

# NZ Food Safety LECTURE SERIES



"Impact of food-borne illness for New Zealand – not just an upset stomach"

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## **NZFS Food Science and Risk Assessment**

- Team of approximately 30 scientists with expertise in microbiology, chemistry, toxicology and food science (nutrition and dietetics).
  - Provide evidence-based advice to New Zealand Food Safety (NZFS), Ministry for Primary Industries (MPI), across government, stakeholders and beyond.
  - Assess and describe risk associated with food consumption microbiological, chemical, radiological and physical.
  - Use international science and knowledge, NZ-specific information and increasingly and mātauranga Māori to inform our advice.
  - New Zealand food can be trusted by everyone, everywhere





# Impact of food-borne illness – not just an upset stomach

- Microbiological emphasis rather than chemical as data are more robust.
  - Infectious diseases are still a major public health issue world-wide, even with the increasing burden of non-communicable diseases such as diabetes and cardiovascular disease.
  - Their impact is under-estimated due to gaps in surveillance.
  - Increasing AMR and emergence of new bacteria and viruses present new challenges.
  - NZFS strategy we want to reduce and mitigate the impact of these diseases by enhancing food safety across the whole system.
  - Infectious diseases have not gone away and could have greater impact with climate change e.g. Vibrio in New Zealand shellfish.







# Killer bug puts 30 in hospital





# Central Scotland outbreak of *E. coli* O157 infection

- First positive Carluke 21/11/96
  - 3 cases linked to butcher's shop 22/11/96?
  - Butcher's premises visited 23/11/96
  - First outbreak-associated specimens received Aberdeen 26/11/96
  - Last outbreak-associated specimens received Aberdeen 20/05/97





MONDAY NOVEMBER 25 1996

# Royal Mail issues return-to-work plea

SCOTTISH

#### Ewing attacks defence claims



# Town in fear as food poisoning toll hits 35



New Zealand Food Safety Ministry for Primary Industries









# Central Scotland outbreak of *E. coli* O157 infection

Initial Ref. Lab. Load - (26/11/96 - 21/01/97)

Isolates:Faeces 1256

Sera 766 2099 1:5

PM Specimens 77

- At 21/01/97 > 6000 tests performed  $\rightarrow 10$  years work in 8 weeks
- FAI > 21 died > 600 cases
- 5 ton food container carcases, cuts, mince and scotch eggs





# Central Scotland outbreak of *E. coli* O157 infection

Final Ref. Lab. Load - (20/05/97)

Isolates 3188

Faecal/PM\* 881 5259

Sera 1190





<sup>\*</sup> NEG. after Culture/IMS/PCR

# VTEC: Counting the cost - Estimated total costs incurred by the Central Scotland outbreak

Type of Service	Components	Estimated Total GBP Cost in 1996	Estimated Total GBP Cost in 2019
Hospital	Specialised care & treatment Specialised (non-laboratory) investigations	£479,788	£761,475
Diagnostic (laboratory) investigations	Micro-biology Haematology Biochemistry	£231,457	£367,347
Primary Care (Special clinic at Wishaw)	Community Nursing Medical Infection Control	£172,200	£273,299
Public Health	Epidemiological investigation Outbreak Management	£107,891	£171,234
Public Information & Communications	Media Health Promotion campaign	£138,159	£219,273
New Zealand Food Safety	Helpline	ΓΟΤΑL £1,129,495	TOTAL £1,792,628

#### Overview

The primary role of the FSA is to protect consumers in relation to food, through risk assessment, regulation and other interventions; attempting to reduce and minimise:

#### Incidence of food safety risks



Food Related Microbiological IID; TSE

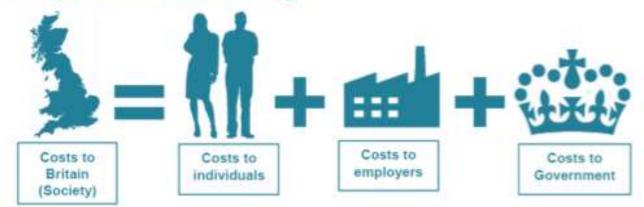


Food Hypersensitivity (allergens, coeliac diseases and food intolerance)



