

**Open Government
Status
Open with the
exception of Annex C,
which is closed**

ACDP/83/P4

ADVISORY COMMITTEE ON DANGEROUS PATHOGENS

Secretariat Report for the 83rd meeting of the ACDP, and matters arising from the 82nd meeting

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 82nd meeting:

2. Review of Guidance on Protection against blood-borne infections in the workplace: HIV and Hepatitis

2.1 Professor Irving has agreed to chair the steering group on the revision of this guidance. It is anticipated that the steering group will consist of relevant scientists, representatives of HSE, HPA and DH, the Expert Advisory Group on AIDs and the Advisory Group for Hepatitis. The first meeting of the group is provisionally planned for the first week in August.

2.2 It is anticipated much of the drafting will be done outside formal meetings and it is planned to present the final draft of the revised guidance to ACDP in June 2007.

3. Biological Agents: the following principles, design and operation of containment level 4 facilities

3.1 Members were informed that the guidance was published on 10 May 2006. It is available at <http://www.hse.gov.uk/pubns/web09.pdf>

4. ACDP rabies policy review working group

4.1 The European Food Safety Authority (EFSA) is conducting a review of rabies and exotic animal disease import controls across the EU. Defra's Animal Identification and Movements Division (AIMD) is taking forward a parallel review of UK rabies and exotic diseases import policy, with a view to informing the wider EFSA review. AIMD requested at the last meeting of the Committee that a working group of

ACDP members be formed to assist with the production of the Defra review and subsequent report.

4.2 Defra intends to send its report (with an explanatory submission) to Ministers by late summer 2006. This was to enable Ministers to consider the review and decide on future UK rabies import policies, as well as a negotiating position with the Commission. It was important that this was done as soon as possible so that Defra could then send its review on to EFSA by the end of August to enable it to be considered as evidence as part of the wider EFSA review.

4.3 A working group consisting of ACDP members (George Griffin, Diana Westmoreland, John Keddie, Phil Jones) was set up, and the first meeting of this group was held on 16 May 2006. It was agreed that the role of the working group was to analyse the risk assessments being produced independently for the Defra review, focusing on implications for public health. At the meeting a timetable was set out for contributions by this group to the Defra, as well as a detailed list of the diseases being considered in the exotic diseases risk assessment. The full minutes of this meeting, along with the timeline and lists of diseases being considered as part of the review, are attached as Annex A to this paper.

5. Key Players meeting to discuss the revision of the 1996 ACDP Guidance *Management & Control of Viral Haemorrhagic Fevers*

5.1 As members will recall, ACDP agreed in September last year that work to revise the 1996 ACDP guidance on Viral Haemorrhagic Fevers (VHF) should be restarted. An inaugural meeting of key players in the clinical care and laboratory sector was held on the 26th May, chaired by Professor Griffin. The aim of this meeting was to define the scope of the revised guidance and to kick-start the drafting process. The agenda and membership for the key players meeting are given in Annex B.

5.2 At the meeting, it was agreed that the scope of the revised guidance would be widened from providing advice on the agents of VHF that are known to be readily capable of person-to-person transmission (i.e. Lassa, Ebola, Marburg and Crimean/Congo haemorrhagic fever) to cover all hazard group 4 agents. It was felt that a generic document would be very useful, though it was acknowledged that there should still be emphasis on VHFs in the guidance. It was felt that a smaller summary leaflet should also be developed as a user-friendly document for A&E staff, GPs and others.

5.3 The next step will be to convene a number of sub-group meetings to look specifically at patient management aspects (including secondary containment, waste disposal issues, transportation of patients) and laboratory aspects (sample handling and transportation, laboratory testing arrangements) in further detail. Another key players meeting will be held later in 2006. It is anticipated that the revised guidance document will be completed and presented to ACDP in summer 2007.

