CONTENTS

1. INTRODUCTION 3

2. TERMS OF REFERENCE 3

3. DANGEROUS PATHOGENS 3
   3.1 Background 3
   3.2 Legislation 4
   3.3 Role of ACDP 4

4. MEMBERSHIP IN 2008 5
   4.1 Advisory Committee on Dangerous Pathogens 5
   4.2 Transmissible Spongiform Encephalopathy Working Group 6
   4.3 Containment Working Group 7
   4.4 Drafting Group for revision of the ACDP guidance on blood-borne viruses 8

5. KEY ISSUES DISCUSSED BY ACDP IN 2008 9
   5.1 88th Meeting – 5th February 2008 9
   5.2 89th Meeting – 10th June 2008 11
   5.3 90th Meeting – 14th October 2008 14

6. ACDP WORKING GROUPS 16
   6.1 Transmissible Spongiform Encephalopathy Working Group 16
   6.2 Containment Working Group 18
   6.3 Drafting Group for revision of the ACDP guidance on blood-borne viruses 19
1. INTRODUCTION

The Advisory Committee on Dangerous Pathogens (ACDP) is a non-statutory advisory
non-Departmental Public Body. The Committee comprises a Chairman and 17
members. The membership is tripartite, with scientific experts, employer and employee
representatives.

The work of the ACDP cuts across a number of Government Departments, and thus
the Committee is supported by a Secretariat with representatives from the Health and
Safety Executive (HSE), the Health Protection Agency (HPA) on behalf of the
Department of Health (DH) and the Department for Environment, Food and Rural
Affairs (Defra).

In 2008 the ACDP held three main meetings (the 88th on the 5th February, the 89th on
the 10th June and the 90th on the 14th October). Agenda, papers and a summary of
these meetings are available at:
http://www.hse.gov.uk/aboutus/meetings/acdp/index.htm

A number of the ACDP Working Groups met throughout the year including:

- The Transmissible Spongiform Encephalopathy Working Group (TSE
  WG);
- The Drafting Group for revision of the ACDP guidance on blood-borne
  viruses;
- The Containment Working Group

A summary of these Working Groups can be found under Item 6 of this report.

2. TERMS OF REFERENCE

The Advisory Committee on Dangerous Pathogens’ terms of reference are:

“To advise the Health and Safety Executive, and Ministers for the Department
of Health and the Department for Environment, Food and Rural Affairs, and
their counterparts under devolution in Scotland, Wales and Northern Ireland, as
required, on all aspects of hazards and risks to workers and others from
exposure to pathogens.”

3. DANGEROUS PATHOGENS

3.1 Background

The remit of ACDP is to provide advice to workers and others on risks from exposure
to dangerous pathogens (also known as biological agents and infectious agents).
Workers and others can be exposed to a range of dangerous pathogens in the
workplace and through workplace activities.

Certain bacteria, fungi, viruses, internal parasites and infectious proteins (known as
prions) are all defined as dangerous pathogens. Dangerous pathogens may be used
intentionally at work, for example in a microbiology laboratory, but exposure can also
occur that is incidental to the purpose of the work, for example when healthcare
workers are exposed to infectious patients, or farmers are exposed to diseases carried
by their stock. Exposure to dangerous pathogens in the workplace could lead to the development of infectious disease, disease caused by the toxins produced by the dangerous pathogen, or an allergic reaction.

3.2 Legislation

Dangerous pathogens include infectious agents that cause diseases transmissible between animals and man (zoonoses). Such agents are controlled under human health (DH/HPA remit), health and safety (HSE remit), and animal health legislation (Defra remit). The primary purpose of the latter legislation is to prevent the introduction and spread of animal diseases that affect farmed livestock and poultry.

One of ACDP’s roles is to advise on worker health and safety, and much of its advice supports health and safety legislation on the control of exposure to hazardous substances such as dangerous pathogens. Health and safety legislation (principally the Control of Substances Hazardous to Health [CoSHH] Regulations 2002 (as amended)) requires employers to assess the risks from dangerous pathogens in their workplace and to prevent or control exposure. Further information can be obtained from the HSE website: http://www.hse.gov.uk/biosafety/index.htm

Defra seeks to control imports of animal pathogens and carriers from third countries under the Importation of Animal Pathogens Order 1980, and animal pathogens causing serious, predominantly exotic, diseases of farmed livestock and poultry under the Specified Animal Pathogens Order 1998 by means of licensing regimes. Further information can be obtained from Defra’s website: http://www.defra.gov.uk/

There are various pieces of legislation covering public health; further information on these can be obtained from the DH website: http://www.dh.gov.uk/Home/fs/en

3.3 Role of the ACDP

The work of ACDP can be broadly divided into two areas:

- Production of guidance relating to safety at work and protection of public health;
- Provision of advice to Government on the formulation and implementation of policy and legislation, relating to specific pathogen risk issues and their impact