Chemical and Radiological Contamination

#### Impacts on society

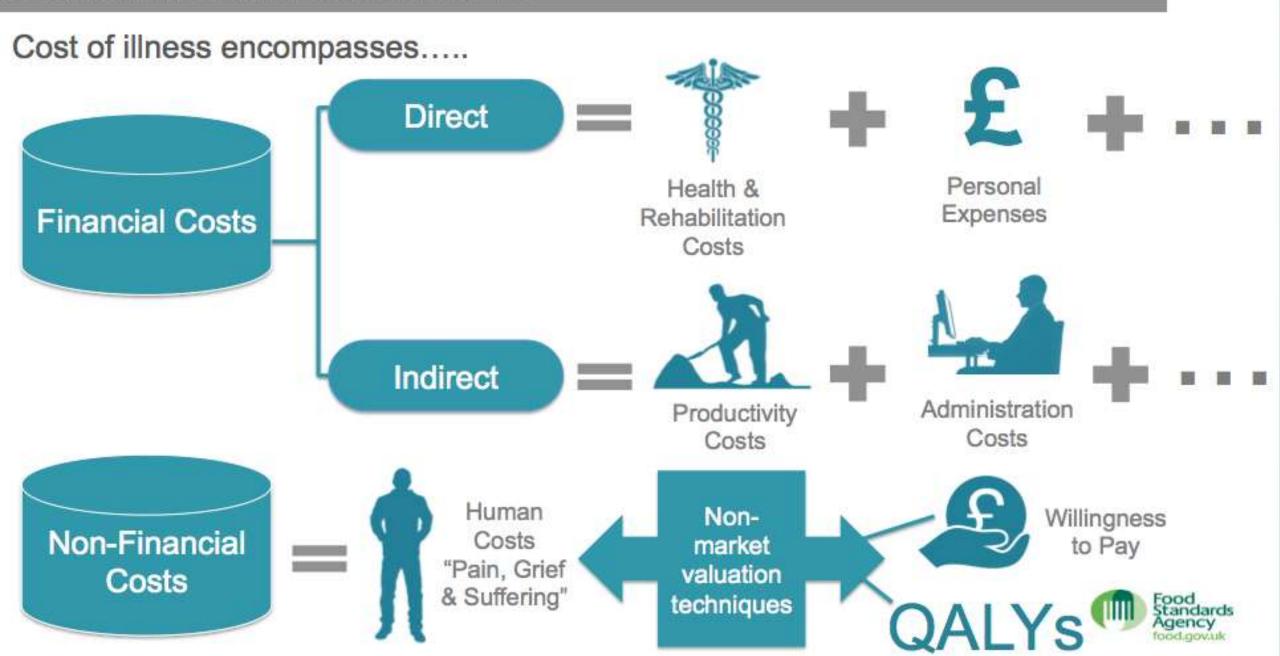


#### Cost of foodborne IID

Foodborne IID imposes a significant burden on individuals and their families, healthcare services and the economy. Estimated at a cost to the economy

in excess of £1bn.

### Cost of Illness: Foodborne IID



#### **FSA Cost of Illness Model: Health Costs**

Health cost estimates currently rely on data derived from the Report of The Study of Infectious Intestinal Disease in England (IID1 study (2000)). The FSA recognise that there are shortcomings with the current COI model:



Data sources go back as far as 1994; failing to reflect demographic and socio-economic changes including recent NHS reforms - advancement in treatment/ medicine.



Does not include cost data on long-term consequences of FBD i.e. permanent incapacity.



IID1 study only includes details for a few pathogen specific level costs.



Cost by severity of FBD is currently only weighted and estimated by number of hospital bed days obtained from the IID study. The current approach neglects intensity of resource use such as type of treatment and care e.g. if a specialist ward or medical equipment is required to treat patients.

