

ADVISORY COMMITTEE ON DANGEROUS PATHOGENS (ACDP)
MINUTES OF THE NINTH MEETING HELD AT DHSS, HANNIBAL HOUSE,
ON MONDAY 26 SEPTEMBER 1983, COMMENCING AT 10.30

1 PRESENT:CHAIRMAN:

DR D A J TYRRELL

MEMBERS:

MS C M BANNISTER
MR A J BARROW
DR J H CONNOLLY
DR R R DAVIES
DR R J FALLON
DR R OWEN
DR A J ROWLAND
PROF D I H SIMPSON
DR J E M WHITEHEAD
DR C E WILDE
DR H WILLIAMS-SMITH
PROF P WILDY

OBSERVERS:

DR M C WILLIAMS	MOD
DR R H RAYNES	DHSS
DR D M WALFORD	DHSS
MR D NEILL	DHSS NORTHERN IRELAND
DR S PALMER	WELSH OFFICE
DR A D M McINTYRE	SHHD
MR D SWEASEY	MAFF
MR R A DAVID	HSE/MD
DR R NOURISH	HSE, HMT

SECRETARIAT

MR M S CHAPMAN	HSE/MD
MR P LISTER	DHSS
MR B D SQUIRES	HSE/MD
MR M A BAILEY	HSE/MD

2 APOLOGIES FOR ABSENCE:

Apologies for absence were received from: Dr Sellers, Ms McKechnie, Dr Muggleton, Prof Scott, Dr Emond, Mr Crowley, Mr Baker.

3 Opening the meeting, the Chairman welcomed Members, particularly Dr Palmer and Mr Sweasey, who are newly appointed Departmental Observers replacing Dr Lovett (Welsh Office) and Mr Chapman (MAFF) respectively.

4 He emphasised the importance of the meeting the main business of which would be to consider carefully the amended version of ACDP Report No 1 which had been produced by the Working Group in the light of comments received on the consultative document.

ITEM 1. Minutes of the Last Meeting

ACDP/83/M1

5 The Chairman pointed out that Dr McIntyre's name had been inadvertently omitted from the list of those present. This had been noted by the Secretariat and apologies made to Dr McIntyre.

ITEM 2. Matters Arising

6 As there were no further points raised the Chairman signed the minutes as a true record of the eighth meeting.

ITEM 3. ACDP Report No1. Revision following consultation

ACDP/83/P10

7 The Chairman began by stating that approximately 130 communications had been received and that the Working Group had read and given careful consideration to all the comments and suggestions for amendments. As a result they had produced a new version of the Report and it was now the job of the full Committee to look this over very carefully and, if they found it acceptable, give it their full support. He said that he now intended to go through the whole Report pointing out the major amendments and asked Members to let him know if they saw any need for further changes.

8 Preface

This had been altered to take into account the consultative process. Members had no comments to make and this section was therefore accepted.

9 Lists of Members

The Committee accepted this section without amendment.

10 Terms of Reference:

The Chairman indicated that as these were matters of fact, no consideration was necessary.

11 Introduction:

(1) Paragraph 1.3: 'Statement of Intent':

The Chairman pointed out that this paragraph had been included so as to make it clear what the Report was intended to cover and to clarify its relationship with 'Howie'.

- (2) On behalf of Ms McKechnie who could not be present, Dr Owen questioned the reference to 'later supplements' to 'Howie' which, it was felt, implied an equivalent authority to the original Code of Practice. The TUC did not recognise that status for the documents which had been raised by the Interim Advisory Committee, and considered the reference should be deleted.

- (3) This view was not generally shared and attention was drawn to the useful technical content of the documents eg information on disinfectants, and it was feared that omission of the reference might suggest that the Committee was unaware that the supplements existed. The inclination was to direct readers towards the technical information contained in the supplements by a new form of words which would be acceptable to the unions.

- (4) Following further discussion it was left to the Chairman to agree the final wording after consultation with the Secretariat and specifically interested parties.

(5) Paragraph 1.5:

The redrafted paragraph relating to quantitative assessment was accepted by Members.

