

**The FSA Foodborne Disease Strategy 2010-15**

**SUMMARY REPORT OF RESPONSES TO CONSULTATION  
FROM STAKEHOLDERS**

1. The public consultation on the FSA Foodborne Disease Strategy 2010-15 was issued on 9 June 2010 and closed on 2 September 2010.
2. The draft Foodborne Disease Strategy 2010-15 describes the FSA's proposed approach of focusing on the control of key foodborne pathogens that have been identified for priority action.
3. The consultation sought views of interested parties on the priorities, approach and objectives of a renewed Agency strategy for the reduction of UK foodborne illness for 2010-15.
4. The FSA is grateful to those stakeholders who responded and sets out in the table below responses in order of the issues considered. All responses were received by email.
5. The key proposals on which the consultation sought views were:
  - Q1: Whether, in your view, the overall approach described (i.e. pathogen-specific action, rather than commodity-focused) is the most appropriate to achieve the intended outcome? If not, please explain briefly your reasoning.
  - Q2: Whether we have prioritised for action the pathogens that, if the strategy is successful, will lead to the greatest reduction in the incidence and burden of UK foodborne disease? Do you agree these are the right priorities?
  - Q3: Whether, in your view, it is likely that successful achievement of the objectives described in the Strategy will deliver a significant reduction in UK human foodborne disease? If not, please explain briefly your reasoning.
6. The attached summary table is organised in separate sections for comments that relate to each of these questions.
7. Where comments from respondents did not clearly indicate they related to one of the three questions above, or provided combined comments they have been considered and allocated where considered appropriate, or if of a general nature grouped under 'general comments'.
8. For convenience, some comments have been summarised.
9. For convenience, where similar comments have been made by several respondents, these have been grouped under a sub-heading within each Question (in alphabetical order of respondent within each sub-section) to

simplify our responses. Also, these comments have been numbered, to simplify cross-referencing of FSA responses.

10. The Food Standards Agency's considered responses to stakeholders' comments are given in the last (right-hand) column of the table.
11. A summary of changes to the original proposal(s) resulting from stakeholder comments is set out in the final table on page 57 and a list of interested parties that responded can be found on page 59.
12. The updated Strategy will be published on food.gov.uk by the end of May 2011. It should be noted that the Strategy will remain a dynamic document and may be subject to modification if future conditions or circumstances change.

**Robert Martin**

**FSA, Food Safety: Hygiene and Microbiology Division**

May 2011

## SUMMARY OF SUBSTANTIVE COMMENTS TO THE FSA CONSULTATION – FSA FOODBORNE DISEASE STRATEGY 2010-15

**Q1: Whether, in your view, the overall approach described (i.e. pathogen-specific action, rather than commodity-focused) is the most appropriate to achieve the intended outcome? If not, please explain briefly your reasoning.**

<b>Overview</b>		
<b>General Support</b>		
<p>The majority of respondents expressed general support for the pathogen-specific approach proposed by the strategy as focusing on the priority organisms that impact on people’s health, both in terms of cases of food poisoning as well as the most severe consequences for health.</p> <p>These included the Moredun Research Institute, NHS Fife, Public Health Wales, Scottish Association of Meat Wholesalers, Scottish Commission for the Regulation of Care, West Lothian Council</p>		
<b>Qualified support</b>		
<p>Some respondents added additional comments, which are shown below under headings that indicate common themes, as follows:</p> <ul style="list-style-type: none"> <li>• The rationale for being pathogen specific</li> <li>• Sources other than meat</li> <li>• Generic consumer guidance</li> <li>• Generic food chain/enforcement issues</li> <li>• Co-ordination</li> </ul>		
<b>Respondent</b>	<b>Comment</b>	<b>Response</b>
<b>The rationale for being pathogen specific</b>		
ACMSF	<p><b>1.1.</b> The rationale and evidence base to support a pathogen specific policy (as opposed any alternative strategy) is explicit.</p> <p>Is there published evidence or experience drawn from other countries to justify the FSA preferred option?</p>	<p>The Strategy (page 9) explains that Campylobacter and Listeria were identified as priorities on the basis of Food Chain Analysis work undertaken by the Agency to analyse the food chain to understand the relative priority of different food safety hazards and to what extent existing controls are proportionate and aligned to the potential risks.</p> <p>Details can be found at:  <a href="http://www.food.gov.uk/safereating/foodchain/">http://www.food.gov.uk/safereating/foodchain/</a></p>

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Government Chemist	<b>1.2.</b> An evaluation of approaches and outcomes in other countries could be useful.	Noted
LGR	<b>1.3.</b> The proposed pathogen specific approach should be viewed as a framework which is not interpreted too rigidly. Specific interventions should also consider effects on minimising the loading of other pathogens.	Noted
Private individuals working in Public Health.	<b>1.4.</b> The proposed approach is in keeping with the concept of Longitudinally Integrated Food Safety Assurance as this enables the wider context of livestock, wildlife and environmental reservoirs of pathogens to be factored in to possible prevention and control measures.  This is in addition to the identification of critical control points in food processing, manufacture, catering, retail and the cold chain.	Noted
Scottish Food Advisory Committee (SFAC)	<b>1.5.</b> The Committee does not have a particular preference in regards to the proposed overall approach (pathogen or commodity – focused) at this stage in the Strategy formulation process. However, the Committee feels that robust analysis should be available and presented in the final strategy document to support the particular approach adopted.  The provision of specific Scottish focused data would be particularly appreciated by the Committee.	Noted  The data used in the Strategy relating to estimated numbers of cases and burden of disease in England and Wales are included for illustrative purposes. Country specific data is published elsewhere, e.g. the FSA's Annual Report of the Chief Scientist 2009-2010 ( <a href="http://www.food.gov.uk/multimedia/pdfs/csr0910a.pdf">http://www.food.gov.uk/multimedia/pdfs/csr0910a.pdf</a> )  It is anticipated that the data generated by the second study on infectious intestinal disease (IID2) should allow us to estimate the burden of foodborne disease for the whole of the UK, rather than just England and Wales.  The FSA in Scotland is also working closely with Health Protection Scotland to establish how more focussed analyses of Scottish foodborne disease statistics may be carried out.
Which?	<b>1.6.</b> We agree that the FSA should develop and implement targeted and evidence-based activities focused on the priority organisms. This should take account of advice from expert bodies, including the Advisory Committee on the Microbiological Safety of Food (ACMSF) and build on the approach to tackling Campylobacter which is drawing on international expertise and experience.  Effective ways of measuring the impact of these initiatives in terms of health	Noted

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	outcomes, as well as the broader impact on the economy will also be important.	
<b>Sources other than meat</b>		
East Riding of Yorkshire Council.	<b>1.7.</b> The strategy should include improvements in surveillance to enable clear differentiation between modes of infections and distinguish attributable as foodborne, those attributable to environmental sources and those infections acquired abroad.	Although focusing on meat (poultry) the Strategy also states that other sources will be kept under review (page 17 Horizon Scanning) or will be addressed through other work being undertaken by the FSA (page 18, Complementary Work Programmes).
LGR	<b>1.8.</b> In addition to raw meats and chicken, recent years has seen a shift from major outbreaks originating from foods of animal origin, towards plant food sources are the vehicle (e.g. contaminated salad vegetables in North America). The strategy should not ignore the significance of such sources	Noted
Society For General Microbiology (SGM)	<b>1.9.</b> Although meat has often been the source of a number of pathogens, infections may also result from various cross-contamination events, and so controlling the spread of the organism is a major factor.	Noted Cross-contamination is widely recognised to be underestimated as a source of foodborne illness. The importance of this is recognised by the FSA and has been addressed through guidance for the food industry published in February 2011 ( <a href="http://www.food.gov.uk/news/newsarchive/2011/feb/ecoli">http://www.food.gov.uk/news/newsarchive/2011/feb/ecoli</a> ) and through the inclusion in the 4Cs strategy for consumers
<b>Generic consumer guidance</b>		
ACMSF	<b>1.10.</b> In addition, pathogen-specific action should not be at expense of educating and informing the public about of basic food safety and food hygiene, which will be essential in achieving the goals outlined in any case.	The continued importance of safe food handling and preparation in the home is recognised and will continue to be addressed through the Food Hygiene Campaign (draft Strategy page 16)
Consumer Focus	<b>1.11.</b> Consumer Focus appreciates the need to rethink the commodity specific approach combined with a food hygiene campaign that was used to try and reduce foodborne disease rates. This approach had some success in 2000-2005 but levelled off in 2005-2010. A more targeted, pathogen specific approach would seem appropriate, however this must not result in mixed food safety messages given to the public. It is imperative that simple, clear information is provided.	Noted

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Chilled Food Association (CFA)	<b>1.12.</b> The general need for compliance with basic good food hygiene (the 4Cs) must not be lost as general good hygiene practices will address a range of pathogens.	Noted
Veterinary Laboratories Agency (VLA)	<b>1.13.</b> Generic issues that impact on all foodborne diseases should be considered, including best practice among consumers: renewing the FSA's Food Hygiene Campaign is strongly supported.	Noted
<b>Generic food chain/enforcement issues</b>		
Byotrol plc	<b>1.14.</b> The strategy should be part of a very low tolerance for microbes generally in food production environments.	Noted
LGR	<b>1.15.</b> Much local authority work in enforcement and promotion of good hygiene in food premises is often generic rather than pathogen-specific. This should be recognised and supported.	Noted. The Strategy recognises this important aspect of achieving good food hygiene outcomes in the section on Complementary Work Programmes (p18 of the draft Strategy) and will be kept under review through liaison with these related programmes.
Which?	<b>1.16.</b> The Strategy should focus in on specific foodstuffs and weak points in the food chain and combine pathogen-specific and commodity-focused actions where appropriate.  Generic hygiene measures to prevent contamination and infection across the food supply chain will continue to be important.	Noted
<b>Co-ordination</b>		
Health Protection Agency (HPA)	<b>1.17.</b> It is not clear how the strategy will be translated into risk management actions and how this enhances other activities within the FSA such as the Food Hygiene Delivery Programme.  We also think it important that stakeholders (particularly from other Government Departments) should be involved with the management of the FDS (these are not identified at all on page 7).  Furthermore this will ensure a lack of duplication of effort such as monitoring levels of disease caused by pathogens (page 7, line 7) which are the functions of other government departments such as the HPA (UK Competent body for data collection, reporting and communication of communicable disease under European legislation)	Separate RMPs to be developed with appropriate stakeholders in tow.  We have established a new consultative group, jointly with the Agency's Food Hygiene Delivery Programme, to facilitate stakeholder input into the Strategy's work and outputs. This Group met for the first time in October 2010 and details will be published on the food.gov website.  We recognise that other parts of government are responsible for the collection and publication of data and we will continue to rely on them as a valuable