ACDP makes a significant contribution to the assessment of risks to employees and the general public from infectious agents, and to ensuring that appropriate controls are in place. It has produced several guidance documents that give practical advice on the application of health and safety measures for a range of occupational groups and on a range of public health issues. These can be found at: http://www.advisorybodies.doh.gov.uk/acdp/publications.htm
4. **MEMBERSHIP IN 2008**

4.1 **Membership of the Advisory Committee on Dangerous Pathogens (ACDP)**

<table>
<thead>
<tr>
<th>Independent member</th>
<th>Expert/Employer/ Employee representative/Lay Member</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor George Griffin (Chair)</td>
<td>Expert in clinical and research microbiology and infectious diseases</td>
<td>St George’s Hospital Medical School</td>
</tr>
<tr>
<td>Professor Colin Howard</td>
<td>Expert in veterinary microbiology/parasitology</td>
<td>The Royal Veterinary College</td>
</tr>
<tr>
<td>Professor Will Irving</td>
<td>Expert in clinical virology</td>
<td>University of Nottingham</td>
</tr>
<tr>
<td>Ms Karen Jones</td>
<td>Lay Member</td>
<td>Air Support International, Crawley</td>
</tr>
<tr>
<td>Dr John Keddie</td>
<td>Employer representative</td>
<td>GlaxoSmithKline</td>
</tr>
<tr>
<td>Mr John McLuckie</td>
<td>Employee Representative</td>
<td>Belfast City Hospital</td>
</tr>
<tr>
<td>Dr Phil Minor</td>
<td>Expert in research virology</td>
<td>National Institute of Biological Standards and Control</td>
</tr>
<tr>
<td>Dr Mike Painter</td>
<td>Expert in epidemiology/public health</td>
<td>Public health physician (retired)</td>
</tr>
<tr>
<td>Mrs Judith Potter</td>
<td>Employee Representative</td>
<td>Royal Devon and Exeter NHS Foundation Trust</td>
</tr>
<tr>
<td>Dr Andrew Rycroft</td>
<td>Expert in veterinary microbiology</td>
<td>The Royal Veterinary College</td>
</tr>
<tr>
<td>Professor Armine Sefton</td>
<td>Expert in medical microbiology</td>
<td>Bart’s and The London</td>
</tr>
<tr>
<td>Mr Gordon Sutehall</td>
<td>Expert in laboratory health and safety</td>
<td>Addenbrooke’s Hospital</td>
</tr>
<tr>
<td>Dr Diana Westmoreland</td>
<td>Expert in clinical virology</td>
<td>University Hospital of Wales</td>
</tr>
<tr>
<td>Dr Peter Wilson</td>
<td>Employer representative</td>
<td>St Andrew’s Hospital</td>
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<tr>
<th>Assesors and Observers</th>
<th>Representing</th>
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<tbody>
<tr>
<td>Dr David Brown</td>
<td>Health Protection Agency, Centre for Infections</td>
</tr>
<tr>
<td>Professor Brian Duerden</td>
<td>Department of Health, Inspector of Microbiology</td>
</tr>
<tr>
<td>Ms Amanda Gatto</td>
<td>Department of Health</td>
</tr>
<tr>
<td>Dr Andrew Simpson (to June 2008)</td>
<td>Defence Science and Technology Laboratories</td>
</tr>
<tr>
<td>Mrs Ruth Lysons</td>
<td>Defra</td>
</tr>
<tr>
<td>Mr John Newbold</td>
<td>Health and Safety Executive</td>
</tr>
<tr>
<td>Dr Roland Salmon</td>
<td>National Public Health Service for Wales</td>
</tr>
<tr>
<td>Dr Delia Skan</td>
<td>Department of Health, Social Services and Public Safety, Northern Ireland</td>
</tr>
<tr>
<td>Ms Maggie Tomlinson</td>
<td>Department of Health</td>
</tr>
<tr>
<td>Dr Malcolm McWhirter</td>
<td>Scottish Executive</td>
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</table>
Two members of ACDP stood down in 2008 – Dr Diana Westmoreland in June and Dr Mike Painter in October. Both members had been on ACDP for some years, and made significant contributions to the work of the committee.

During 2008, a review of the Assessors and Observers was conducted by the Sponsors and Secretariat, due to concerns about the ratio of Observers to Members, particularly when additional experts are often invited to meetings. Following this review, it was agreed that the number of Observers attending meetings on a routine basis should be restricted to those who are required to make a regular input, as opposed to those whose specialist input on particular issues only is required.

There were a number of changes to the Secretariat during 2008. Mr John Newbold replaced Dr Mike Paton as the Sponsor for the Health and Safety Executive. In addition, Ms Frances Soames replaced Mr Colin Dunn as HSE Secretariat in June 2008, and Ms Diane Tsavalos replaced Ms Frances Soames in December 2008.

