

WHO Laboratory Biosafety Manual Updates

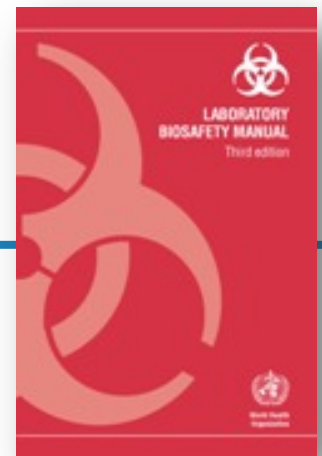
12 October 2015, ABSA Providence



World Health
Organization

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WHO Laboratory Biosafety Manual



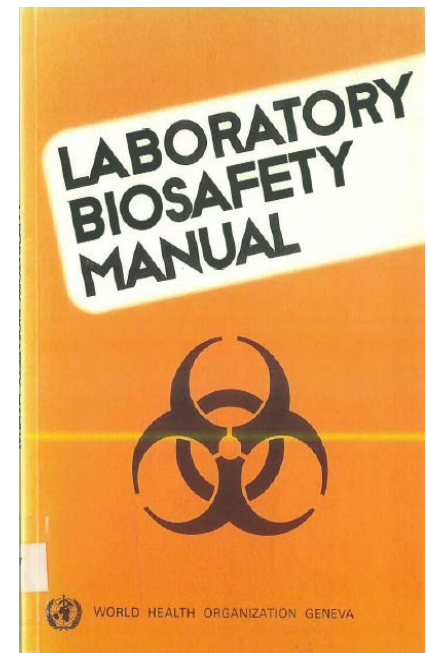
- Having served for global biosafety community
 - Hereinafter, “WHO Manual”
 - *“For more than ~~20~~ 30 years, since it was first published in 1983, the Laboratory Biosafety Manual has provided practical guidance on biosafety techniques for use in laboratories at all levels.”* – WHO web site
- The 3rd edition translated into >10 UN official and other languages
 - WHO still receives queries for new languages
 - Published in 2004: 10 years have passed in this fast-evolving field → Time for revision

http://www.who.int/csr/resources/publications/biosafety/WHO_CDS_CSR_LYO_2004_11/en/



Things evolve

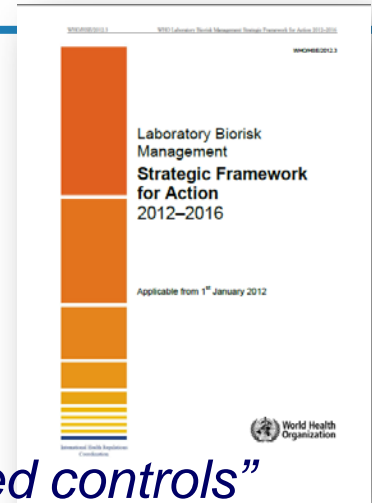
- WHO Manual (1st edition, 1983)
 - Risk Group: I, II, III and IV
 - “Laboratory Classification”: Basic, Containment and Maximum Containment
 - “BSL” yet to be defined
 - PDCA cycle → review
- Technology
 - Common diagnostic methods
 - e.g. virus isolation → PCR
 - PCR first demonstrated in 1983



WHO Strategic Framework for Action 2012–2016

- WHO Extended Biosafety Advisory Group (BAG), 2010

- Regulatory and oversight mechanisms
 - “Many countries remain without...”
- Laboratory design and operating parameters
 - “Often *confusing*”
 - “a *lack of evidence* to underpin many commonly used controls”
- Universality of “solutions” questioned
 - “Developing countries in particular often *struggle to implement*”
 - “effective supplier networks, maintenance provision and other basic measures” *often unavailable*



WHO Extended Biosafety Advisory Group (BAG) Meeting, Geneva, 24-25 November 2014



- Stakeholder meeting
- Review the 5-year plan
 - ➔ Redefine organizational roles and functions of WHO
- Recommendations
 - Revision to the WHO Biosafety Manual is both a necessary and a priority
 - General agreement that a user needs survey would be beneficial to determine how the Manual can best suit their needs



Review of the WHO Manual

● Discussion highlights:

- Fundamental or progressive changes to manual
- Prescriptive or performance-based requirements
- Standard or guideline
- Practical handbook or authoritative reference
- Need for basic biosafety principles/criteria
- Acknowledgement that WHO documents are considered the 'bible for users'
- Need to promote local and green solutions with focus on energy conversation - move away from unsustainable outcomes
- Acknowledgement that a graduated approach to compliance (whether by tier, step, etc.) can be beneficial
- Useful to consider “appropriate technology” that provides equivalent safety with a limited cost



Our audience varies...