(6) Paragraph 1.7:

- i. Several Members found this paragraph fell somewhat short in clarity regarding diagnostic laboratories

and the need for discussion when a pathogen was not listed, or that guidance should be followed when a specimen was known to contain hepatitis - comment on the latter it was felt might pre-empt the work of another Group (HSAC). Dr Davies commenting on 'the person responsible' said that in practice an assessment would be obtained on request from the clinician on the ward.

ii Dr Owen expressed concern at the flexibility implied by advocating Local Codes of Practice since discretion could lead to local variations on guidance such as 'Howie' and disparity between laboratories. He suggested the commentary that the practices recommended in 'Howie' should not be altered without reference to the HSAC and HSE.

iii Mr David commented that individual laboratories should be encouraged to develop local Codes which build on national Codes to afford some flexibility according to local conditions in relation to national cases. Dr Nourish drew attention to paragraph 3.6 which stressed the assessment by the local Safety Committee and that less stringent conditions on Group 3 and 4 pathogens must not be adopted without consulting HSE. It was agreed that a cross-reference '(see para 3.6)' should be inserted.

iv Following discussion on the section and the proposed insert, the paragraph was amended as follows:

' and where the corresponding containment levels directly apply. In diagnostic laboratories, although there will be uncertainties about the presence of pathogens in the material being investigated, the possibility that a pathogen classified in one of the higher hazard groups might be present, and the risk this presents, must be assessed. In order that appropriate containment measures may be taken,

information as to the assessment must be made available by suitable means eg label or laboratory request form. Appendix E describes the containment levels appropriate for work with clinical specimens which are suspected of containing rabies virus or Group 4 pathogens. Where specimens for culture (other than those covered in Appendix E) are known or strongly suspected to contain a pathogen the guidance given in the Model Code of Practice, as appropriate to the hazard group of the pathogens, should be followed. Where specimens for other tests are known or strongly suspected to contain a pathogen an assessment must be made of the risk of infection based on both the nature of the work to be done and the hazard of the organism; more detailed and specific guidance and instruction will be found in national, industry and local codes of practice which we recommend should be reviewed as appropriate to take account of the guidance given in this Report (see also para 3.6). We also refer in Appendix F to containment facilities in high security units'.

- (7) Paragraph 1.2 was accepted, without amendments, after a short discussion.
- (8) Paragraphs 1.10 and 1.11 were accepted without amendment.
- (9) Paragraph 1.12: Substitution of "practices" for 'performance' in section (c) was the only alteration which was felt necessary.

12 Categories of Pathogens

- (1) Professor Wildy, the Chairman of the Working Group, drew attention to the substitution of the words 'organism' or 'pathogen' for 'biological agent' or 'microbe' and explained the reasons for this. The Committee agreed with this and also with the substitution of "hazard" for "risk" throughout this section.

- (2) Mr Lister suggested moving the current para 2.2 amplified by the descriptive paragraph proposed, to the beginning of this section as he considered it important to define the use of the word 'hazard' in the subsequent paragraphs. This was agreed by Members who subscribed to the terms of the insert, subject to minor amendments which were noted by the Secretariat.

ACTION:
SECRETARIAT

- (3) The amendments to paras 2.4 and 2.5 were agreed.
- (4) Professor Wildy next ran through the lists of pathogens drawing Members attention to any changes and briefly explaining the reasons for these. He asked the Committee to pay particular attention to the Mycobacterium as this section had been changed significantly.
- (5) Dr Williams-Smith suggested that Mycobacterium avium be changed from Category 3 to Category 2. His experience would suggest that Cat 2 would be more suitable and after a short discussion this was agreed.
- (6) Dr Walford questioned the omission of any reference to immune status in the footnotes referring to vaccinations. It was pointed out that in some cases immunity was impossible to confirm but the Members eventually agreed to the addition of "unless known to be immune" after each of the footnotes referring to v and V suffixes.
- (7) Dr Davies asked why the suffix P (" need not be sealable and inward airflow not essential") had been included after the categories for three of the Parasites listed on page 12. The Chairman explained that these pathogens had been given Cat 3 status because they caused extremely unpleasant diseases but that as the risk of spreading via an aerosol route is not existent the Working Group had decided that there was no need to use a safety cabinet or to maintain an inward airflow while working with these organisms. The Members agreed that this categorisation should not be amended.

- (8) Dr Fallon raised the question of the categorisation of Hepatitis (non A-non B) viruses as he felt that Category 3 was unnecessary in this case. The Chairman explained that as these viruses had a more serious effect than Hepatitis A, in fact nearly as serious as Hepatitis B, it was decided to use the same category as for the latter. Possible alternatives were discussed at some length as the Members were generally agreed that neither Category 2, nor Category 3 were really suitable. It was eventually agreed to use Category 2 but to add " which would refer the reader to Appendix H. The Chairman agreed to draft a short addition to this appendix explaining the possible dangers associated with these viruses. The draft would be posted to Members to seek agreement.