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	and Veterinary Laboratory Agency (VLA).	source of information and expertise that is critical to our ability to monitor changes in epidemiology, including through regular meetings of cross-government groups such as EFIG.
Government Chemist	<b>1.18.</b> We are content with the approach described, but if further consideration is needed, an evaluation of approaches and outcomes in other countries could be useful.	The Strategy defines our approach and principles for addressing specific issues that relate to UK foodborne disease, and what we can do to have most impact on it where others are not already active.
Hybu Cig Cymru – Meat Promotion Wales (HCC)	<b>1.19.</b> HCC is keen to see a reduction in the number of foodborne disease incidents as this is essential to ensure consumer confidence in red meat products that is the focus of HCC’s activities. An approach that is specific to individual pathogens is likely to be more effective than an approach that focuses on commodities but care must be taken to raise awareness of all potential threats. HCC believes that the programme of work identified in the strategy will effectively target the priority pathogens while ensuring that other priority pathogens are also addressed through complementary work programmes and initiatives.	We will continue to engage with appropriate stakeholders in the development and delivery of the Strategy and its constituent programmes of work as they progress and ensure that appropriate partners remain involved throughout the Strategy period.  At an overall level, this will be through the Delivering Safe Food Stakeholder Group, which has been established for the purpose of scrutinising and challenging the direction of both the Foodborne Disease Strategy (FDS) and Food Hygiene Delivery Programme (FHDP).
Veterinary Laboratories Agency (VLA)	<b>1.20.</b> All food safety directed interventions (against the range of pathogens) need to be linked to ensure a joined up approach.	
Which?	<b>1.21.</b> While the Strategy emphasises the importance of co-ordination with other relevant work programmes, we think that it would be helpful to have greater consolidation to avoid confusion and different priorities where the activities are also relevant to tackling foodborne disease.  Effective co-ordination of all relevant aspects of this work will avoid duplication or conflicting prioritisation and ensure that all stakeholders are able to focus on the same desired outcomes.  We agree that it will be important to effectively measure the impact of the Strategy and ensure effective horizon scanning and monitoring so that the focus is maintained on the issues of most relevance for public health.	

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**Q2: Whether we have prioritised for action the pathogens that, if the strategy is successful, will lead to the greatest reduction in the incidence and burden of UK foodborne disease? Do you agree these are the right priorities?**

Respondent	Comment	Response
<b>Overview</b>		
<b>General support for the pathogens we have prioritised for action</b>		
<p>The majority of respondents agreed that the pathogens we have prioritised for action, namely Campylobacter and Listeria monocytogenes, are those which will lead to the greatest reduction in the incidence and burden of UK foodborne disease if the strategy is successful.</p> <p>These included the British Retail Consortium, Byotrol plc, Chilled Food Association, Consumer Focus, Health Protection Agency, Health Protection Scotland, Hybu Cig Cymru (Meat Promotion Wales), LGR, NHS Fife, Public Health Wales, Scottish Association of Meat Wholesalers, Scottish Commission for the Regulation of Care, Sussex Food Liaison Group, Veterinary Laboratories Agency (VLA), West Lothian Council</p>		
<b>Qualified support</b>		
<p>Some respondents added additional comments, which are shown below under headings that indicate common themes, as follows:</p> <ul style="list-style-type: none"> <li>• Our approach to tackling Campylobacter and Listeria monocytogenes;</li> <li>• Concerns that other pathogens (norovirus, E. coli O157 and Salmonella) will not be targeted for action by the strategy;</li> <li>• On emerging threats, the data used to prioritise pathogens for action, environmental exposure; and</li> <li>• The Food Hygiene Campaign.</li> </ul>		
ACMSF	<p><b>2.1.</b> The major thrust on Campylobacter and Listeria is reasonable based on the criteria of absolute numbers of cases and numbers of deaths respectively.</p> <p>Overall, we endorse the foodborne disease strategy. However, we would like to know what the justification is for the change to pathogen focus. Is the reason for the change evidence-based or because the previous focus failed to have an impact. Changing the focus to the microbial pathogens rather than on commodity sectors will allow for a broader consideration of all sectors affected by the organism rather than the narrow focus on the sectors themselves.</p> <p>We agree that the two key specific pathogen targets should be Campylobacter and Listeria (although may question how well it will work with Campylobacter, given that nearly half of cases cannot be attributed to the known source i.e. chicken, and so far</p>	<p>Noted</p> <p>The change was made on the basis of the lack of sustained past success and the potential to achieve sustained improvements by targeting action on those pathogens responsible for the current greatest burden disease, as indicated on page 6 of the strategy.</p> <p>Campylobacter and Listeria were identified as priorities on the basis of Food Chain Analysis work undertaken by the Agency to analyse the food chain to understand the relative priority of different food safety hazards and to what extent existing controls are proportionate and aligned to the potential risks.</p>

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	attempts to control the organism in chicken have not been very successful) and the risk assessment approaches they have used to identify these as key priorities.	Details can be found at: <a href="http://www.food.gov.uk/safereating/foodchain/">http://www.food.gov.uk/safereating/foodchain/</a>
Moredun Research Institute	<p><b>2.2.</b> Given the position of Campylobacter as the leading cause of foodborne disease across the UK and elsewhere, it is appropriate that this organism is given highest priority.</p> <p>For Norovirus adequate evidence is lacking regarding its importance as a cause of foodborne disease and efforts to accumulate this evidence seem appropriate.</p> <p>E. coli O157:H7 remains significant although reasonably stable in incidence – continued monitoring is appropriate in the absence of radical approaches to further reduce incidence. Similarly, monitoring trends for Clostridium perfringens seems appropriate.</p> <p>The pathogens identified as priorities differ in numerous key aspects including: (i) prevalence and incidence, (ii) predominant host species attributed as major sources of infection, (iii) interactions with their animal hosts, (iv) routes and vehicles of transmission, (v) responses to conditions in the food chain, (vi) dose of organisms required to cause disease and (vii) effects on humans. The significant microbiological differences among the major pathogens predicate a pathogen-specific approach particularly at or near source as well as approaches directed towards biological control in human populations. The pathogen-specific actions may also need to take cognisance of issues pertaining to specific industry sectors, e.g. the preponderance of Campylobacter or E. coli O157 in particular host animals may, respectively, require preferential targeting of poultry and cattle industries.</p> <p>Further research – including of the fundamental biological characteristics – of some of these pathogens is particularly important to effect disease reduction although implementation of control measures will be in the medium-to-longer term.</p>	<p>Noted</p> <p>We acknowledge the issues raised here, which are the subject of research that is being carried out for the Agency and other research funders. We maintain awareness of current research work, and where appropriate influence what research is commissioned, through the groups such as the Microbiological Safety of Food Funders Group (MSFFG). In addition and we have agreed and published a joint campylobacter research strategy with the BBSRC and Defra (<a href="http://www.bbsrc.ac.uk/web/FILES/Publications/100717_campylobacter_strategy.pdf">http://www.bbsrc.ac.uk/web/FILES/Publications/100717_campylobacter_strategy.pdf</a>)</p>
Which?	<p><b>2.3.</b> Despite previous efforts to reduce foodborne disease, rates continue at an unacceptable level and therefore it is important that the FSA refocuses its efforts given that it is preventable.</p> <p>We agree that that specific, targeted action plans are needed for Campylobacter and Listeria monocytogenes. Despite years of research, Campylobacter still remains</p>	<p>Noted</p> <p>Although the Strategy tries to define the rationale for the selected priority areas for action it should be remembered that the FDS is not the only action being taken by the FSA or others in government to control the</p>

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	<p>relatively poorly understood and the recent increase in <i>Listeria monocytogenes</i> in certain groups is also largely unexplained. These therefore need to be better understood and tackled.</p> <p>We agree that the FSA needs to focus its resources but we do consider that the Strategy as currently proposed is too narrowly focused on <i>Campylobacter</i> and <i>Listeria monocytogenes</i> and also needs to ensure that other types of food poisoning that have a significant impact on people's are addressed as well, particularly <i>E. coli</i> O157, <i>Salmonella</i> and <i>Norovirus</i>.</p> <p>We agree that the FSA needs to focus its resources, but consider that focusing solely on <i>Campylobacter</i> and <i>Listeria monocytogenes</i> in the Foodborne Disease Strategy may be too narrow given the impact of <i>E. coli</i> O157, <i>Salmonella</i> and <i>norovirus</i>.</p> <p>In general we agree with the approach that is proposed and look forward to feeding into more specific action plans to deliver on its aims.</p>	<p>various causes of foodborne disease. For example, the recommendations from the Public Inquiry of the 2005 outbreak of <i>E. coli</i> O157 in South Wales, the majority of which relate to the effectiveness of enforcement of hygiene legislation, are being addressed by the FSA's Food Hygiene Delivery Programme. The prevalence of <i>Salmonella</i> in UK food-producing animals is being addressed through EU-mandated National Control programmes. As such, the FDS forms just one part of a wider range of activities intended to control contamination across the food chain.</p> <p>The Strategy has been revised to represent this range of wider activities more clearly.</p>
<p><b>Comments on our approach to tackling <i>Campylobacter</i></b></p>		
<p>ACMSF</p>	<p><b>2.4.</b> The proposed approach is sound but we believe other sources of infection by the organism should be explored as there remains a significant proportion of infections that are likely to be caused by means other than poultry and it is essential to ensure this is further elucidated.</p> <p>Also more work is needed on isolation and enumeration methodologies from food and environmental samples as reliable detection and enumeration is key if the prevalence is to be monitored accurately. Likewise, the target for prevalence in poultry really needs to focus on both levels of contamination (numbers of viable organisms on carcasses and products) and prevalence (proportion of affected carcasses or products) as it is undoubtedly the reduction in levels of contamination on chicken that will drive reduction in foodborne disease. The plan makes no reference to the difference between intensive and extensively reared birds and would suggest that the target should be firmly focused on reducing levels and prevalence in intensively reared birds first whilst researching ways that can have an impact on achieving similar reductions in extensively reared birds. However the focus should be on reducing levels of contamination and prevalence on carcasses and products, not just in the birds.</p>	<p>With other funders we are planning a co-ordinated approach to research to better understand and control <i>Campylobacter</i> infection (<a href="http://www.bbsrc.ac.uk/web/FILES/Publications/100717_campylobacter_strategy.pdf">http://www.bbsrc.ac.uk/web/FILES/Publications/100717_campylobacter_strategy.pdf</a>).</p> <p>The approach to controlling <i>Campylobacter</i> being taken focuses on identifying and implementing interventions some of which will impact differently on intensively and extensively reared birds. The interventions will have most impact on the intensively reared birds, which comprise the majority of market share in the UK. Different strategies will be required for extensively reared birds, particularly at farm level and we intend to explore this.</p> <p>We have recognised that the target for <i>Campylobacter</i> reduction needs to incorporate loading of <i>Campylobacter</i> as well as prevalence of the organism</p>

