

To: DCMO

From: Alan Harvey PH 6.2B

Date: 8 June 2001

cc: as attached

**MEETING WITH SEAC, ACDP/SEAC JWG, AND vCJD INCIDENTS PANEL
COMMITTEE CHAIRS: TUESDAY 12 JUNE 2001**

Introduction

1. On 12 June you are to meet with Professor Peter Smith (Spongiform Encephalopathy Advisory Committee - SEAC), Professor Don Jeffries (Advisory Committee on Dangerous Pathogens/SEAC Joint Working Group - JWG), and Rev Professor Michael Banner (CJD Incidents Panel). They chair these 3 Committee. The purpose of the meeting is to review the terms of reference of these committees and the relationship between them. The present terms of reference are set out at **Annex A**.

Background

2. The background to this meeting is contained within the exchange of correspondence that took place between Michael Banner and the CMO earlier in the year. CMO's letter to Michael Banner is at **Annex B**. Prof Banner (amongst other things) was unhappy about the Panel not having been consulted about the Department's January announcement on decontamination/single use surgical instruments. You will recall the resulting publicity in 'The Times', and Ministers' close interest. We argued that this topic fell outside the Panel's remit.
3. At Michael Banner's insistence, the terms of reference of these committees was placed on the agenda of the Panel meeting on 4 June (Don Jeffries stood in as Chairman as Michael Banner was unable to attend through illness). Members were offered the opportunity to state their views, so that Professors Banner and Jeffries could take these into account when meeting you. Pip Edwards is Panel Secretary and her record of the discussion, forwarded today to Michael Banner, is at **Annex C**.

Discontent with the current arrangements

4. There is no doubt about the depth of feeling that exists within the Panel - many of whom are also members of the JWG - about the unsatisfactory nature of the current arrangements. It stems from a perception that whilst SEAC may be experts on the science, as a committee it is ill-equipped to

advise on practical implementation. Don Jeffries is particularly sore about the outcome of the April SEAC meeting, where he trailed the JWG's intended approach for taking forward revisions to its published guidance on safe working and the prevention of infection, but met with what he saw as an outright rejection of some key elements of their proposals. In practice, SEAC (John Collinge in particular) identified certain caveats for the JWG to take into account. But the debate was short, rather shallow, and not especially well summarised and Don Jeffries will almost certainly refer to this at the meeting. He may pray in aid SEAC member James Ironside, who was similarly unhappy with the debate and even told me in the margins of the Panel meeting that he had considered resigning from SEAC. An extract of the April SEAC Public Summary is at **Annex D**.

5. You are similarly aware of previous advice from SEAC about contact lens fitting sets etc that come into contact with the front of the eye. Optometrists and eye specialists have argued that aspects of this are impracticable and too categorical: SEAC are due to revisit this advice later this month. Don Jeffries is of the view that this kind of 'practical guidance' issue should have come to the JWG rather than SEAC. Again, he may well say so at the meeting.

A proposed solution

6. There is little doubt that SEAC, and its Epidemiology Sub-Group which looks into vCJD disease trends, has a track record of providing highly valued expert advice on the science. We suggest there is no case at present for revisiting the terms of reference of either committee.
7. In turn, the vCJD Incidents Panel, which is now starting to gell quite well and is taking a workmanlike approach to its remit, we sense would have no problem in continuing to report to the ACDP/SEAC Joint Working Group.
8. We suggest that the way forward would be to leave SEAC to continue to address the 'high science' spanning all TSE topics, but ask the JWG to fulfil a rather separate advisory role on implementation, for those CJD-related issues which are separate from food safety. This role we see as being to take SEAC advice into account and then come up with practical recommendations to Health Departments and HSE for implementing that advice in a way which is proportionate and seeks to minimise risk. Many existing members of the JWG already have healthcare operational expertise so would readily be able to adjust to this expanded remit. The JWG would then no longer report to SEAC, who as mentioned would not in any event have the necessary practical expertise to quibble with the terms of their practical advice. The JWG could then have a new title with terms of reference redefined as follows:

Title: Committee for the prevention of CJD infection

Terms of reference:

"To follow up scientific advice from SEAC and advice on occupational health from ACDP, and consider any risks arising from non-food exposure to the agents of transmissible spongiform encephalopathies and develop practical guidance to minimise such risks, taking account also of the remits of other bodies with related responsibilities."

- 9 The reference at the end to "other bodies" would be necessary to enable any read-across to committees such as MSBT.
- 10 We think such an approach would be acceptable to those coming to your meeting; and would also present no problem for Professor Roger Whittenbury, the Chair of ACDP. If it were to find favour at the meeting, the next stage would be to put the proposals to Ministers, for approval.
- 11 Dr O'Mahony and Dr Wight are in agreement with the principle of what is being proposed.

Alan Harvey
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cc's

Mary O'Mahony PH6
Ailsa Wight PH6.2A
Pip Edwards PH6.2B
Nicky Connor PH6.2B
Charles Lister HSD2
Peter Jones PH6.2B
Antonia Leigh PH6.2B
Kim Norman PH6.2A
Martin Hall PH6.2B

TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHIES ADVISORY COMMITTEE STRUCTURE

This note describes the roles of the main committees which advise the Government on transmissible spongiform encephalopathy (TSE) issues.

The Spongiform Encephalopathy Advisory Committee (SEAC) is the parent advisory committee. Its terms of reference are:

"To provide scientifically-based advice to the Ministry of Agriculture, Fisheries and Food, the Department of Health and the Devolved Administrations on matters relating to spongiform encephalopathies, taking account of the remits of other bodies with related responsibilities."

