



**anses**

# **PRIONS & BIOSAFETY**

SAFE LABORATORY MANAGEMENT OF PRIONS IN FRANCE

ARSAC JEAN-NOËL

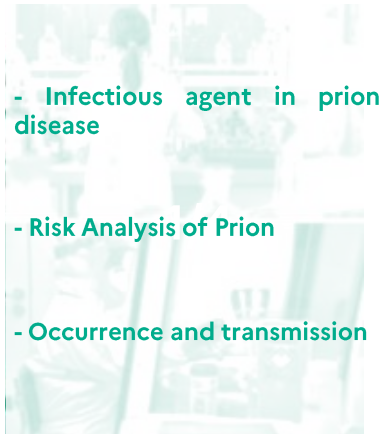
**INVESTIGATE, EVALUATE, PROTECT**

**18/10/2022**

# Prions & Biosafety

## SAFE LABORATORY MANAGEMENT OF PRIONS IN FRANCE

### 1. Prion risk



### 2. Assessment of "safety control plans" across prion research laboratories

**Mission of security expertise in infectious prion research laboratories**

*IGÉSR 2020-123/CGAAER n° 19081 - september 2020*

**Second mission of security expertise in infectious prion research laboratories**

*IGÉSR 2022-011 / CGAAER n° 21101 – january 2022*

**External audits**

Directors General  
of Agencies



### 3. Safe laboratory management of Prions in the wake of recent events

- General regulatory framework

- Prion regulatory framework

- Prion "Good practice guide »



# Prions & Biosafety

Safe laboratory management of prions in France

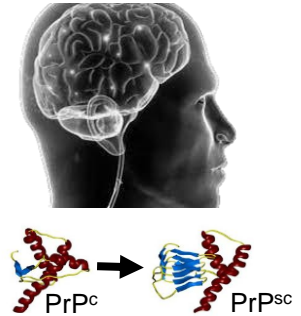
## 1. Prion risk

- Infectious agent in prion disease
- Risk Analysis of Prion
- Occurrence and transmission

# 1— Prion risk infectious agent in prion disease

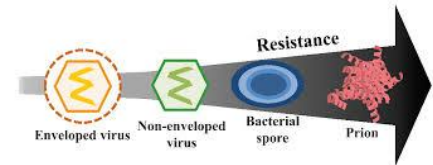
## Features

- Progressive neurodegenerative disorders,
- Always fatal,
- Long incubation periods,
- **Cross-species transmissible**,
- Lack of treatment,
- Misfolded and aggregated prion proteins.



## Aggregated proteinacious material

- **Incredibly resilient to degradation**,
- Disinfectant procedures used for viral, bacterial, and fungal pathogens are either ineffective or variably effective,
- *In vitro* studies have demonstrated that disrupting large aggregates into smaller aggregates increases cytotoxicity,



Sakudo, A et al. Recent Advances in Prion Inactivation by Plasma Sterilizer. *Int. J. Mol. Sci.* 2022, 23, 10241

## ***Experimentally transmissible ...***

Oral route, corneal, intraperitoneal, intravenous, intranasally, intramuscular, intra-linguale, subcutaneous or **intracerebral**. **The most efficient route of infection is direct intracerebral injection.**

**Aerosol** transmission of prion was confirmed in mice, but with **massive exposure** (mouse infectious brain grind).

## ***In humans, some routes of transmission are demonstrated ...***

By **transfusion** of blood products from v-CJD patient: 3 clinical cases of v-CJD and 1 asymptomatic case (blood transfusion with red cells that had not been leucodepleted).

By **grafting dura mater** or **cornea** from an infected donor.

By administration of **growth hormone**.

**Feeding**: Kuru by ingestion of the brains of contaminated cadavers and BSE by ingestion of bovine products (emergence of v-CJD).