ACTION: DR TYRRELL

- (9) Other minor amendments to the Lists were agreed and noted by the Secretariat.

13 Categories of Containment

- (1) The amended versions of paragraphs 3.3, 3.6 and 3.7, were agreed.
- (2) Professor Wildy pointed out the changes to the "Containment Levels" section and, except for minor alterations which were noted by the Secretariat, these were accepted by the Committee.
- (3) Dr Owen, on behalf of Ms McKechnie, pointed out the seemingly conflicting advice given relating to the use of safety cabinets, ie - in one place stating that a cabinet conforming to BS 5726 must be used while in others adding "or equivalent". He was concerned that this might lead to the use of modified cabinets which might afford insufficient protection. After a brief discussion it was agreed that the description: 'Class I BS5726 or one with equivalent protection factor' (as page 31) should be used in all the relevant sections.

14 Appendix A

The Chairman explained the reasons behind the changes to paragraph 5 and these, together with the rest of the Appendix, were agreed.

15 Appendix B

- (1) The question of having respiratory protective equipment which fitted properly and was maintained by those properly trained to do so was raised by Dr Fallon. It was agreed that paragraph 3 should be amended by the Secretariat to take this into account.

ACTION:
SECRETARIAT

- (2) The Committee agreed the rest of the Appendix without alteration.

16 Appendix C

The Chairman pointed out that this was unchanged and the Members had no amendments to suggest.

17 Appendix D

Apart from changing "treated" to "rendered safe" in paragraph 3(d)(ii) this section was accepted by the Members.

18 Appendix E

- (1) Dr Fallon explained the reasons for the inclusion of the new alternative version for this appendix and said that although the Working Group had considered both versions they had decided that the full Committee should decide which one to use. He added that the alternative version had been produced very quickly and that it would clearly need rewriting before it could be included.

- (2) The DHSS representatives stated that they would prefer the alternative version to be used as the approach followed in this was in line with that adopted in the Memorandum on Viral Haemorrhagic Fevers which will be produced shortly. The Working Party producing this Memo were hoping in fact to include a copy of this appendix as an annex to their document and would obviously prefer a version which was consistent with the body of the Memorandum.

- (3) Mr David, however, said that HSE would prefer the original version which had been part of the Consultative Document and so had been seen and commented on by a wide range of interested parties. In their view the alternative version needed careful consideration, discussion and redrafting before it was acceptable and this could delay the production of the final Report.
- (4) The importance of a consistent approach with the VHF Memorandum was again emphasised by DHSS and they suggested forming a small Working Group which could redraft the alternative version and circulate by post for comment by Members.
- (5) A discussion followed in which Members agreed that the original version as amended was acceptable, but the alternative version would be preferable if it could be redrafted to the satisfaction of DHSS, HSE and the Committee itself without unduly delaying publication of the Report. Various solutions to the problem were suggested but it was eventually agreed that a small "redrafting" group consisting of Dr Fallon, Ms McKechnie and officials from HSE and DHSS should produce a version of this appendix combining both of those under consideration. If this could not be produced in time the original appendix, with amendments made as a result of consultation, should be used and to this end the Chairman asked Members to give their approval to the original version so that it could be used if necessary. This was agreed by the Members.

ACTION:

DR FALLON
MS McKECHNIE
DR WALFORD
DR NOURISH
SECRETARIAT

19 Appendix F

This was accepted by the Members but Dr Raynes agreed to let the Secretariat know the latest position regarding the Memorandum referred to so that this could be updated.

ACTION: DR RAYNES

20 Appendix G

Mr Sweasey signified MAFF agreement to the contents, and the Appendix was accepted by Members without amendment.

21 Appendix H

- (1) The Chairman explained that in the light of the many comments received about this section he had rewritten it. After a brief discussion the Members agreed to accept without further alteration all of the appendix, except the 'Conclusions' section.
- (2) A new version of "Conclusions" had been tabled by the Chairman and this was discussed in some detail. It was eventually agreed that the sentence relating to the handling of blood or serum samples should simply refer the reader to "Howie" but include a recommendation that this Code of Practice should be reviewed. The exact form of words would be left to the Secretariat who had noted the suggestions together with other minor amendments to this section. The Chairman agreed to draft a short section dealing with Hepatitis (non A - non B) viruses as suggested earlier in the meeting. The appendix would then be circulated by post to Members for approval.

