

## ADVISORY COMMITTEE ON DANGEROUS PATHOGENS

The ACDP held its 91<sup>st</sup> meeting on 10<sup>th</sup> February 2009. The main agenda items discussed were:

### Revision of the ACDP guidance on blood-borne viruses (BBV)

Considerable comments on the guidance were received from a very constructive consultation which had been held in 2008, closing in November. It had been hoped that the final draft would be available for sign off by the committee at this meeting, but it was reported that there were still some points to take into consideration and instead, the final draft of the guidance will be presented at the 92<sup>nd</sup> meeting.

### Working group to write guidance on non-circulating strains of influenza virus

The committee agreed to create a working group to update the current ACDP document "Advice on working with influenza viruses", available here: <http://www.hse.gov.uk/biosafety/diseases/acdpflu.pdf>. The Working Group would include at least one member with experience of animal work, a member of the Scientific Advisory Committee on Genetic Modification, and a nominee from the National Institute for Biological Standards and Control (NIBSC).

### Q fever vaccination – feedback from the Joint Committee on Vaccination and Immunisation (JCVI)

JCVI discussed immunisation of humans against Q fever at its meeting in October 2008. The Chairman of JCVI provided ACDP with the background paper prepared for the Committee for this item, and a letter to the ACDP Chairman detailing the outcome of their discussions. The background paper outlined the effective vaccines available against the Q fever organism, *Coxiella burnetii*, and the current strategy in Australia for use of the whole cell vaccine Q-vax.

JCVI were asked to consider two possibilities for vaccination in the UK – for use in an outbreak situation, and as an occupational control measure. The Committee did not feel that vaccination was likely to be of benefit in the outbreak situation and that more detail was needed on the burden of the disease in occupational at risk groups. JCVI will be considering this again at their June meeting, once they have received data from the HPA on the burden of disease. Their final decision will be reported back to ACDP following this meeting.

### Poliovirus facilities containment plan

Poliovirus eradication will not be complete until all potential sources of wild poliovirus, including laboratory sources, are confirmed to be destroyed or safely contained. The JCVI and ACDP set up a joint Working Party to take this work forward in the UK in 2000. The Working Party meets at least once a year to review progress.

In 2008, the Department of Health commissioned work to review activities in the UK against the WHO global action plan for laboratory containment of wild polioviruses and to make recommendations on future action required. This report has been completed and was presented to members. HSE are currently conducting an audit of laboratories in the UK which have stocks of wild polioviruses, and this is expected to be completed by the end of March 2009. HSE will then prepare a report on the findings for DH.

It is intended that, in the future, storage of the virus will be restricted to a small number of centres.

#### Publication of the Griffin Review

An Independent Review of the Highest Level Microbiological Containment Facilities in the UK, led by Professor George Griffin, reported in October 2008.

#### Highly pathogenic porcine reproductive and respiratory syndrome (HP-PRRS) virus

Defra sought the opinion of the Committee on the Specified Animal Pathogens Order (SAPO) classification of HP-PRRS pig virus which is an emerging pathogen, not present in the UK.. ACDP will be the most appropriate advisory body to advise on containment categorisation of new animal pathogens following the introduction of the new single regulatory framework.

Members agreed that the virus be categorised as either a SAPO 2 or 3, and that Defra should consult veterinary experts to determine a final categorisation.

#### Guidance on management and control of serious viral infections

##### Draft guidance

The 1996 guidance requires significant revision, and a new approach was presented to Members. The revised guidance needs to meet three main objectives:

- Ensure that the requirements of all parties are accommodated
- Be applicable to all workers irrespective of role or knowledge level
- Be presented in a convenient and available format

ACDP decided at a previous meeting that the guidance should encompass all Hazard Group 4 (HG4) agents. However there are a number of HG4 agents that are not person-to-person transmissible and infected patients would thus not be required to be treated in a high security infectious disease unit (HSIDU). Thus all HG4 agents will be discussed in the introduction to the guidance, but the document will concentrate on VHF.

Members were reminded that the purpose of the guidance is to be a tool to assist healthcare staff in managing patients suspected of having a HG4 viral infection, in particular to assist them in taking a decision on whether to transfer a patient to an HSIDU.

##### HSIDU isolation room design

Details of the isolation room design project currently underway were presented to Members.

##### Draft ACDP Containment guidance

HSE provided the committee with an overview and update on progress made so far with the new containment guidance to accompany the introduction of the single regulatory framework in April 2010. It was reported that the Containment Working Group is due to meet twice more to refine and finalise the guidance before it is presented to ACDP .

### ACDP TSE Working Group Pathology guidance

The Chairman of the ACDP TSE Working Group attended the meeting to present the new Working Group guidelines for pathologists and pathology laboratories for the handling of tissues from patients with, or at risk of, Creutzfeldt-Jakob disease (CJD) or variant CJD (vCJD).

A meeting was held in June 2007 with representatives from the Royal College of Pathologists, British Neuropathological Society and National CJD Surveillance Unit to discuss the contents of the proposed guidance. The guidance was then drafted, considered by the Working Group at their meeting in May 2008, and then sent out for consultation to a number of representatives of professional bodies, who provided useful feedback and suggested additions. The guidance was brought back to the Working Group in December 2008 and signed off.

Members endorsed the guidance, subject to some minor amendments. The guidance was published in March at:

[http://www.advisorybodies.doh.gov.uk/acdp/tseguidance/tseguidance\\_annexk.pdf](http://www.advisorybodies.doh.gov.uk/acdp/tseguidance/tseguidance_annexk.pdf)

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