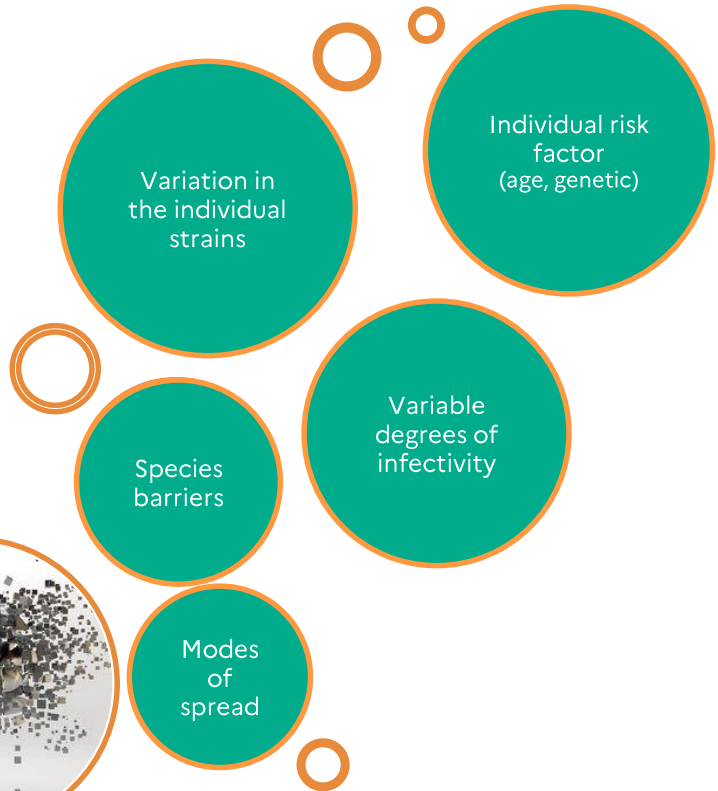
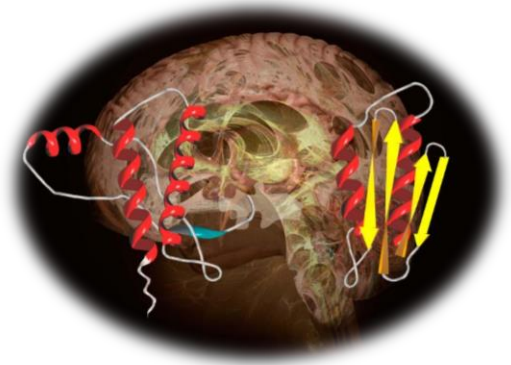
## ***In humans, some routes of transmission seems plausible...***

**Reusable medical devices** during invasive procedures :

- Central nervous system, retina and optic nerve, spinal and trigeminal nodes, olfactory mucosa,
- Only for v-CJD, organized lymphoid formation.

## ***What Determines Transmissibility ?***

Factors affecting transmission during accidental exposure...



**Public data** : *reference body for occupational risk prevention (France : INRS)*

**No evidence suggesting** the transmission of TSE in occupational environments,

Sources of exposure risk are known for:

- Health-care personnel,
- Farmers,
- Veterinary surgeons,
- Slaughter house operators.

# 1— Prion risk Occurrence and Transmission

## **Published data** : case-control studies

**No increased risk  
for health professionals**

**Van Duijn et al., 1998**

Observation: 1993–1995 (France, Germany,  
Italy, Netherlands, United Kingdom)

405 cases, 405 controls (hospital-based)

**No significantly increased risk  
for health professionals**

**Wientjens et al., 1996**

Observation: 1975–1984 (Japan, United  
Kingdom, United States),

178 cases, 333 controls (hospital based,  
community based, and spouses)

**Ruegger et al., 2009**

Observation: 2001–2004 (Switzerland)

69 cases, 224 controls (from general  
practitioners and random digit telephone  
dialing)

**Increased risk for  
health professionals/physicians**

**Cocco et al., 2003**

Observation: 1984–1995 (United States)

636 cases, 3,180 controls (population-  
based from a death registry)

