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**Ireland**

**Report by Ireland in accordance with the Final  
Declaration of the Third Review Conference of the  
Parties to the Convention on the Prohibition of the  
Development, Production and Stockpiling of  
Bacteriological (Biological) and Toxin Weapons and on  
Their Destruction**

**20 June 2007**

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**Measure A, Part 1:**  
**Exchange of Information on Research Centres and Laboratories**

**Current Status:**

**Ireland does not currently have maximum containment Biosafety Level 4 (BL4) or P4 equivalent laboratories. None are envisaged for the foreseeable future.**

There are approximately 34 (BL3) laboratories distributed among the universities and biotechnology companies in Ireland. These predominantly handle up to Category 3 pathogens or conduct genetic manipulations under regulation of the Environmental Protection Agency.

A high containment Class 3 (+) laboratory has been commissioned at the University College Dublin National Virus Reference Laboratory (UCD NVRL). The NVRL BL3 is viewable on the web at:

[http://www.clinical-virology.org/pages/dublin/pages/nvrl\\_bl3.html](http://www.clinical-virology.org/pages/dublin/pages/nvrl_bl3.html)

Training in High Containment Laboratory procedures organised by the Special Pathogens Reference Unit, HPA (Porton Down) was completed in November 2004.

Molecular assays have been validated at the UCD NVRL for the detection of Orthopox DNA in clinical samples. In addition, the testing protocol to investigate suspected smallpox infection utilises an electron microscope which is situated at the Belfield campus of UCD adjacent to the UCD NVRL. At the NVRL there is an ongoing programme to introduce “best practice” molecular methods to investigate the viral agents associated with biological weapons such as the viral haemorrhagic fevers.

Both environmental and clinical specimens from suspected cases of deliberate release of *B. anthracis* are investigated in a Class 3 containment laboratory at Cherry Orchard Hospital, Dublin. This establishment can also test clinical samples for *Yersina pestis* and is currently introducing techniques to detect the *Clostridium botulinum* toxin.

**Laboratory details:**

**Location**

University College Dublin  
National Virus Reference Laboratory  
Belfield  
Dublin 4

**Laboratory Details and functions**

BL 3(+) Laboratory facilities (floor area of 28.3m<sup>2</sup> and a room volume of 85m<sup>3</sup>)  
Core technology  
Phylogenetic analysis  
Molecular methodologies  
Serological investigations

Public Health Laboratory  
Cherry Orchard Hospital  
Dublin

Cat 3 laboratory  
*Bacillus anthracis; botulinum toxin.*

Responsibility for control of communicable diseases rests with Ireland's eight Directors of Public Health (Medical Officers of Health). There are over 50 clinical laboratories providing diagnostic microbiological services for humans, of which 7 are public health laboratories, which provide specialist microbiological services in foods and veterinary isolates in Ireland.

The Health Protection Surveillance Centre (HPSC), formerly known as the National Disease Surveillance Centre, is Ireland's leading specialist centre for surveillance of communicable diseases. HPSC provides expert assistance as required in the investigation and management of outbreaks or incidents of communicable disease. The HPSC was established conjointly by Ireland's eight Health Boards and with the approval of the Minister for Health and Children in 1998. The HPSC works in partnership with health service providers and sister organisations in other countries to ensure that up-to-date information is available to contribute to the effective control of infectious diseases. Since July 2000 the HPSC is statutorily responsible for the collation, analysis and dissemination of notifiable diseases in Ireland. A report is produced weekly and sent to key partners. It is also published on the HPSC website. Reports are also published in the monthly bulletin of HPSC Epi-insight.

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The Interim National Salmonella Reference Laboratory (INSL), located at the National University of Ireland, Galway, collects isolates of salmonella and data from all positive human faecal and blood samples, food samples and veterinary isolates in Ireland.

The Irish Marine Institute, whose headquarters are in Dublin and which has five regional fisheries laboratories, is the EU-designated National Reference laboratory for the monitoring of marine biotoxins (Council Decision 1999/312/EC) and co-ordinates the analysis of shellfish samples for the presence of marine biotoxins, as set out in Directive 91/492/EEC.

**Measure A, Part 2:**

**Exchange of Information on National Biological Defence Research and Development Programmes**

There are no organisations or institutions in Ireland currently directly involved in research and development into agents associated with biological and toxin weapons or the development of diagnostics to detect these agents and no national programme to conduct biological defence R & D in Ireland.

There have, however, been and continue to be many small programmes in Ireland aimed at combating infectious diseases in humans, animals and plants. These research the mechanisms of pathogenicity, the natural incidence and the possibilities for boosting host defenses against them. These programmes are mainly funded by the Health Research Board, Enterprise Ireland, Teagasc (the Irish Agriculture and Food Development Authority), Bioresearch Ireland, the Department of Agriculture and Food, the Wellcome Trust, the EU and a range of commercial interests.