The Advisory Committee on Dangerous Pathogens (ACDP)/SEAC Joint Working Group's terms of reference are:

"To consider the risks from exposure to the agents of transmissible spongiform encephalopathies that may arise as a result of work activities, to develop guidance to minimise such risks and to provide advice as requested by the parent committees (ACDP and SEAC)."

The CJD Incidents Panel is a sub-Group of the ACDP/SEAC Joint Working Group.
Its terms of reference are:

"To assist individual Health Authorities or Health Boards and clinicians to decide on the most appropriate action to take to handle incidents involving potential transmission of Creutzfeldt-Jakob Disease (CJD) and variant CJD (vCJD) between patients through clinical interventions, including via surgical instruments, tissues, organs and blood and to keep the relevant devolved administrations informed.

To consider what information should be collected on patients who may have been exposed; advise on what studies or follow-up may be needed; advise Directors of Public Health on patient tracing and notification exercises where these are indicated; and advise on whether any other measures are needed to protect the wider public health.

To make regular reports to the Spongiform Encephalopathy Advisory Committee and Advisory Committee on Dangerous Pathogens Transmissible Spongiform Encephalopathy Joint Working Group (JWG).

To keep the expert guidance under review and make recommendations to JWG for further guidelines as necessary, in the light of experience of incidents and research in progress."

A further sub-Group of SEAC is the **Epidemiology sub-Group** which reports jointly to the four UK Chief Medical Officers and SEAC. Its terms of reference are:

"To assess the information about the epidemiology of vCJD and develop as far as possible advice on trends in the disease"

ANNEX C

7 June 2001

Sent by: Philippa Edwards/PH6

To: michael.banner@GRO-C

michael.banner@GRO-C

cc: Panel Members and officials

Subject: Meeting with Committee chairpersons 12 June

Dear Professor Banner

At the meeting of the CJD Incidents Panel held on Monday 4 June, Panel members were informed of your forthcoming meeting with Pat Troop and the chairpersons of SEAC and the Joint Working Group to discuss the remit of the committees and the relationships between them. Members were asked if there were points that they would wish you to raise at the meeting. This note provides you with a summary of the issues that members wished you to raise.

Members expressed a very strong opinion that the Panel could not carry out its function if it were to be subservient to SEAC. Sequential approval of the work of the Panel through other committees resulted in unacceptable delays and indicated that the Panel was of a lesser status than SEAC. The members considered that the quality of expertise in the CJD Incidents Panel was sufficient for the Panel to reach independent conclusions. Furthermore, members considered that the expertise on the Panel was appropriate for providing the practical advice required as indicated in the terms of reference. Members considered that SEAC did not have the appropriate breadth of expertise to provide this type of advice.

Members were not in favour of a single large committee to deal with all CJD issues.

Members expressed a concern that reconsideration of the remit of the committees should not result in slowing of the progress made by the Panel.

I am copying this message to all Panel members, who I hope will respond if I have omitted any points they would like you to raise.

with regards

Pip

CJD Incidents Panel Secretariat

SEAC Public Summary of meeting on 25 April 2001 (67th meeting)

The Spongiform Encephalopathy Advisory Committee (SEAC) met in London on 25 April 2001. A copy of the Agenda for this meeting is also available.

The SEAC/Advisory Committee on Dangerous Pathogens (ACDP) Joint Working Group (JWG).

The Committee received a report of the work of the SEAC/Advisory Committee on Dangerous Pathogens Joint Working Group (JWG). The Committee noted that the Chairs of SEAC, the JWG, and the CJD Incidents Panel (set up last year) would be meeting in June 2001 to review the relationship between SEAC and these sub-Committees.

The Committee went on to note the JWG's recommendations for a review of the guidance currently in place⁽¹⁾ to protect staff and patients in the healthcare setting from those who were "known, suspect or at risk" from TSE disease⁽²⁾. There were three issues:

- i. the JWG's initial conclusions were that instruments used with procedures not involving brain, spinal cord or eye, and on patients who were suffering from sporadic CJD (sCJD), could be subject to normal decontamination procedures and reused. Some SEAC Members, however, urged caution and suggested that although there was no current evidence of transmission by this route, it could not be assumed that there would be no risk of infection, albeit accepting that it was likely that there would be a greater risk of such infection in respect of vCJD. The Committee recommended that the Department of Health bear this in mind, in taking the review forward.
- ii. the Committee thought it inappropriate to consider all those at higher than normal risk of (non variant) CJD as a single risk category. Members suggested it should be possible to subdivide these into higher risk (e.g. certain relatives of those with familial CJD) and lower risk (e.g. those who have received dura mater grafts or who had been recipients of human growth hormone) for management purposes, and proposed that the revised guidance should take this into account.
- iii. a more rigorous decontamination washing cycle for handling certain types of instruments, involving a temperature of 134-137° C applied for 18 minutes, is set out in the existing guidance, and had been re-examined by the JWG. There is evidence to suggest that this cycle might actually impair the decontamination process but the Committee considered the data was far from clear on this point.

In addition, the Committee offered its support to the chair of the JWG who had recently made representations to Ministers through the Chair of the ACDP about the need to implement JWG recommendations with regard to improving abattoir worker safety with respect to the possible risk of exposure to transmissible spongiform encephalopathy agents.