



**SPONGIFORM ENCEPHALOPATHY ADVISORY COMMITTEE**

Draft minutes of the 76<sup>th</sup> meeting held on 14<sup>th</sup> November 2002

At

The Hilton London Metropole  
Edgware Road  
London

Members: Professor P. Smith (Chairman)  
Professor J. Ironside (Deputy Chairman)  
Professor C. Bostock  
Professor G. Bulfield  
Professor R. Carrell  
Mr P. Jinman  
Professor H. Kimbell  
Professor C. Masters  
Professor I. McConnell  
Dr J. Safar

Technical Advisors: Mr P. Soul (Defra)  
Dr P. Barrowman (Defra)  
Dr J. Stephenson (DH)  
Ms A. Conroy (FSA)  
Dr S. Dixon (FSA)

Observers: Dr A. Allman (BBSRC)  
Dr S. Baxter (SERAD)  
Dr P. Crook (EA)  
Dr A. Douglas (DARDNI)  
Dr J. Nielson (HSE)  
Dr M. Simmons (NAWAD)  
Professor J. Wilesmith (VLA)  
Dr D. Matthews (VLA)

Assessors: Dr M. Bailey (Defra)  
Mr A. Harvey (FSA)  
Dr R. Jecock (DH)

Secretary: Dr C. Boyle

Secretariat: Dr R. Pugh  
Mr M. Pemberton  
Dr A. Leigh  
Dr C. Ravirajan

Also in attendance: Mr P. Comer ( Paper 76/4)

**Item 1 - Chairman's introduction**

- 1.1 The Chairman welcomed Members and the Public to the open meeting, and reminded the Public of SEAC's remit<sup>1</sup>. He pointed out that the Committee currently had 13 Members of whom each is an independent expert, selected through rigorous public appointment procedures.
- 1.2 The Chairman indicated it was the third open meeting of SEAC. The reason for holding SEAC meetings in open was to provide the public with an opportunity to observe the Committee at work.
- 1.3 The Chairman explained to members of the public that the meeting was essentially business as usual for the Committee and asked Members of the public to raise questions or points through the Secretariat or via the SEAC website ([www.seac.gov.uk](http://www.seac.gov.uk)).
- 1.4 The Chairman welcomed guests present at the meeting, specifically Mr Philip Comer from DNV consulting who would present item 6.
- 1.5 The Chairman informed the Committee that apologies of absence had been received from two Members, Professor R. Anderson, and Professor A. Aguzzi.

**Item 2 - Approval of draft minutes from 11 September SEAC meeting (SEAC 76/1)**

- 2.1 Members considered the draft Minutes from the previous meeting.
- 2.2 The Chairman drew Members attention to the first sentence of paragraph 7.11, under item 7 - Transmission of prion diseases by blood transfusion. Members agreed that the sentence did not quite reflect the discussions. Members accepted the sentence should be amended to read 'Members queried whether haemophiliacs and others who received large quantities of blood products, and children, might be at greater risk'.

**Action: SEAC Secretariat**

- 2.3 The Committee sought clarification with respect to paragraph 3.4, under agenda item 3. Concern was expressed over the sentence "Ad hoc subsidiary peer review panels will be set up whenever there is a call for research proposals in an area which is outside the collective expertise of the programme panel". The Committee agreed that the

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<sup>1</sup> The remit of SEAC is 'to provide scientifically based advice to the Department for Environment, Food and Rural Affairs, the Department of Health, devolved administrations, and the Food Standards Agency on matters relating to spongiform encephalopathies, taking account of the remits of other bodies with related responsibilities.'

paragraph should be redrafted to indicate clearly that "all" proposals received will go to external peer review.

**Action: SEAC Secretariat**

- 2.4 With respect to paragraph 8.13, Members noted that the measures proposed (under the code of practice) would effectively undermine existing research projects funded by the European Union and World Health Organisation Diagnostics Group. It was agreed that although the current draft was correct, it would be useful for the names of the funders of "overseas research projects" to be noted.

**Action: SEAC Secretariat**

- 2.5 Members agreed to accept the draft minutes (with suggested modifications) as final.

