



## **ADVISORY COMMITTEE ON DANGEROUS PATHOGENS**

### **Secretariat Report for the 100<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 99<sup>th</sup> meeting**

##### Horizon scanning function

2. Members were informed at the last meeting of the likely expanded role for ACDP on horizon scanning (and preparedness). The National Expert Panel on New and Emerging Infections (NEPNEI) was dissolved in December 2012; the transfer of the formal expert advisory horizon scanning and risk assessment remit from NEPNEI to the ACDP has been agreed by the Chief Medical Officer.
3. In undertaking horizon scanning functions for NEPNEI, it became apparent that since most emerging infections are zoonotic in origin, detecting animal incidents of public health importance and assessing the zoonotic potential of animal infections was crucial. To do this, the Human Animal Infections and Risk Surveillance (HAIRS) group was formed. The HAIRS group is a multi-agency and cross-disciplinary horizon scanning group, chaired by the HPA's Department of Gastrointestinal, Emerging and Zoonotic Infections at HPA Colindale. Members include representatives from the Department for the Environment, Food and Rural Affairs, the Animal Health Veterinary Laboratories Agency, the Department of Health, the Food Standards Agency, Public Health Wales, Health Protection Scotland, the Scottish Government, and the Public Health Agency of Northern Ireland. The group has met every month since February 2004 and acts as a forum to identify and discuss infections with potential for interspecies transfer (particularly zoonotic infections). A system of horizon scanning is used to identify emerging and potentially zoonotic infections which may pose a threat to UK public health. The

multidisciplinary nature of the HAIRS group enables the group to assess horizon scanning reports in an objective and scientific manner. If infections are thought to be of potential significance, they are included in the "Infectious Disease Surveillance and Monitoring System for Animal and Human Health: Summary of notable events/incidents of public health significance", which is produced monthly. This is received by ACDP members.

4. The minutes from the HAIRS meeting held on 5<sup>th</sup> December 2012 are attached (**ACDP\_100\_P4b**), as is the risk assessment process (**ACDP\_100\_P4c**) and Terms of Reference (**ACDP\_100\_P4d**; ToR). A presentation will be given at the meeting to provide Members with further detail on this horizon scanning function. Though broadly encompassed in the existing wide remit of ACDP, the secretariat will be considering whether any review of the ToR is needed to reflect this.

#### ACDP guidance review

5. At the last meeting members agreed to support a review of the current portfolio of ACDP occupational guidance and an outline of the proposed project to take this forward was presented. Since the last meeting HSE secretariat have secured additional resource to enable this project to move forward and a detailed plan covering essential milestones will be presented at the next meeting. In the interim, work will begin with a review of existing containment measures in line with current legislation (COSHH, GMCU and SAPO) to help establish areas of similarity between the legislative requirements, where measures differ and how, collectively, this information should be presented in a single publication.

#### Approved List of human Pathogens

6. Work has continued on the new approved list of human pathogens and additional amendments have been made to the document, following discussions at the last meeting. The final draft is now complete, progressing through the publication process and expected to be available during the second week of February 2013. HSE will publicise the availability of the new list which will be available as a downloadable PDF on the HSE website. Secretariat will forward the URL to members when available.

## Reports from ACDP Working Groups

### Update on Transmissible Spongiform Encephalopathies (TSEs)

7. The ACDP TSE Risk Management Subgroup (TSE RM SG) was recently restructured under the Chairmanship of Dr Roland Salmon. The first meeting of the restructured group was held on 8<sup>th</sup> November 2012.
8. The TSE infection control guidance is currently undergoing major revision. The following amendments have so far been made to the ACDP TSE infection control guidance:
  - a. **Annex F:** This guidance has been revised to align with other national guidance on decontamination of flexible endoscopes (in particular the Choice Framework for local Policy and Procedures 01-06). The main change concerns endoscopic procedures carried out on most asymptomatic patients “at increased risk” of vCJD where contact with medium risk gut associated lymphoid tissues may have occurred. It allows endoscopes to be decontaminated and returned to general use, providing decontamination procedures have been followed as set out in the Annex.
  - b. **Annex J:** Annex J has been revised to remove the pre-surgical assessment of blood transfusion history for those undergoing surgery or neuroendoscopy on high risk tissues. While an alternative means to identify the cohort of patients considered to be at increased risk of vCJD because of their transfusion history is being considered, selective identification through pre-surgical assessment has been stopped as it has proved difficult to implement in practice.
  - c. **Annex M:** This new guidance aims to provide practical advice for handling instruments that come into contact with medium infectivity tissues, involved in liver transplants and general surgical procedures, in order to reduce risk of vCJD transmission. It includes advice for elective and emergency surgery and on streaming instruments into those for incineration/quarantine or those that may be reprocessed.
  - d. **Part 4:** This document has been modified to maintain consistency with the above Annexes.

The updated versions are now available on the website at the following link:

<http://www.dh.gov.uk/health/2012/11/acdp-guidance/>

9. A risk assessment on vCJD transmission via red cell and FFP transfusion has been prepared by the DH Analytical Team and agreed by the TSE Risk

Assessment Sub Group. Approval for this paper (**ACDP\_100\_P4e** & **ACDP\_100\_P4f**) to be published on ACDP's website is now being sought.

### **Other matters**

#### **Smallpox vaccination**

10. The Joint Committee on Vaccination and Immunisation (JCVI) was asked to review its advice of 2002 on smallpox vaccination and Smallpox Management and Response Teams (SMARTS) and consider the options for vaccination and SMARTS going forward at its meeting in October 2012.
11. *Paragraph from published minutes (draft until signed off at next meeting)* - The Chair explained that this issue would be considered in a restricted session. The committee was informed that Smallpox Management and Response Teams (SMARTs) consisting of cohorts of vaccinated frontline healthcare workers had been established in the UK, following advice from JCVI in 2002. JCVI was now asked to review that advice and consider options for SMARTs particularly in light of the risks associated with smallpox vaccination and the changed current and future risk of a smallpox outbreak. Details of the emergency response arrangements and how SMARTS might be convened and deployed would be for UK health departments to develop. JCVI noted that data on the duration of protection of smallpox vaccination are lacking but considered that immunity is unlikely to be life-long. Whilst the risk of smallpox outbreak may have reduced, there may still be a need for SMARTs. However, given the risks associated with vaccination and revaccination with smallpox vaccine, a more appropriate and proportionate option would be to convene SMARTs consisting of a registered cohort of unvaccinated or previously vaccinated healthcare workers who are willing to be (re-)vaccinated quickly in the event of an emergency. However, rigorous maintenance of the SMARTs would be very important (particularly over the period of NHS reorganisation), should be resourced adequately and audited regularly to ensure that they remain viable and can be vaccinated quickly.

<http://transparency.dh.gov.uk/2012/10/03/jcvi-meeting-october-2012/>

**Secretariat**

**February 2013**