**Increase case reported  
over time for physicians**

**Hermann et al., 2020**

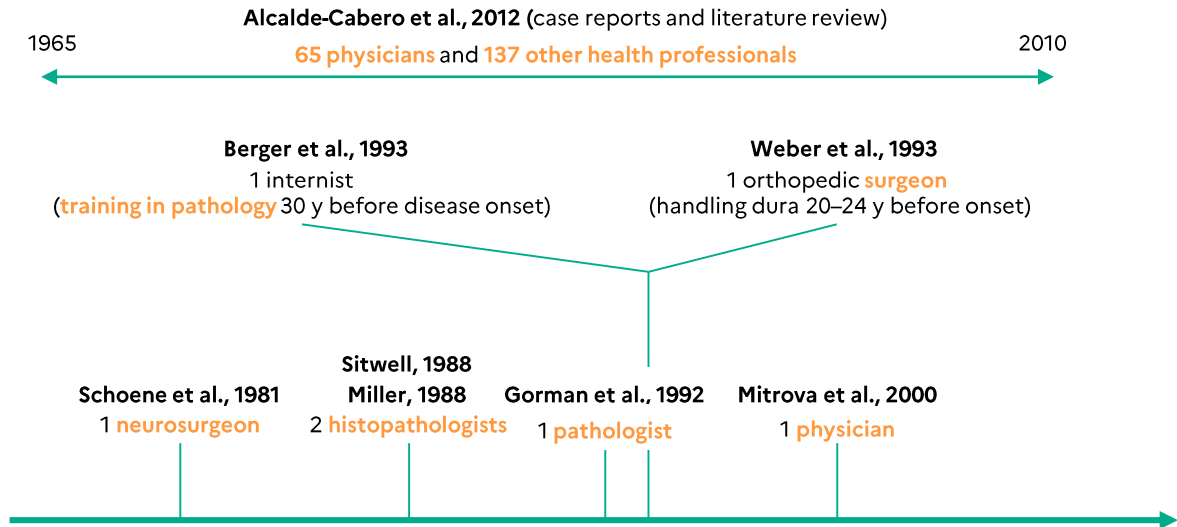
Observation: 1993–2018 (Germany)

17 physicians, 1,515 suspected  
cases of human Prion disease



# 1— Prion risk Occurrence and Transmission

## **Published data** : case reports



- ! Debatable !**
- Lack of formal evidence of occupational origin.
  - Ages compatible with «sporadic» CJD.

**Research laboratories...** 3 cases where an accidental cause must be considered.

**2016 - Italian patient with v-CJD, having worked in a Prion laboratory.**

- **Manipulation** of brain samples infected with **BSE** and **v-CJD**,
- Investigation **did not disclose a laboratory accident.**

**Research laboratories...** 3 cases where an accidental cause must be considered.

## **2019 - Death of a 33-year-old researcher of prion diseases from v-CJD.**

*9 years after a percutaneous exposure to prion-contaminated material :*

- *Handled frozen sections of brain (human tg mice overexpressing PrP with methionine at codon 129),*
- *Mice had been infected with a sheep-adapted form of BSE,*
- **Stabbed her thumb** *through a double pair of latex gloves with the sharp ends of a curved forceps used to handle the samples.*
  
- *Researchers cannot entirely rule out the possibility that the patient developed v-CJD after eating contaminated meat,*
- **The hypothesis of accidental transmission emerged...**

→ «If we consider that this case is accidental, we can only be **very surprised** at the possibility of transmission **so fast by a simple sting**. Indeed, it was not a big wound with a scalpel that would have been used to cut off the brain. It was only **a round trip with a small tip**. Nor was it a hollow syringe needle containing brain tissue»

Dr Stéphane Haïk (*Coordinator of the National Reference Centre for Non-Conventional Transmissible Agents*).

**Research laboratories...** 3 cases where an accidental cause must be considered.

**2021 – In June, a 67-year-old patient was diagnosed with v-CJD or "classic" CJD.**

- Having worked in a Prion research laboratory,
- **No knowledge of laboratory accident.**

## Research pause in France: moratorium on Prion research

july 2021



"The suspension period put in place ... will make it possible to study **the possibility of a link** between the observed case and the person's former professional activity and to **adapt**, if necessary, the **preventive measures** in force in the research laboratories,"

# Prions & Biosafety

Safe laboratory management of prions in France



**2. Assessment of “safety control plans”  
across prion research laboratories**

# 2— Assessment of “safety control plans” across prion research laboratories

Mission of security expertise



## Mission of security expertise in infectious prion research laboratories

IGÉSR 2020-123/CGAAER n° 19081 - september 2020

### Who ?

- Minister of Higher Education, Research and Innovation,
- Minister of Agriculture and Food.

### Why ?

June 2019 - death of a 33-year-old researcher of prion diseases from v-CJD.