### 4.2 Membership of the ACDP TSE Working Group

<table>
<thead>
<tr>
<th><strong>Independent member</strong></th>
<th><strong>Employer</strong></th>
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<tbody>
<tr>
<td>Professor Donald Jeffries (Chair)</td>
<td>St. Bartholomew’s Hospital (retired)</td>
</tr>
<tr>
<td>Mr Ray Bradley</td>
<td>Veterinary Laboratory Agency (retired)</td>
</tr>
<tr>
<td>Mr John Goodman (until May 2008)</td>
<td>Meat and Livestock Commission</td>
</tr>
<tr>
<td>Professor Colin Howard</td>
<td>The Royal Veterinary College</td>
</tr>
<tr>
<td>Professor James Ironside</td>
<td>National CJD Surveillance Unit</td>
</tr>
<tr>
<td>Professor Ian McConnell</td>
<td>University of Cambridge</td>
</tr>
<tr>
<td>Professor Jean Manson</td>
<td>Neuropathogenesis Unit, Roslin Institute</td>
</tr>
<tr>
<td>Dr Phil Minor</td>
<td>National Institute of Biological Standards and</td>
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<td></td>
<td>Control</td>
</tr>
<tr>
<td>Dr Mike Painter</td>
<td>Public health physician (retired)</td>
</tr>
<tr>
<td>Dr Geoff Ridgway</td>
<td>University College London (retired)</td>
</tr>
<tr>
<td>Dr Roland Salmon</td>
<td>National Public Health Service for Wales</td>
</tr>
<tr>
<td>Mr Ron Spellman</td>
<td>Unison</td>
</tr>
<tr>
<td>Dr Tim Wyatt</td>
<td>Mater Hospital Trust, Northern Ireland</td>
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<table>
<thead>
<tr>
<th><strong>Officials and Observers</strong></th>
<th><strong>Representing</strong></th>
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<tbody>
<tr>
<td>Mr Peter Bennett</td>
<td>Department of Health, Statistical Unit</td>
</tr>
<tr>
<td>Mr Patrick Burke</td>
<td>Defra</td>
</tr>
<tr>
<td>Dr Rebecca Cardigan/Dr Michael Rogers</td>
<td>Secretariat to the Advisory Committee on the</td>
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<tr>
<td></td>
<td>Safety of Blood, Tissues and Organs</td>
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</tbody>
</table>
There were some changes to the TSE Working Group in 2008. These were:

- Mr John Goodman left the TSE Working Group in May 2008
- Dr Andrew Riley replaced Dr Peter Christie as Observer for the Scottish Executive
- Dr John Pride replaced Dr Mike Paton as Observer for the Health and Safety Executive
- Dr Peter Grimley replaced Dr Tom Barlow as Observer from the Spongiform Encephalopathy Advisory Committee Secretariat, replacing Dr Yimmy Chow
- Dr Mike Rogers replaced Dr Rebecca Cardigan as Observer from the Advisory Committee on the Safety of Blood, Tissues and Organs Secretariat

4.3 Membership of the Containment Working Group

<table>
<thead>
<tr>
<th>Independent member</th>
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</thead>
<tbody>
<tr>
<td>Professor George Griffin (Chair)</td>
<td>St George’s, University of London</td>
</tr>
<tr>
<td>Professor Malcolm Bennett</td>
<td>Liverpool University</td>
</tr>
<tr>
<td>Dr David Brown</td>
<td>Health Protection Agency</td>
</tr>
<tr>
<td>Dr Gary Burns</td>
<td>Astra Zeneca</td>
</tr>
<tr>
<td>Dr Tim Doel</td>
<td>Merial Animal Health</td>
</tr>
<tr>
<td>Dr Trevor Drew</td>
<td>Veterinary Laboratories Agency</td>
</tr>
<tr>
<td>Dr Uwe Mueller-Doblies</td>
<td>Institute for Animal Health</td>
</tr>
<tr>
<td>Dr Michael Skinner</td>
<td>Imperial College, London</td>
</tr>
<tr>
<td>Mr Gordon Sutehall</td>
<td>Health Protection Agency</td>
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<table>
<thead>
<tr>
<th>Secretariat</th>
<th>Representing</th>
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<tbody>
<tr>
<td>Ms Julia Crouch</td>
<td>Health and Safety Executive</td>
</tr>
<tr>
<td>Mrs Ruth Lysons</td>
<td>Defra</td>
</tr>
<tr>
<td>Dr Paul McDermott</td>
<td>Health and Safety Executive</td>
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</table>
4.4 Membership of the Drafting Group for revision of the ACDP guidance on blood-borne viruses