## Pathogen Pathway: Symptoms & Sequalae

**Pathogen** 

Campylobacter



## **Symptoms**

Mild

Diarrhoea (Gastroenteritis)

Hospitalising Complications

Hospitalising Diarrhoea

Mesenteric Adenitis

Febrile Convulsions

Septicaemia

### Sequelae

Long-term

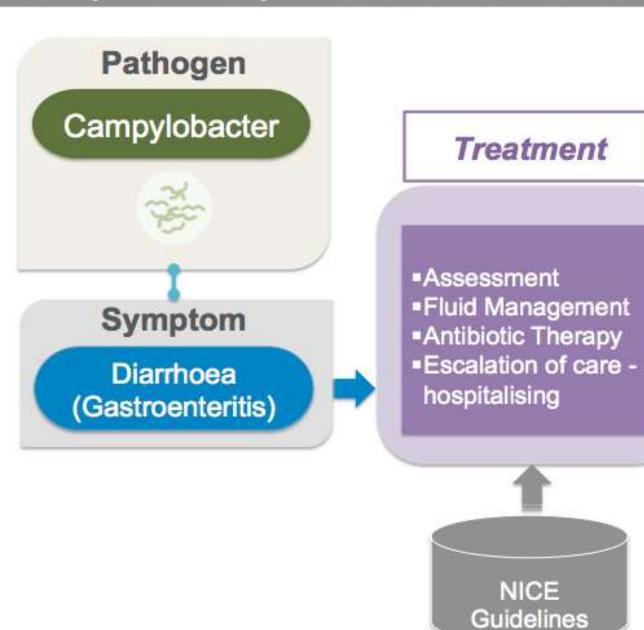
Guillain-Barre Syndrome Irritable Bowel

Syndrome

Reactive Arthritis



## COI (Financial): Treatment & Health Related Costs



#### **NHS Costs**

#### Specific Treatment Costs

- ☑ General Medicine
- ☑ Infectious Disease
- ☑ Gastroenterology
- ☑ A&E

# NHS Ref. Costs HES

#### **Assessment Costs**

- ☑ Faecal tests
- ☑ Blood culture
- ☑ Endoscopic examinations

#### Other Relevant Costs

- ☑ GP visits
- ☑ Prescription costs
- ☑ NHS phone services

# Personal Costs

☑ Transportation☑ Out-of-PocketPrescription



## O157 in Scotland

#### West Lothian Outbreak May 1994

- Largest milk-borne outbreak world-wide
- 70 cases, 9 cases of HUS, 1 death
- E. coli O157 isolated from humans, dairy cattle, bulk milk tanker, dairy machinery all indistinguishable by PFGE
- Dairy owners prosecuted under Food Hygiene Regulations, dairy closed





# **VTEC:** Counting the cost

#### Lothian Outbreak 1994

- HUS £62,354 (1994 1995)
- Investigation and Control £171,848
- Cost over 30 years
  - £168,032 per case
  - £11.9 million