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		<p>and the recently agreed voluntary target reflects this.  <a href="http://www.food.gov.uk/multimedia/pdfs/campytarget.pdf">http://www.food.gov.uk/multimedia/pdfs/campytarget.pdf</a> and  <a href="http://www.food.gov.uk/safereating/microbiology/campylobacterevidenceprogramme/">http://www.food.gov.uk/safereating/microbiology/campylobacterevidenceprogramme/</a></p>
<p>Private individuals working in Public Health.</p>	<p><b>2.5.</b> Question the target to reduce Campylobacter in chicken –</p> <ul style="list-style-type: none"> <li>– This is a commensal organism in poultry that once introduced into a broiler house spreads rapidly throughout the flock; therefore preventing the carriage of Campylobacter in poultry remains extremely challenging. Clarification on the role of stocking density and the impact of extensive/free range systems on Campylobacter carriage (if any) would help inform this debate.</li> <li>– The rapid processing methods for poultry slaughter and ‘wet’ nature of chicken carcasses retailed as fresh or frozen, means the carcass or chicken meat remains a suitable environment for C. Jejuni to persist. Unlike the desiccating effect that occurs through refrigeration of red meat carcasses.</li> <li>– Because of the low infectious dose for C. jejuni (Robinson, D. A. (1981). Infective dose of Campylobacter jejuni in milk. British Medical Journal, <u>282</u>, 1584), reducing the levels of Campylobacter in raw chicken (if referring to bacterial load) will only go some way to reducing the risk of Campylobacter infection through consumption of undercooked chicken or cross-contamination with other foods in food preparation areas.</li> <li>– While a risk management program developed in collaboration with industry and retailers is to be welcomed – support for the enforcement role of the FSA, Animal Health and environmental health officers (EHO) in protecting the public needs to be made explicit and resourced.</li> <li>– The poor status of hand washing facilities in many areas that retail/cater food and the poor status of school hand washing facilities and toilets undermines the public’s ability to maintain personal hygiene and undermines attempts to educate and improve individual’s behaviour. This is a particular concern for children as evidenced by the HPA document ‘A children’s Environment and Health Strategy for the UK 2009’.</li> </ul>	<p>Noted - we are grateful for these comprehensive comments</p> <p>With other funders we are planning a co-ordinated approach to research to better understand and control Campylobacter infection  <a href="http://www.bbsrc.ac.uk/web/FILES/Publications/100717_campylobacter_strategy.pdf">http://www.bbsrc.ac.uk/web/FILES/Publications/100717_campylobacter_strategy.pdf</a>.</p> <p>We recognise that poor personal hygiene can be a contributory factor in the transmission of foodborne illness. The importance of effective handwashing by food handlers has been highlighted in recently issued guidance for the food industry published in February 2011  <a href="http://www.food.gov.uk/news/newsarchive/2011/feb/eco">http://www.food.gov.uk/news/newsarchive/2011/feb/eco</a> and through the inclusion in the 4Cs strategy for consumers</p> <p>Noted. These aspects will continue to be important and are being addressed by other activities within the FSA and other departments, e.g. the Food Hygiene Delivery Programme.</p>

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	<ul style="list-style-type: none"> <li>– With regard to the development of programmes for control other significant food-borne pathogens, we would recommend research into the impact of poor sanitary conditions that many farm livestock are raised and the impact this has on the carriage and faecal spread of Salmonellas, E. coli O157, Campylobacter, Cryptosporidium and others. This also has a large impact on the welfare of farm livestock with skin excoriation (Ingram, 1972).</li> <li>– We suggest that a system of traffic lighting should be explored for good practice and adhering to standards-for chicken farmers as well as slaughter houses. Retailers will then be able to judge good practice when purchasing chickens.</li> <li>– We recommend that transportation of chickens to slaughter and the impact of stress on faecal shedding of Campylobacter are reviewed.</li> </ul>	<p>Noted. Defra has lead responsibility for these issues.</p>
<p><b>Comments on our approach to tackling Listeria monocytogenes</b></p>		
<p>Chilled Food Association</p>	<p><b>2.6.</b> We would question how much new research is required ‘to increase understanding of the risks and drivers of listeriosis.’ The professional industry has longstanding systems and standards* in place to minimise the presence of Listeria monocytogenes, together with very large volumes of data corroborating the efficacy of its controls.</p> <p>EFSA and others have already identified the key ‘drivers’, i.e. long shelf life ready to eat foods.</p> <p>HPA/LACORS studies in the UK have further identified that it is food associated with small (non-chain?) retail and other premises in less affluent areas rather than that from larger manufacturers supplying the major UK multiples that is in question, particularly in the case of the pregnant in certain ethnic groups. HPA/LACORS shopping basket studies have found that RTE food bought from major multiples versus from other outlets including publicly procured RTE food such as in hospitals fed to vulnerable groups is of notably better microbiological quality.</p> <p>The need for segregation of RTE and non-RTE foods in all businesses is recognised in the proposed E. coli O157 strategy yet is also a key control for Listeria monocytogenes.</p> <p>This is a separate issue from the food habits of the over 60s group and other groups.</p>	<p>Comments noted.</p> <p>Due to factors such as the low annual number of cases, we perceive a need for further research, e.g. to understand the nature of the pathogenicity of the organism and the factors that influence infections in specific host groups and from specific food vehicles.</p> <p>As of March 2011, the detail of the Listeria Risk Management Programme is still being developed and will take account of these comments.</p> <p>In addition to looking at the control of contamination at production, the Programme is also expected to include a focus on the factors that put some consumers at increased risk of listeriosis, including food storage and handling behaviours.</p> <p>We are pleased to acknowledge the work the CFA have already done with much of the industry to achieve and maintain low prevalence levels.</p>

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	<p>We are concerned that having established professional industry standards more than two decades ago FSA is not moving substantially faster, and is not envisaging that a Listeria monocytogenes action plan will be drawn up until 2015. Such a delay is unnecessary given that so much is already known about the control of Listeria monocytogenes in food production.</p> <p>*Best Practice Guidelines for the Manufacture of Chilled Food: www.tsoshop.co.uk/chilledfoods</p>	<p>See response to HPA below (at 2.7) regarding timing.</p>
Health Protection Agency	<p><b>2.7.</b> For Listeria monocytogenes, the FDS states that an action plan will be drawn up and implemented by 2015. This delivery of the action plan for Listeria should be brought forward significantly. Listeria monocytogenes is identified as a high priority for the FDS but the delivery of an action plan by 2015 conveys no sense of the high priority or urgency in better understanding the risks and drivers of listeriosis, and reducing the burden thereof.</p> <p>It should also be noted that the numbers of cases of listeriosis will not be estimated from the IID2 Study (page 22, para 2).</p>	<p>Implementation and delivery of the various components will take place throughout the FDS period up until 2015, meaning many components will be delivered before this.</p> <p>This has been reviewed amended to reflect an accelerated timeframe for the development and delivery of the Listeria Risk Management Programme</p> <p>See also the response to comment 3.38</p> <p>Noted</p>
Moredun Research Institute	<p><b>2.8.</b> Listeriosis has re-emerged as a significant infection in the elderly – whether this has arisen through adaptation and selection of particular Listeria phenotypes (e.g. improved survival through food chain) is not evident and defining any such characteristics will provide important basic understanding that could lead to improved control; targeting of public health messages towards the elderly may be most effective in reducing incidence.</p>	<p>Noted</p>
Private individuals working in Public Health.	<p><b>2.9.</b> The focus on Listeria is welcomed as this is a particular concern with respect to the elderly, pregnant women, very young children and other vulnerable groups.</p> <p>We recommend that public awareness of foods that are at risk of containing Listeria is raised by labelling certain food products without causing ‘hysteria about Listeria’. Perhaps public consultation around this. For example warnings for pregnant women on foods to raise awareness of potential risks.</p>	<p>Noted.</p> <p>We will continue to take care in formulation of communication messaging and tone to maximise impact while enhancing consumer confidence in people’s ability to successfully manage their own food safety risks</p>
Seafish	<p><b>2.10.</b> We agree that the increase in listeriosis should be studied but would not wish to see a zero tolerance approach as see in other countries. EU food hygiene laws do</p>	<p>Noted</p>

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	not allow the use of decontamination methods that are used in some non EU countries to achieve this zero limit for Listeria.	
United Kingdom Homecare Association	<b>2.11.</b> The addition of a Campylobacter Risk Management Programme in Annex A is welcome. However, a corresponding Risk Management programme for Listeria is missing.	As of March 2011, the detail of the Listeria Risk Management Programme is still being developed and will take account of comments made by respondents and stakeholders.
<b>Comments on norovirus and its priority within the Strategy</b>		
ACMSF	<p><b>2.12.</b> The assessment of the burden of disease associated with Norovirus may be overly conservative. Secondary spread of Norovirus in closed communities such as hospitals, care-homes and schools is probably the greatest cause of infection-related disruption of activity in such institutions. In addition, the virus can be the cause of explosive outbreaks in the community or protracted outbreaks within institutions. The economic cost of such outbreaks can be huge. We query therefore whether norovirus should be given more than “medium” status.</p> <p>In comparison, Listeria and Campylobacter are more often associated with sporadic cases or outbreaks of limited size &amp; duration; these pathogens have greatest impact on individuals and are much less likely to impact on larger groups or the day-to-day activities of schools, hospitals or care homes.</p> <p>We agree that the focus should be on research to establish how much is foodborne.</p>	Noted
Moredun Research Institute	<b>2.13.</b> For Norovirus adequate evidence is lacking regarding its importance as a cause of foodborne disease and efforts to accumulate this evidence seem appropriate.	Noted
Public Health Wales	<b>2.14.</b> It is of interest in the pie chart from 2008 showing estimated cases of foodborne disease by pathogen in England and Wales that Norovirus is the second commonest cause. Based on the current lack of hard fact about the true number of cases of Norovirus this would seem an underestimate given the transmissibility of the virus.	The chart referred to indicates the number of cases, which will comprise both foodborne and non-foodborne cases. We agree that better evidence about the true number of norovirus infections, and the proportion of these that are foodborne or transmitted, are key to identifying appropriate control measures, and the Strategy will work towards generating this evidence.