### **Item 3 - Matters arising (from agenda item 2)**

- 3.1 With respect to paragraph 7.11, Members were informed by the Department of Health that the individual risk for haemophiliacs is likely to be low. Members were reminded that since 1998 all plasma for plasma products preparation has been obtained from outside of the UK, from countries where BSE is not present. Members accepted that these comments should be dealt with by recording them as a footnote to paragraph 7.11 of the minutes of the SEAC meeting on September 11<sup>th</sup> 2002.

**Action: SEAC Secretariat**

### **Item 4- vCJD update**

- 4.1 The Committee conducted its regular review of epidemiological information on vCJD. It was informed that the total number of definite or probable vCJD cases in the UK, as at 14<sup>th</sup> November 2002, was 129, 12 of whom were alive. There were 71 male and 58 female cases in the UK. The mean age at death was 29 years with a range from 14 to 74 years. The mean age at onset was 27 years. The median duration of illness was 13 months with a range from 6 to 39 months. It remained the position that all of the cases tested for their prion protein (PrP) genotype (105 in total), were Methionine/Methionine at codon 129 of the PrP gene (about 37 per cent of the UK population being Methionine/Methionine).
- 4.2 There were 6 vCJD cases in France, 1 in the Republic of Ireland, 1 in Italy, 1 in the USA and 1 in Canada. None of the cases from France, nor the case from Italy had a history of residence in the UK. The cases

reported in Ireland, Canada and US had a history of UK visits or residence in the late 1980s.

- 4.3 The Committee noted the results from an analysis from the Public Health Laboratory Service (January 1994 – September 2002) which showed the observed and expected onsets and deaths for variant CJD assuming an exponential growth (where it is assumed that the numbers were to go up by a constant percentage each year). Currently the analysis showed that the trend in the number of vCJD cases had increased, on average, by 16 % per year (since 1994) for onsets and 17 % per year for deaths (since 1995). However, the statistical analysis showed that when looking at onsets and deaths by quarter, a model that allows for a departure from an increasing exponential trend (a quadratic trend on a logarithmic scale), appeared to be a better fit to the data than a model which does not allow such a departure.
- 4.4 This quadratic analysis showed there was statistical evidence to suggest the epidemic may no longer be increasing at the rate seen previously. This may indicate the epidemic has reached a peak, at least in this particular subset of individuals. However, this is a preliminary indication and cannot be regarded as definitive evidence that the epidemic has peaked and is in decline; the figures may represent a slowing down in the underlying increase or there may be a second peak at a later date. Also the finding is not highly statistically significant. If the epidemic has reached a peak, then clearer evidence of this should become apparent with further data in the next few quarters.
- 4.5 Examination of the figures showed there was no statistical difference between the trends in males and females either for disease onset or deaths.
- 4.6 The Committee noted that when interpreting changes in rates of disease onset and death, there was a need to be aware of the impact of trends in declining autopsy rates and possibly declining referral rates. Since 1999 there has been an overall marked decline in autopsies, particularly in patients with probable vCJD. The Committee agreed this may influence case ascertainment for vCJD. The annual number of referrals of suspected cases of CJD to the National Creutzfeldt Jakob Disease Surveillance Unit (NCJDSU) increased after 1996 (when variant CJD was identified) to over 160 per annum with the maximum in the year 2000. To date this year the number of referrals was less than 120.
- 4.7 The Committee noted the importance of continuing surveillance. In genotypes other than Methionine/Methionine, a BSE sourced infection may have different clinical features. Therefore, a high referral rate is essential to ensure potential cases are not missed. In Switzerland there had been a recent increase in the number of sporadic CJD cases; a similar trend has not been observed in the UK, although the numbers

have varied since surveillance began in 1990. Presently it could not be ruled out that the recent increase in sporadic CJD in Switzerland was a chance finding, but it would be important to ascertain if the apparently increased numbers of cases was sustained for a longer period.

- 4.8 The Committee agreed it was still not possible to forecast longer-term trends of the vCJD disease with confidence. The Committee was informed that details of the analysis were available on the National CJD Surveillance Unit website: [www.cjd.ed.ac.uk](http://www.cjd.ed.ac.uk).

