

**ADVISORY COMMITTEE ON DANGEROUS PATHOGENS  
ANNUAL REPORT FOR 2012**

**Issue**

1. A draft annual report for 2012 has been drafted for Members' consideration (Annex 1).
2. Members are asked to consider the draft annual report for 2012 and suggest any amendments.
3. Once the annual report is signed off by the committee, it will be put on the ACDP HSE website at:  
<http://www.hse.gov.uk/aboutus/meetings/committees/acdp/>

**Secretariat**

**February 2013**

**ADVISORY COMMITTEE ON DANGEROUS PATHOGENS**

**ANNUAL REPORT 2012**

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## **1. INTRODUCTION**

The Advisory Committee on Dangerous Pathogens (ACDP) is an expert committee of the Department of Health, The Committee comprises of Chairman and 14 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 2012 the ACDP held two main meetings (the 98th on 14th February, the 99th on 16<sup>th</sup> 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:

- Transmissible Spongiform Encephalopathy Risk Management Sub Group.
- Transmissible Spongiform Encephalopathy Risk Assessment Sub 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 provide independent scientific advice to the Health and Safety Executive (HSE), and to Ministers through the Department of Health, the Department for Environment, Food and Rural Affairs, and their counterparts under devolution in Scotland, Wales and Northern Ireland, on all aspects of hazards and risks to workers and others from exposure to pathogens. In addition it provides independent scientific risk assessment advice on transmissible spongiform encephalopathies (TSEs) to Ministers through the Department of Health, the Department for Environment, Food and Rural Affairs, and their counterparts under devolution in Scotland, Wales and Northern Ireland and to the Food Standards Agency.

## **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 (SAPO) 1998 by means of licensing regimes. Further information can be obtained from the Defra website: <http://archive.defra.gov.uk/foodfarm/farmanimal/diseases/pathogens/>

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/en/Publicationsandstatistics/Legislation/index.htm>

### **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; and
- 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. The Committee has produced several guidance documents that provide practical advice on the application of health and safety measures for a range of occupational groups and relating to a variety of public health issues. These can be found at: [http://www.dh.gov.uk/ab/ACDP/DH\\_087526](http://www.dh.gov.uk/ab/ACDP/DH_087526)

## 4. MEMBERSHIP IN 2012

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

Independent member	Expert/Employer/Employee representative/Lay Member	Employer
Professor George Griffin (Chair)	Expert in clinical and research microbiology and infectious diseases	St George's Hospital Medical School
Professor Malcolm Bennett	Professor of Veterinary Pathology	University of Liverpool
Professor Colin Howard	Expert in veterinary virology microbiology / parasitology	The Royal Veterinary College
Dr Judith Hilton	Expert in risk assessments and management	Medicines and Healthcare products Regulatory Agency (MHRA)
Professor Will Irving	Expert in clinical virology	University of Nottingham
Ms Karen Jones	Lay Member	Air Support International, Crawley
Dr John Keddie	Employer representative	Glaxo Smith Kline
Professor Richard Knight	Professor of Clinical Neurology and Honorary Consultant Clinical Neurologist	National CJD Surveillance Unit, Edinburgh
Professor Jean Manson	Head of Neuropathogenesis Division	The Roslin Institute, University of Edinburgh
Professor Dominic James Mellor	Professor of Epidemiology and Veterinary Public Health	University of Glasgow
Dr Phil Minor	Expert in research virology	National Institute of Biological Standards and Control
Dr Roland Salmon	Director, Communicable Disease Surveillance Centre	Public Health Wales
Professor Armine Sefton	Expert in medical microbiology	Bart's and The London
Mr Gordon Sutehall	Expert in laboratory health and safety	Addenbrooke's Hospital
Professor Richard Tedder	Expert in Clinical Virology	Health Protection Agency

<b>Assessors and observers</b>	<b>Representing</b>
Mrs Maree Barnett	Department of Health
Miss Lyndsey Bennett	Health and Safety Executive
Dr Tim Brookes	Health Protection Agency
Dr David Brown	Health Protection Agency, Centre for Infections
Dr Heather Elliot	Department of Health
Ms Lucy Foster	Department of Health
Mr Andrew Frost	Department for Environment Food and Rural Affairs
Miss Catherine Makison	Health and Safety Laboratory
Dr Brendan Mason	Public Health Wales
Dr Dilys Morgan	Health Protection Agency
Dr Laura Nabarro	Health Protection Agency
Mr John Newbold	Health and Safety Executive
Mr Mark Noterman	Department of Health
Mrs Ruth Parry	Department of Health
Dr Andrew Paterson	Department for Environmental Food and Rural Affairs
Mr Vin Poran	Health and Safety Executive
Dr Andrew Riley	Scottish Government
Dr Delia Skan	Employment Medical Advisory Service, Northern Ireland
Mr John Tesh	Health Protection Agency
Ms Maggie Tomlinson	Department of Health
Dr Ailsa Wright	Department of Health
Dr Stephen Wylie	Department for Environment Food and Rural Affairs