<table>
<thead>
<tr>
<th>Member</th>
<th>Employer</th>
</tr>
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<tbody>
<tr>
<td>Professor Will Irving (Chair)</td>
<td>University of Nottingham</td>
</tr>
<tr>
<td>Dr Alan Beswick</td>
<td>Health and Safety Laboratory</td>
</tr>
<tr>
<td>Mr Brian Crookes</td>
<td>Health and Safety Executive</td>
</tr>
<tr>
<td>Mr Jonathan Gawn</td>
<td>Health and Safety Executive</td>
</tr>
<tr>
<td>Mr John Newbold/Dr Mike Paton</td>
<td>Health and Safety Executive</td>
</tr>
<tr>
<td>Dr Mike Painter</td>
<td>Public health physician (retired)</td>
</tr>
<tr>
<td>Ms Anne Raynal</td>
<td>Health and Safety Executive</td>
</tr>
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5. **Key Issues discussed by ACDP in 2008**

In 2008 the ACDP held three main committee meetings: the 88\(^{th}\) on the 5\(^{th}\) February, the 89\(^{th}\) on the 10\(^{th}\) June and the 90\(^{th}\) on the 14\(^{th}\) October.

Members discussed the progress of ACDP Working Groups under the Secretariat Report at each meeting. ACDP Working Group reports for 2008 are in section 6 of this document.

5.1 **88\(^{th}\) Meeting – 5\(^{th}\) February 2008**

At the 88\(^{th}\) meeting, members discussed:

**Update on Rabies**

DEFRA reported back on discussions at the EU regarding the new community pet movement regime to be implemented when transitional arrangements expire. A harmonised approach across Member States (MS) has raised issues not in relation to rabies controls but in the control of tick and tapeworm diseases. The UK along with Ireland, Malta, Finland & Sweden currently require pets to receive anti-parasitic treatments before entry to their territories. Harmonisation of pet movement rules across the Community may result in this pre-entry requirement being abolished. DH are in the process of gathering further evidence on human tick and tapeworm-associated disease surveillance data (with the help of HPA) to support the UK’s current position and will report to the EC in summer 2008.

**West Nile Virus**

Following a letter to the Chairman before the last ACDP meeting, a meeting was held for interested parties on the 1\(^{st}\) February 2008 to discuss West Nile Virus prevalence studies. Due to the difficulties associated with experimental protocols for WNV particularly assay cut-off points, it was agreed that the conclusions of some past studies were open to challenge. Given the importance of the conclusions, it was agreed a new serological study would be beneficial, and HPA were asked to draft a proposal for this work.

**Revision of the 1996 ACDP Guidance Management & Control of Viral Haemorrhagic Fevers**

Progress in the drafting of the guidance has stalled due to events at Pirbright and the Callaghan Review. In addition the DH sponsored research on the ventilation requirements for patient isolation will not report to ACDP until later in 2008 and the results will impact on the guidance revision. DH and HSE sponsors will meet to draft a revised action plan for updating the VHF guidance.

**Revision of ACDP Guidance on blood-borne viruses**

The present guidance was published in 1997 and needed updating to take account of developments in the field and provide a resource for directing dutyholders to the large amount of BBV related guidance available. The revised guidance is still split into four parts (i.e. Part 1- Virology Background; Part 2 - Health and Safety Law; Part 3 – Control Measures and Practical Guidance; Part 4 – Guidance on post-exposure risk assessment, management and prophylaxis) with a number of additional appendices. The guidance will be a web-based document only.
Advice was sought on the technical content, scope, presentation and pitch of the revised guidance. Members ranged in their views on the pitch and presentation, however were content with the technical content and scope of the document. Further work is required on presentation of the guidance to make navigation of readers to relevant parts easier. The audience for the guidance is split into two broad types – those seeking guidance on their responsible for health and safety at work (i.e. managers/employers) and those seeking practical advice in dealing with different scenarios. Reference was made to the format of the ACDP TSE infection control guidance, currently on the DH website, which has an additional section on frequently asked questions, which members felt would add value.

It was agreed that it may be useful to consult with specific groups (e.g. occupational health nurses, physicians) before going out for the main consultation.

Revision of Appendix 1.2 Transport of Infectious Substances in Biological Agents: Managing the risks in Laboratories and healthcare premises

The appendix has been revised to take account of changes in transport legislation. With the exception of one paragraph in relation to categorisation of positive specimens as Category A or Cat B (which needs to be clarified) members were content with the revisions set out in the updated version of Appendix 1.2

Application of Safety Performance Indicators to the Biosafety Sector

HSE gave a presentation on the development of Safety Performance Indicators (SPIs) as measuring parameters to add assurance that key health and safety systems at CL4 facilities are being managed effectively. SPIs have been developed for the Nuclear and other major hazard industries and are now being applied to the biosafety sector. Whilst the frequency of incidents at CL4 facilities is very rare, the potential consequences of a release are great (e.g. Pirbright). SPIs should provide increased confidence in the reliability of systems and provide the ability to intervene before risk control systems fail. HSE is looking to phase the application of these SPIs into Containment Level 3 laboratories in due course.

