ACDP TSE Working Group 2009 Annual Report

Membership of the ACDP TSE Working Group

Independent member	Employer
Professor Donald Jeffries (Chair)	St. Bartholomew's Hospital (retired)
Mr Ray Bradley	Veterinary Laboratory Agency (retired)
Professor Colin Howard	The Royal Veterinary College
Professor James Ironside	National CJD Surveillance Unit, University of Edinburgh
Professor Jean Manson	Neuropathogenesis Unit, Roslin Institute
Dr Phil Minor	National Institute of Biological Standards and Control
Dr Mike Painter	Public health physician (retired)
Dr Geoff Ridgway	University College London (retired)
Dr Roland Salmon	National Public Health Service for Wales
Mr Ron Spellman	Unison
Dr Tim Wyatt	Mater Hospital Trust, Northern Ireland
Dr Adam Fraise	Queen Elizabeth Hospital, Birmingham

Officials and Observers	Representing
Mr Peter Bennett	Department of Health, Statistical Unit
Mr Patrick Burke	Defra
Dr Michael Rogers	Secretariat to the Advisory Committee on the Safety of Blood, Tissues and Organs
Dr Andrew Riley	Scottish Executive
Dr Nicky Connor	CJD Incidents Panel Secretariat
Dr Darren Cutts	Food Standards Agency (retired mid-2007)
Dr Irene Hill	Food Standards Agency
Mr Allan Hidderley	Medicines and Healthcare Products Regulatory Agency
Mr Mark Noterman	Department of Health, CJD Policy
Mr David Pryer	Chair of CJD Incidents Panel
Dr Peter Grimley	Spongiform Encephalopathy Advisory Committee Secretariat, Defra
Mr Nigel Tomlinson	Department of Health, Estates and Facilities

Secretariat	Representing
Miss Charlotte Mirrielees/ Miss Julia Granerod	Health Protection Agency

There were some changes to the TSE Working Group in 2009. These were:

- Prof Ian McConnell left the TSE Working Group in December 2009
- Dr Adam Fraise joined the TSE Working Group in November 2009
- Miss Julia Granerod replaced Miss Charlotte Mirrielees as Scientific Secretariat in December 2009
- Mr Craig Kirby changed to a papers-only observer in 2009
- Dr Mike Paton and Mr John Pride (HSE observers) left the TSE Working Group in 2009
- Dr Elaine Gadd left the TSE Working Group in 2009.

ACDP WORKING GROUPS

Transmissible Spongiform Encephalopathy Working Group (TSE WG)

The TSE WG was reconfigured in 2004 with the following terms of reference:

> *"To provide practical, scientifically based advice on the management of risks from transmissible spongiform encephalopathies (TSEs), in order to limit or reduce the risks of human exposure to or transmission of TSEs in healthcare and other occupational settings. To provide advice to ACDP, SEAC and Government Departments, as requested, and to handle issues referred to those bodies, taking into account the work of other relevant bodies."*

The TSE WG met two times in 2009 on the 12th March and 17th September.

At each meeting, members received an update on the numbers and epidemiology of both CJD and BSE cases and a progress report on current research. Members also received feedback from the ACDP, and related committees such as the CJD Incidents Panel, the Spongiform Encephalopathy Advisory Committee, the Advisory Committee on the Safety of Blood, Tissues and Organs and the Engineering and Science Advisory Committee on the decontamination of surgical instruments, including prion removal.

The following key issues were considered by the TSE Working Group in 2009:

<u>Assessment to be carried out before surgery and/or endoscopy to identify patients with, or at risk of, CJD or vCJD (Annex J)</u>

Revisions to Annex J were discussed at both the March and September meetings of the TSE Working Group. These revisions included:

1) The addition of a new question to identify those who have received transfusions from 80 or more donors;

2) Possible revision of the recommendation that those who received human-derived dura mater between 1980 and August 1992 are at increased risk of vCJD.

[It has since been decided that those who received human-derived dura mater between 1980 and August 1992 are no longer at increased risk of vCJD. This decision was based on there having been no cases of iatrogenic CJD, associated with dura mater grafting, which could be identified as due to the variant form, and also information provided by the manufacturers about the countries of origin of the clinical material.