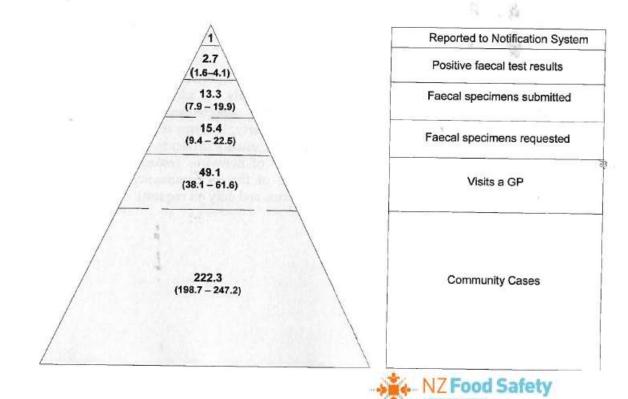




## **New Zealand situation**

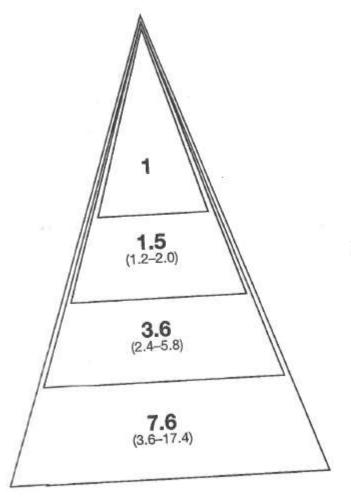
The problem – under-diagnosis, surveillance gaps.

Figure 1: The New Zealand AGI reporting pyramid showing ratios of cases in the community, general practice, and clinical laboratory levels relative to notifiable diseases, 2006 (mean, 5<sup>th</sup> and 95<sup>th</sup> percentiles, areas to scale). Note that not all positive faecal test results will be for diseases that are notifiable.





## Reporting Pyramid for Campylobacter



Reported to CDSC

Positive by routine laboratory investigation

Presenting to the GP

Community case





## **New Zealand situation**

Table 10: Cost per cases for foodborne disease in New Zealand

Disease	Estimated incidence, 2005 Mean (95% CI)	Total cost of foodborne illness (\$M) Mean (95% CI)*	Cost per case (\$) Mean (95% CI)*
Campylobacteriosis	123,000	74	600
	(86,000-177,000)	(51-102)	(350-939)
Salmonellosis	16,800	2.8	220
	(5,200-32,000)	(1.9-4.0)	(90-550)
Listeriosis (Perinatal)	6	2.3	380,000
	(5-10)	(0.7-4.8)	(110,000-690,000)
Listeriosis	18	0.2	14,000
(Acquired)	(15-27)	(0.1-0.5)	(7,000-28,000)
STEC infection	340	1.6	4,400
	(170-760)	(0.06-4.8)	(190-13,200)
Yersiniosis	7,900	1.4	190
	(5,500-10,900)	(0.9-2.0)	(120-300)
Norovirus infection	108,000 (19,000-450,000)	3.0 (0.7-11)	50 (8-220)

95% CI = 95<sup>th</sup> percentile confidence interval \* Based on a discount rate of 3.5%





#### 11 Benefits and Costs of Reducing Human Campylobacteriosis Attributed...

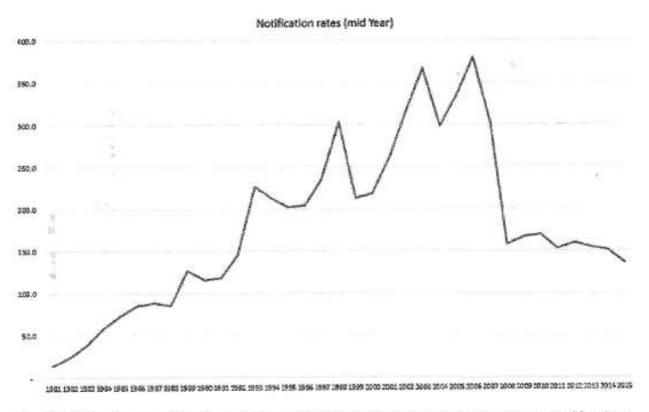


Fig. 11.7 The impact of the Campylobacter Strategy on human campylobacteriosis notifications





# More than an upset stomach

- Food-borne disease creates significant societal costs, not solely economic.
  - A major global public health issue of long-standing.
  - In addition to current food-borne disease, new microbiological and chemical risks will continue to emerge.
  - New Zealand's Food Safety Strategy will deliver enhanced food safety across the whole system.
  - COI \$116.1m in 2007, reduced to \$48.8m by 2008 because of effective risk management and regulation, leading to reduction in incidence.
  - We have been successful in delivering on strategic priorities e.g. reducing the incidence of campylobacteriosis however, we can and are determined to do more.





# Thank you