<b>Secretariat</b>	<b>Representing</b>
Mr Ismail Alibhai (from October 2012)	Department for Environment Food and Rural Affairs
Ms Julia Granerod	Health Protection Agency
Mr Sunny Mitra (for February 2012 meeting only)	Department for Environment Food and Rural Affairs
Mr Lee Wilson	Health and Safety Executive

There were some changes to ACDP in 2012:

- Ms Maggie Tomlinson left as DH Sponsor in March 2012 and was replaced by Mrs Maree Barnett.
- Mr Sunny Mitra replaced Ms Tracy Brand and was subsequently replaced by Mr Ismail Alibhai as Defra Secretariat.

## 4.2 Membership of the Transmissible Spongiform Encephalopathy Risk Management Sub Group

Independent Member	Employer
Dr Roland Salmon (Chair)	Public Health Wales
Professor Colin Howard	Royal Veterinary College
Professor James Ironside	University of Edinburgh
Professor Jean Manson	Neuropathogenesis Unit, Rosin Institute
Dr Phil Minor	National Institute of Biological Standards and Control
Dr Geoff Ridgway	Consultant Microbiologist (retired)
Dr Patricia Hewitt	NHS Blood and Transplant
Dr Gerry Bryant	General Practice (retired)
Dr Stella Barnass	West Middlesex University Hospital

Officials and Observers	Representing
Dr Peter Bennett	Department of Health, Head of Health Protection Analysis
Mr Ravi Nagarth	Department for Environment Food and Rural Affairs
Dr Andrew Riley	Scottish Government
Dr Heather Elliott	Department of Health, Research and Development Directorate, Senior Programme Manager
Dr Irene Hill	Food Standards Agency
Mr Mark Noterman	Department of Health, CJD Policy & Secretariat to the Advisory Committee on the Safety of Blood, Tissues and Organs
Mr David Pryer	Chair of CJD Incidents Panel
Dr Neil Ebenezer	Medicines and Healthcare Products Regulatory Agency
Dr Katy Sinka	CJD Incidents Panel Secretariat
Ms Emma Hollis	CJD Incidents Panel Secretariat
Mrs Ruth Parry	Department of Health, Emerging Infections and Zoonoses
Dr Darren Cutts	Food Standards Agency
Dr Miles Allison	Royal Gwent Hospital
Dr Yvonne Spencer	Animal Health and Veterinary Laboratories Agency
Dr Hugh Simmons	Animal Health and Veterinary Laboratories Agency

Secretariat	Representing
Dr Julia Granerod	Health Protection Agency

There were some changes to the TSE Risk Management Sub Group in 2012:

- Dr Roland Salmon became the new chair (following the death of Professor Don Jeffries in 2011);

- Dr Pat Hewitt, Dr Gerry Bryant and Dr Stella Barnass joined as members of the TSE RM SG;
- Mr Ravi Nagarath replaced Mr Patrick Burke as Defra observer;
- Dr Katy Sinka replaced Dr Nicky Connor as CJDIP Secretariat;
- Mrs Ruth Parry joined as DH Observer representing Emerging Infections and Zoonoses.

#### 4.3 Membership of the Transmissible Spongiform Encephalopathy Risk Management Sub Group

Independent Member	Employer
Professor George Griffin (Chair)	St George's, University of London
Professor Malcolm Bennett	University of Liverpool
Professor Richard Knight	National CJD Surveillance Unit
Professor Jean Manson	Roslin Institute
Professor James Ironside	University of Edinburgh
Professor Graham Medley	University of Warwick
Dr Roland Salmon	Public Health Wales
Dr Simon Mead	National Prion Clinic