The Department of Defence undertakes training in protection from bioweapons. This is non-strategic, aimed at protecting lives of personnel on peacekeeping duties overseas. Approximately 400 protective equipment units are maintained with the aim to increase this to 1000. Training is undertaken in association with the Department of Health and Children's Emergency Planning Unit.

**Measure B:**  
**Exchange of Information on Outbreaks of Infectious Diseases and Similar Occurrences caused by Toxins**

Current status

Ireland has had no outbreaks of infectious diseases and similar occurrence caused by toxins of which we are aware, that deviate from the normal.

Data regarding human diseases and zoonoses have been collected and co-ordinated methodically since 1998 under the auspices of the Health Protection Surveillance Centre. This is reported to the World Health Organisation (WHO), Geneva, via the Department of Children and Health.

The State Veterinary Services/Department of Agriculture reports animal diseases to the OIE (International des Épizooties). Plant diseases are monitored nationally but are not systematically reported in the same way.

There is no R & D programme in Ireland aimed specifically at defence against biological and toxin weapons. The aim instead is to strengthen existing public health and laboratory capacity to identify possible clusters of disease that deviate from the norm or suspected deliberate release events (either in Ireland or in travellers from another jurisdiction). The intention is of early identification to minimise human health effects through effective public health control and early clinical interventions. Thus, Ireland concentrated its efforts on raising awareness of possible threats among first responders, clinicians and public health personnel, strengthening surveillance of communicable disease and in expanding laboratory capacity to deal with potential threats, should they appear.

Outbreak investigations are performed by public health professionals along with microbiology professionals, environmental health professionals, infection control staff and clinicians depending on the disease, using laboratory results generated by the UCD NVRL or other microbiology laboratories. Research teams based at the UCD NVRL with expertise in phylogenetic analysis of viral sequences will be used to determine the source of a deliberate release agent by comparing the sequence of the agent to known sequences.

A single national data repository for rapid central electronic reporting of clinical and laboratory information on infectious disease (CIDR) is in the process of being established.

The Health Protection Surveillance Centre (HPSC) has a close and productive interaction with the Health Protection Agency (CDSC), Colindale, London, UK and the Centers for Disease Control and Prevention (CDC), Atlanta.

The Health Services Executive carries out surveillance and control of infectious diseases in Ireland. Notification data on infectious diseases and conditions are gathered and collated by the HPSC. Throughout Ireland specified infectious diseases diagnosed by clinicians and pathogens identified in clinical laboratories and outbreaks or suspected outbreaks of infectious disease are notified to regional Directors of Public Health. This information is in turn passed on to the HPSC on at least a weekly basis (immediately in the cases of certain serious diseases). Notification data are then published on a weekly basis by the HPSC. Subsets of the data are shared with a number of EU consortia and several other non-EU countries. The main data sets are forwarded to the WHO in Geneva, via the Department of Health and Children.

The HPSC also collects zoonotic disease data in association with the Department of Agriculture and Food (DAF) and the Food Safety Authority of Ireland. This information is collected under the EU Zoonoses Directives 1992/117/EEC, 2003/99/EEC and Regulation 2160/2003, and is fed into the EU Basic Surveillance Network and the European Food Safety Authority. These data are available on the Internet.

The Food Safety Authority of Ireland is involved in the coordination of the investigation of national, cross-border and international outbreaks where foods are implicated and is the Competent Authority for rapid food alerts. The Food Safety Promotion Board based in Co. Cork is an all-island public health body. Among its key functions is the surveillance of food-borne disease on an all-island basis.

In 2005, 175 infectious disease outbreaks, of which 161 were gastroenteric/infectious intestinal disease (IID) outbreaks were notified in 2005, which was a decrease on 2004. The IID outbreaks were responsible for at least 2591 cases of illness. Viral gastroenteritis caused by norovirus (NV) continues to be the most common cause of IID outbreaks (60% of IID outbreaks confirmed/suspected NV). The majority of IID outbreaks (61%) were reported to have occurred in healthcare settings.

**Measure C:**  
**Encouragement of Publication of Results and Promotion of the Use of Knowledge**

Current status:

As no active programmes of research directly related to the Biological and Toxin Weapons Convention exist in Ireland, there is no publication in the area.

All non-commercial research regarding biological science and infectious diseases is published in national and international journals. In Ireland, Government policy is to promote transparency and dissemination of knowledge in the biological sciences, especially in the field of human epidemiology.

**Measure D:**  
**Promotion of Professional Contacts**

Current Status

While no active programmes of research directly related to the BTWC Convention exist in Ireland, Ireland believes that international cooperation in the field of peaceful bacteriological (biological) activities is important.

Most Irish microbiologists are members of international microbiology and immunology societies, which are in turn affiliated to the International Union of Microbiology Societies (IUMS). There is a National Committee for Microbiology that is part of the Royal Irish Academy, which arranges and facilitates international contacts. There are also many medical and general scientific exchanges between microbiology institutions in Ireland and abroad.