Comparison was made to the pharmaceutical and food industry which require good manufacturing practice and also involves real time monitoring of systems. Caution was raised in terms of making the monitoring process too detailed and onerous, however, SPIs are intended to target monitoring to the crucial elements of the system.

Guidance on a Common Set of Containment Measures to apply to both Animal & Human Pathogens

The Callaghan Review following the Foot & Mouth outbreak at Pirbright in August 2007 recommended that ACDP be asked to develop a common set of containment measures for animal and human pathogens. Defra/HSE indicated that ACDP will be formally asked to undertake this work, with clear terms of reference. Delivery of the guidance is expected by Spring 2009, to coincide with a new regulatory framework encompassing human, animal and genetically modified pathogens.

The concept of a single regulatory framework was welcomed by members, who also supported the move to an independent regulator. ACDP felt greatest work lay in the development of common containment levels for large animals.
The Callaghan Review made a number of other recommendations including that enforcement of the Specified Animal Pathogens Order moves to HSE in a phased process. HSE will be recruiting resources to cater for the additional workload and skills gap.

**Categorisation of non-circulating strains of influenza virus of known Pandemic Potential**

Advice was sought on whether additional guidance is needed in the 2005 ACDP publication on influenza viruses in relation to the risks associated with working with the recreated 1918 (H1N1) pandemic Influenza A virus. Advice was also sought on what category the 1918 virus should be classified. It was noted that enhanced CL3 is used for work in the USA, whilst CL4 was used for transmission studies in Canada.

Recent pathogenicity studies with the 1918 virus indicate similar levels and mechanism of virulence as the highly pathogenic avian influenza H5N1, though the case fatality rate is much greater for H5N1. Given that anti-virals (e.g. Tamiflu, amantadine) have been shown to be effective against the 1918 virus, effective prophylaxis is available. Members therefore felt that categorisation to HG4 would not be appropriate. Rather than categorise the virus, members felt that activity based risk assessment should be used to determine the most appropriate containment level. However, it was felt that any work involving the 1918 virus should as a minimum of use enhance CL3 similar to that for HPAI H5N1 and that work involving transmission studies in animals may require additional control measures. Members agreed that further work on the risk assessment and appropriate control measures for different activities should be worked up and could be used to amend the existing guidance. The view of the Scientific Advisory Committee on Genetic Modification (SACGM) would also need to be sought in this area.

**Draft Work Plan**

The draft work plan for 2008/2009 was circulated. It was noted that the work updating the ACDP guidance on influenza with information on the recreated 1918 H1N1 pandemic influenza A virus should be included.

### 5.2 89th Meeting – 10th June 2008

At the 89th meeting Members discussed:

**Seasonal influenza vaccination programme for poultry workers**

The current findings from the 2007/2008 Seasonal Influenza Immunisation Programme for Poultry Workers in England, which ran from 1st November 2007 to 31st March 2008, were presented to Members. PCTs were asked to submit data on activity and immunisation uptake on this programme via the Health Protection Informatics Website (HPI), and by the end of the programme a high proportion of PCTs had returned uptake data. However, uptake of vaccination amongst eligible poultry workers was low. PCTs indicated that many poultry workers either declined the offer of an immunisation, did not attend their appointment or were lost to follow up.

**Pet Travel Scheme**

Since the last ACDP meeting, a significant development for the UK rabies policy has been the granting of an extension to the period for transitional arrangements to those
countries originally granted them for additional pet import controls. Thus the UK’s current Pet Travel Scheme arrangements (post vaccination blood testing, followed by a pre-entry waiting period, and certified pre-entry tick and tapeworm treatments within the time periods specified) will not change until after the 30th June 2010. This extension also applies to Sweden, Ireland, Malta and Finland.

The need to secure the UK controls beyond 2009/10 remains, and a case for retaining our controls is currently being prepared by Defra and DH. The HPA has prepared the public health evidence for the retention of these controls.

Revision of the 1996 ACDP Guidance Management and Control of Viral Haemorrhagic Fevers

Following an action plan meeting between HSE, DH and HPA, the updated proposed publication date of the guidance is June 2009. Some parts of the revised guidance will be brought to the next meeting of ACDP in October.

Re-categorisation of *Bacillus anthracis* Pasteur Strain

At a previous meeting, Members advised that, given the level of attenuation, work with *Bacillus anthracis* ‘Sterne’ strain could be undertaken at COSHH containment level 2, supported by a suitable and sufficient risk assessment. HSE provided Members with further evidence on the level of attenuation of *B. anthracis* ‘Pasteur’ strain in this meeting’s Secretariat report, to enable them to advise on appropriate containment. The Pasteur strain, like the Sterne strain, could be worked with at COSHH Containment level 2, subject to a risk assessment. However, Defra are currently also considering their SAPO containment requirements for both Sterne and Pasteur strains, and HSE are awaiting this decision.

