

## **Food-borne Disease: give us the evidence**

### **CONFERENCE RESOLUTIONS**

**28-29 May 1998**

#### Preamble

The May 1998 Public Health Association of Australia (PHA) conference: Food-borne Disease: give us the evidence has considered:

- the impact of food-borne disease on human health in Australia
- the legislative provisions and regulatory framework of food safety
- how scientific evidence is used in food-borne disease matters
- the paucity of scientific evidence
- the need to ensure public confidence in the safety of the food supply
- consumer expectations of the public health sector, governments and industry about food safety management
- emerging threats to public health from food-borne disease
- the role of HACCP in food safety
- the role of surveillance in understanding food-borne disease
- the epidemiology of food-borne disease
- what needs to be done, and by whom, to ensure public health
- costs to industry, government and the community.

Conference delegates affirmed the following principles:

- Much food-borne disease can be prevented.

Food safety and public confidence are:

- essential elements of public health and safety
- essential to the food industry.

Commonwealth, state and local governments have a responsibility for maintaining and improving the safety of food in Australia. In particular, governments are responsible for ensuring the adequacy and effectiveness of food regulation. Food regulation systems must be based on sound evidence and public consultation.

Public health professionals have an important role in the prevention and investigation of food-borne disease and the regulation of food.

#### **1. Public Health Policy to be Based on Evidence**

Food safety policies, management and interventions need to be based on risk assessment and the available scientific evidence. Such evidence needs to include rigorous and independent research.

Under the existing system, surveillance data are not sensitive enough to determine the true incidence of food-borne disease in the community. This needs to improve.

Industry has argued that the costs of regulation need to be reduced and that this should occur by reducing regulation. However, this may result in additional costs to the health system and indirect costs to employers.

In the present climate of pressure for deregulation and industry self-regulation based on arguments about cost and efficiency, the public health sector has not been in a position to argue the case for the priority of public health and safety in an economic context. Consequently, the available scientific evidence concerning prevalence, incidence and prevention of food-borne disease needs to be translated into reliable financial estimates of the costs and savings of food regulation.

### **Resolution 1.**

Using data gained from the Australian population, the Commonwealth Government commission work to determine the incidence, impact, and financial cost of food-borne disease in Australia. This should include the cost of prevention.

## **2. National Co-ordination**

There are many differences between states and territories in food safety legislation and standards of surveillance and investigation into food-borne disease. These differences have formed barriers to national co-ordination that have not been successfully overcome to date.

The quality and timeliness of surveillance and investigation matters within each state needs to be improved to world's best practice. The co-ordination of these matters between states also needs improvement.

### **Resolution 2.**

Multilateral national agreements across the three levels of government be established for the quality and timeliness of food-borne disease surveillance and investigation, complete with performance indicators and benchmarking requirements. Responsibility for brokering the multilateral agreements should be vested in an independent national authority with public health expertise.

### **Resolution 3.**

A well-resourced, impartial national food safety process directly responsible to the Commonwealth Minister for Health, be established to develop and co-ordinate food safety in Australia, thereby securing public confidence in the safety of the food supply. The objectives of this process to include:

- impartial advice to governments, industry and the community
- nation-wide surveillance criteria, such as which diseases will be notified
- enhanced national food-borne disease surveillance initiatives that build upon existing systems
- nation-wide guidelines on the investigation of clusters or outbreaks of food-borne disease

- nation-wide outlines of investigation questionnaires that can then be modified for particular situations
- formal agreement from all states and territories that laboratory results for priority organisms will be done and reported in a timely manner.

### **3. Zoonoses**

Pathogens that cause most current food-borne illness have their origins in animals. A complete strategy for food safety goes beyond surveillance for food-borne disease in people and must include an understanding of the behaviour of pathogens at all stages of the supply chain, including the pre-harvest and processing stages.

#### **Resolution 4.**

Mechanisms to be promoted that ensure investigation and diagnosis of potential zoonoses.

### **4. Regulatory Control**

#### **Resolution 5.**

Food safety regulation to be independent of vested interests and involve public health authorities in final decisions to ensure public confidence in the safety of food.

#### **Resolution 6.**

Local government to be adequately resourced to fulfil their existing and new food safety functions and responsibilities.

### **5. Competency and Independence of Auditors**

#### **Resolution 7.**

Auditors of food-safety management plans need to be government-authorised officers who are properly trained, accredited and resourced. Responsibility for accrediting and monitoring the independence of third party auditors needs to be vested in an appropriate state or commonwealth authority. Auditors must be independent of the company being audited.

Auditors must be required to meet minimum competencies in both food hygiene matters relevant to the businesses they are accredited to audit, and in assessing competence in others in those businesses.

### **6. Transparency**

New national arrangements for food safety need to ensure transparency in the implementation and outcomes of the new food hygiene standards.

#### **Resolution 8.**

A review of the implementation of the new standards be carried out two years after their introduction. The review to be widely communicated to industry, government and consumers.

#### **Resolution 9.**

An annual status report on the food supply, produced by an independent public health authority, to be available as a public document. The report to include:

- food borne disease statistics
- outbreak investigation findings
- the resources and actions of local authorities
- audit results (both government and private sector)
- level of implementation of food safety management plans in different industry sectors.

### **7. New Food Hygiene Standards**

Performance-orientated, less prescriptive regulations need to be supported by accessible industry guidelines, appropriate training and local authority resources to ensure the compliance burden on small business is minimised through support and direction of government and industry associations.

#### **Resolution 10.**

That there should be no exemptions from the new food hygiene standards.

### **8. Due Diligence**

#### **Resolution 11.**

That defence of due diligence in food-borne disease matters be limited to criminal actions and not include civil actions.

### **9. AIEH Support for Task Force Recommendations**

The Australian Institute of Environmental Health recommends that all stakeholders in food safety consider the following recommendations from the Queensland Food Safety Task Force (1998):

- in-principle adoption of national food hygiene standards
- statewide food-borne illness outbreak management guidelines
- mandatory training of all operators and supervisors before entry into the food industry on a user-pays basis
- promotion of structured community awareness campaigns
- adoption of the principle of co-regulation, requiring a strong regulatory basis for the food industry with the flexibility for operators with the resources and commitment to move to a risk management /HACCP based system.

## **10. Control of E.Coli**

Haemolytic uraemic syndrome is a disease involving complex genetic elements that are associated with several E.Coli serotypes.

### **Resolution 12.**

That control measures at various levels of the food supply chain need to be based on the natural history of all E. Coli variants incriminated in human disease. Action against 0157:H7 alone is an insufficient control strategy.

## **11. Review of Legislation**

### **Resolution 13.**

That the current ANZFA review of legislation relating to food-borne disease consider the desirability, nature and mechanisms of uniform legislation in notifying pathogens found in food intended for human consumption.