### Aim ?

Assess the quality and completeness of “**safety control plans**” across prion research laboratories.

### General observations :

- **Complex regulatory framework** leading to a fine and adapted risk assessment,
- **Scientific uncertainties** about the conditions of prevention and safety,
- **Low accident rates** but the need to move towards zero accidents given the possibility of transmission and lack of treatment.

**17 other lab accidents involving prions** in the past decade, five of which involved cuts or stabs

## 2— Assessment of “safety control plans” across prion research laboratories

Mission of security expertise



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**Field observations :** Overall **regulatory compliance** but likely to be improved

Overall **compliance of premises and equipment**

**Vigilance** of the teams on the **decontamination processes** but weak framework

**Satisfactory** management of **prion-contaminated waste** but traceability needs to be enhanced

Staff support does not take into account the **specificities** of the **Prion risk** (professional medical follow-up, training of staff insufficiently formalised)

Lack of harmonised practices

# 2— Assessment of “safety control plans” across prion research laboratories

Mission of security expertise



## Mission of security expertise in infectious prion research laboratories

IGÉSR 2020-123/CGAAER n° 19081 - september 2020

### **Recommendations :**

- Identify/organize an **interdepartmental framework** for monitoring safety issues : prions and possibly prion-like,
- **Enhanced the control** of Prions or Prion-like research activities through ministerial instruction,
- Create post-exposure and post-occupational regulatory **monitoring for prion-exposed agents**,
- Produce **guide to good practice** to Harmonize preventive and safety measures,
- **Initiate a program** about modalities of contamination and appropriate prophylactic measures (prions and prion-like),
- Extend the missions of **National Reference Centre** for Non-Conventional Transmissible Agents to expertise in **safety and prevention** of accidental occupational contamination.



# 2— Assessment of “safety control plans” across prion research laboratories

Second mission of security expertise



## Second mission of security expertise in infectious prion research laboratories

IGÉSR 2022-011 / CGAAER n° 21101 – january 2022

### Who ?

- General Inspection of Education, Sport and Research,
- General Council of Food, Agriculture and Rural Areas.

### Why ?

- June 2021 - A 67-year-old patient diagnosed with v-CJD or "classic" CJD
- Research pause in France

### Aim ?

- **Investigate** the patient's case,
- Defined **recommendations** for lifting the moratorium.

### Conclusions of the expert mission :

- **High probability** of contamination following a **cut with a microtome blade** «probably contaminated by tissues positive for **BSE** " in April 2005 (patient died of v-CJD, november 2021 ).

- Investigators have not ruled out the possibility **of another route of contamination**:

“**Airborne contamination**, which seemed extremely unlikely 30 years ago, has probably **become possible** because of the high concentration of prions obtained in the laboratory, coupled with the use of techniques that generate aerosols“.

# 2— Assessment of “safety control plans” across prion research laboratories

Second mission of security expertise



## Second mission of security expertise in infectious prion research laboratories

IGÉSR 2022-011 / CGAAER n° 21101 – january 2022

### *Recommendations of the expert mission :*

- Create a “**committee**” to address Prions security nationally,
- Ensure the **independence of laboratory security managers** from their management to avoid interference,
- Enhance the **traceability** of staff exposures and improve the **training** and **information**,
- Product a **Good practice guide** to update and harmonise safety procedures,
- Implement **external audits** prior to the resumption of the research activities,
- Explore the opportunity to extend priority safety measures to **prion-like research**.

## 2— Assessment of “safety control plans” across prion research laboratories

External audits



### Who ?

Directors General of Agencies concerned.

### Why ?

**End moratorium** : apply the recommendation of the “second mission of security expertise”.

### Aim ?

Verification that laboratories have established and implemented the **organizational and technical arrangements** according to “**Good practice guide**”.

**External audits composition:** multi-institutional audit teams

Expert responsible for occupational safety

Microorganisms and toxins expert

Prion expert

Only “**Prion scientific expertise**” must absolutely be **external**, in any case have no direct link with the unit concerned.