Invited Experts	Employer
Professor Azra Ghani	Imperial College
Dr Marc Turner	Scottish National Blood Transfusion Service
Dr Patricia Hewitt	NHS Blood and Transplant
Professor Angela McLean	University of Oxford
Professor Noel Gill	Health Protection Agency
Professor Sebastian Brander	Institute of Neurology
Dr David Hilton	Derriford Hospital
Dr Yvonne Spencer	Animal Health and Veterinary Laboratories Agency
Dr Marion Simmons	Animal Health and Veterinary Laboratories Agency
Dr James Hope	Animal Health and Veterinary Laboratories Agency
Dr Phil Minor	National Institute of Biological Standards and Control
Dr Chris Wadling	Food Standards Agency
Dr Liz Redmond	Food Standards Agency
Dr Lewis Grant	Food Standards Agency

Officials and Observers	Representing
Dr Peter Bennett	Department of Health, Head of Health Protection Analysis
Dr Maren Daraktchiev	Department of Health, Operational Research Analyst
Dr Andrew Riley	Scottish Government
Dr Sara Hayes	Wales Assembly Government
Dr Heather Elliott	Department of Health, Research and Development Directorate, Senior Programme Manager
Dr Irene Hill	Food Standards Agency
Mr Mark Noterman	Department of Health, CJD Policy & Secretariat to the Advisory Committee on the Safety of Blood, Tissues and Organs
Dr Ailsa Wight	Department of Health, Deputy Director – Infectious Diseases and Blood Policy Branch
Dr Liz Mitchell	Department of Health Social Services and public Safety, Northern Ireland
Dr John Newbold	Health and Safety Executive
Mrs Julie Hitchcock	Department for Environment Food and Rural Affairs
Mr Nick Andrews	Health Protection Agency
Dr Nicola Steedman	Scottish Government
Dr Katy Sinka	Health Protection Agency
Mrs Ruth Parry	Department of Health, Emerging Infections and Zoonoses

Secretariat	Representing
Dr Julia Granerod	Health Protection Agency

There were some changes to the TSE Risk Assessment Sub Group in 2012:

- Mrs Ruth Parry joined as DH observer representing Emerging Infections and Zoonoses.
- Mrs Julie Hitchcock replaced Mr Ricahrd Drummond as DEFRA ACDP sponsor.

## 5 KEY ISSUES DISCUSSED BY ACDP IN 2012

In 2012 the ACDP held two main meetings: the 98<sup>th</sup> on the 14<sup>th</sup> February and the 99<sup>th</sup> on the 16<sup>th</sup> October.

Members discussed the progress of ACDP Working Groups under the Secretariat Report at each meeting. ACDP Working Group reports for 2012 are in section 6 of this document.

### 5.1 98<sup>th</sup> Meeting – 14<sup>th</sup> February 2012

At the 98th meeting, members discussed:

- Griffin Committee Enquiry into *E.coli* 0157 outbreak at Godstone Farm

Members were informed that representatives across industry and the agencies had been working together as part of a lessons learned exercise following the outbreak. This has led to new HSE guidance on open farms and better regulation of industry.

- Update on progress with publication of Blood Borne Virus (BBV) guidance

Members were informed that the final draft of the BBV micro-site content had been agreed with the HSE web team and the HSE Publishing Guidance Group for final publication and can be found at:

<http://www.hse.gov.uk/biosafety/blood-borne-viruses/index.htm>

- Update on the new single regulatory framework (SRF)

Members were informed that the planned Legislative Reform Order (LRO), which was pivotal to the implementation of the SRF, was no longer likely to be a viable option as early indications suggested that it would not get through the required levels of Parliamentary scrutiny. Members were assured, however, that there were other options which were actively being discussed between HSE, Defra and the Devolved Administrations, but that any proposed changes would need to fit in with the timetable to consolidate the Genetically Modified Organisms (Contained Use) Regulations by 2014. In the meantime, HSE would continue to regulate animal pathogens on behalf of Defra.

- Derogation of Pet travel scheme

Members were informed that negotiations between the UK and the European Commission had been successful in permitting the UK to retain its tapeworm controls for *Echinococcus multilocularis*. Unfortunately negotiations had been less successful for the retention of the current tick controls.

Members were informed that there were still issues in relation to Beavers and wildlife, but that this was being addressed by Defra. Additionally there had been some concern that recent changes to the rabies requirements could have safety implications for veterinarians, but the subsequent risk assessment had negated this.

- Draft Management of Hazard Group 4 viral haemorrhagic fevers and similar human infectious diseases of high consequence.