### Item 5 - Report back from the SEAC Epidemiology Sub- Group Meeting

- 5.1 In the absence of Dr Noel Gill, Chair of the SEAC Epidemiology Sub-Group, the DH Secretary to the Sub-Group provided members with a summary of the key points arising from the meeting of the Sub-Group on 27<sup>th</sup> September 2002. Four substantive items were reported. The first item was a presentation by the PHLS of provisional data on vCJD trends for the third quarter of 2002 (as discussed above). For the first time since 1996, provisional analysis of the quarterly data for deaths from vCJD showed a statistically significant departure from an exponential increase. The SEAC Epidemiology Sub-Group considered that it was premature to conclude that this was a decline in the death rate from variant CJD, or that the epidemic has reached a peak. It was considered that at least another three-quarters (i.e. 9 months) would be needed before starting to draw any firmer conclusions.
- 5.2 The second item was the DNV report, commissioned by the FSA, on 'Sources of BSE infectivity – Historical Uses of Mechanically Recovered Meat'. The SEAC Epidemiology Sub-Group considered that this was a valuable survey in terms of capturing historical information, particularly the retrospective study on uses of mechanically recovered meat. Members considered it was possibly one of the last opportunities to gather such information, as peoples' recollection of what had happened many years ago inevitably fades. It was noted that the report indicated that probably about twice as much mechanically recovered meat (10%) had come from older adult cattle than had been estimated in an earlier study<sup>1</sup> (5%).
- 5.3 It was concluded that this might aid scientists to better understand the exposure of the population to meat that was potentially infected with the BSE agent. The NCJDSU commented that following the publication of the report they were examining their questionnaire, administered to the relatives of patients, regarding the consumption of certain food products.
- 5.4 A third item was a report on a recent investigation into geographically associated cases in North-East England. Careful investigations are

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<sup>1</sup> Cooper, J. and Bird, S.M. (2002). UK dietary exposure to BSE to beef in mechanically recovered meat: by birth-cohort and gender. *Journal of Cancer Epidemiology and Prevention* 7, 59-70.

undertaken whenever there is an indication of co-location of vCJD cases. In this instance, there was no evidence that there were any common linkages, such as unusual butchery practices, as had been identified in the investigation of the statistically significant geographical cluster identified in Queniborough (North Leicestershire).

- 5.5 The Sub-Group reviewed a paper by Hilton *et al.* (2002)<sup>2</sup> which reported the first positive finding of abnormal prion protein in a retrospective study of some 8000 anonymised appendix and tonsil samples. The Sub-Group considered the significance of this finding to be unclear. However, Members were pleased to note the CMO's recent decision to establish a prospective collection of 50,000 tonsil samples to enable a much wider study to be undertaken should it be required in the future.

**Item 6- Sources of BSE infection – Historical uses of Mechanically Recovered Meat (MRM) (SEAC 76/4)**

- 6.1 Mr Phillip Comer of DNV Consulting presented the results of a study to establish the main sources of potentially infected material in food during the period of the BSE cattle epidemic. The study focused exclusively on the time period before the main controls for human health were implemented (1980 – 1995). The study had been commissioned by the Food Standards Agency following requests from the SEAC Epidemiology Sub-Group and the Board of the Food Standards Agency. A draft of the report was presented to the SEAC Epidemiology Sub-Group on 27 September 2002, prior to publication on 10 October 2002 (see above). No conflicts of interest were declared by Members.
- 6.2 The study identified two main sources of potential infectivity during the period investigated: Mechanically Recovered Meat (MRM), which may have included spinal cord and dorsal root ganglia; and head meat, due to potential contamination at slaughter. The findings suggested that MRM had been used primarily in economy burgers and economy frozen minced meat. According to some sources, MRM was not used in baby food due to the possibility of presence of bones during the extraction procedure. However, others reported that experimental work on gentler flesh/bone separation processes had been carried out and MRM extracted using these processes may have been used in baby food. The use of head meat was reported to be primarily used in the manufacture of minced meat and a wide range of burgers. The quantities of MRM and head meat used during the period covered by the study were estimated at 5,000 tonnes and 10,000 tonnes per annum respectively.

