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| **Committee of Experts on the Transport of Dangerous Goods and on the Globally Harmonized System of Classification and Labelling of Chemicals 24 June 2022** |
| **Sub-Committee of Experts on the Transport of Dangerous Goods**  **Sixtieth session**  Geneva, 27 June-6 July 2022 Item 3 of the provisional agenda  **Listing, classification and packing** |

Indicative list of Category A infectious substances

Transmitted by the expert from the United States of America

Introduction

1. During its first session, the Committee of Experts on the Transport of Dangerous Goods and on the Globally Harmonized System of Classification and Labelling of Chemicals adopted amended provisions for the transport of infectious substances (see ST/SG/AC.10/29/Add.1). These amendments, developed in collaboration with global health experts, were intended to reduce complexity of the existing transport requirements while enhancing safety and compliance. The revised provisions introduced a new and simplified two-tier classification system (Categories A and B) and appropriate packaging and hazard communication requirements that were largely implemented in relevant modal, regional and national requirements from 1 January, 2007.

2. While use of the current classification system for many years has demonstrated its effectiveness, recent experience with global health challenges has indicated a potential need for clarification to facilitate a consistent and appropriate global response. For example, as a result of recent monkeypox outbreaks, an increase in patient samples for diagnostic testing has been observed. Several national public health authorities have assessed that a specific monkey pox clade is most appropriately classified and transported as a Category B substance despite “monkey pox virus” being included in the Category A indicative list.

Discussion

3. Section 2.6.3.2 contains the defining criteria for Category A and Category B infectious substances in Division 6.2. To illustrate, an indicative list of Category A substances is provided in 2.6.3.2.2.1 as guidance. The Sub-Committee framed the list as indicative to convey that the list is intended as guidance and not intended to preclude expert assessment in line with the defining criteria found in the same section. The list was initially developed by public health authority experts; to the extent that such experts determine a specific infectious agent or subclassification of that agent is most appropriately classed within Category B, such assessment is considered to be consistent with the intent of both the criteria and the indicative list.

4. Assigning a specific infectious substance to the appropriate Category - based on its properties and an assessment using the relevant criteria - is in line with the intent of the Sub-Committee to provide an indicative list (or guidance). Recognizing that additional clarity of this intent may facilitate transport, it is proposed that a new note be added to 2.6.3.2.2.1 to clarify that when an appropriate public health authority determines a particular infectious substance is more appropriately classified as Category B, the substance may be transported as such.

Proposal

5. Add note 4 to 2.6.3.2.2.1 to read as follows:

“***NOTE 4:*** The following table is an indicative list. When specific information is available on an infectious substance listed in the table, that substance may be classified and transported under the appropriate Category B entry based on the determination of an appropriate public health authority that such classification is appropriate.”