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<p>Scottish Environment Protection Agency</p>	<p><b>2.15.</b> Knowledge of Norovirus is increasing but the extent of the threat posed, particularly in connection to the farmed oyster industry, is still unknown. SEPA therefore welcomes the proposal to commission research to increase understanding of the risk posed by this virus in UK and Scottish waters. Given SEPA's responsibilities under the Shellfish Growing Waters Directive 2006/113/EC and subsidiary Scottish legislation, SEPA would be interested in research aspects into the options for dealing with Norovirus in sewage treatment facilities.</p>	<p>Specific research into options for dealing with norovirus in sewage treatment facilities falls outside of the scope of both the Foodborne Disease Strategy and the FSA's policy remit.</p> <p>However, as a part of FSA's wider policy remit, FSA-funded research is currently underway which aims to investigate the prevalence, distribution and levels of norovirus titre in oyster harvesting areas in the UK. This work is due to be completed at the end of 2011, and will help to improve our understanding of the extent of norovirus risk in UK waters and inform our future strategies for the monitoring and control of norovirus in the foodchain.</p> <p>Further research needs for norovirus, and any other area of the FDS, will be determined alongside FSA's other evidence priorities and will be commissioned where improving our knowledge about an issue will enable or assist relevant risk management activities</p>
<p>Shellfish Association of Great Britain</p>	<p><b>2.16.</b> We are concerned that norovirus is only rated a medium priority for FSA action (page 10). The HPA's infection report (vol. 4, no. 14, April 2010) shows:</p> <ul style="list-style-type: none"> <li>• 93% increase in norovirus infections (3,578 to 6,924) over the same period from last year (weeks 1-12)</li> <li>• Increase of norovirus lab reports of approx 700% since 2005/06.</li> </ul> <p>HPA data on foodborne outbreaks of norovirus associated with bivalve shellfish in England and Wales show that between 2000 and 2008 there were 13 foodborne outbreaks with 24 positives from bivalve shellfish affecting 123 people, whereas in 2009 alone there were 12 outbreaks with 24 positives from bivalve shellfish affecting 739 people.</p> <p>The UK shellfish industry (particularly oyster producers as oysters are commonly eaten raw) is extremely concerned that viral-laden sewage may be entering our coastal waters in increasing frequency and we are urging the water companies to</p>	<p>Although increases in norovirus cases may be due, in part, to changes and improvements in surveillance methodology and diagnostic techniques, the priority of norovirus for the Strategy has been reviewed in the light of comments received from respondents and increased to 'high'. This change in priority will be shown in the finalised Strategy.</p> <p>While an important factor, issues regarding the control of sewage discharges and quality of fishing waters lie outside the scope of this Strategy and the FSA's policy remit. These issues are addressed through separate initiatives such as the Cleaner Seas Forum, and the Scottish Government Shellfish Forum. FSA is an active participant in these groups, which bring together several government departments and other</p>

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	<p>treat the sewage before discharging into our rivers and estuaries.</p> <p>While we support the development of a norovirus research programme within the FDS we urge greater emphasis and importance to be placed on this pathogen.</p>	<p>stakeholders with an interest in water quality and its impacts. Norovirus contamination of shellfish growing areas is an important work stream of these initiatives. Other groups such as the ‘Norovirus Stakeholder group’ have been set up by the Agency to specific look at the issues related to norovirus contamination of shellfish waters.</p> <p>Nonetheless, as this is an issue that will affect the degree of Norovirus contamination of shellfish, FDS activity regarding viruses will maintain close links with the UK organisations responsible for policy implementation and research funding in this area to ensure effective coordination.</p>
Seafish	<p><b>2.17.</b> We note that the consultation document states that “shellfish, mainly oysters are the source of infection” of norovirus. We consider this an over-simplification which could lead to a negative consumer reaction. Please can this be changed to reflect the real risks.</p> <p>We would like to support the view of Shellfish Association of Great Britain on Norovirus.</p>	<p>This is not accurately quoted from the strategy, which states (page 14) that “It [Norovirus] is frequently associated with outbreaks of disease linked to shellfish, such as oysters.”</p>
Society For General Microbiology	<p><b>2.18.</b> Foodborne viruses is an area where the risks are not well understood and research in this area is welcomed.</p>	<p>Noted</p>
<p><b>Comments on the priority of other bacterial pathogens (including E. coli O157 and Salmonella) within the Strategy</b></p>		
Byotrol plc	<p><b>2.19.</b> We feel that it is important to target other species including E. coli O157 and Salmonella. These traditionally better known organisms will help in the processes of control and education, and we believe, will greatly assist in creating a mindset of continuous improvement in the industry.</p>	<p>As it describes, the Strategy is not the sole mechanism by which these other important foodborne pathogens are addressed.</p> <p>They are also being addressed through actions such as National Control Programmes for the control of Salmonella, which are led by Defra, and the Food Hygiene Delivery Programme (FHDP) led by the FSA to following recommendations of the report of the Public</p>
Consumer Focus	<p><b>2.20.</b> Work on other pathogens must continue. We want to ensure that the recommendations in Consumer Focus Wales’ recent report (Protecting Consumers from E. coli O157: Progress on implementation of the Pennington Report in Wales March 2010) are put into action to reduce the likelihood of another major E. coli O157</p>	

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	<p>outbreak.</p> <p>It would also be useful to have separate figures of cases and deaths for the separate pathogens at a country level to tease out any national differences. This would then allow for investigation into the reasons for any differences, and for appropriate action to be taken if necessary.</p>	<p>Inquiry into the South Wales E. coli O157 outbreak.</p> <p>We will continue to monitor the incidence of these and other pathogens through regular cross-government groups (such as EFIG) and horizon-scanning, and maintain working relationships with those responsible for leading these other activities.</p>
<p>Moredun Research Institute</p>	<p><b>2.21.</b> Although declining, Salmonella remains the second commonest cause of foodborne disease and this pathogen perhaps warrants more than a “watching brief”. For instance, what is the evidence that broilers, turkeys and slaughter pigs represent the next major sources of infection? Is there sufficient evidence that control measures implemented successfully in breeders and layers will succeed in broilers, turkeys and pigs?</p> <p>E. coli O157:H7 remains significant although reasonably stable in incidence – continued monitoring is appropriate in the absence of radical approaches to further reduce incidence. Similarly, monitoring trends for Clostridium perfringens seems appropriate.</p>	<p>We will keep the priority of the Strategy’s target pathogens under review and take action should this become necessary and appropriate, either through others or directly through additional Strategy activity.</p> <p>In addition, and others have pointed out, actions that are successful in controlling target pathogens (through this Strategy or other activities examples of which are described above) can also be expected to deliver benefits in the control of a number of foodborne pathogens.</p>
<p>Mortimer Technical Services Ltd.</p>	<p><b>2.22.</b> I do not believe that focus should only be placed on Listeria and Campylobacter for many of the actions that relate to commodities would have a wider impact in a general sense and help reduce all outbreaks. In recent years I have been involved with major issues concerning Salmonella presence in the produce category and this should not be forgotten or worse ignored any more than E. coli O157.</p> <p>Focus should be based on risk assessment, as certain commodities are of high risk (e.g. poultry) and certain bacteria are of high risk (e.g. Campylobacter ) so should not both be considered together?</p>	

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Sussex Food Liaison Group	<p><b>2.23.</b> We would suggest that consideration is given to other pathogens as well as Campylobacter and Listeria monocytogenes, particularly E. coli O157 and Salmonella.</p> <p>E. coli O157 because of its low infective dose, the seriousness of symptoms and an increase in incidents since 2005.</p> <p>Salmonella spp., because although total Salmonellas and S. Enteritidis have decreased since 2005, S. Typhimurium has increased. A recent report on levels of Salmonella spp. In turkeys and pigs found high levels of S. Typhimurium. As these are popular foods and most outbreaks of Salmonella are meat/poultry-related this pathogen cannot be ignored</p>	See response to 2.19 – 2.22
United Kingdom Homecare Association (UKHCA)	<p><b>2.24.</b> Whilst we welcome the new 5 year strategy, we are concerned that it focuses too heavily on Campylobacter and Listeria to the detriment of other foodborne diseases.</p>	
Which?	<p><b>2.25.</b> We agree that the Strategy needs to be focused but we consider that the focus needs to be broader than Campylobacter and Listeria monocytogenes which have been identified for action.</p> <p>Given the severity of E coli O157 and remaining number of cases of Salmonella, we consider that these also have to be included within the Strategy. Although the document states that these will be addressed in other ways, it is likely to be confusing to have so many different strategies and work programmes when they are also about foodborne disease.</p>	
<b>Comments on emerging threats</b>		
Fresh Produce Consortium (FPC)	<p><b>2.26.</b> It is important that the FSA continues to monitor any changes and resurgence of other foodborne diseases and is able to react swiftly to change its priorities as required.</p>	Noted  As described on p17 of the Strategy, we will maintain close awareness of developing issues that relate to the incidence and control of UK foodborne illness through key groups, across and beyond Government, to ensure that horizon scanning is both efficient and effective
Government Chemist	<p><b>2.27.</b> It is recognised that in investigating outbreaks by examining food and stool specimens and in surveys, data collection is driven by available approaches that may not be targeting the true range of microorganisms responsible for infectious gastrointestinal disease. Alongside specific priorities, the Strategy recognises that horizon scanning for emerging or increasing threats is critical as a safety net. Broadly</p>	

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	specified DNA-based screening methods have a role to play in exploring the impact of causative organisms that are currently not sought by routine methods. Next generation DNA sequencing also has the potential to meet this requirement through high throughput genomic analysis of entire samples (metagenomics), and, linked to bioinformatics, would enable us to track trends in biodiverse pathogen populations. In future metagenomic scans could be targeted by clinical evidence, such as unexplained outbreaks or individual cases with atypical signs and symptoms.	
Sussex Food Liaison Group	<b>2.28.</b> The strategy should be flexible and include an element of horizon scanning to ensure emerging threats are adequately addressed.	
Which?	<b>2.29.</b> We agree that work should also continue to monitor levels of disease caused by pathogens not specifically addressed by individual risk management programmes, as well as emerging risks, to ensure that they can be addressed should they become more significant. We would also see this as part of the Strategy.	
<b>Comments on the data used to prioritise pathogens for action</b>		
Government Chemist	<b>2.30.</b> Monitoring the clinical incidence of particular pathogens (pp19-22 of the Strategy) is recognised to have drawbacks, but also is currently the only well-evidenced basis for prioritisation. Improvements are needed such as work to ensure that misdiagnosis is avoided and assessment of the contribution of non-foodborne causation as a potentially significant source of uncertainty. In principle, directly measured data on food contamination may be a sounder foundation for risk management programmes. The data requirements could be met by regular surveys involving the sampling and analysis of food products close to the point of consumption, such are already carried out by FSA and Local Government Regulation (formerly LACORS). Stakeholders are most likely to participate if their role is eased by provision of rapid, field-deployable detection tools based on molecular analytes that can provide a reliable and seamless pathogen identification. Data from the national Food Surveillance Database will also be of value in developing an intake-based prioritisation platform. Clinical outcome data would still be needed to evaluate the success of risk management measures shaped by food survey results.	Noted
<b>Comments on environmental sources/exposure</b>		
Government	<b>2.31.</b> Using clinical incidence data to prioritise pathogens should take into consideration the contribution of non-foodborne causation as a potentially significant	Noted

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Chemist	source of uncertainty.	
LGR	<p><b>2.32.</b> We would suggest that the FSA should look carefully at the percentage of human cases which are a result of environmental exposure (e.g. visits to farms /domestic animals etc) rather than food exposure.</p>	<p>Noted</p> <p>The FSA also recognises the importance of considering the contribution of non-foodborne exposure routes to the burden of clinical infection, and aims to take this into account where appropriate throughout the life of the strategy.</p> <p>For example the we have previously commissioned research to examine the molecular profiles of Campylobacter clinical infection in Scotland and how these compare to environmental and food isolates (<a href="http://www.foodbase.org.uk//admintools/reportdocuments/339-1-595_CaMPS_S14006_Final_Report.pdf">http://www.foodbase.org.uk//admintools/reportdocuments/339-1-595_CaMPS_S14006_Final_Report.pdf</a>)</p> <p>We aim to extend this research into the new strategy to provide a means for monitoring changes in the proportions of food and environmental cases as the Campylobacter Risk Management Programme progresses</p>
<b>Comments on the Food Hygiene Campaign</b>		
Consumer Focus	<p><b>2.33.</b> FSA research shows that consumers think that food poisoning is often related to food prepared outside the home and that messages are not directed at them<sup>1</sup>. This perception must be overcome so consumers understand the need for care in preparing, storing and cooking food in the home and that information on food poisoning is personally relevant.</p> <p>Attention also needs to be paid to the timing of food hygiene campaigns and to how the FSA might link in with other organisations in carrying these out.</p> <p>The messages concerning Listeria and the need to throw out food after its use-by date in 2009 were confused due to a campaign by the Waste and Resources Action Programme (WRAP) carried out at the same time which encouraged consumers to</p>	<p>These are helpful comments that will be taken into account in future planning</p>