Members were presented with the latest draft of the VHF guidance together with the new risk assessment algorithm following a technical consultation. New in the guidance was practical advice on the handling of patient samples that reflect developments in laboratory diagnostic techniques and recognition of the need for greater flexibility in the management of patients in whom a VFH is confirmed. The new risk assessment algorithm was designed to link staff protection and infection control measures to the assessment of risks presented by the patient.

Members were generally happy with the revised draft and pending some minor amendments to the text were happy to see it published. The guidance was to be published on the ACDP website and disseminated to relevant bodies with a special interest.

- Approved List of Human pathogens 2012.

Members were presented with a new; draft version of the Approved List of Human Pathogens, which had been updated to reflect current scientific developments and taxonomic changes to biological agents since the previous publication in 2004.

In general members agreed with the majority of the suggested amendments, but further consideration and clarity was required for some pathogens.

## **5.2 99th Meeting – 16th October 2012.**

At the 99th meeting Members discussed:

- Viral haemorrhagic fever (VHF) guidance

In July 2012 the VHF guidance was published and can be found at <http://www.dh.gov.uk/health/files/2012/07/FINAL-VHF-guidance-for-publication.pdf>

The committee discussed application of the new guidance with regard to the recent case of Crimean Congo Haemorrhagic Fever (CCHF) admitted in the UK. It was suggested that issues such as transport of patients need to be revisited within the guidance. It was agreed to review this formally at the next meeting.

- ACDP structure and appointments

Towards the end of the year ACDP, along with other similar committees will change from an Advisory Non Departmental Public Body (ANDPB) to a Departmental Expert Committee. This will mean that a small change will need to be made to the Terms of Reference and it is anticipated that five new appointments would be made to ACDP in 2013.

In the future ACDP will most likely be given a role in horizon scanning as this would enhance overall resilience.

- Hantavirus Pulmonary Syndrome (HPS)

Members were updated on the cases of HPS in tourists who had stayed within Yosemite National Park. The risk area at the time was restricted to the “Signature Tent Cabins” in a resort named Curry Village, located within the Yosemite Valley area of the park.

All persons who had booked to stay at the Signature Tent Cabins were contacted by the National Parks Service. Lists of UK residents who had booked to stay at the affected site were subsequently supplied to the HPA by CDC and the Park authorities. HPUs made contact with these persons to reassure and advise them accordingly. The HPA also informed NHS Direct and gave advice on handling calls. Following numerous calls to the HPA from GPs, a CAS alert was prepared and circulated on 4th September. Guidance on laboratory testing and clinical management of suspect cases was prepared by the Rare and Imported Pathogens Laboratory, and circulated on 5<sup>th</sup> September. By the end of September, more than 350 persons have been contacted by either the HPA or by US authorities, including all those who had definitely booked to stay in the implicated cabins. No cases of acute Hantavirus infection have been diagnosed amongst UK citizens who have been clinically assessed and/or investigated.

It was suggested that there might be a case for producing guidance for people wanting to backpack around the Yosemite/high Sierra region, as arenaviruses and other rodentborne infections have been identified in the area. Members agreed, however that this was the responsibility of the national parks. Also, there is already guidance available for UK travellers.

- National Risk Assessment: the Risk of Disease causing a National Emergency

The Civil Contingencies Secretariat from the Cabinet Office (CO) presented a short introduction on the National Risk Assessment for wider infectious diseases planning to members. The CO was requesting ACDP's help to identify risks that would qualify as a national emergency. The last National Risk Assessment was produced in 2005; thus it was now time to reconsider risks for the next 5 years. It was emphasized that this was the identification phase of the risk assessment and ACDP's help was needed to help identify one or two potential scenarios.

As a result of the discussions it was agreed by the committee that there were generic concerns about the availability of clinicians with appropriate expertise to promptly identify new and emerging infections and also concerns over laboratory capacity to investigate such events appropriately.

It was suggested several small working groups be formed to consider such risks and ultimately provide input to the CO. The focus of these could be a new respiratory pathogen, a novel enteric agent, a vector-borne disease and a blood-borne novel infection. The outputs of these groups would be considered at the next meeting and then fed back to the CO in late February or March 2013.