6. ACDP TSE Working Group

6.1 The TSE Working Group met on the 3rd May 2006. A summary of the November 2005 TSE Working Group meeting and the agenda of the May 2006 meeting are given in Annex C. The TSE Working Group work plan for 2006/7 and newly drafted guidance on pre-surgery assessment will be discussed under agenda item 5.

7. Letter from Chairman in reply to Home Office response

7.1 It was agreed at the last ACDP meeting that the Secretariat should write to the Home Office reiterating its concerns on the implications of the revised schedule on research. A copy of the letter from the ACDP Chairman and the response from the Home Office with a copy to the Cabinet Office Better Regulation Unit is attached as a separate Annex D to this report.

8. ACDP Re-appointments/ Appointments

8.1 Re-appointments:

Dr John Keddie, Dr Phil Minor, Dr Mike Painter and Dr Diana Westmoreland were invited to extend their term on the Committee.

8.2 Appointments:

After serving a maximum 10-year term on ACDP, Dr Phil Jones is regrettably not eligible for re-appointment and therefore a vacancy exists in the area of expertise of veterinary microbiology.

Professor Ray Dixon has served his term of office and therefore a vacancy exists in the area of expertise of clinical/ research bacteriology. The secretariat would like to thank both Dr Jones and Prof. Dixon for their valuable contribution to the committee.

In light of the above and other vacancies, an ACDP appointments exercise is currently underway. The balance of expertise needed on ACDP has been reviewed and members with experience of veterinary practice and risk analysis are being sought. There are also three vacancies for employee representatives and a lay member is to be appointed.

The appointments exercise is currently being carried out by the NHS Appointments Commission, in conjunction with the secretariat.

Additional Information

Guidance on Spa Pools

The HPA and HSE published guidance on controlling the risks of infection, in particular Legionella, associated with using spa pools in March 2006. This guidance is aimed to be of use to all who have anything to do with spa pools - from the designer to the user. *Management of Spa Pools - Controlling the Risks of Infection* is available from http://www.hpa.org.uk/publications/2006/spa_pools/default.htm

Foresight project on the detection and identification of infectious diseases

The Foresight project on the detection and identification of infectious diseases published its findings in April 2006

http://www.foresight.gov.uk/Detection_and_Identification_of_Infectious_Diseases/Reports_and_Publications/Final_Reports/Index.html

The project has produced a long-term vision for the detection and identification of infectious diseases in humans, animals and plants. This has taken account of the evolving risk of diseases and the changing requirements for detection, identification and monitoring of infectious diseases in plants, animals and humans. The report includes key findings, a comprehensive action plan, and case studies illustrating the potential benefits of new technologies on future disease outbreaks.

Foresight is a DTI-sponsored initiative, which aims to improve the relative performance of UK science and engineering and its use by government and society. To achieve this the Foresight programme identifies potential opportunities for the economy or society from new science and technologies, or considers how future science and technologies could address key future challenges for society.

This work is supported by the Horizon Scanning Centre, whose aims are to inform decision-making both within government departments and across departments; to support horizon scanning being carried out by others inside and outside government; and, spot the implications of emerging science and technology and enable others to act on them.

ACDP Rabies and Exotic Diseases in Animals Working Group

Meeting held on 16 May 2006 at Defra Page Street, London

Present

Professor George Griffin – ACDP (Chair)
Dr Diana Westmoreland – ACDP
Dr Phil Jones – ACDP
John Keddie - ACDP
Paul Manser – Veterinary Advisor, Defra
Matthew Valentine – Veterinary Advisor, Defra
Andrew Baxter – AIMD, Defra
Mick Merry – ACDP Secretariat (Secretary)

1. Welcome and introductions

1.1 The Chair welcomed attendees, and introductions were made for the benefit of Andrew Baxter who represented Defra's Animal Identification and Movements Division. This Division is taking forward the review of rabies and exotic diseases import policy.