<sup>1</sup> FSA research RRD8/BN1/A

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	waste less food and use up leftovers. It is essential that the FSA joins up with other organisations so that a consistent message is sent out to consumers.	
Moredun	<b>2.34.</b> Approaches to promote public awareness and improve general hygiene and hazard reduction procedures – particularly in food preparation and retail and in domestic scenarios – is also an important area to pursue. Again, the effectiveness of this approach is likely to be of greatest benefit in reducing impact of some of the pathogens (e.g. Listeriosis in the elderly) although promotion of good hygiene during preparation and cooking may be of general benefit in reducing foodborne infections.	Noted  The importance of improving general hygiene and hazard reduction in commercial and domestic scenarios is recognised by the FSA and we are continuing to address this through initiatives such as our recently issued guidance for the food industry ( <a href="http://www.food.gov.uk/news/newsarchive/2011/feb/ecoli">http://www.food.gov.uk/news/newsarchive/2011/feb/ecoli</a> ) and through our 4Cs strategy for consumers
Private individuals working in Public Health.	<b>2.35.</b> It will be difficult to ensure that standards are adhered to unless there is an incentive. We agree that behavioural change strategies and evidence should be taken into account both for educating the public and for incentivising producers and retailers to adhere to standards. It will be difficult to enforce standards with reduced budgets so behaviour change mechanisms may be best as well as consumer awareness.  We agree that consumers should be involved in deciding whether to change labelling of produce. It may not be acceptable for example to put on some kind of traffic light system on chickens to provide information about hygiene and husbandry standards.  Following the impact of ‘pandemic flu’ advice on hand washing it is essential that the FSA and other bodies maintain the momentum in educating the public and producers on hand washing plus evidence that underpins this.  To improve the domestic food safety culture and achieve long term behaviour change, referral to NICE guidance on behaviour change and the use of market segmentation/social marketing as tools is recommended.	Noted
Scottish Food Advisory Committee (SFAC)	<b>2.36.</b> The Committee feels that appropriate emphasis should be made in the final document with regards to the promotion of the horizontal methods available to tackle foodborne disease, for example the avoidance of cross-contamination, appropriate storage and cooking practices, etc. Alongside the overall approach adopted, such methods are key to the success in tackling this issue and should be given appropriate consideration.	Noted  The section on ‘Safer food handling and preparation’ (p16-17) describes that the FDS will address these issues through a refreshed Food Hygiene Campaign.  In addition, we have recently published guidance for the

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		<p>food industry on avoidance of cross-contamination risks associated with E. coli O157 (<a href="http://www.food.gov.uk/news/newsarchive/2011/feb/ecoli">http://www.food.gov.uk/news/newsarchive/2011/feb/ecoli</a>), which will also help in the control of risks posed by other pathogens such as Campylobacter and Salmonella.</p>
Sussex Food Liaison Group	<p><b>2.37.</b> We would suggest that prioritisation is given to the fourth key proposal; ‘To refresh Food Hygiene Campaign activities to support Strategy objectives by the end of 2010, to improve domestic food safety culture (awareness and behaviour) and achieve long-term behaviour change by consumers.’ Firstly, because it this is not a core statutory function of local government Environmental Health services. Secondly, as it is estimated that 80% of food poisoning cases arise due to poor hygienic practices in the home, continued education could significantly contribute to achieving the aims of the strategy.</p>	Noted

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**Q3: Whether, in your view, it is likely that successful achievement of the objectives described in the Strategy will deliver a significant reduction in UK human foodborne disease? If not, please explain briefly your reasoning.**

Respondent	Comment	Response
<b>Overview</b>		
<p>Many respondents expressed general agreement that, if appropriate interventions can be identified or developed, and these are then successfully implemented, the approach outlined by the Strategy is capable of achieving a reduction in UK human foodborne disease (Scottish Association of Meat Wholesalers, Scottish Commission for the Regulation of Care). Not all respondents agreed and some respondents amplified their comments. These comments are shown below under headings that indicate common themes, as follows:</p> <ul style="list-style-type: none"> <li>• Disagree</li> <li>• Adequacy of targets and detail in proposed strategy</li> <li>• Is risk assessment of the financial situation/other factors appropriate?</li> <li>• Horizon scanning</li> <li>• Non-food and non-UK sources</li> <li>• Benefits from specific interventions on generic issues and other pathogens; value of generic messaging</li> <li>• Diagnostic tests and typing, sampling and surveillance data</li> <li>• Industry standards, traceability</li> <li>• Improved consumer awareness</li> <li>• Changing domestic behaviour</li> <li>• Enforcement Issues</li> </ul>		
<b>Disagree</b>		
East Riding of Yorkshire Council.	<p><b>3.1.</b> We do not believe the strategy will achieve its objectives. The issue being cause and effect. It is our view that the majority of the IID pathogens the subject of this strategy are not in fact foodborne, they are either acquired abroad or the source is something other than food. Consequently as these do not feature within this strategy the impacts upon the overall infection rates will be marginal.</p>	<p>It is widely recognised that a significant proportion of some infectious intestinal disease will be caused by non-food sources and that some will be the result of foreign travel. Some infections are frequently associated with non-food sources (e.g. E. coli O157).</p> <p>However, there is also a significant body of evidence to support a large proportion of such disease being foodborne, and that the majority of some infections are invariably foodborne, including Campylobacter and Listeria.</p>

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<b>Adequacy of targets and detail in proposed strategy</b>		
ACMSF	Suggested that such targets as are mentioned are vague and lack ambition, and that assessment of success should include cost-benefit analysis.	The Strategy describes our proposed approach to reducing foodborne disease in the UK.
HPA Health Protection Agency (HPA)	<p><b>3.2.</b> Conclusions (page 23) do not include a reduction of target pathogens in the food chain, particularly during manufacture and at retail and for improved catering practices, which has been successful for other pathogens (particularly Salmonella), and should be vigorously pursued</p> <p>Given the lack of success in reducing Campylobacter to date, suggest that achievement of a significant reduction in human foodborne disease by 2015 will be extremely challenging.</p> <p>The Strategy does not go into much detail about specific interventions apart from emphasising the role of biosecurity and slaughterhouse hygiene. For the strategy to be effective there has to be greater input and pressure, from regulators, large retailers, caterers and consumers, to achieve significant reduction in Campylobacter contamination of food.</p> <p>The targets in the FDS appear somewhat modest. For example, “by 2015 the prevalence of Campylobacter in raw chicken is lower than that measured in 2010”. If a significant impact on reducing the number of human cases of foodborne illness is to be achieved then a substantial reduction in the main reservoir of Campylobacter infection needs to be accomplished by 2015.</p> <p>There is concern that there are insufficient targets identified to specifically monitor the effects of any interventions within the FDS Programme apart from considering the numbers of laboratory confirmed and reported cases of illness. For example reducing the levels of Campylobacter in poultry on retail sale could be monitored as a direct measure of specific interventions, but it is not clear if a reduction in the numbers of cases of illness will result.</p>	<p>Well defined targets will help us to work towards our objectives.</p> <p>It is intended that more specific targets and outcomes will be developed for each specific FDS Risk Management Programme, which will be considered with relevant stakeholders and partners as a part of this process.</p> <p>As an example, in December 2010 the FSA published a joint target for the reduction of the levels of Campylobacter in chickens that had been agreed with the UK poultry industry and major retailers (<a href="http://www.food.gov.uk/news/newsarchive/2010/dec/campytarget">http://www.food.gov.uk/news/newsarchive/2010/dec/campytarget</a>)</p> <p>Targets in other areas may also be set, as and where considered appropriate and meaningful.</p>
Moredun Research Institute	<p><b>3.3.</b> Suggest that the Strategy’s focus should not be merely on reducing costs.</p> <p>The lack of reduction in foodborne illness over the past decade suggests that a significant step up is required to reduce what amount to preventable infections. Suggest that continued investment in the FDS is necessary to achieve reductions in the number and severity of cases.</p> <p>The likely effectiveness of the approaches proposed differs for different pathogens.</p>	<p>Cost information is provided to illustrate the magnitude and impact of the issue of foodborne disease on the UK economy, in addition to its impact on human health and wellbeing. It is not the key driver for FDS activity.</p> <p>If FDS activities are successful, then the incidence of disease will be reduced and be accompanied in a</p>

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	<p>It is not certain whether measurable reduction could be achieved in the less prevalent pathogens. Suggest that strategic and longer-term approaches may be required.</p> <p>Monitoring trends in the lower prevalence pathogens may be the most cost-effective approach in the short-term in order to accumulate evidence. Similarly, monitoring of trends in Salmonellosis as National Control Programmes are rolled out for new sectors seems prudent.</p> <p>Targeting the highest prevalence pathogen, i.e. Campylobacter, to reduce incidence can be predicted to have a substantial effect even if instances are reduced by only a low percentage and this pathogen is deservedly the main focus for action involving the multiple approaches outlined in the Strategy.</p>	reduction in burden of both disease and cost.
Scottish Food Advisory Committee (SFAC)	<p><b>3.4.</b> In regard to the proposed vision of the Strategy, the Committee feels that the challenge presented in the Consultation of achieving lower prevalence levels of foodborne disease and associated costs in 2015 compared to that of 2010, should be more ambitious and would merit further consideration.</p>	<p>Noted</p> <p>See responses to comments 3.1, 3.2 and 3.3 above</p>
VLA	<p><b>3.5.</b> This document describes the strategy for reduction of foodborne disease in the UK rather than a detailed plan of work. As there are no specifics, it is difficult to estimate the impact that the strategy is likely to have.</p>	<p>Noted</p> <p>See responses to comments 3.1, 3.2 and 3.3 above</p>
West Lothian Council	<p><b>3.6.</b> It is difficult to make a judgement on the potential effectiveness of the strategy's objectives. There is very little detail and it is not clear what "interventions" are being referred to, or are to be implemented.</p> <p>The document has clearly established the importance of moving away from a commodity based approach. This was very successful for Salmonella. However, the new strategy requires a number of different approaches and engagements to tackle the pathogen-specific approach.</p> <p>Paragraph 13 of the standard consultation information states that separate programmes within the strategy will not be subject to full formal public consultation. The council would suggest that public consultation should not be ignored in a number of important aspects of the strategy. The strategy document itself is vague at this time as much of the detail will be developed in the separate programmes. It is however difficult to comment properly on the strategy if these specific programmes will contain the important details that people need to be aware of. For example, it would be possible to gain wide spread support at this stage for the food industry</p>	<p>Noted</p> <p>See responses to comments 3.1, 3.2 and 3.3 above</p>