Callaghan Review and new regulatory framework for all animal and human pathogens

Since the Callaghan Review reported in December 2007, implementation of the three phases has begun. Phase 1 – the formalising of HSE support of SAPO inspections of all Category 3 and 4 premises following the safety alert – was successfully completed in January 2008. The report of the outcomes of these inspections is currently being considered by Ministers. Phase 2 – the changes to the SAPO regulations to designate HSE as inspection and lead enforcement body involved close working between HSE and Defra. The SAPO regulations were revised and new Regulations came into force on the 28th April 2008. The revised regulations set out amended powers for HSE inspectors to issue improvement and prohibition notices, powers of entry and requirements for licence holders to comply with the notices and to co-operate with inspections. Defra remains the licensing authority for SAPO until the end of Phase 3 when HSE, in line with the introduction of the single regulatory framework, will become the sole licensing, inspection and enforcement body for work with animal pathogens.

Phase 3, which, it is hoped, will be formally implemented at the end of March 2010, involves six identified work streams. One of these work streams is the production of a common set of containment measures to support the new single regulatory framework. ACDP have been tasked with this, for completion by the end of January 2009. In preparation for Phase 3, representatives from HSE and Defra wrote to the Chairman on 27th May 2008 asking him to consider undertaking this work, acknowledging its challenging nature, and setting out Terms of Reference for a Working Group, including the expected expertise of the membership.
Categorisation of *Neisseria meningitidis* B

The “Approved List of biological agents” categorises *Neisseria meningitidis* strains as Hazard Group 2 pathogens. From time to time ACDP, in consultation with other experts, are asked to review the list, in particular considering evidence for the addition of new agents and reviewing the evidence for the classification of agents already listed. Members were asked to consider the suitability of the current categorisation for *Neisseria meningitidis* strains, in particular, serogroup B. HPA and HSE presented papers on this issue.

Members agreed that re-categorisation to a hazard group 3 was not appropriate. It was felt that the risk could be adequately controlled by using a Microbiological Safety Cabinet for aerosol generating procedures. It was agreed that additional guidance on these procedures and protocols should be formulated and added to the ACDP containment guidance.

Results of serological testing following H7N2 avian influenza outbreak in England and Wales in 2007

A draft report from the HPA on the management of this 2007 H7N2 avian influenza incident was presented to Members.

According to past outbreaks of H7 globally, human antibody response to H7 infections has been found to be unpredictable and often difficult to detect. There have been several situations where virus has been recovered from individuals but there has been no demonstrable seropositivity. Conversely some outbreaks have reported over 50% of those exposed exhibiting a serological response, without clinical illness. This unpredictability in serological response is independent of the type of test used. Investigation of the H7N2 outbreak in Wales did not provide any additional serological information.

Members agreed that, due to the relative paucity of data globally on the kinetics of H7 antibody response, as many paired samples as possible should be collected during an outbreak, so that an agreed antibody response for H7 could be elucidated.

Update on TSE management

The Chairman of the ACDP TSE Working Group attended the meeting to present a paper on TSE management. The paper was written by the ACDP HPA secretariat, with oversight from the ACDP TSE Working Group, and gave an overview of recent developments in policy and guidance for CJD and vCJD due to the possibility of secondary transmission, outlined the advisory committees and other bodies relevant to TSEs, and included a discussion of future developments and issues that Members should be aware of.

ACDP Blood-borne virus guidance

Changes had been made to the draft ACDP blood borne virus guidance, and a new introduction new (currently Part 0) and revised Part 4 were presented to Members.

The revised guidance will be submitted for public consultation over the summer, and a final draft will be presented to the ACDP meeting in October.
At the 90th meeting Members discussed:

**Categorisation of non-circulating strains of influenza virus of known pandemic potential**

Following discussions in previous meetings regarding the production of guidance for those working with non-circulating strains of influenza of pandemic potential, it was agreed that a small Working Group be set up to take this forward, organised by the HPA Secretariat.

**Poliovirus audit**

The UK Polio Containment Working Group met with representatives from the World Health Organisation (WHO) in July to discuss progress with the UK Polio Containment Plan. The Working Group identified laboratories and establishments that were handling wild-type poliovirus vaccine strains and materials that may contain poliovirus. HSE is midway through a programme to visit all premises and facilities to ensure they are compliant with WHO standards. DH is leading the eradication programme and intends to publish a full report on their website.

**West Nile Virus – draft proposal serology study**

Following a meeting held in February 2008 between relevant parties in the UK to discuss West Nile Virus (WNV) serology studies, the HPA are taking forward a proposal for a new serological study to investigate a wide range of mosquito- and rodent-borne infections, including WNV.