2. Background

2.1 Andrew gave an introduction to the current situation. The Pet Travel Scheme (PETS) had come into force in the UK in 2000, and allowed dogs and cats from qualifying countries to enter the UK without having to go through quarantine, as long as the animal in question had been (1) microchipped (2) vaccinated and (3) had a blood test carried out on a sample drawn at least 6 months before entry. The blood test is considered valid for the lifetime of the animal as long as the appropriate booster vaccinations have been kept up to date. The animals also had to be treated against ticks and tapeworms 24-48 hours before entry.

2.2 In 2004 the European pet movement regulation (Regulation (EC) No 998/2003) came into force that permitted the UK to broadly maintain its PETS requirements, with similar rules applying to ferrets. Member States which previously required tick and tapeworm treatment can retain this requirement. The derogation allowing UK to retain its blood test also applies to Ireland, Sweden and Malta. Dogs, cats and ferrets entering other Member States from qualifying countries must be identified, and vaccinated at least 21 days before entry.

2.3 For other EU Member States, the general rule is that dogs cats and ferrets from non-qualifying countries must be identified, vaccinated, have a sample drawn at least 30 days after vaccination, and be blood tested at least 3 months before entry. The UK requires dogs, cats and ferrets from non-qualifying countries to undergo 6 months quarantine. Once again, this is permitted via a derogation to the regulation

which also applies to Ireland, Sweden and Malta. The qualifying countries are now decided by Member States in Brussels. The latest list of qualifying countries is Regulation (EC) No 590/2006.

2.4 The European Commission had tasked the European Food Safety Authority (EFSA) with reviewing elements of EU rabies import controls, with a report from EFSA expected (unofficially) in October 2006. The European pet movement regulation states that “Before 1 February 2007 the Commission, after receipt of the opinion of (EFSA) on the need to maintain the serological test, shall submit to the European Parliament and the Council a report, based on experience gained and on a risk evaluation, together with appropriate proposals for determining the regime to be applied (to several Articles, including the one allowing Member States to retain tick and tapeworm treatment requirements).” It is likely that the Commission will wish to harmonise these controls across the EU.

2.5 Defra considers that the time is right to carry out an evidence-based review of rabies disease control import policies. This review has the following main aims:

- To ensure UK rabies controls relating to the import of all rabies susceptible mammals are proportionate and sustainable, bearing in mind that their primary purpose is protecting public health.
- To inform the UK’s response to the EU review of some requirements of the EU pet movement regulation.

The review will assess the risk of introduction of rabies and other exotic diseases into the UK under current rabies policies and under alternative policies. It will make appropriate recommendations to Ministers on the basis of examination of a range of issues, including risk assessment.

2.6 There were several other workstreams to the Defra review:

- Delivery assessment (‘on the ground’ delivery of policy)
- Economic analysis (cost/benefit)
- Stakeholder consultation (Nov 2005 – Feb 2006)
- Public focus groups (to gauge popular perception of rabies and exotic disease issues)
- Human health (ACDP Rabies and Exotic Diseases in Animals Working Group)

2.7 General discussion followed. It was confirmed that the remit of the parties carrying out the risk assessments included considering the controls that other countries had in place. The need to look at the practicalities of any disease control plans, the risk potential and the tolerability of such risks was emphasised. The comment was made that the introduction of exotic diseases into the UK would present more of a problem, since there were fewer contingency plans, surveillance projects etc in place for these types of disease than there were for rabies. There was also a need to bear in mind that countries with endemic rabies would have contingency plans that were more focussed on rabies in the wild animal population rather than in any imported animals. It was emphasised by Defra that there was no pre-determined outcome to the Defra review

2.8 The group felt that the best choice for the public would be to retain the *status quo*, whereas the worst thing would be a move towards greater quarantine requirements. There was a lot of political pressure against any move toward an increase in quarantine, not only from the public but also from the armed forces (both working dogs and pets accompanying families of military personnel).