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	tackling the problem but perhaps not if that means using drug or chemical treatments, which would only be apparent in later consultations.	
<b>Is risk assessment of the financial situation/other factors appropriate?</b>		
ACMSF	<b>3.7.</b> Questioned whether the Strategy took into account the risks to success posed by the current financial situation and its impact National/Local Government budget, which might result in a reduction in food inspections, reductions in business staffing levels and training, purchasing of more imported foods, disregard of safety date markings or further drives to reduce production costs.	The impact of the current national financial situation will affect all aspects of FSA work, including FDS activities. The FSA maintains close links with enforcement bodies, other regulators, industry partners and consumer bodies and so will be able to assess the actual and potential impact of changing financial circumstances, which will then be taken into account in the planning and delivery of relevant activities.
Consumer Focus	<b>3.8.</b> Our overarching concern with the strategy that is not mentioned in the questions is that future shrinking budgets could mean there are cuts to local authorities and their environmental health departments. The Welsh Assembly Government has been urged to prioritise funding for public protection. Professor Hugh Pennington, who chaired a public inquiry into the South Wales Valleys' E. coli O157 outbreak in 2005 has expressed concerns that Wales could be hit by another major E. coli outbreak if budget cuts lead to reductions in food hygiene safeguards.  He has therefore asked for councils to be given enough money to spare experienced hygiene inspectors from cuts and for these inspectors to be given adequate resources to carry out thorough checks on food businesses.  We have concerns as to the impact of likely future cuts on implementation of this strategy, particularly at this level, and it is vital that this backdrop should be taken into account in taking the strategy forward.	
West Lothian Council	<b>3.9.</b> Enforcement resources are already struggling and are likely to struggle further in years to come. Pressure on public sector budgets will potentially mean fewer environmental health staff and MHS staff available to monitor and enforce. Already local authority sampling budgets are reducing, meaning less sampling programmes and checks being carried out. This reduces the likelihood of problem detection. Local authority staff are also tasked with investigating cases of foodborne disease which can provide valuable information, firstly in preventing secondary infection but also linking to food sources and causes. Already Campylobacter investigations are stopping due to its limited implications in outbreak situations.	

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Chilled Food Association (CFA)	<p><b>3.10.</b> Suggested that the Strategy’s success depended on a strong emphasis on improving consumer (4Cs) and, where appropriate, FBO (HACCP controls) understanding of basic food hygiene and how contamination can be avoided. An excessively organism-led approach risks overlooks these fundamental controls and any overall cost-benefit analysis will underestimate the positive impact on all foodborne diseases.</p> <p>The strategy may reduce contamination of susceptible raw materials but will need to be accompanied by application of recognised national (UKAS) or international (ISO) control measures assured through targeted local enforcement, third party accreditation or incorporation into terms of supply.</p>	<p>Noted</p> <p>The section on ‘Safer food handling and preparation’ (p16-17) describes that the FDS will address these issues through a refreshed Food Hygiene Campaign. The section on Complementary Work areas also describes that the FDS will continue to work closely with colleagues in the FSA Operations Group who are involved in effective enforcement of food hygiene legislation.</p>
<b>Horizon scanning</b>		
ACMSF	<p><b>3.11.</b> Do the FSA intend to apply particular methods and processes to facilitate horizon scanning? How will the cost effectiveness of this tool be assessed?</p> <p>We agree with the concept of targeted specific research in areas of uncertainty, although the economic situation may make this difficult to implement.</p>	<p>Horizon-scanning for relevant developments and potential issues will make use of activities carried out on a regular basis by expert bodies such as the Advisory Committee on the Microbiological safety of Food (ACMSF) and FSA General Advisory Committee on Science (GACS), as well as cross-governmental bodies established to consider relevant issues.</p>
LGR	<p><b>3.12.</b> As the Strategy notes, horizon scanning should seek to identify significant new or emerging infections or issues, and external factors that could affect the prevalence of contamination or infections. This might include consideration of the impact of new production techniques and lessons that can be learned from incidents and their management in other countries.</p> <p><b>3.13.</b></p>	
<b>Non-food and non-UK sources</b>		
ACMSF	<p><b>3.14.</b> Imported foods - The suggestions are fine but we are a little concerned about aspects such as Campylobacter in imported chicken and to make an impact on Campylobacteriosis imported as well as UK produced poultry will need to be considered.</p>	<p>We recognise the importance of both imported and UK-produced chicken.</p> <p>However, the majority of fresh (rather than frozen) chicken consumed in the UK is UK produced, with much of the rest being produced in other EU Member States; hence the emphasis on reducing Campylobacter contamination in UK-produced poultry is considered most appropriate.</p>

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<p>Fresh Produce Consortium (FPC)</p>	<p><b>3.15.</b> We support the need for risk-based, targeted official controls, for both UK and overseas production, and accept the FSA’s conclusion that its strategy does not require any specific action to put more focus on imported products.</p> <p>The requirements set by UK retailers and others under Globalgap and other schemes demonstrate that both imported and UK grown fresh produce is expected to meet extremely high standards, including food quality and safety.</p> <p>The FSA states among the outcomes under its strategic objective that ‘Regulation is effective, risk-based and proportionate’. We would press the FSA to support the industry in delivering this outcome, particularly in relation to EC Regulation 669/2009 (‘high risk’ products) and the introduction of an Assured Trader Scheme, which recognises the high standards already being met by importers of fresh produce.</p>	<p>The FSA recognises the potential for infections to arise from foreign travel and foods brought into the UK from other countries, whether as intra-community trade from the EU, or as imports from third countries.</p> <p>It must be remembered that food produced by other EU Member States is required to be produced to standards that apply in all Members States and that food meeting these standards may be traded freely within the EU.</p> <p>Legislation is in place to control the microbiological quality foods from these sources and others within the FSA and other departments are active in ensuring that these requirements are applied and enforced effectively.</p>
<p>HPA</p>	<p><b>3.16.</b> Suggest the Strategy should consider the significance of imported infections (associated with travel to other European countries and outside the EU) and infections associated with imported foods (sourced from within and outside the EU), as interventions proposed would not necessarily control these routes of infection. Suggest increased research effort to estimate these routes of infection as well as effective interventions to reduce the disease burdens.</p> <p>While the FSA strategic plan also has an outcome that “imported food is safe to eat”, this appears to relate only to food sourced from outside the EU. Detection and investigation of foodborne outbreaks, structured food surveys and routine food sampling carried out by the HPA in partnership with LG Regulation and local authorities have identified unsafe food imported from within the EU as well as from non-EU countries.</p>	<p>Nonetheless, we do monitor trends in cases that are associated with foreign travel to maintain awareness of changes that could affect the UK population.</p> <p>The aim of the Assured Trader Scheme is to ensure food is of a marketable standard. Whereas Regulation (EC) 669/2009 aims to protect human health from known or emerging risks, such as the risk of contamination of imported herbs by Salmonella.</p> <p>The Agency is examining the scope for assurance schemes to act as a proxy for official controls, and is gathering the evidence necessary to establish whether it is possible to reduce the frequency of checks on products sourced from ‘accredited’ producers.</p>
<p>LGR</p>	<p><b>3.17.</b> Successful achievement of objectives should be judged against reliable statistically-based benchmarks and take into account any effects of non-foodborne sources and cases acquired abroad.</p> <p>Working in partnership with local authorities would be important to help achieve the strategy’s objectives in the areas relevant to local authorities. For example, the coordinated sentinel surveillance of pathogens (CLASSP) work from 2004-08 looked</p>	<p>We recognise that infections caused by some pathogens are frequently acquired from non-food sources, particularly E. coli O157 and Norovirus.</p> <p>While cases of Campylobacter may also arise from non-food sources, evidence indicates the majority to be associated with chicken, which is why it is our</p>

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	at likely risk factors associated with human cases of Salmonella and Campylobacter. This work together with the wider experience of local authorities indicated that for low infective dose pathogens, the source of many sporadic human cases of illness may be environmental (rather than food borne). It seems that this may often be the case for E. coli O157 (e.g. petting farm incidents) Campylobacter and Norovirus.	primary focus for activity.
Society For General Microbiology (SGM)	<b>3.18.</b> Salmonella outbreaks from eggs are usually attributed to imported eggs; any monitoring strategy needs to consider the source of products causing disease and develop strategies for control when production of the commodity is outside Defra control.	Noted, alongside comments above
<b>Benefits from specific interventions on generic issues and other pathogens; value of generic messaging</b>		
Byotrol plc	<b>3.19.</b> We agree this is an important public health goal, but that expectations should be realistic. Some contaminations will be easier to eradicate than others and achievement of objectives are only likely to be achieved through multifaceted prevention management and good controls, rather than some silver bullet. Suggest that the residual efficacy of disinfectants can play a key part of the Strategy. <b>3.20.</b>	Noted
Health Protection Agency (HPA)	<b>3.21.</b> The pathogen-specific approach should result in risk management which results in generic reductions in foodborne disease.	Noted
Society For General Microbiology (SGM)	<b>3.22.</b> Successful control of Campylobacter contamination of poultry is likely to be accompanied by a reduction in other foodborne pathogens and thereby foodborne disease overall. Although controls at flock level are likely to be specific for controlling only Campylobacter, controls implemented in the slaughter house and elsewhere to reduce cross-contamination/final product contamination may have added benefits in controlling other food-pathogens carried by poultry.  Suggest that a better understanding of the causes of the current increase of Listeria in vulnerable groups before successful action, as successfully communicated about foods for pregnant women to avoid in the 1980s.	Noted
West Lothian Council	<b>3.23.</b> The nature and behaviour of most foodborne diseases are similar therefore it is also likely that other diseases should reduce in incidence if the strategy is successful.	Noted

