Open Government Status:
Partially Open – Annex B closed (policy in development)

ACDP/84/P4

ADVISORY COMMITTEE ON DANGEROUS PATHOGENS

Secretariat Report for the 84th meeting of the ACDP,

and matters arising from the 83rd 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 83rd meeting:

ACDP Appointments

2. As members are aware, an ACDP appointments exercise is currently being carried out by the NHS Appointments Commission (NHS APC), in conjunction with the Secretariat. There are 4 vacancies for members with expertise in one of the following fields:

- bacteriology (clinical or research);
- veterinary microbiology;
- veterinary practice;
- risk analysis.

3. We are also looking to appoint a lay member with an interest in biological agents and public health and/or worker safety. These posts have been advertised in both the New Scientist, the Veterinary Record and on relevant websites. The advert for the posts is attached in Annex A. The Secretariat would like to urge members to bring this to the attention of those who may be interested.

4. In addition, there are three employee representative vacancies on ACDP and nominations are being sought by the NHS APC from the relevant organisations. Short-listed candidates for all the posts will be interviewed in November and Professor Griffin has kindly agreed to be on the interview panel.

Reports from ACDP Working Groups

ACDP Rabies and Exotic Diseases Working Group

5. The Working Group met for the second time on 14 August 2006 to review the Veterinary Risk Assessments (VRA) on rabies and on other exotic diseases that had been commissioned by Defra. Owing to the large and comprehensive nature of the documents, it was decided that it would be expeditious to consider the Executive Summaries to these assessments rather than analyse the whole documents on a step by step basis. Members were reminded that the Defra recommendations on the review needed to be cleared with the Defra Minister and then submitted to the European Food Safety Authority (EFSA) in early September: therefore the timescale was tight if the Working Group's comments were to be used to shape these recommendations.

6. The Group focussed on the potential risk to humans and public health that might arise from any changes to existing import. The VRAs were discussed, and members of the Group commented on the conclusions of the documents and made recommendations of their own. After the summaries had been reviewed a letter was drawn up and sent to Defra, setting out the Working Group's opinions and comments on the VRAs and the potential human health risks associated with any changes to existing import control policy. This will be used by Defra to inform its recommendations that would be set out in its submission to the Minister. The letter was also copied to DH for its own Minister's information, so that DH could consider whether to provide support to Defra's position. A copy of the letter is attached as Annex B of this Report.

7. It was commented that it was likely that this would be the last actual meeting of the Working Group, although members would be kept informed of the progress of the Defra review. The Working Group might also be required to respond to queries and criticisms of its recommendations once the review had been completed.

Steering Group for revision of the ACDP guidance on Blood-Borne Viruses

8. A Steering Group meeting was held on 2 August under the chairmanship of Professor Irving to discuss the general process for the revision of the guidance including the format and scope. Caroline Walls (HSE) would send relevant sections of the existing guidance to the appropriate specialists who attended the meeting as part of the planned revision process. The Group would be working towards a publication date of the end of 2007. Further decisions would be made on the extent of the consultation of the draft documents.

TSE Working Group

Annex J

9. As discussed at the last ACDP meeting, the annex on pre-surgery assessment to identify patients with or at risk of CJD was published on the 31st July 2006. This is available as Annex J of the ACDP guidance "*Transmissible spongiform encephalopathy agents: safe working and the prevention of infection*" at http://www.advisorybodies.doh.gov.uk/acdp/tseguidance/Index.htm

10. Following the conversation at the last ACDP meeting, the TSE Working Group discussed the proposed recommendation to quarantine instruments used in

emergency surgery on a patient for which there is no CJD history known (e.g. the patient is unconscious and there is no next of kin present) at the July TSE Working Group meeting. Members felt that the recommendation should be omitted at present because of the potential cost implication of such a recommendation. In particular it was felt that this may cause more of an impact for smaller hospitals with a more limited number of instruments. It was agreed that work should be undertaken to better ascertain the number of instruments that may be quarantined as a result of such a recommendation. If the recommendation is thought to be feasible based on the new evidence collected, it will be added to a later revision of Annex J.

Other Matters

Defra Consultation on the implementation of EU Directive 2003/99/EC - the Zoonoses (Monitoring) Regulations 2006

11. A consultation was launched in August concerning a draft Statutory Instrument (SI): the Zoonoses (Monitoring) Regulations 2006 ('The Monitoring SI'), which would be the means by which EU Directive 2003/99/EC on the monitoring of zoonoses and zoonotic agents ('The Zoonoses Directive') would be implemented in England. Implementation of the Directive is being considered separately in Scotland, Wales and Northern Ireland.