- Review of Lyme Disease

A paper was presented to Members, which provided an update on Lyme disease following receipt of an increasing number of complaints from the public on how cases of the disease have been handled. Members were asked to 1) note the new arrangements at HPA, 2) to provide advice on any additional measures that may be required, including public information, and 3) if ACDP agrees that overall this provides a suitably authoritative statement of the current position

The committee also considered whether there should be an enhanced surveillance system for Lyme disease. It was felt that this would be useful to better understand the epidemiology of Lyme disease in the UK

The committee concluded having considered the situation that whilst acknowledging there were some gaps within our current understanding of the situation within the UK that there were no knowledge gaps that fatally undermine the committee's belief that the current approach to the diagnosis and treatment of Lyme disease in the UK is appropriate.

- Review of ACDP guidance

Members were reminded that in February 2012 ACDP agreed to a review of its current portfolio of guidance and an outline of the structure for new guidance.

Some ACDP guidance is out of date so a protocol had been proposed to review the content of each document and revise as appropriate. The aim is to create guidance that is simple to read and which contains limited technical information (only added when necessary). Information will be taken from other documents to help revise the guidance. This process will take between 18 months and 2 years. The first tranche of documents for consideration relate to those relating to laboratory exposures, the second to other (incidental) routes of potential exposure. ACDP members approved the process and look forward to seeing a draft.

## **6 ACDP WORKING GROUPS**

### **6.1 Transmissible Spongiform Encephalopathy Risk Management Sub Group (TSE RM SG)**

The TSE RM SG met once in 2012 on the 8<sup>th</sup> November.

At the meeting, the group received an update on the numbers and epidemiology of both CJD and BSE cases. The group also received feedback from the ACDP, and related committees including the CJD Incidents Panel and the Advisory Committee on the Safety of Blood, Tissues and Organs

The following key issues were considered by the TSE RM SG in 2012:

- Guidance revision

The CJDIP will be dissolved as an expert panel on 31<sup>st</sup> March 2013. From 1<sup>st</sup> April 2013, the ACDP will advise government on all generic TSE risk management issues. Responsibility for actions on individual CJD incidents will from 1<sup>st</sup> April 2013 be managed at the local level; however, local incident teams will be able, if necessary, to refer exceptional or novel issues, outside the scope of the guidance, to the TSE RM SG. Thus in light of these structural changes, the CJDIP and TSE RM SG Secretariats have been asked to review and revise their existing published guidance to ensure that it is coherent, practicable and meets the requirements of application by local teams. The revised guidance will be provided in a form that gives clarity on actions to be taken and on where responsibilities lie. The aim is to ensure that advice is understood and appropriately put into practice, and that risks are managed directly where and when they occur. This revised TSE guidance will sit within a wider review of ACDP guidance currently being undertaken by the Health and Safety Executive. The group advised on the broader issues relating to the guidance revision, including format, timing and process. The Secretariats are now in the process of undertaking the guidance revision.

- Breast milk

The subgroup had been asked to consider a request to amend their infection control guidance (Part 4) with regard to eligibility to donate to breast milk banks. Although some concern was expressed regarding inconsistency between different guidance documents, there was general consensus that the TSE infection control guidance should remain as it stands and that those individuals who have received a single blood donation since 1980 should still be allowed to donate breast milk.

- IAH TSE Risk Assessment

Following cessation of experimental TSE work at the Institute for Animal Health Compton, a risk assessment had been prepared as part of a land quality assessment for the farm estate. The TSE RM SG was asked review this risk assessment and comment on the residual risks from the TSE waste disposal activities and whether the mitigation measures to reduce the risks were appropriate.

- TSE agent decontamination

Following revision of TSE infection control guidance, the Animal Health and Veterinary Laboratories Agency queried omission of the following sentence, "*Paraffin sections from blocks of tissue not previously decontaminated should be immersed in 96% formic acid for 5 minutes after de-waxing.*" It was suggested to introduce a sentence into Annex C:

1. recognising that not all tissues had been decontaminated before being cut,
2. if they had not been decontaminated, a risk assessment should be carried out, and
3. this might then involve treatment with formic acid.

- Annex F – Endoscopy

The Choice Framework for local Policy and Procedures (CFPP) 01-06 guidance on decontamination of flexible endoscopes was published in June 2012. This guidance differs from that currently in the ACDP TSE guidance Annex F. Alignment of the two sets of guidance was needed, and the group agreed to amend Annex F with regard to:

1. management of endoscopes following use on asymptomatic "at increased risk" from vCJD patients,
2. differential guidance for some asymptomatic "at increased risk" patients, and
3. considerations for nasendoscopy and non variant forms of CJD.