**Re-categorisation of Bacillus anthracis Pasteur Strain**

Following the report presented by HSE at the last meeting regarding information on the *Bacillus anthracis* Pasteur strain, Defra has endorsed the recommendations agreed by ACDP and HSE that both the Sterne and Pasteur strains of *Bacillus anthracis* can be worked at Control of Substances Hazardous to Health (CoSHH) Containment Level 2, subject to a suitable risk assessment.

**Containment Working Group**

Members were reminded that one of the recommendations of the Callaghan report was the introduction of a new single regulatory framework and associated containment guidance, encompassing the Specified Animal Pathogens Order (SAPO), Genetically Modified Organisms (Contained Use) Regulations (GMO(CU)) and CoSHH containment measures. An ACDP Containment Working Group had been set up to write the new containment guidance and the Chairman reported that the first meeting had taken place on September 9th. The containment guidance and the new single regulatory framework will be available for public consultation in Summer 2009.

**Revision of the ACDP guidance on blood-borne viruses**

It was reported that the updated ACDP guidance document ‘Protection against blood-borne infections in the workplace: HIV and hepatitis’ had been made available for public consultation. The closing date for responses on the consultation was Monday 17th November 2008.
Rabies update

It was reported that Defra and DH officials met with the European Commission in Brussels earlier in 2008 to present public health evidence to support retaining the current tick and tapeworm controls in the UK. In addition, DH, in collaboration with HPA, prepared a Risk Assessment relating to the impact on the UK if tick and tapeworm controls were removed. A second report was also prepared on the economic impact of *Echinococcus multilocularis* to the NHS if infection levels in the UK were similar to those of the worst cases in Europe. Defra officials are meeting with the Minister in October 2008 to discuss the UK position before it is presented to the EC.

Progressing inflammatory neuropathy (PIN) in pork processing plant workers in USA

The HPA reported that in October 2007 the Minnesota Department of Health, USA, were notified of cases of unexplained neurological illness among workers at a pork processing plant in Minnesota, USA. Since then a total of 24 cases have been detected in three pork processing plants in Indiana, Nebraska and Minnesota. The illness has been termed “Progressive Inflammatory Neuropathy” (PIN).

The Human Animal Infections and Risk Surveillance (HAIRS) group have undertaken a number of activities to determine whether certain animal husbandry practices, statistically associated with the disease cases in the USA, are in use in the UK. The group has been assured that the procedures are not in use in the UK. The HAIRS group is closely monitoring the situation and will revisit this issue if there are any further developments.

Isolation rooms

The Department of Health gave a presentation on the latest research regarding isolation room development, including results from experiments in negative pressure rooms compared to positive pressure ventilation lobby (PPVL) suites, and initial designs for rooms for high security infectious disease units (HSIDUs). It was reported that much of the work is still in progress, and a full report will be presented to ACDP at their next meeting.

Summary of human serological results of all H5 and H7 infections in the UK

HPA presented a summary of the human serological results of all H5 and H7 infections in the UK. Since 2006, seven avian influenza incidents have been investigated in the UK. Serological testing in humans had been carried out in all seven incidents: four H5 incidents and three H7. Final results on serological testing from the most recent incident (H7 in Oxfordshire in 2008) are anticipated. A number of decisions about human serological sampling in future avian influenza incidents were taken by the Committee.

Management and control of serious viral infections

HSE had written an update paper on progress with the revision of the guidance “Management and Control of Viral Haemorrhagic Fevers”, and reported that they are now in a position to start drafting some sections of the new guidance. A key issue in the drafting of the new guidance is resolving the patient containment and disease control methods to recommend. The Secretariat is currently working to review a number of different methods in use across Europe, and will report back on these, and other issues, at the next meeting in February.
6. **ACDP WORKING GROUPS**

6.1 **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 four times in 2008 on the February, May, September and December.

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 2008:

**Decontamination and waste disposal (Annex C)**

A small subgroup meeting was held on the 7th November 2008 to move forward with the proposed update to Annex C of the Working Group guidance. Updating the information in Annex C will also have an impact on other parts of the Working Group guidance, particularly Parts 3 and 4, and these will be updated accordingly.

**Diagnostic Criteria (Annex B)**

Annex B of the Working Group guidance was updated in accordance with the new diagnostic criteria for human prion diseases from the National CJD Surveillance Unit. It was published in October 2008 at:  

**Endoscopy (Annex F)**

Annex F and the consensus statement were updated by the Working Group with significant input from Dr Miles Allison, a gastroenterologist on the CJD Incidents Panel. The changes largely relate to the inclusion of new information on invasive endoscopic procedures, including advice on how to reduce the contamination of the scope via the use of a disposable sheath. In addition, endoscopes used on at risk individuals may now be eligible for refurbishment, rather than indefinite quarantining. References to new decontamination guidelines have also been updated. The Annex was published in June 2008 at:  

**Ophthalmology**

The Ophthalmology subgroup met twice in 2008 on 7th April and 20th June to discuss issues relating to CJD infection control in ophthalmology. The following topic groups were identified:
Members were assigned to relevant topic groups, and discussions and research were coordinated by a topic group lead. The topic groups then produced draft guidance on their particular areas of expertise towards the end of 2008.