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Veterinary Laboratories Agency (VLA)	<p><b>3.24.</b> It might be beneficial for the FSA to review/commission research on how interventions for Campylobacter and Listeria will impact the cases of E. coli O157 and Salmonella.</p> <p>Generic on-farm interventions (biosecurity, foot dips, cleansing and disinfection etc) are likely to have an impact on multiple organisms.</p>	<p>Noted</p> <p>With other funders we are also planning a co-ordinated approach to research to better understand and control Campylobacter infection  <a href="http://www.food.gov.uk/multimedia/pdfs/campylobacter_strategy.pdf">http://www.food.gov.uk/multimedia/pdfs/campylobacter_strategy.pdf</a>.</p>
Which?	<p><b>3.25.</b> As the Strategy sets out only a broad framework for how action will be taken forward, it is difficult to comment on how much it will be possible to achieve.</p> <p>We consider that the overall approach is right but success will depend on ensuring that the engagement that is envisaged will translate into concrete, evidence-based actions that will be implemented effectively and ultimately help to reduce infections.</p> <p>Research needs to be focused and co-ordinated in order to address knowledge gaps and ensure that veterinary and public health experts are working together.</p> <p>We support the whole food chain approach and that consideration is also given to other aspects of consumer acceptability of interventions that are considered for implementation, such as the use of antimicrobial treatments.</p> <p>Suggest that end of process treatments (such as antimicrobial treatments) should not be a substitute improvement of standards by producers and suppliers further upstream.</p>	<p>The Agency recognises the importance of consumer reactions and attitudes in the introduction of new measures. For example, national citizens' forums held in summer 2010 provided insights into the views and understanding consumers have of Campylobacter, as well as the acceptability and desirability of possible interventions for its control in chicken  <a href="http://www.food.gov.uk/science/socsci/ssres/foodsafety/ss/citforumcampy">http://www.food.gov.uk/science/socsci/ssres/foodsafety/ss/citforumcampy</a></p>
<b>Diagnostic tests and typing, sampling and surveillance data</b>		
Government Chemist	<p><b>3.26.</b> The primary risk management and control objectives are evidence based and build on current knowledge. Suggest that greater discrimination to strain level through use of molecular (DNA) analysis could yield valuable and definitive aetiological and epidemiological information that could help define sources and control mechanisms</p>	<p>The diagnostic typing of isolates can be an important tool in investigating the epidemiology of disease cases and outbreaks that can help to understand how diseases are spread and therefore can be controlled.</p>
Government Chemist	<p><b>3.27.</b> Further support for the credibility of the Campylobacter priority is that LGC independently noted the importance of this organism for work to underpin reduction strategies, having developed a DNA-based test to distinguish between Campylobacter jejuni and C. coli by PCR-RFLP-C. We are working towards making this a rapid, quantitative and cost-effective approach for Campylobacter identification.</p>	
HPA	<p><b>3.28.</b> Regarding typing of Campylobacter isolates, we feel that multilocus sequence typing (MLST) is the accepted method for human, animal and food surveillance.</p>	<p>The FSA in Scotland previously commissioned research which compared the MLST profiles of Scottish</p>

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	<p>Given the expense of MLST, we would like to see an agreed strategy with the HPA for MLST use, possibly using sentinel or targeted methods of surveillance. Research emphasis should also be on farm level interventions to reduce the Campylobacter reservoir amongst poultry, rather than further research on typing methods.</p>	<p>Campylobacter clinical isolates to environmental and food isolates  <a href="http://www.foodbase.org.uk//admintools/reportdocuments/339-1-595_CaMPS_S14006_Final_Report.pdf">http://www.foodbase.org.uk//admintools/reportdocuments/339-1-595_CaMPS_S14006_Final_Report.pdf</a></p> <p>As part of the new FDS it is intended to extend this profiling as a means of assessing the impact of our Risk Management Programme on clinical attribution in Scotland.</p> <p>In addition we hope to conduct further enhanced surveillance of clinical Campylobacter infections in other areas of the UK to determine whether interventions in the poultry supply chain impact on human cases. These will incorporate appropriate methodologies to allow source attribution. We are currently considering the most appropriate way to implement this.</p>
<p>Private individuals working in Public Health.</p>	<p><b>3.29.</b> Suggest that research effort is put into developing a method for typing/classifying Campylobacter jejuni as this will assist the identification of foodborne outbreaks and inform the development of prevention and control measures.</p>	<p>MLST typing is available for this purpose, and is currently being employed in the FDS Campylobacter research programme to try to identify the key sources of infection in Scotland.</p>
<p><b>Industry standards, traceability</b></p>		
<p>Government Chemist</p>	<p><b>3.30.</b> Suggest that changes that may be achieved through improvements in quality standards will depend on securing and maintaining compliance, achievable through targeted testing once reliable methods can be applied. In the current economic climate, this will need to avoid additional financial burdens, and could be addressed by rapid, low cost molecular detection techniques.</p>	<p>These issues are dealt with by others within FSA or elsewhere and are outside the scope of this Strategy</p>
<p>HPA</p>	<p><b>3.31.</b> The ability to trace foods associated with nationally and/or internationally distributed foods has proven difficult despite the requirement of the European General Food Law Regulation which makes mandatory the ability for the implicated food to be traced. Obtaining comprehensive distribution information from distribution chains that involve numerous many intermediaries and/ that re-labelling of products has proven to be difficult and time consuming and can significantly complicate and delay effective outbreak investigation and management/control.</p> <p>Rapid and effective trace-back systems are essential to identify exposure and enable</p>	

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	recall and other interventions can be applied rapidly. Suggest inclusion of simpler and clearer traceability of foods should be part of the Strategy.	
HPA	<b>3.32.</b> Suggest greater partnership by the FSA in HPA / LG Regulation food surveys and use of information and intelligence generated by the HPA / LG Regulation food microbiological sampling programme to identify high risk foods, develop hypotheses for contamination and measure the effects of implementing interventions.	Noted/agreed  We will also maintain an awareness of other relevant LA sampling programmes conducted throughout the UK via our contact with Food Liaison Groups and access to data on the UK Food Surveillance System.
<b>Improved consumer awareness</b>		
Overall – we welcome the broad support for the need for continuing activity to raise consumer awareness of relevant issues as an instrument of, or precursor to, changed behaviour		
ACMSF	<b>3.33.</b> Enhancing consumer awareness should be a major priority and include getting messages into the school curriculum at an early stage.	Noted
BRC	<b>3.34.</b> It is our view that the objectives outlined are appropriate but the success/impact of the objectives will depend on the specific activities which are planned and implemented. For example, the development of communication and food safety messaging to ensure information about risk and avoidance is communicated effectively to high risk groups (Listeria risk management programme) is a sensible objective. The actual effect this objective will have on reducing incidence of listeriosis will entirely depend on the manner in which the message is developed, communicated, acted upon and the extent to which real behavioural change is made. We would be happy to provide input and contribute expertise to assist the development of these activities if required.	Noted
Consumer Focus	<b>3.35.</b> We welcome recognition of the benefit of consumer engagement in the development and implementation of Strategy actions, where FSA has made in this area.  We would suggest that:  <ul style="list-style-type: none"> <li>• An intervention known or found to be effective should not be discounted simply because it is found/considered ‘not acceptable to the consumer’ (e.g. consumer perception of irradiation) as this may be able to be addressed by education and communication with consumers. Related work on this includes Consumer Focus Wales’ engagement with consumers affected by the 2005 E. coli outbreak.</li> </ul>	Noted

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	<p>Suggest FSA’s consumer engagement work could focus on tensions between the public’s view of appropriate enforcement and the environmental health professionals’ views and consider ways of resolving these.</p> <ul style="list-style-type: none"> <li>• A more targeted approach to consumer engagement that includes consideration of segmentation, such as particular issues for those with mobility difficulties that affect their hands, those with visual impairment and those with learning difficulties who wish to live independently. Suggest mapping these groups and discussion with them to shape the engagement strategy.</li> <li>• Suggest involvement of social science/consumer teams on the Director-led strategic Steering Board so that consumer engagement is a priority. Behaviour change in consumers and how to influence and sustain this is a huge issue and there may be lessons to be learnt from those working in other fields such as obesity and climate change.</li> <li>• Suggest that efforts to solve the Campylobacter problem should be focussed at industry level, while recognising the consumer retains responsibility for use of good kitchen hygienic practices to prevent or reduce the risks.</li> </ul>	<p>The FSA will continue to explore ways of engaging with consumers that are most affected by our policy and delivery. Where consumers are identified and segmentation can provide a unique consumer perspective the FSA will use tailored engagement methods to understand the concerns/issues that these consumers have in implementing our policy or messages.</p> <p>The Steering Board is an internal governance body that oversees and advises on progress of FDS activities with regard to delivery of FSA strategic outcomes. We intend to appoint a social science representative to our FDS stakeholder consultative group.</p> <p>We are grateful to Consumer Focus for providing links to related project work and relevant contacts, which we will take into account when taking the FDS forward.</p>
<p>Fresh Produce Consortium</p>	<p><b>3.36.</b> It is vital that the FSA plays its part in communicating key messages to consumers about the correct storage and preparation of food in the home. Key food products which carry the pathogens targeted in the FSA’s strategy must be readily identifiable to the consumer, with consistent advice about preparation and storage to minimise food contamination and the risk of outbreaks. We welcome the FSA’s statement that the Food Hygiene Campaign must be renewed, recognising that both authorities and the food industry cannot be complacent about the level of awareness and knowledge among UK consumers of food safety and hygiene.</p>	<p>Noted</p>
<p>Government Chemist</p>	<p><b>3.37.</b> A there appears to be little evidence that social interventions such as messaging and engagement will deliver significant disease reductions, a broad route-mapping project might be an effective way to explore alternative approaches. Such a project might consider whether, for example, consumer safety would be served by a direct and transparently evidence-based presentation of the benefits and rationale for attitudes to complex issues such as irradiation.</p>	<p>Noted</p>

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Herts and Beds Food Group	<p><b>3.38.</b> Herts and Beds Food Group agreed with the proposals outlined in the Foodborne Disease Strategy 2010-15 and are particularly keen to see the refreshment of activities to improve domestic food safety culture.</p>	Noted
HPA	<p><b>3.39.</b> Suggest that refresh the FSA Food Hygiene Campaign to improve domestic food safety practices is essential. Previous campaigns appear to have had limited success in raising awareness and knowledge among the general population.</p> <p>Suggest a re-evaluation of current methods and use of evidence-based approach to massively increase consumer awareness of Campylobacter and other foodborne pathogens, as this will empower consumers, and apply competitive pressure on the industry to reduce levels of (e.g.) Campylobacter contamination of raw poultry.</p> <p>Additionally, a refreshed Food Hygiene Campaign aimed at caterers is also essential. The majority of foodborne outbreaks reported to HPA are linked to the catering sector and often associated with poor hygiene practices at these settings. Suggest a similar re-evaluation of approach to increase caterers' awareness of foodborne disease in relation to both culinary practices (e.g. the deliberate undercooking of poultry liver dishes and reported increase in Campylobacter outbreaks) and cuisine type (e.g. persistent association of Salmonella outbreaks from 2002 with oriental restaurants / takeaways) and the importance of having and maintaining effective food safety management controls in place.</p>	<p>Noted</p> <p>These issues are dealt with by others within FSA or elsewhere and are outside the scope of this Strategy</p> <p>4C's principles and the Agency has made a significant and sustained investment in providing guidance (such as Safer Food Better Business and similar packages) and related training to small food businesses, in order to assist them in complying with food hygiene regulations.</p> <p>The Agency has started a small project to develop guidance for food business operators and authorised officers on raw and undercooked ready-to-eat foods.</p>
HPA	<p><b>3.40.</b> We particularly welcome the inclusion of Listeria in the FDS because of the reported increase in numbers of cases (particularly in those over 60 years of age) and the significant numbers of deaths attributed to this pathogen.</p> <p>There is little specific information on the approach to reducing listeriosis by the FSA FDS as the draft Listeria Risk Management Programme is not included in the documentation. It is stated that the FDS will "identify the parts of the food chain where control measures can be effective" (page 13) however we believe that there is already considerable information on Listeria in the food chain but there is a lack of advice or regulation from the FSA on interventions by the industry to control contamination.</p> <p>We agree that research must be used to identify communication strategies with high risk or vulnerable groups (although these are no substitute to the industry for prevention of contamination). The public knowledge about Listeria is minimal and improved dietary advice to the public will be a challenge, especially since the risk</p>	<p>Noted. As of March 2011, the detail of the Listeria Risk Management Programme is still being developed and will take account of these comments. The Programme is expected to consist of three primary workstreams aimed at:</p> <ul style="list-style-type: none"> <li>• improving compliance of high-risk UK food industry sectors to existing legal requirements for <i>L. monocytogenes</i> in foods and ensure robust and consistent enforcement in this area</li> <li>• promoting awareness of the risk of listeriosis and behaviours and actions that can help prevent the disease to key vulnerable groups of the UK population via those involved in advising and caring for these groups</li> </ul>

