms with over 50 animals that will be applied until 1st July 2010. This is designed to limit the release of *Coxiella burnetii* in placental fluids by stopping animals becoming

pregnant. Such release could occur if an infected pregnant animal either aborts or gives birth normally.

*Culling infected herds and flocks:* Bulk milk is being tested every two weeks from dairy goat herds and sheep flocks. If a herd or flock is found to be positive for Q fever it is placed under movement restrictions and culled to reduce the risk of transmission to people and to other animals. So far over 40,000 sheep and goats (mostly goats) have been culled.

*Manure handling:* Manure has to be stacked and stored on farm for a set period before it can be moved elsewhere or spread. This is because *Coxiella burnetii* can survive in manure, and could easily be carried on the wind if spread on a windy day.

*Ban on farm visitors:* A ban on farm visitors implemented in June 2008 continues to minimise the level of direct contact between people and livestock in the Netherlands.

12. There is no evidence to suggest that the organism causing Dutch Q fever differs from that already found endemically in the UK. As such, the Veterinary Laboratories Agency's (VLA's) small ruminants experts group advised that there are no reasons to stop imports. There are only a few consignments of sheep and goats imported from the Netherlands annually (14 in 2008). In addition, the movement controls that are applied to positive animals and herds in the Netherlands will also serve to limit the risk to the UK.

Griffin Committee Enquiry into *E.coli* 0157 outbreak at Godstone Farm

13. The report from this enquiry was presented to the HPA Board on 26th May and is due to be published on 15th June 2010. There are a number of recommendations for action by HPA, NHS, HSE and DH and these will need to be considered together by the various players as to what of these and how they will be taken forward. A verbal update will be provided.

Reports from ACDP Working GroupsACDP TSE Working Group

14. The TSE Working Group has met once since the February ACDP meeting on 3<sup>rd</sup> March 2010.

Part 4: Infection control of CJD and related disorders in healthcare setting

15. Part 4 of the guidance on infection control of CJD, vCJD and other human prion diseases in healthcare and community settings was approved by ACDP members by e-mail following the last meeting. The new Part 4 was published on 25th February 2010.

Annex A1 – Distribution of TSE infectivity in human tissues and body fluids

16. Annex A1 was updated in March 2010 to reflect the recently revised WHO guidelines on Tissue Distribution of Infectivity in TSE.

Annex H – After Death

17. Annex H, which deals with what to do when a patient with CJD or vCJD dies, has been revised to incorporate comments from The Association of Anatomical Pathology Technologists and the British Institute of Embalmers. The updated Annex H was published in May 2010.

Update on Q fever situation in the Netherlands

18. Updated human cases of Q fever in the Netherlands were 2,357 in 2009 with 20% of these hospitalised and 6 deaths. 274 cases had been reported up to 10<sup>th</sup> May in 2010, of which four individuals have died, all with underlying health conditions and chronic Q fever infection. Several measures have been put in place to try to reduce the number of cases:-

*Vaccination:* Voluntary vaccination of small ruminants was put in place in October 2008 and this was made mandatory in April 2009 in affected regions for all premises where there are more than 50 dairy goats or milking sheep.

*Breeding ban:* A ban has been imposed on the breeding of milking sheep or goats on farms with over 50 animals that will be applied until 1st July 2010. This is designed to limit the release of *Coxiella burnetii* in placental fluids by stopping animals becoming pregnant. Such release could occur if an infected pregnant animal either aborts or gives birth normally.

*Culling infected herds and flocks:* Bulk milk is being tested every two weeks from dairy goat herds and sheep flocks. If a herd or flock is found to be positive for Q fever it is

placed under movement restrictions and culled to reduce the risk of transmission to people and to other animals. So far over 40,000 sheep and goats (mostly goats) have been culled.

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*Ban on farm visitors:* A ban on farm visitors implemented in June 2008 continues to minimise the level of direct contact between people and livestock in the Netherlands.

There is currently no evidence to suggest that the organism causing Dutch Q fever differs from that already found endemically in the UK. As such, the Veterinary Laboratories Agency's (VLA's) small ruminants experts group recently advised that there are no reasons to stop imports. There are only a few consignments of sheep and goats imported from the Netherlands annually (14 in 2008). In addition, the movement controls that are applied to positive animals and herds in the Netherlands will also serve to limit the risk to the UK.

## **Other matters**

### Xenotropic murine leukemia virus-related virus

19. At the February ACDP meeting members considered recent research findings regarding xenotropic murine leukemia virus-related virus (XMRV) and concluded that there was insufficient information on which to make a meaningful risk assessment. Since then, there have been further research developments and the Chair of the National Expert Panel on New and Emerging Infections (NEPNEI) convened a special subgroup on May 7th 2010 to consider the current evidence on XMRV infection and to assess any implications for public health. A verbal update will be provided at the meeting.

### Changes to proposed timetable for implementing the new Single Regulatory Framework for Contained Use work with Biological Agents

20. HSE issued a mail shot to all dutyholders in early April and also provided an update to the HSE/Defra websites as to the revised timetable for implementation of the Single Regulatory Framework. Factors involved in the Parliamentary process together with complications brought about by the announcement of a General Election and the dissolution of Parliament, resulted in the 1st October 2010 date becoming unachievable. As a result the option was taken to implement the new regulations on

the next available common commencement date of 6th April 2011. This delayed implementation whilst regrettable is unfortunately unavoidable to ensure proper Parliamentary scrutiny.

There will be a formal 12 week consultation on the proposed Single Regulatory Framework including the 'The Biological Agents and Genetically Modified Organisms (Contained Use) Regulations' from 6 September to 28 November 2010. Following the implementation of the new Regulations in April 2011, there will be a six-month transitional period for duty holders to comply with the new requirements for notification of premises and activities. Details of the new notifications procedures will be provided to dutyholders prior to implementation of the regulations so they can be fully prepared for when the new regulations are in place.

VTEC guidance for parents for animals on farms open to the public

21. A guidance leaflet advising the public on 'Avoiding infection on farms visits' was jointly produced by HPA, DH and Defra. The guidance was published on the HPA website in April but will undergo a review following the publication of the Griffin report on 15th June.

Code of Practice update for information

22. The Government's recently published 'Principles for engagement between Government and its Independent Scientific Advisers' have been incorporated, as an Annex, into the ACDP Code of Practice, and is attached for members' information.

**Secretariat**

**May 2010**