Annex J has since been updated at:

http://www.dh.gov.uk/ab/ACDP/TSEguidance/index.htm]

<u>Ophthalmology (Annex L)</u>

An Ophthalmology subgroup was convened in November 2007 to provide practical guidance on risk reduction and management of CJD transmission with respect to ophthalmic practice.

The resulting guidance was submitted to the ACDP TSE Working Group for ratification. A number of issues regarding the ophthalmology guidance were discussed and resolved at the March meeting of the TSE Working Group. These included:

Clarification of anterior versus posterior surgery
Scleral buckling surgery
Ocular tissue transplantation
Allogeneic sclera
Decontamination protocol for diagnostic equipment in eye units

The guidance was published in September 2009 at:
http://www.dh.gov.uk/ab/ACDP/TSEguidance/index.htm

Part 4

At the September meeting of the TSE Working Group it was agreed that the Part 4 of the Working Group guidance on infection control of CJD and related disorders in the healthcare setting was in need of revision in several areas. The input of Members was required specifically on the following issues:

Low risk procedures on symptomatic CJD/vCJD patients

Surface decontamination

Clinical waste disposal

Use of surgical instruments exclusively on the same patient and Annex E

[Part 4 has since been published at:
http://www.dh.gov.uk/ab/ACDP/TSEguidance/index.htm]

Decontamination and waste disposal (Annex C)

To move forward with the proposed update to Annex C of the Working Group guidance it was agreed that, instead of updating Annex C as it currently stands, much of the information would be moved into Parts 3 and 4 of the guidance which contain advice on working with TSEs in laboratory and healthcare environments. It was agreed that Annex C would be reduced to a more technical document, for example outlining the effective/ineffective chemicals and processes for decontamination, and the relevant legislation and guidance.

Annex C was published in November 2009 at:

http://www.dh.gov.uk/ab/ACDP/TSEguidance/index.htm

Article on the Working Group guidance in the Bulletin of the Royal College of Pathologists

To raise the profile of its guidance with the members of the Royal College of Pathologists, the Working Group wrote a one page article in the Bulletin of the Royal College of Pathologists. The article was published in the July 2009 issue.

Urology alert

Most transrectal prostatic biopsies are undertaken by means of single use needle devices guided by an adjacent ultrasound probe. However, some transrectal prostatic biopsies are undertaken by means of single use needles passed through the internal lumens of reusable ultrasound probes. There is therefore a potential risk of vCJD cross-infection occurring during prostatic biopsy if this type of reusable equipment is employed for this procedure on patients at risk of vCJD, because there is no decontamination method that reliably eliminates or destroys abnormal prion protein.

An alert was produced for urological surgeons raising this issue for patients who are at increased risk of vCJD and outlining various management options if the equipment to do a transrectal prostatic biopsy by means of a single use needle guided by an adjacent ultrasound probe is not available. This alert was approved by the Working Group and was subsequently issued by the MHRA.

House of Lords Science and Technology Committee on "Setting funding priorities for scientific and technological research"

The House of Lords Science and Technology Committee undertook an inquiry into the setting of research funding priorities within Government and other bodies responsible for the allocation of public funds for science and technology research and had invited evidence for this inquiry. The Working Group considered the opportunity this presented to raise some issues facing the TSE research community, particularly the declining funding for TSE research and the number of important unanswered questions that remain about these diseases. Thus, a joint response was drafted and submitted from the Working Group, SEAC, the CJD Incidents Panel and ESAC-Pr.

Annex H

In April 2009 the Association of Anatomical Pathology Technologists (AAPT) wrote to the Working Group with regards to Annex H (After death). Both the letter and the revised Annex H document contained detailed comments on the Annex, and suggestions for new wording and a new approach. The Working Group considered the response from the AAPT on Annex H of the guidance and welcomed many of the comments made.

[Annex H has since been revised to incorporate comments from the AAPT and is due to be published shortly.]

Secretariat

May 2010