2.9 It was commented that should UK import controls be brought into line with those of other EU countries, any perception that they were a relaxation of previous controls could lead to adverse public opinion and comment. It was felt that this then begged the question of whether any argument for a retention of existing UK import controls were in fact scientific or political. The working group was concerned that the Defra Minister should be made aware of the political implications of this review, and that it was being conducted with the assistance of a high-level advisory group. Defra confirmed that the relevant Minister (Ben Bradshaw) had approved the Defra review and the intended approach (including the involvement of the ACDP). Following completion of the various workstreams, a report would go to Ministers, supported by a submission.

2.10 Andrew commented that if the final EFSA report recommends the removal of the import derogations, the Commission would prefer to avoid a situation where the countries affected by this recommendation (i.e. UK, Eire, Sweden, Malta) subsequently voted against its adoption. Although EFSA had not invited Member States to submit evidence to its review, it would be bound to consider anything that was submitted. This would help support any case that the UK wanted to make.

3. Role of Working Group and Timeline

3.1 It was agreed that the role of the working group was to analyse the risk assessments produced for the Defra review, focusing on implications for public health. A draft timescale was provided (Annex A) and discussed.

3.2 The draft versions of the final veterinary risk assessments were due to be submitted to Defra by 1 June 2006. Although they would not be fully peer-reviewed until early June, these final drafts would be sent out to members of the working group for their consideration and an agreed position provided through the Chair by 9 June. This was to be sent directly to Andrew. Final agreed versions of the veterinary risk assessments would be forwarded to group members. Regarding the form that the written report from the members should take, it was agreed that it should consist of a brief written opinion on how the findings of the risk assessments would impact on human health. It was also important to distinguish between the diseases that impacted on human health and on animal health for the sake of clarity.

3.3 Defra intended to send its report and an explanatory submission to Ministers by late summer 2006. This was to enable Ministers to consider the review and decide on future UK rabies import policies, as well as a negotiating position with the Commission. It was important that this was done as soon as possible so that Defra could then send its review on to EFSA by the end of August to enable it to be considered as evidence as part of the wider EFSA review.

4. List of diseases to be considered

4.1 An overview list and more detailed list of the diseases being considered in the exotic diseases risk assessment was circulated (Annex B). It was considered important that the group were clear on what diseases they were being asked to consider, as exotic diseases were more complex with various vectors of – and therefore more possibilities of – transmission. It was felt that the list was probably over-complex, since current tick and tapeworm treatments already in place would cover a lot of the diseases listed. In addition, it was noted that the list covered diseases only usually found in exotic animals, and that some of the listed diseases were actually endemic in the UK. A suggestion was made that a subset of the more usually encountered diseases be made, but the Chair felt that this would be reinventing the wheel.

4.2 The point was made that an evidence base was needed, and that there were some conflicting opinions on the efficacy of current import controls. There was a need for firm evidence that the measure currently in place actually reduced the tick burden and associated disease burden. Matthew Valentine confirmed that the need for evidence was part of the specifications for the risk assessments, but that there was lack of such evidence generally available. Defra would have to consider the findings of the risk assessments in this light when they received them. It was mentioned that these aspects had been covered in previous reports from Edinburgh and Liverpool Universities, which were considered at the Pet Travel Scheme working group several years ago. *Post meeting note: these have been found and are attached at Annexes C and D.*

5. Any other business

5.1 None was identified. Summing up, the Chair summed up what had been discussed and confirmed the timescale agreed. He suggested that the written reports from the members be kept as simple as possible.

6. Arrangements for a further meeting

6.1 This was discussed, and it was felt that it might be useful to hold a further meeting of the group to discuss the findings of the risk assessments and the conclusions drawn in the members' written reports depending upon what issues arise. A provisional meeting date of 10.30am on 12 July 2006 was agreed upon, should it be deemed necessary to hold such a meeting. This would be held in Rm LG07 at Defra Page Street.