ACTION: DR TYRELL
SECRETARIAT

22 Appendix I

Accepted by the Committee without amendment.

23 Appendix J

Other than the insertion of '(avian strains)' to qualify CHLAMYDIA PSITTACI the contents were accepted without further amendment.

24 References

It was proposed that the WHO Manual should be added to the list of references. No further suggestion was made.

ACTION:
SECRETARIAT

- 25 Dr Walford introduced this topic by saying that both DHSS and HSE were receiving enquiries requesting advice on the handling of cases/suspected cases of AIDS. Both Departments would like some guidance from ACDP and hopefully a Working Group set up to look into, and report on this problem.
- 26 Although he said that he could understand the concern being raised by this the Chairman pointed out that other groups with experience in this field were looking at the problem and he was loath to introduce any more sub-committee work for ACDP at this stage. He asked if a discussion leading to the current release of a short statement from ACDP, to be followed by more detailed consideration by a Working Group who would be under no pressure to report quickly, would be acceptable.
- 27 Both DHSS and HSE expressed reservations about this approach but it was agreed that it would be useful to see what other Members thought in a discussion at this meeting. The Chairman asked for comments from the Members.
- 28 Dr Owen also expressed concern and said that enquiries on the subject had been received from health and prison officers, and the unions would like to have been in the position to send out short-term advice to those concerned, at this stage.
- 29 The Chairman said that he had some experience of how these cases were actually being handled. Gloves and plastic aprons were being worn by the staff involved, although physicians were not wearing gloves when carrying out external clinical examinations, and specimens were being handled in the same way as for Hepatitis B. This system seemed to be working well so far.
- 30 Dr Palmer relating to the views of the PHLS (Dr Whitehead), said that it seemed sensible to treat this in the same way as Hepatitis B and to follow the guidance emanating from and methods used in the US where many more cases of AIDS were being handled.
- 31 It was agreed, at the Chairman's suggestion, that the following

statement be accepted as the result of today's discussion and entered in the minutes as such: "Transmission of AIDS appears to be primarily between promiscuous practising homosexuals. The information available about the risk to health-care workers is limited but it seems reasonable to handle patients with gloves and wearing protective clothing. Hand washing and other "barrier" precautions are also recommended. It appears that blood and secretions may well carry the infection and should be handled at Category 2 with gloves and avoiding the use of "sharps". A safety cabinet should be used for operations likely to create significant aerosols.

- 32 It was also agreed that a small group should meet to look at the available MMWR document from the USA and to adapt this as a UK version. The Chairman and Dr Davies, who has knowledge and experience of the procedures adopted at St Mary's for handling AIDS patients and samples, together with the Secretaries agreed to do this. If circulated to Members by post the matter could be dealt with quickly.

ACTION: DR DAVIES
DR TYRRELL,
SECRETARIAT

- 33 The formation of a Working Group to look into this matter more deeply was accepted and tentatively it was suggested that Dr Davies, Dr Palmer, Mr Lister, Mr Chapman and two, or three outsiders with relevant experience, to be nominated by the Chairman, should make up this Group. Ms McKechnie, in a letter to Dr Owen, had suggested a Dr P Foster as a possible member of such a group but, as the Members were not aware of the reasons for his suitability, it was left to the Chairman and Secretariat to make a decision on this when they had more information.

ACTION: DR TYRRELL,
SECRETARIAT

ITEM 5 DATES OF 1984 MEETINGS

The Committee was not in a position to decide on suitable dates so it was left for the Chairman and Secretariat to consult members by post.

ACTION: DR TYRRELL,
SECRETARIAT

ITEM 6 ANY OTHER BUSINESS

- (1) The Chairman, on behalf of the Committee, offered his thanks to the Working Group under Professor Wildy and the

Secretariat for the work they had put into producing the amended Report No 1. Dr Walford offered a vote of thanks to the Chairman.

- (2) Mr Sweasey said that MAFF were asking the Committee, if they felt it to be a suitable topic for a future Agenda, to consider the security aspects relating to the possibility of a Category 4 pathogen being released from a laboratory as a result of outside action eg animal liberation groups, terrorism etc. Members had doubts as to whether this would in fact be appropriate for ACDP but the Chairman suggested that MAFF should put a paper forward, clarifying the scientific points relating to infection, for the consideration of the Committee.
- (3) As there was no other business the Chairman closed the meeting at 16.30.