# 2— Assessment of “safety control plans” across prion research laboratories

External audits



## ***Audits process flow :***

- 1- Carrying out **on-site audits** : identification of strong points/deviations/non-conformities on the **basis of the “Good practice guide”**,
- 2- Auditors transmit a preliminary report,
- 3- Correction of the preliminary report (report errors or need for clarification),
- 4- Submission of a final report,
- 5- The **Director-General** convenes the “Committee of Health, Safety and Working Conditions” for an opinion on the resumption of activity and **decides** on the resumption or not.

## ***Gradual resumption of research activities***



January 26, 2022

# Prions & Biosafety

Safe laboratory management of prions in France

## 3. Safe laboratory management of Prions in the wake of recent events

- General regulatory framework
- Prion regulatory framework
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# 3— Safe laboratory management of Prions in the wake of recent events

## General regulatory framework

### ***Protective measures about pathogenic biological agents classified 2 to 4***

**Technical preventive measures** (Order of 13 August 1996)

**Measures of confinement** (Order of 16/07/2007)

**Rules of good practice** (Order of 23 January 2013)



### ***Labour regulations – protection of workers***

**French labour code** (Order 94-352 du 4/03/1994)

**European directive** (200/54/CE du 18/09/2000)



# 3— Safe laboratory management of Prions in the wake of recent events

## Prion regulatory framework



### ***Prion regulations***

**Precautions** to be observed to **reduce the risks of non-conventional transmissible agents** (*Circular of 14/03/2001* )

**Updating** of recommendations to reduce the risk of transmission of non-conventional transmissible agents **during invasive acts** (*DGS/RI3/2011/449 of 1 December 2011* )

### ***Prion regulations*** ***Screening laboratories***

**Technical Instruction** establishing the **requirements to maintain accreditation for TSE screening** (*Since 2002, Directorate General of Food : DGAL/ French Veterinary Services*)

Updated in September 2022 :

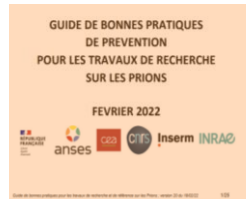
- Recommendations concerning the **management of liquid waste and effluent** at risk Prions.
- Possibility to **derogate** from the rule on **premises dedicated to the Prions**(requirements regarding staff, work organisation or decontamination and inactivation procedures)
- Clarify the procedures for requesting the **reassignment of premises** during a **cessation of activity** (provision of a framework describing the procedure to be followed)

# 3— Safe laboratory management of Prions in the wake of recent events

## Prion regulatory framework

### **Prion regulations** *Infectious prion research laboratories*

**“Good practice guide”** (drawn up by the different research institutes working on prions, February 18, 2022)



#### Review of the fundamental principles

- **Risk reduction** and **assessment**,
- Modalities of **contamination** of Prion,
- **Classification** of Prion in research.

#### Technical provisions to be complied with

- **Safety organisation** :  
Containment zone referent,  
Security assessment of research protocols.
- Organization in case of **emergency or accident** :  
First Aid Worker training,  
Instructions in case of accident on person,  
Accidental tipping of infectious biological material.
- Support of the **staff** :  
Traceability and medical surveillance,  
Training



# 3— Safe laboratory management of Prions in the wake of recent events

## Prion regulatory framework

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#### Review of the fundamental principles

- **Risk reduction** and **assessment**,
- Modalities of **contamination** of Prion,
- **Classification** of Prion in research.

#### Technical provisions to be complied with

- The requirements for the **premises** :  
Design rules,  
Dedicated to the Prions,  
Qualification and maintenance expectations,  
Cleaning, treatment of waste and effluent.
- Standard **personal protective** equipment.
- Laboratory **equipment** :  
Dedicated to the Prions,  
Single-use,  
Avoiding the use of sharps.



## **Securing the main contamination**

Main routes of contamination are the **skin** route, the **ocular** or **oral mucous membranes**  
**Cut, stitch**, carry or projection



## **Minimize aerosol formation**

Choose the **technical process**  
Use the most suitable **equipment**



## **Minimize contamination**

Respect the **lockdown** rules  
**Monitor critical** premises, equipment and materials  
Decide on rules for the **release** of equipments and laboratories



## **Learning and understanding ...**

**Access** to the laboratory  
**Personal protective equipment** instructions  
Pathogen **inactivation** protocols and waste management  
**Safety instructions** (incident, accident)

**Thank you for  
your attention**



*« An ounce of prevention is worth a pound of cure »*