Under construction...





कोठा न. ११
- DR (डि आर) विरामी
जांच गर्ने ठाउँ



International Health Regulations – IHR (2005)



Legally binding for all 196 States Parties, international law

Requires countries to develop minimum core national and international surveillance and reporting capacities

Core capacity 8: Laboratory

- Policy and coordination
- Diagnostic capacity
- **Laboratory biosafety and biosecurity**
- Laboratory based surveillance

Revision objectives

- Comprehensive revision
- Critical appraisal of biosafety practices (i.e. pathogen RG and BSL)
 - to be discussed below
- Risk-based
- Core/minimum requirements + suggestions for additional safety/security
 - provision of decision making instrument/flowchart
- Evidence-based
 - knowledge gap
 - what sort of evidence/experiments/research needed?
- Feasible and sustainable



WHO Laboratory Biosafety Manual

Reviewing/redefining key concepts

- Microorganism Risk Group

- Risk Groups 1 to 4

- Biosafety level

- Simple equation: helpful?

- e.g. Ebola = RG4 = BSL4??

- → Risk-based approach

- → Evidence-based biosafety

- → Clear needs to define core requirements

- realistic; better feasibility and sustainability

Risk Group 1: No or low individual and community risk

Risk Group 2: Moderate individual risk, low community risk

Risk Group 3: High individual risk, low community risk

Risk Group 4: High individual and community risk



Table 2. Relation of risk groups to biosafety levels, practices and equipment

RISK GROUP	BIOSAFETY LEVEL	LABORATORY TYPE	LABORATORY PRACTICES	SAFETY EQUIPMENT
1	Basic – Biosafety Level 1	Basic teaching, research	GMT	None; open bench work
2	Basic – Biosafety Level 2	Primary health services; diagnostic services, research	GMT plus protective clothing, biohazard sign	Open bench plus BSC for potential aerosols
3	Containment – Biosafety Level 3	Special diagnostic services, research	As Level 2 plus special clothing, controlled access, directional airflow	BSC and/or other primary devices for all activities
4	Maximum containment – Biosafety Level 4	Dangerous pathogen units	As Level 3 plus airlock entry, shower exit, special waste disposal	Class III BSC, or positive pressure suits in conjunction with Class II BSCs, double-ended autoclave (through the wall), filtered air

BSC, biological safety cabinet; GMT, good microbiological techniques (see Part IV of this manual)

Review for the revision...1

- Scope
 - Audience
 - Biological materials, new technology
- Biosafety and biosecurity
- Approach
 - Setting out “core requirements”
- Focused areas
 - Good microbiological practices (GMP)
 - Risk assessment



Review for the revision...2

- Pathogen risk group (RG)
 - e.g. 1918 influenza: RG2 in some countries?
 - e.g. EU DIRECTIVE 2000/54/EC
- Biosafety level (BSL)
 - Physical containment (PC) level
 - Operational practices
 - BSL3+? BSL2**??
- Clear dissociation of RG and BSL
- Engineering and operational/administrative controls
 - Hierarchy of controls
 - Human factors (Human failure), e.g. validation



Areas missing/consideration

- Commissioning/Decommissioning
- Regulatory oversight mechanism
 - Reference to roles and functions of regulatory framework
 - to share best practices
- Field/emergency operations
 - Practically feasible operational guide
 - e.g. Ebola outbreak
- Common causes of accidents
- Risk communication

High containment facility

- Definition
- “Certification”
 - WHO standard?
- BSL3 assessment tool
- Mashrooming of BSL3s
 - Costing tool and checklist for planning
 - Recurring costs tend to be forgotten
- Construction, commissioning, operational/specific training



Derivatives/Supplementary publication

- Training tools
- “Monograph” – subject-specific booklet, such as:
 - BS in pathology lab
 - Research and production facilities
 - Animal facilities
 - Designing the labs
 - Waste management/waste segregation
 - clear guidance and solutions
 - Emergency procedures
- Field/outbreak operations
- Equipment and PPE - selection criteria
- Disinfection, inactivation
- Validation
- Regulatory oversight mechanism
- Accident/incident investigation, reporting, analysis
- Risk communication
- ...



WHO Manual revision: Summary

- Comprehensive revision
 - Work plan drafted
 - a three-year project
 - consultation to various stakeholders planned
 - Manual (main text) + monographs
- Core requirements
 - Risk-based
 - clear decoupling of RG and BSL → decision-making instrument
 - Evidence-based
 - Aiming at practical feasibility and sustainability
 - User-oriented → suggestions much appreciated





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