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<sup>2</sup> Hilton D., Ghani A., Conyers L., Edwards P., McCardle L., Penny M., Ritchie D., Ironside J.W. (2002) Accumulation of prion protein in tonsil and appendix: review of tissue samples. *BMJ*, **325**, 633-634.

- 6.3 The Committee was informed that the results from this study differed from that reported by Cooper and Bird in three main respects. Firstly, a low level of MRM production in 1988/89, peaking in 1998 to 5,000 tonnes per annum was reported by the Cooper and Bird study (Note: see paragraph 6.4). Secondly, this study indicated that only 5% of MRM was produced from older animals, compared to 10% reported in the DNV study. Thirdly, the Cooper and Bird study reported that the majority of MRM was used in the manufacture of burgers, whereas the DNV study estimated that similar amounts were used in retail minced meat and burgers.
- 6.4 The Committee discussed the study and the implications of the results. The Chairman noted that given the various controls on the production of MRM from 1995 onwards, it was surprising that the Cooper and Bird study had reported a peak in MRM production in 1998. It was agreed that clarification would be sought on this particular point<sup>2</sup>.
- 6.5 Members asked if information was available on the use of exported MRM and whether it may have been re-imported into the UK after processing abroad. The Committee was informed that there was a world trade in MRM, and it was mainly exported as a frozen product to Africa. As such, it was considered that the potential for re-import would be small. Members raised the issue of whether the export of UK cattle brains to France, as reported in the study, could contribute or account for the six cases of vCJD in France. It was noted, however, that it was not possible to relate these cases specifically to the export of brains, as France was a major importer of UK beef during the BSE epidemic.
- 6.6 Members asked if it was possible to quantify the production, and therefore the market share of those companies interviewed in the study. Members were informed that all of the main MRM producers had been interviewed, and these would have accounted for 90% of the total UK MRM production.
- 6.7 Members asked if purchasing practices of institutional buyers could be used to identify specific groups of consumers who may have been exposed to those products. The Committee was informed that whilst guidelines existed prohibiting the use of MRM in purchased processed products, institutional buyers were under constant pressure to reduce costs. Additionally, it would be difficult for institutional buyers to know if MRM was used in a product or not. In response to a query, it was confirmed that data on vCJD patients, held by the vCJD Surveillance Unit, did include information about where and when patients went to school, but this would not include information relating to the use of MRM products in school catering or the suppliers. It was acknowledged that obtaining historical information of that nature would be very difficult.

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<sup>2</sup> The Cooper and Bird study reported that beef MRM peaked at 5,000 tonnes in 1987, was nil in 1989 but recovered to 2,000 tonnes in 1995 when it ceased altogether.

- 6.8 The Committee was informed that results from recent work undertaken by Professor Paul Brown had shown that high-pressure treatment can result in a reduction in TSE-infectivity. Members queried if the pressure used in MRM production could have a similar effect. Members were informed the pressures used in the MRM production process were likely to be significantly lower than those used in the extreme high-pressure experiments undertaken by Professor Brown.
- 6.9 Members queried whether consumers may have been exposed to beef products unknowingly, as MRM may have been used as a filler in the manufacture of other meat products, such as pork sausages, without requirement for declaration on the label. Members were informed that it was unlikely that beef MRM would have been used in products such as pork sausages, these were likely to have included pork MRM. Beef MRM may have formed the beef content in sausages containing both pork and beef products, albeit at a relatively small volume.
- 6.10 Members enquired as to the use of the thymus, which was reported in the study to have been frozen and sent for use in the pharmaceutical industry. It was understood that a product called thymozine was being produced, using an acid extraction process, by at least one company in Italy.
- 6.11 The Chairman acknowledged that the nature of the study, and the way in which it had to be conducted, would have inevitably left uncertainties due to the lack of available documentary evidence. Members agreed that the information contained in the report was very useful and demonstrated the extent to which the population would have been exposed to potentially infected material through the consumption of economy burgers and minced meat. The extent to which MRM was used in minced meat was of particular interest since it was a product that would have been commonly consumed as part of the diet, which may help to explain why the CJD Surveillance Unit had not been able to find any distinctive features in the diet of vCJD cases. Members noted that the Food Standards Agency intended to undertake a study into historic butchery practices, which would take account of the comments made by the Committee in relation to the MRM study.