Mick Merry
ACDP Secretariat
May 2006

RABIES POLICY REVIEW TIMETABLE

Mid-April:	Interim veterinary risk assessments submitted to Defra
End May: Defra	Draft version of final veterinary risk assessments submitted to Defra
Early June:	Draft final veterinary risk assessments peer reviewed
Early June:	Veterinary risk assessments completed
July:	Defra prepares submission & report (outlining recommendations) to Ministers based on the outcomes of the policy review workstreams (including human health risk assessment)
Late summer:	Submission & report sent to Ministers
Late summer:	Ministerial decision on future rabies import policies (including negotiating position with EU)
Late summer:	Relevant papers forwarded to European Commission and EFSA (European Food Safety Authority)
October:	EFSA expected to produce its report on amendments to the EU pet movement regulation.
Autumn:	Implementation stage begins.

(1) Overview list of diseases to be considered:

Parasitic Diseases	Z = Zoonotic
Leishmaniosis (<i>L. infantum</i> etc.)	Z
Babesiosis (<i>B. canis</i> , <i>B. gibsonii</i>)	
Dirofilariosis (<i>D. immitis</i> etc.)	Z
Echinococcosis (<i>E. multilocularis</i>)	Z
Ticks (<i>Rhipicephalus</i> , etc.)	Z
Tick Borne Diseases	
Rickettsial Diseases	
a) Ehrlichiosis (<i>E. canis</i> etc.)	
b) Rickettsia (e.g. RMSF etc.)	Z
c) Anaplasmosis (<i>A. phagocytophilum</i> <i>combo nov.</i>)	Z
Encephalitides / Flaviviruses	
a) TBE	Z
b) WEE/VEE/WNV	Z
c) Hantavirus	Z
Bacterial Diseases	
Bartonellosis (<i>B. henslae</i> etc.)	Z
Brucellosis (<i>B. canis</i> etc.)	
Tularaemia (<i>P. tularensis</i>)	Z
Borreliosis (<i>B. burgdorferi</i> etc.)	Z

(2) The following list is an extract from the exotic disease veterinary risk assessment (interim report). NB – Peer reviewer’s comments suggest that West Nile Fever and *Echinococcus granulosus* be added to the following list:

Disease information on most significant diseases

The following disease agents (micro-organisms and parasites) were retained for further consideration in the initial qualitative risk assessment (IQRA).

Provisional List of Most Significant Diseases

Disease (Agent)	OIE Listing
Echinococcosis (<i>Echinococcus multilocularis</i>)	B
Tularaemia (<i>Francisella tularensis</i>)	B
Leishmaniosis (<i>L. infantum</i> <i>L. donovani</i> etc)	B
Qfever (<i>Coxiella burnetti</i>)	B
Equine Encephalitides (WEE etc)	B
Babesiosis (<i>B. canis</i> , <i>B. gibsoni</i>)	
Dirofilariosis (<i>Dirofilaria immitis</i>)	
Ehrlichiosis (<i>E. canis</i> etc)	
Rickettsiosis (<i>R. conorii</i> , <i>R. rickettsii</i> etc)	
Anaplasmosis (<i>A. phagocytophilum</i> , <i>A. platys</i> etc)	
Tick borne Encephalitis virus (TBE)	
Hantaviruses (Pumala, Seoul, Dobrava etc)	
Bartonellosis (<i>B. henselae</i> etc)	
Brucellosis (<i>Brucella canis</i> etc)	
Borreliosis (<i>Borrelia burgdoferi</i> etc)	
Plague (<i>Yersinia pestis</i>)	

Other Disease Agents to consider from IQRA and provisional feedback

Disease (Agent)	OIE Listing
Leptospirosis (<i>L. interrogans</i> complex)	B
Hepatozoonosis (<i>H. canis</i> , <i>H. americanum</i>)	
Ancylostomosis (<i>Ancylostoma caninum</i> etc)	
Angyiostrongylosis (<i>Angyostromylus vasorum</i>)	
Filariosis (<i>Dipetalonema</i> spp. etc)	
Lungworms (<i>Filaroides</i> spp.)	
Spiroroid stomach worms (<i>Gnathostoma</i> , <i>Spirura</i> spp)	
Thelaziosis (<i>Thelazia</i> spp)	
Diphyllobothriosis (<i>Diphyllobothrium</i> spp)	