12. The consultation package includes:

- A consultation document containing a summary of the consultation issues, background to the legislation and draft of "the Monitoring SI"
- A partial Regulatory Impact Assessment (RIA)

13. The consultation package is available along with other current Defra consultations on the Defra website and listed according to their closing date for comments. The consultation package can be found on the Defra website at:

www.defra.gov.uk/corporate/consult/zoonoses-monitoring/index.htm

The issues:

14. Controlling animal diseases including zoonotic diseases is a key requirement of government. Zoonoses are a serious concern from a public health perspective. *Salmonella* Enteritidis and *Salmonella* Typhimurium, for example, have accounted for the majority of cases of human Salmonellosis for many years and have consistently been the most commonly-implicated pathogens in general outbreaks of foodborne diseases.

15. Government is committed to decisive and effective action to minimise the risks posed by zoonoses and zoonotic agents. This can only be achieved effectively on the basis of a thorough scientific understanding of the sources and patterns of zoonoses including investigation of possible animal links to outbreaks of human disease. In order to support decision making based on evidence and scientific knowledge it is important that Government is able to monitor and analyse prevalence of zoonotic disease and infection in all animals including those in primary production

and in other possible disease reservoirs such as wild animals and companion animals. It is also essential to be able to conduct surveillance and investigation of new or unusual animal syndromes which might have the potential to be zoonoses.

16. A partial Regulatory Impact Assessment (RIA) has been produced which sets out a number of options for implementing the Zoonoses Directive. Each option is analysed in detail with the costs and benefits of each option laid out clearly. The option favoured by Defra is reflected in the draft legislation. This option would provide Government with sufficient powers to maintain effective and proportionate monitoring programmes for known and newly emerging zoonoses and zoonotic agents in all animals.

17. It is anticipated that these powers would be used primarily for investigations on primary production premises. Investigations on populations of wild animals or companion animals would take place only where there was a strong case to do so, supported by clear epidemiological evidence, and where owners of a private-dwelling had been given prior notice of the need for entry to premises for the purpose of monitoring.

18. The key outcome of the consultation process is to deliver a Statutory Instrument that will support Defra's zoonoses monitoring needs in the short term and long term. In order to deliver this outcome any legislation needs the support of all key stakeholders including the primary production industry, veterinarians, landowners, wildlife managers, government and our wider society.

19. Defra is particularly seeking views on the following questions:

- **Do stakeholders agree with the analysis accompanying the options set out in the RIA?**
- **Do stakeholders support the proposed statutory instrument as drafted?**
- **Have any practical or affordable implementation options been left out?**

Deadline and comments

20. The deadline for responses is **27 October 2006**. Comments may be sent via this web address.

Draft code of practice for the prevention and control of healthcare associated infection

21. A draft code of practice for the prevention and control of healthcare associated infection was published by DH on the 24th July 2006 – available on the DH website. The purpose of the code of practice is to help NHS bodies plan and implement how they can prevent and control HCAI. It sets out criteria by which managers of NHS organisations and other health care providers should ensure that patients are cared for in a clean environment, where the risk of HCAI is kept as low as possible. The Healthcare Commission will be using this code to assess NHS performance and similar requirements will be introduced for the private and voluntary healthcare sector

and care homes. The Code will come into force when the final version is published on 2nd October 2006 and it will form part of the Healthcare Commission's annual healthcheck for the period starting from April 2007.

Annex A

The Advisory Committee on Dangerous Pathogens

Vacancies for 5 Members

The Advisory Committee on Dangerous Pathogens (ACDP) advises the Health and Safety Commission, the Health and Safety Executive and Health and Agriculture Ministers on all aspects of hazards and risks to workers from exposure to pathogens. We are looking to appoint 5 new members.

5 Members (4 experts and 1 lay)

You will have expertise in one of the following fields: bacteriology (clinical or research); veterinary microbiology; veterinary practice or risk analysis. We are also looking for one lay member with an interest in biological agents and public health and/or worker safety. All members will have excellent communication skills and be able to evaluate complex issues.

Time commitment, remuneration and location

The ACDP meets three times a year for full-day meetings in central London. Although ACDP members are not paid, there are allowances for travel and subsistence. In addition, members may be asked to attend sub-group or ad hoc meetings.

All appointments will be for periods of up to 3 years.

How to apply

If you think you have the qualities we require and want to apply for a post please call 0870 240 3802 during office hours or go to: www.appointments.org.uk, quoting reference DH6014 for an information pack and application form (which are available in large type or Braille or on tape).

The closing date for returning applications is 6th October 2006. Interviews are likely to be held in mid November 2006 in London.

The NHS Appointments Commission is committed to equality of opportunity for all and the principle of appointment based on merit following an open and transparent process and independent assessment.

Please note this is a public appointment, not employment.

See www.appointments.org.uk or www.sector1.net for more public appointments being filled by the Appointments Commission

NHS Appointments Commission

Annex B

(Closed status, policy in development)