**Item 7- Department of Health Annual research Report (2001/2002)  
(SEAC 76/5)**

- 7.1 Dr. J. Stephenson presented the key issues from the Department of Health (DH) Annual Report on TSE-Related research. No conflicts of interest were declared by Members.
- 7.2 Members noted that DH had contributed over £5 million towards TSE related research last year (2001/2002). The DH funds research to inform policy needs on human TSEs in the areas of epidemiology and surveillance, blood safety, tissue infectivity and strain typing, diagnosis

and detection, the development and assessment of therapeutic drugs, and decontamination.

- 7.3 The Committee was informed that following the Hunter *et al*<sup>1</sup> publication on the transmission of TSEs through blood transfusion in sheep, the DH had started planning experiments to test if the precautionary measures in place with respect to human blood used for transfusion are sufficiently robust to adequately protect against vCJD transmission. It was anticipated that this work would start next year.
- 7.4 The Committee noted that one of the difficulties in the diagnosis of vCJD was the lack of a diagnostic test for detection of pre-clinical disease. A reliable test to detect infectivity in accessible body tissues or fluids was considered crucial. The Committee was informed that a number of new studies specifically addressing this issue have been funded by the UK funders of TSE research. This had substantially helped the research activities in this area. The DH is also considering the practical and ethical issues of testing, should a diagnostic test become available, and plans to hold workshops to discuss these issues in the coming months. This proactive approach will help speed up the implementation of a diagnostic test when it becomes available.
- 7.5 There has been some progress in the development of therapeutic drugs for vCJD in the past few years and the DH has funded three new drug development projects with Cranfield University, the Welsh School of Pharmacy, and the Centre for Applied Microbiology and Research (CAMR).
- 7.6 The Committee was updated on the progress of research into the decontamination of surgical instruments. A number of projects are nearing completion and a number of novel technologies may soon be available for formal evaluation by the NHS. In addition, DH has been approached by two companies: TSO<sub>3</sub>, who are using ozone to decontaminate surgical instruments, and the British branch of the American company 'Steris', who have a technology which they believe could inactivate prion proteins.
- 7.7 The Members were informed that the DH was in the process of setting up a Decontamination Science and Engineering group to facilitate the transfer of laboratory findings into a practical day-to-day situation for the NHS. The remit for the group is still under consideration and will need to be approved both by the NHS Decontamination Strategy Group and by Ministers. The Committee noted that the progress in this area was encouraging, but acknowledged that it would take some time before it could be applied to routine use in the NHS.
- 7.8 One Member queried the progress on the DH-funded research projects, which are using Immuno Capillary Electrophoresis (ICE) to

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<sup>1</sup> Hunter et al (2002) Transmission of prion disease by blood transfusion. *Journal of General Virology*  
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detect prions in blood. The Committee was informed that the DH has funded two projects which are using ICE. A third project is being carried out at VLA, and funded by Defra, which is working to develop and validate the ICE technology for the detection of prion protein in blood from scrapie-affected sheep. The VLA study is ahead of the DH work due to availability of animal blood samples. This work has demonstrated that the ICE technology can detect PrP<sup>Sc</sup> at certain time points early in the incubation period. However a number of practical issues need to be resolved before this technique can be routinely applied. All three groups are collaborating in order to resolve these issues.