Pathology (Annex K)

The Working Group drafted guidelines for pathologists and pathology laboratories for the handling of tissues from patients with, or at risk of, CJD. This document (Annex K of the Working Group guidance) is aimed at pathologists and individuals working in pathology laboratories who handle tissues from patients. It aims to ensure that laboratory staff are aware of risk factors for CJD prior to carrying out procedures on tissues.

The draft annex was sent out for a limited consultation with representatives from the Royal College of Pathologists, the Institute for Biomedical Sciences, the British Neuropathological Society and the Health and Safety Executive. The Annex was approved by the Working Group at their December 2008 meeting.

Annex K has since been published at:
http://www.advisorybodies.doh.gov.uk/acdp/tseguidance

Pre-surgery assessment (Annex J)

The updates to Annex J were approved for publication by the Working Group at their February 2008 meeting, subject to some minor adjustments. The Annex was then signed off by the ACDP Chairman and published on 1st May 2008 at:
http://www.advisorybodies.doh.gov.uk/acdp/tseguidance

Raising the profile of the ACDP TSE Working Group guidance

The Secretariat has been working to raise the profile of the guidance produced by the Working Group. An email update service has been created, so that infection control teams, CCDCs, microbiologists and others working in healthcare settings can be notified of updates to the current guidance, or of new Annexes. So far over 100 individuals have signed up to the update service, from a variety of Trusts all over the UK. The Secretariat prepared a scientific poster outlining the aim and content of the Working Group guidance, and this has been well received at a number of conferences. The Secretariat has also made links with a number of professional bodies, to ensure that their members are kept updated about the changes to the Working Group guidance.

Review and revision of TSE Working Group guidance

A review of the Working Group’s guidance was undertaken by Dr Isobel Rosenstein of the Health Protection Agency’s Expert Advice Support Office. She put forward a number of suggestions for a revision of the guidance, including a complete reformatting, and update of various sections. The Working Group agreed that the
guidance needed reviewing, particularly to increase its usability in the healthcare sector, and will be taking this forward with help from the Department of Health.

**Transport of TSE infected material (Annex D)**

Annex D of the Working Group’s guidance was updated in line with changes to the legislation on the transportation of dangerous goods. Input was received from colleagues at the Department for Transport, Defra and the National CJD Surveillance Unit in Edinburgh. The updated Annex was signed off by the Working Group and the Chairman of ACDP at the end of 2008.

Annex D has since been published at: [http://www.advisorybodies.doh.gov.uk/acdp/tseguidance](http://www.advisorybodies.doh.gov.uk/acdp/tseguidance)

### 6.2 Containment Working Group

As previously outlined in this document, as part of the development and implementation of the single regulatory framework, it was agreed that one of the main workstreams would be to develop a common set of containment measures aimed at ensuring adequate control of dangerous pathogens. The Chairman of ACDP was formally invited to form an ACDP Containment Working Group to take forward this work, and an initial scoping meeting was held in July 2008 to agree the remit and the membership of the working group.

The Terms of Reference for the Containment Working Group were to:

a) review the current containment requirements for human, zoonotic and animal pathogens, taking into account:
   - Existing ACDP / HSE approved list of biological agents;
   - COSHH Regulations Schedule 3;
   - GMO (Contained Use) Regulations Schedule 8;
   - Defra SAPO lists;
   - OIE guidelines;
   - Other sources

b) clarify criteria for containment measures and prepare comparative list for human, zoonotic and animal pathogens;

c) identify areas of inconsistency and advise legal colleagues on options for solutions within restrictions imposed by EU and other legislation;

d) taking into account the framework set out under GMO (Contained Use) Regulations, COSHH and SAPO, develop principles and guidance for those working with biological agents which supports a rigorous risk based approach to management that applies under the single regulatory framework;

e) ensure that there is effective stakeholder engagement throughout the duration of the working group and that stakeholders remain updated.

The Containment Working Group met twice in 2008, as part of an ongoing series of meetings to discuss the common set of containment measures for animal and human pathogens. A guidance document, and accompanying containment tables, are being
produced by HSE in conjunction with the Containment Working Group. These will be presented to ACDP in 2009.

6.3 Drafting Group for revision of the ACDP guidance on Blood-borne Viruses

The drafting group, under the Chairmanship of Professor Will Irving, made good progress with the revision of the 1996 ACDP guidance "Protection against blood-borne infections in the workplace: HIV and hepatitis" in 2008, and the final document went out for public consultation in the autumn. A number of national advisory committees, public bodies and agencies were consulted in this process, and a variety of important comments were received. It is anticipated that the revised guidance will be published by ACDP in 2009.

Secretariat
March 2009