Tick species to consider from IQRA based on potential risk of establishment and diseases transmitted

Ticks	Risk (H/M)	Potential Diseases Transmitted
<i>Ixodes ricinus</i>	H	Endemic in UK but high risk of new populations from Europe being introduced carrying exotic diseases e.g. <i>Anaplasma marginale</i> , other strains of <i>Borrelia burgdorferi</i> , and viral diseases such as Czechoslovakian encephalitis, Russian spring-summer encephalitis Bukhovinian haemorrhagic fever virus.
<i>Ixodes persulcatus</i>	M	Exotic to UK but widespread in eastern Europe. Major vector of Russian spring-summer encephalitis virus and Lyme borreliosis (<i>B. burgdorferi</i>)
<i>Ixodes hexagonus</i>	M	Endemic to UK, high risk of introduction but little significance of disease introduction
<i>Ixodes holocyclus</i>	M	Australian tick and vector <i>Coxiella burnetii</i> (Q fever) and <i>Rickettsia australis</i> (Queensland tick typhus).
<i>Ixodes scapularis</i>	M	North American tick transmits <i>Francisella tularensis</i> , babesiosis, and human granulocytic ehrlichiosis (<i>Ehrlichia chaffensis</i>) in humans and anaplasmosis and piroplasmosis in domestic animals.
<i>Ixodes pacificus</i>	M	North American tick a vector of Lyme disease (<i>Borrelia burgdorferi</i>) and <i>Anaplasma phagocytophilum</i> (<i>Ehrlichia equi</i>) to horses
<i>Dermacentor andersoni</i>	M	North American tick transmits bovine anaplasmosis (<i>Anaplasma marginale</i>), Colorado tick fever virus, tularemia (<i>Francisella tularensis</i>) and <i>Rickettsia rickettsii</i> (Rocky Mountain spotted fever) in western USA.
<i>Dermacentor marginatus</i>	H	Exotic to UK but widespread in southern Europe. Vector for a wide range of diseases; in dogs - <i>Babesia canis</i> ; in cattle - <i>Babesia divergens</i> , in sheep - <i>B. ovis</i> , <i>Theileria ovis</i> and <i>Anaplasma ovis</i> , in horses - <i>Babesia caballi</i> , <i>Theileria equi</i> and infectious encephalomyelitis. It also transmits <i>Coxiella burnetii</i> (Q fever), <i>Francisella tularensis</i> (tularemia), <i>Brucella</i> spp., and <i>Rickettsia conorii</i> (Boutonneuse fever).
<i>Dermacentor reticulatus</i>	H	Localised reports in UK but widespread in southern Europe is a vector for <i>Babesia divergens</i> (redwater), <i>B. ovis</i> , <i>Theileria ovis</i> , <i>Coxiella burnetii</i> (Q fever), <i>Francisella tularensis</i> (tularemia), <i>Brucella</i> , <i>Rickettsia conorii</i> (Boutonneuse fever), <i>Anaplasma ovis</i> . In horses it is a vector of <i>Babesia caballi</i> , <i>Theileria equi</i> and infectious encephalomyelitis of horses. In dogs it is a vector for <i>Babesia canis</i> .
<i>Dermacentor variabilis</i>	M	Another American species that transmits bovine anaplasmosis, <i>Rickettsia rickettsii</i> (Rocky Mountain spotted fever), tularaemia, St Louis encephalitis virus and Lyme disease.
<i>Haemaphysalis punctata</i>	H	Localised distribution in UK. Reported throughout Europe and transmits <i>Babesia major</i> and <i>Babesia bigemina</i> , <i>Theileria mutans</i> (<i>T. buffeli</i>), <i>Anaplasma marginale</i> and <i>A. centrale</i> in cattle. In sheep, it transmits <i>Babesia motasi</i> and the benign <i>Theileria ovis</i> . It has also been reported to cause tick paralysis. In addition to transmitting <i>Anaplasma</i> and <i>Babesia</i> spp, different <i>H. punctata</i> populations are infected by tick-borne