**Item 8 - Update on project M03016 – Determination of abnormal prion protein in the milk of cattle experimentally infected with the BSE agent: SEAC/INF/75/22**

- 8.1 Dr Steve Dixon of the Food Standards Agency provided the Committee with an update report of the work that had been commissioned by the FSA to look at whether the BSE prion could be detected in the milk of cattle experimentally infected with the BSE agent. This particular study had been commissioned despite previous studies failing to detect BSE infectivity in milk, and it was emphasised that no new safety concerns had emerged regarding milk but more sensitive testing methods were becoming available. Members were informed that the update report only covered the phase of the study relating to the development and validation of the analytical methods that would be used. Members declared no interests.
- 8.2 Dr Steve Dixon outlined the concerns of the FSA relating to this phase of the study, which related to i) the quality systems and the data quality; it was important that the study was fully documented with a comprehensive audit trail, and ii) the methods of analysis. An independent audit had been commissioned by the FSA using the company “Risk Solutions”, which would focus on sample collection, labelling, storage, transport and handling; and would also include all of the analysis.
- 8.3 With regards to the methods of analysis, the Committee was informed that the validation would be reliant on the spiking of milk samples with BSE infected cattle brain homogenate. However, there was a concern that if PrP<sup>Sc</sup> were present in milk, it was highly probable that it would be present in a different form from that which was present in brain tissue. If present in body fluids, PrP<sup>Sc</sup> was more likely to be dispersed and quite possibly in a non-aggregated and soluble form. As a result, the FSA was collaborating with the VLA and obtaining material from an experiment, commissioned by Defra, to generate a soluble unaggregated form of the BSE prion.

- 8.4 The independent audit was expected to be completed by the end of 2002. The ongoing validation process was expected to be completed towards the end of January 2003 or the beginning of February 2003, with the analytical protocols expected to be submitted for peer review towards the end of February 2003. Providing this timetable is achieved, the FSA should be in a position to take a decision on whether to proceed with the analysis of the experimental milk samples or not towards the end of March 2003 or during early April 2003.
- 8.5 Members discussed the importance of this study in relation to the development of antibodies to produce the right immunoaffinity extraction of any potential BSE PrP-like proteins. Reservations were expressed about the progression of the science relating to this particular area of work. Members commented that the need for a disease-specific antibody was not necessary for this particular study and that to produce such an antibody might take a considerable time, as previous attempts to do this had not been successful. Reagents were already available that could be used in conjunction with other properties to distinguish between the two forms of PrP (disease specific PrP<sup>Sc</sup> and normal form PrP<sup>C</sup>).
- 8.6 Members were told that the validation phase of the study would focus on the cellular fraction of milk, which had been spun down and stored. For this first phase of the study, existing test methods approved by the EU would be used: the Prionics test, a variation between the Prionics and the Biorad test, and the Biorad test. Other fractions of the milk would be looked at using the monoclonal or recombinant antibodies as part of the second phase of the study. Members were informed that scientists at Leicester University, who were developing this particular area of work, had isolated 20 different antibody clones of which five were showing significant promise and had the potential to develop and provide the immunoaffinity substrates and antibodies needed for the second phase of the study.
- 8.7 Members discussed the validation methodology and expressed concern over the spiking of milk with brain tissue, and asked whether the validation might be performed on sheep blood as this was known to contain the BSE agent in experimentally infected animals. It had been demonstrated that sheep had been infected with BSE and scrapie via blood transfusions including buffy coat fractions. Therefore, in terms of validating the methodology, it was suggested that sheep blood would provide a better medium for testing whether small amounts of disease - associated PrP could be detected in a fluid tissue. It was not clear whether sufficient archived infected blood samples existed for this purpose, and so an alternative suggestion was to use spleen from scrapie infected sheep; more samples would be available and Western blot could be used to check that the abnormal PrP was present in the sample before using it to spike milk.
- 8.8 Dr Matthews explained that the use of blood or other tissues had not been considered as part of the original project design. Dr Matthews said

that it was important to take a staged approach to account for new developments rather than delay the experiments *per se*, as delays may hinder policy development on this issue. It was suggested that inoculation of milk samples into bovine transgenic mice may provide a sensitive assay. One Member agreed with this suggestion adding that the mouse bioassay has hitherto been the gold standard, although bovine transgenics are now several-fold more sensitive than R3 mice.