The UCD NVRL has a close collaboration with the Special Pathogens Reference Unit, HPA Porton Down and also the Centre for Infection, Colindale in the UK. Samples, either environmental or clinical, for which there are no diagnostic investigations currently available in Ireland will be referred to one of the appropriate centres detailed above. The UCD NVRL is a member of the European Network for Diagnostics of “Imported” Viral Diseases (ENIVD) and this facilitates collaboration with member laboratories throughout Europe.

Ireland participates in a number of European organisations and programmes such as HELICS and HARMONY, which closely track infectious diseases and drug resistance patterns.

**Measure E:**  
**Declaration of Legislation, Regulations and Other measures**

Current Status:

Ireland is currently conducting a review of its national legislation to identify where further legislation may be required to fulfill all of Ireland's obligations, as set out in the Convention.

There are a number of pieces of national legislation in place in Ireland, which regulate the use of biological materials. This legislation includes the following: Control of Exports Act 1983; Control of Exports Order 2005; Importation of Pathogenic Agents Order 1997; and the Safety, Health and Welfare at Work (Biological Agents) Regulations 1994, as amended 1998. In addition, the export of biological toxins is covered by European Community dual-use export legislation and domestic law, which controls the export of military goods.

Ireland collects its human infectious diseases data under the 1947 Health Act, amended by the 1983 Act. Furthermore, this is detailed in the Infectious Disease Regulations 1981, amended 1996.

The Department of Agriculture and Food (DAF) is responsible for the enactment of legislation relating to zoonoses and for providing the necessary resources to ensure their monitoring and control. Under the powers of the Diseases of Animals Acts (1966-2001), veterinary inspectors inspect farms where animals and poultry are kept. As part of its zoonoses control programmes DAF carries out surveillance programmes to test for the presence of such pathogens on a wide range of animal products.

The Health and Safety Authority of Ireland (HSA) covers the Safety, Health and Welfare at Work (Biological Agents) Regulations, 1994 (Statutory Instrument No. 146 of 1994), as amended in 1998 by S.I. 248 of 1998. S.I. No. 251/1989: European Communities (Protection of Workers) (Exposure to Chemical, Physical and Biological Agents) Regulations, 1989. The HSA's main function is to ensure that workers are not at risk from exposure or potential exposure to biological agents while at work and/or performing their work activities. Where there is intentional work, for instance, with biological agents, e.g. research, teaching and diagnostic purposes and thus a potential for exposure to biological agents (in particular Group 3 or 4 organisms), those employers are obliged to notify the HSA 30 days in advance of work commencing. The HSA also can grant permissions to work with pathogens at nominated locations.

There have been recent changes in Irish human infectious disease legislation. On 1 January 2004 an amendment to the existing infectious diseases Regulations established a revised list of notifiable diseases. The changes introduced are consistent with a European Commission Decision on the communicable diseases to be progressively covered by the

European Community network (Decision No. 2000/96/EC, under Decision No. 2119/98/EC of the European Parliament and of the Council).

The key advances of the new legislation include:

- A greatly expanded list of conditions and diseases (increased from 35 to 68)
- A requirement for laboratory directors to report infectious diseases;
- Food- and water-borne illnesses are now specified (e.g. campylobacter infection, cryptosporidiosis, listeriosis), whereas previously there was merely a category of food poisoning (bacterial other than salmonella);
- The addition of potential biological threat agents, such as botulism and tularaemia;
- Hepatitis C is now specified;
- Several pathogens that are important in the monitoring of antimicrobial resistance became notifiable;
- The use of case definitions for infectious diseases has been introduced, a set of which has been drawn up, in line with standardised European case definitions; and
- Under the amended regulations, unusual clusters or changing patterns of illness (including outbreaks) that may be of public concern must also be reported. This was an important development, particularly in the context of any deliberate release of biological agents.

Furthermore, under the new legislation there are a number of diseases which require immediate preliminary notification by telephone, e.g. poliomyelitis, typhus, botulism, cholera, legionellosis, smallpox, paratyphoid, typhus, viral haemorrhagic fevers, SARS, and where there is a serious outbreak of any infectious disease. The HPSC's 2004 report and its quarterly reports for 2005 on notifiable infectious diseases in Ireland are attached as annexes to this report.

**Measure F:**  
**Declaration of Past Activities in Offensive and/or Defensive Biological Research and Development Programmes**

Current status:

No offensive or defensive biological R & D programmes have been undertaken in Ireland since 1 January 1946.

**Measure G:**  
**Declaration of vaccine production facilities**

Current status:

All human vaccine production is subject to licence by the Irish Medicines Board. However, at present there are no human vaccine production facilities in Ireland.

There are, however, a number of veterinary vaccine production companies in the biotechnology sector in Ireland. Fort Dodge Laboratories in Co. Sligo have the capability for manufacture of live vaccines.

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