		encephalitis virus, Tribec virus, Bhanja virus, and Crimean-Congo hemorrhagic fever virus.
<i>Hyalomma anatolicum</i>	M	Found in SE Europe, and Asia and is a highly damaging tick species. Transmits <i>Theileria annulata</i> , <i>T. equi</i> , <i>Babesia caballi</i> , <i>Anaplasma marginale</i> , <i>Trypanosoma theileri</i> and at least five arboviruses
<i>Hyalomma lusitanicum</i>	M	<i>H. lusitanicum</i> , replaces <i>H. anatolicum</i> from central Italy to Portugal, Morocco, and the Canary Islands. It is believed to be a vector of equine and bovine babesiosis.
<i>Hyalomma marginatum</i>	M	Four subspecies found in Africa, Asia southern Europe are important vectors of disease. In dogs they transmit <i>Babesia canis</i> ; in cattle <i>Babesia ovis</i> , <i>Rickettsia aeschlimanii</i> and Crimean Congo Haemorrhagic fever (CCHF); and in horses <i>Babesia caballi</i> and <i>Theileria equi</i> .
<i>Rhipicephalus bursa</i>	M	This tick is found in sub-Saharan Africa and southern Europe a major vector of <i>Babesia bovis</i> , <i>Babesia ovis</i> , <i>Babesia motasi</i> , <i>Theileria equi</i> , <i>Babesia caballi</i> , <i>Theileria ovis</i> , <i>Anaplasma marginale</i> , <i>Anaplasma phagocytophilum</i> , <i>Coxiella burnetii</i> , Nairobi sheep disease and Crimean Congo Haemorrhagic Fever viruses.
<i>Rhipicephalus sanguineus</i>	H	Introduced to UK, but globally important tick which transmits <i>Babesia canis</i> and <i>Ehrlichia canis</i> , <i>Theileria equi</i> and <i>B. caballi</i> of equines, <i>Anaplasma marginale</i> in North America, <i>Hepatozoon canis</i> of dogs, <i>Coxiella burnetii</i> , <i>Rickettsia conori</i> , <i>R. canis</i> , <i>R. rickettsii</i> , <i>Pasteurella tularensis</i> , <i>Borrelia hispanica</i> and the viruses that cause Nairobi sheep disease and other viral diseases of sheep in Africa. Also a vector for East Coast fever (<i>Theileria parva</i>) among cattle, <i>Babesia perroncitoi</i> and <i>Babesia trautmanni</i> among pigs, and transmits Rocky Mountain spotted fever

ADVISORY COMMITTEE ON DANGEROUS PATHOGENS

**Meeting of Key Players to discuss Revision of the ACDP Guidance on
“Management and Control of Viral Haemorrhagic Fevers**

**To be held on Friday 26th May 2006, 10:30 at Skipton House, Department of
Health, Room 125A**

AGENDA

1. Welcome, Introductions and Apologies
2. Overview of Scope of Guidance **ACDP/VHF/KP/P1**
3. Format of Guidance **ACDP/VHF/KP/P2**
4. VHF Epidemiology and Background information **ACDP/VHF/KP/P3**
5. Risk Assessment: Patient Categorisation **ACDP/VHF/KP/P4**
6. Specimen Handling and Laboratory Procedures
*Presentation from Dr Lloyd – HPA, Centre for Emergency Preparedness and
Response*
7. Public Health Actions **ACDP/VHF/KP/P5**
8. Patient management and High Security Infectious Disease Units (HSIDUs)
*Presentations from Dr Bannister – Coppetts Wood Hospital
Dr Ong – Newcastle General Hospital*
9. Proposed timeline for revising the guidance and approach to be taken
ACDP/VHF/KP/P6
10. AOB