- 8.9 Members were informed that the Food Standards Agency had issued a call for research using bioassays to test milk samples. It was anticipated that transgenic mice studies would feature in the research proposals submitted in response to this call; and that such a study would complement the ongoing milk study. Again, it was recognised that there would be issues of validation with respect to future work, especially in terms of the preferred method of collection and fractionation.
- 8.10 Members asked if the mammary gland, was included in the ongoing pathogenesis study. Members were informed that the mammary gland would be examined post mortem and at present all the milking cows were still alive. Members were informed that previous pathogenesis studies had not included dairy cows and therefore there was insufficient archived material available to examine. It was also confirmed that the likelihood of obtaining sufficient milking cows, which are clinical suspects for natural BSE, is very low – given the current difficulties in sourcing BSE suspects to meet other requirements.
- 8.11 Members sought clarification on the definition of milk samples that would be tested in the study. Members pointed out that specific milk samples (samples with ~ 400,000 cell count) had been mentioned in part of the study. However Members suggested that this may be suitable as a cut off for a bulk sample but individual samples may be in the region of a million plus cell counts. It was therefore important to establish whether bulk sampling, individual sampling, colostrum sampling or post mastitis sampling would be used as part of the study. Members were referred to the appendices of the meeting paper, which detailed the processing, archiving and sampling of the milk.
- 8.12 Members commented that the work relating to milk was critical, since it was a product derived from older animals and was not subject to the over thirty month rule. Whilst it would be a mistake to re-create a whole series of experiments, important issues had been raised about antibody technologies and it was considered that further discussion in the form of a Sub-Group would provide the best mechanism for taking the work forward.
- 8.13 In drawing the discussion to a close, the Chairman agreed that the formation of a Sub-Group would be a good way forward, but it was important to ensure that any further discussions did not slow the progress of research. It was suggested that the Sub-Group should consider not only the ongoing study, but also the additional study that

would be commissioned by the Food Standards Agency. The Chairman acknowledged the difficulties encountered by those who were responsible for undertaking the study.

**Action: SEAC Secretariat to arrange a Sub-Group meeting.**

**Item 9- Scientific Advisory Committees – Reviews and Codes of Practice (SEAC 75/4)**

- 9.1 Dr. Catherine Boyle, the SEAC Secretary, presented this item.
- 9.2 Members noted the review reports from the Food Standards Agency<sup>1</sup> (FSA) and the Office of Science and Technology<sup>2</sup> (OST). These guidelines were drawn up in the light of lessons learned from the Phillips Inquiry. It was recognised that there was some overlap in terms of recommendations arising from the two reviews.
- 9.3 The SEAC Secretariat had studied both reports and identified seven key areas where further action is required. These action points were listed in the paper (SEAC 75/4) and Members were requested to contact the SEAC Secretariat if they wished to comment. The Secretariat would update the Committee on progress made towards addressing the main recommendations, which are relevant to SEAC.
- 9.3 Members noted that SEAC is undergoing a quinquennial review, which is a separate exercise to the OST and FSA reviews. It was noted that the recent Lancet article regarding the quinquennial review of SEAC was factually inaccurate, and that the Secretariat would be writing to the Lancet advising the editor accordingly.

**Action: SEAC Secretariat**

**Item 10 - AOB**

- 10.1 The Chairman referred to the agreed minutes for the SEAC meeting held on 10 April 2002, and drew Members' attention to the first half of paragraph 7.3 under agenda item 7 - Proposals for further evaluation of the differential diagnostic test for TSEs in sheep. Members agreed that the paragraph was not clear and accepted the proposed change which should revise the paragraph to read: 7.3.1 'Experiments had also been carried out to assess if the natural breakdown of sample tissue between collection and testing (autolysis) affected the discriminatory ability of the test. Analysis suggested that although autolysis does effect the pattern seen on the western blot to some degree, the ability

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<sup>1</sup> The Food Standard Agency's Report on the Review of Scientific Committees-published in March 2002

<sup>2</sup> The Office of Science and Technology's Code of Practice for Scientific Advisory Committees-published in December 2001

of the test to distinguish between scrapie and BSE is not lost. However it does reduce the effectiveness of the signal antibody to bind to the protein.' The second half of paragraph 7.3 remained unchanged and was to be referred to as 7.3.2 .

**Action: SEAC Secretariat**

- 10.2 The Chairman reminded the Committee that the next meeting for SEAC was scheduled for Tuesday 11 February 2003.