- Plasma products

A re-assessment of the risks to plasma product recipients had been undertaken following the re-examination of the risk of blood-borne transmission of vCJD by the DH Health Protection Analytical Team. The group agreed with the conclusions that:

- For most recipients of "high risk" plasma products the maintenance of the 'at increased risk' of vCJD notified status should continue;
- A limited number of patients in receipt of "high risk" plasma products, e.g. some of those treated for Von Willebrand's Disease or for clotting disorders should be identified, re-assessed and denotified;

- Denotification should also be considered for (two) individuals in receipt of “medium risk” plasma products who have been re-assessed as unlikely to have received enough product to cross the 1% at risk threshold.

## **6.2 Transmissible Spongiform Encephalopathy Risk Assessment Sub Group (TSE RA SG)**

The TSE RA SG met five times in 2012 on the 10<sup>th</sup> January, 30<sup>th</sup> April, 25<sup>th</sup> May, 12<sup>th</sup> July, and 25<sup>th</sup> October.

The following key issues were considered by the TSE Risk Assessment Sub Group in 2012:

- Prevalence of vCJD – appendix study

### *Protocol*

The TSE RA SG reviewed the protocol design of vCJD prevalence appendix survey in detail to ensure that the results were robust and therefore reliable when used to inform risk management policy.

### *Results*

The most recent study of UK prevalence of abnormal prion protein tested 32,441 appendix samples, collected since 2000 during surgery on patients born between 1941 and 1985. Of these, 16 samples were judged to be “positive”. This indicates a central prevalence estimate very close to 1 in 2,000 in the age cohort covered, with a 95% confidence interval running from approximately 1 in 3,500 to 1 in 1,250. The group agreed that the recent appendix survey provides the most reliable available indication of the prevalence of asymptomatic vCJD infection within the UK population.

The group reviewed and agreed a revised blood risk assessment prepared by the DH Health Protection Analytical Team in response to the increasing mis-match between the numbers of predicted and observed clinical cases of vCJD which suggested that the assumptions in the previous risk assessment may have been too precautionary. The agreed risk assessment included new assumptions pertaining to level of infectivity, the time-period during which blood is considered infective, and prevalence.

### *Interpretation*

Despite the welcome fall in vCJD diagnoses, the group agreed that the indication of relatively widespread, albeit “silent”, vCJD infection necessitates continued attention to the risks of secondary, person-to-person transmission, and for applied research to support the development and implementation of risk management strategies. Gaining further information on prevalence of infection also remains a key area, especially through the investigation of tissues from groups presumed unexposed to BSE and of the feasibility of surveying the prevalence of abnormal prion protein in blood.

A position statement was prepared by the group and is available on the website at <https://www.wp.dh.gov.uk/transparency/files/2012/08/ACDP-statement-vCJDoccurrence-and-prevalence-Jul-2012.pdf>.

### *Future*

The TSE RA SG supported the proposed commissioning by DH of two presumed negative control studies of the UK prevalence of human prion disease by IHC study of stored human appendix tissue. It is proposed that the first study should use material or to 1980. This will cover the UK population prior to the earliest presumed exposure to BSE via diet. A second presumed negative control study would use appendix tissue collected in the UK from patients born after 1 January 1996. This will cover the UK population after the introduction of presumed effective animal feed and meat controls, and cover a UK population with a presumed lower risk of exposure to food associated TSE than those born earlier.

- Assessment of vCJD risks associated with the consumption of desinewed meat

Following a Food and Veterinary Organisation audit of mechanically separated meat desinewed meat (MSM/DSM) production in the UK in March 2012, the European Commission asked the UK to cease production of DSM from ruminant bones, on the grounds that they consider DSM to be MSM which must not be made from ruminant bones under TSE Regulations. The Food Standards Agency's interpretation of the term MSM however, excludes DSM. The CMO sought the TSE RA SG's view on the TSE risk to consumers from consumption of products containing DSM. Advice was provided and the TSE RA SG's conclusions formed a component of the evidence presented to the Environment, Food and Rural Affairs Select Committee in June 2012.

- Blood tests for vCJD

A joint meeting was held between the TSE RA SG and the Prion Working Group in October 2012 to discuss the development of a blood test for vCJD and its potential use for a blood prevalence study. Four tests were reviewed including the MRC Prion Unit assay, NHSBT QuIC assay, SNBTS PMCA assay, and the Prionics assay.

**ACDP Secretariat**

**February 2013**