ANNEX B

Key Players' Meeting to Discuss Revision of ACDP Guidance on "*Management and Control of Viral Haemorrhagic Fevers*" - Attendee List

Professor George Griffin (Chairman)	Chair of ACDP
Dr Barbara Bannister	Royal Free Hospital, Hampstead
Dr Tim Brooks	Health Protection Agency (HPA), Porton Down
Dr David Brown	HPA, Colindale
Professor Chris Bartlett	Chair of NepNei
Dr Steve Copping	Health & Safety Executive (HSE), Merseyside
Mr Colin Dunn	ACDP Secretariat, HSE
Dr Andrew Freedman	Cardiff University School of Medicine, Wales
Dr Robin Gopal	HPA, Colindale
Wg Cdr Andy Green	Ministry of Defence, Whitehall
Dr Sara Hedderwick	Royal Victoria Hospital, Northern Ireland
Dr Graham Lloyd	HPA, Porton Down
Dr Sheila Morgan	Freeman Hospital, Newcastle-upon-Tyne
Dr Dilys Morgan	HPA, Colindale
Dr Ed Ong	Newcastle General Hospital, Newcastle-upon-Tyne
Dr Mike Paton	HSE, Merseyside
Dr Gemma Priddey	Department of Health
Dr Andrew Simpson	DSTL, Porton Down
Dr Maggie Tomlinson	Department of Health
Dr Nigel Tomlinson	Department of Health, Estates and Facilities Directorate
Dr Angela Clark (Secretariat)	ACDP Secretariat, HPA

Apologies: **Dr Mike Painter** (ACDP member), **Dr Cathy Roth** (WHO), **Ms Breda Athan** (Royal Free Hospital, Hampstead)

ANNEX C

**ADVISORY COMMITTEE ON DANGEROUS PATHOGENS
TSE WORKING GROUP**

The 7th meeting of the TSE Working Group will be held on Wednesday 3rd May 2006, at Skipton House, Department of Health, Room 125A

The meeting will begin 11:00 (lunch will be provided)

AGENDA

1. **Chairman's opening remarks and apologies**
2. **Minutes of the meeting held on 9th November** **ACDP/WG/TSE/M6**
3. **Matters arising:**
 - Matters arising from minutes of last meeting
 - Surveillance of occupational exposures to TSEs
 - Revision to Table 4A in Part 4 of the guidance
 - Update on number of CJD cases
 - Update on number of BSE cases
4. **Feedback from related meetings:**
 - **SEAC** (Dr Kate Richards) **ACDP/WG/TSE7/P1**
 - **CJD Incidents Panel** (Dr Nicky Connor) **ACDP/WG/TSE7/P2**
 - **ESAC-PR** (Dr Nigel Tomlinson)
5. **Pre-surgery assessment to identify patients with, or at risk of, CJD** (Secretariat) **ACDP/WG/TSE7/P3**
 - Draft Annex for discussion
6. **Ophthalmology and CJD** **ACDP/WG/TSE7/P4**
(to follow)
7. **At risk patients and negative post-mortem results** (Professor James Ironside) **ACDP/WG/TSE7/P5**
8. **Advice to Funeral Directors** (Professor James Ironside) **ACDP/WG/TSE7/P6**
9. **Work plan for 2006/2007** (Secretariat) **ACDP/WG/TSE7/P7**
10. **FAQ Section** (Secretariat) **ACDP/WG/TSE7/P8**
(to follow)
11. **Update on Research Matters** (Dr John Stephenson)
12. **Papers for Information**

13. Any Other Business

Date of next meeting – **19th July 2006**