

- 1.5 It was also noted that this was the last meeting for [NR], HPA Secretariat. The Chair expressed his gratitude for all her work during the period for which she acted as Secretary.
- 1.6 The Chair notified the committee that the agenda had been re-arranged to give more time to the two substantive items, the national risk scenarios and the Viral Haemorrhagic Fever (VHF) guidelines. Agenda item 4, the Secretariat Report, would be taken after agenda item 6. It was noted that the papers associated with items 5 and 6 were closed.

AGENDA ITEM 2. Apologies for absence

2.1 Apologies for absence were received from:

- [Name]
- Dr. Simon Cuthbert-Kerr
- [Name]
- Dr. Ailsa Wight
- [Name Redacted]
- [Name Redacted]
- [Name Redacted]

AGENDA ITEM 3. Minutes of 99th meeting of ACDP - ACDP/M99

- 3.1 Referring to agenda item 8.1 on the novel Coronavirus, Dr David Brown requested that the reference to category level 2 was removed from the following sentence "For laboratory diagnosis or propagation it was felt that a category 3 facility with an extractor hood would be appropriate, but that diagnostics via PCR could be undertaken at category level 2." Once that had been done the minutes of the 99th meeting were agreed as an accurate record.

ACTION 1 - Secretariat to amend and circulate final version of minutes

AGENDA ITEM 5. National Risk Scenarios - ACDP/100/P5

- 5.1 [Name Redacted] introduced the item outlining the UK's systematic approach to the process of assessing the risk of emergencies, and planning appropriate responses. The Cabinet Office holds the register and have asked ACDP to advise with regard to potential infectious diseases risks, particularly the identification of different potential risks, their likelihood within different timescales and their potential impact.

An ACDP Working Group consisting of five members, co-opted experts and DH sponsors had developed three infectious disease risk scenarios. The Committee were now asked to review the scenarios

and to suggest the likelihood and impact of the presented “reasonable worst case scenarios” in the next five years, as developed by the Working Group.

- 5.2 **Name Redacted** presented a paper on climate change, pointing out that although it has previously been thought of as an environment issue it is also increasingly seen to have potential impacts on health. She asked that the committee include potential climate change influences – such as changes in disease vector distribution, in their considerations.
- 5.3 Peter Grove introduced the process of assessing risk for the purposes of the register held by Cabinet Office. Currently the highest scoring risk is pandemic influenza (high impact/medium probability). The ACDP were asked to only consider the impact on humans, although at a later stage, and where relevant, the impact on animals, particular the potential economic impacts, would need to be taken into account. The committee needed to consider the scenarios in “real” world situations, not a perfect world. The driver is to develop appropriate practical plans to mitigate real risks.
- 5.3.1 The vector-borne scenario was considered first; a summary of the scenario was given and the committee was asked to consider whether scenarios similar to that described, had taken place or were likely to take place in the future. To aid discussion, **Name Redacted** gave a description of a number of similar events that had happened in Europe in the recent past, including previously unknown and known infections. He also described the changes in disease vector arthropod distributions in Europe. It was pointed out that this scenario was essentially Schmallenberg with a zoonotic component, and therefore very credible. It was also pointed out that the risks were not just of currently exotic vectors and disease agents becoming adapted to survive in the UK, but also of entirely new agents arising which were capable of being transmitted by existing vectors. ACDP gave no initial estimates of likelihood or impact of the scenario.
- 5.3.2 ACDP moved onto discussion of the respiratory scenario, and agreed that it was similar to SARS, so in that respect was likely, but beyond that no estimate of likelihood or impact could at this stage be suggested. The Chair pointed out that the differences in this scenario from flu included the lack of a vaccine or specific chemotherapy. There was some discussion over the likelihood of potentiation of other respiratory diseases, which could significantly raise mortality rates.
- 5.3.3 Overall it was agreed that all three developed scenarios were probable. It was emphasized that in all cases effective national and international surveillance is essential to enable rapid recognition of potential new threats. ACDP expressed concern that in some specialties, such as medical entomology, there was a lack of national expertise to identify new infections and assess the potential for new or changing patterns of transmission.