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	<p>factors for infection are poorly understood. This must however maximise the use of available routes with organisations with greater contact with high risk patients, for example through clinicians and health care staff, oncology clinics, the HPA as well as family members and carers of the elderly and patients with cancer. Additionally, certain communities also need to be aware of the risks of listeriosis and provided with advice, i.e. pregnant women from ethnic communities and people living in deprived neighbourhoods.</p> <p>The strategy does not mention levels of contamination of ready-to-eat foods with <i>Listeria monocytogenes</i>. Reduction of levels of contamination must be an element of the strategy. International risk assessments have indicated that control measures that focus on reduction of both frequency and levels of contamination have an impact on reducing rates of listeriosis.</p> <p>These risk assessments indicate that foods with higher levels of contamination have a disproportionate risk in transmission of listeriosis. However we would like to see a move towards zero tolerance for <i>Listeria monocytogenes</i> in cooked ready-to-eat foods, or at least clearer risk management advice for action to control low level contamination. A zero standard already applies for infants or special medical purposes, and we would like to see it extended into general usage. This issue is particularly pertinent for foods served in hospitals such as pre-prepared sandwiches and cooked meats. All foods consumed by hospital patients should be free from potential pathogens, including <i>L. monocytogenes</i>.</p> <p>There is no mention of whether stakeholder engagement and partnership working will be developed for <i>Listeria</i>. This could be extremely helpful. For example the food industry undertakes a large degree of food sampling for <i>Listeria</i>. This data source coupled with appropriate strain typing could assist public health surveillance to help build a clearer picture of the range of high risk foods on the UK market. This would complement the microbiological food surveys undertaken by the FSA and other official control bodies.</p>	<ul style="list-style-type: none"> <li>• ensuring the risk of listeriosis is taken into consideration as part of public food procurement and food safety management processes in settings in which vulnerable people are cared for in the UK</li> </ul> <p>We agree there is much information available on <i>L. monocytogenes</i> in the food chain and practical controls and interventions. Some sectors, such as the chilled food sector, have been very successful in ensuring <i>L. monocytogenes</i> is detected very rarely in their products. The Agency is keen to work with relevant stakeholders to identify sectors, particularly among small or medium-sized businesses, where advice on controls/interventions would be helpful and encourage sharing of best practice from other sectors.</p> <p>Appropriate limits for <i>L. monocytogenes</i> in foods have been discussed extensively at a European level and other international fora such as Codex Alimentarius. The limits applied tend to be either up to 100 cfu/g (Europe) or absence in 25g (US) depending on the food safety control systems in place. The 2008 EFSA opinion on <i>L. monocytogenes</i> risk related to ready-to-eat foods reviewed all the available evidence and concluded it was compliance with the limits (either absence or 100 cfu/g) rather than the limits themselves that was import as the majority of cases of illness were associated with much higher levels. The Agency will therefore work with businesses and enforcement authorities to increase understanding of the current controls for <i>L. monocytogenes</i> and their practical application, to improve levels of compliance with the current microbiological criteria in Regulation 2073/2005. This should have a subsequent impact on the frequency and levels of contamination that may lead to listeriosis.</p> <p>At a Strategy level, we will engage with relevant</p>
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		stakeholders through the Delivering Safe Food Stakeholder Group, which has been established for the purpose of scrutinising and challenging the direction of both the Foodborne Disease Strategy (FDS) and Food Hygiene Delivery Programme (FHDP). On more specific issues, we expect to engage directly with appropriate relevant stakeholders.
<b>Changing domestic behaviour</b>		
Hybu Cig Cymru - Meat Promotion Wales (HCC)	<p><b>3.41.</b> Suggest that achievement of a significant reduction in human foodborne disease will require an extensive education programme throughout the supply chain and with consumers to ensure all potential threats are eliminated.</p> <p>HCC is undertaking work with Welsh red meat processors to provide support to update procedures, in plant systems and provide training where needed.</p> <p>As well as 'one-to-one' guidance and instruction (funded through the Rural Development Plan for Wales 2007-2013) enabling the implementation of a 'Quality Manual' in the workplace, HCC also gives Welsh abattoirs and processors the opportunity to receive training in Food Hygiene, Health &amp; Safety, HACCP and Animal Welfare.</p> <p>HCC also provides information to consumers on correct food handling techniques with regard to food safety and would welcome the opportunity to discuss how its activities can complement the FDS 2010 – 2015.</p>	Noted
NHS Fife	<p><b>3.42.</b> Not sure – the main challenge is changing food hygiene practice in the home. This is a difficult area to influence and public education programmes have limited effectiveness.</p>	Noted
Public Health Wales	<p><b>3.43.</b> Reducing the presence of Campylobacter in raw poultry should hopefully reduce the number of cases at every step from then on.</p> <p>The aim of reducing the number of cases of Listeriosis is of great relevance given the higher estimated death rate (compared to other foodborne pathogens) but given the patient related factors with this disease it is difficult to predict at this stage how successful any action plan may be. It may be that long term research on several</p>	Noted

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	<p>fronts will be required to impact on this disease.</p> <p>The FSA will have to be prepared not to have significant progress by 2015 with regard to Listeriosis and the aim may need to be carried forward in to future plans.</p>	
Scottish Food Advisory Committee (SFAC)	<p><b>3.44.</b> Suggest that continuing stakeholder and consumer engagement, the receipt and use of feedback received from these groups, is required ensure maximum effectiveness of the Strategy. The ability to amend the strategy if necessary is also considered key by the Committee.</p>	Noted
West Lothian Council	<p><b>3.45.</b> The following comments may be useful for developing further aspects of the strategy programme:</p> <ul style="list-style-type: none"> <li>• Public health education will have a big part to play but should take care to avoid creating unnecessary alarm, instead using balanced public health messages.</li> <li>• Given that there is a prevalence in the over 60 years age group and growing number of cases in pregnant women (mainly ethnic), has investigatory work undertaken by environmental health and public health practitioners identified common links or food types?</li> <li>• Are the micro criteria regulations being properly implemented by the food industry in terms of controlling and monitoring Listeria?</li> <li>• Further to the public health campaigns there is a growing trend among celebrity chefs to produce undercooked liver, duck etc. The potential for Campylobacter and other foodborne disease is surely an issue as home cooks and small restaurants copy what they see. This seems to be presenting a conflicting message.</li> <li>• As the industry seeks to ensure better controls and in particular specifications for producers and suppliers, how will the costs of such changes be managed? Will they be passed on to the consumer? Will they be willing to pay?</li> <li>• In Annexe A, the Campylobacter risk management programme mentions a number of potential controls etc. in regard to primary production and slaughterhouse / processing. Who is going to effectively monitor and enforce these? In regard to potential antimicrobial treatments would there be a concern for consumers regarding over use of drugs in livestock to control diseases which are just as easy to control through good hygiene practices?</li> </ul>	<p>We are grateful for these helpful comments which have been passed on those responsible within the Agency to be taken into account in taking this work forward.</p>

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	<ul style="list-style-type: none"> <li>There are concerns regarding the better regulation agenda. Potential for earned autonomy for large producers and manufacturers is a concern. There is value in scrutiny and control. Cadbury's and Salmonella is a recent warning.</li> </ul>	
<b>Enforcement issues</b>		
<p>Association of Scottish Shellfish Growers (ASSG)</p>	<p><b>3.46.</b> To successfully tackle foodborne viruses at source, suggest that water companies need to be involved, as they should be able to control source contamination and protect shellfish beds from contamination. This does not seem to work in practice. We would support FSA in trying to resolve this, which is crucial to our industry.</p>	<p>Although the issue of water quality is not directly within the Agency's remit, we recognise that controls which prevent or reduce the contamination during primary production will have an impact on public health protection. The Agency would therefore support any action which would improve water quality and reduce contamination in shellfish harvesting areas. The FSA has been working to build contacts with the water companies through a range of various initiatives. For example the cleaner sea forums initiative work plan includes plans for improving information exchange on diffuse pollution events to provide timely and useful warnings.</p> <p>In Scotland, the FSA also participates in the Scottish Government's Ministerial Group on Aquaculture and Shellfish Forum, which also includes representation from Scottish Water, the Scottish Environment Protection Agency (Sepa) and the shellfish industry. These groups provide a mechanism by which these issues can be discussed and to discuss strategies by which they may be addressed.</p> <p>Nonetheless, as this is an issue that will affect the degree of Norovirus contamination of shellfish, FDS activity regarding viruses will maintain close links with the UK organisations responsible for policy implementation and research funding in this area to ensure effective coordination.</p>

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Mortimer Technical Services Ltd.	<b>3.47.</b> Agreed, though success might be improved bettered by including improved food storage in the home and effective use of the 'scores on the doors' data to improve or close high risk business, perhaps by extending it to businesses that are not subject to industry-led audit.	Noted
Society For General Microbiology (SGM)	<b>3.48.</b> The Public Inquiry on the South Wales E. coli O157:H7: outbreak showed failings in hygiene that were similar to the previous Lanarkshire outbreak. Much of this can only be addressed through improved practice by food handlers and stricter enforcement by the appropriate agencies. However food borne transmission of E. coli O157:H7 only accounts for about 50% of disease caused by this organism and other transmission routes are a major problem e.g. direct contact with contaminated farm animals. Control of the organism at source may therefore be needed to reduce the incidence of disease caused by this organism; however this may fall outside the Agency's remit.	<p>The recommendations of the Public Inquiry Report are being followed-up by the FSA's Food Hygiene Delivery Programme</p> <p>We have recently published guidance for the food industry and enforcement authorities on avoidance of cross-contamination risks associated with E. coli O157 (<a href="http://www.food.gov.uk/news/newsarchive/2011/feb/ecoli">http://www.food.gov.uk/news/newsarchive/2011/feb/ecoli</a>). This guidance has been produced to provide advice on the steps that need to be taken by food handlers in order to comply with the legal requirements for controlling cross-contamination, and what is best practice in this area.</p> <p>The FSA also recognises the need to investigate how E. coli O157 can be controlled at source; and in particular how to address the impact of supershedding in animals. We are currently taking forward research in this cross-cutting area in collaboration with Defra.</p>
Sussex Food Liaison Group	<b>3.49.</b> Suggest further research into foodborne infections acquired in the home and consideration of focusing on high risk commercial catering establishments such as dealing with raw meat and ready to eat foods with less than 10 employees. A tightening of the pre-registration of establishments may assist	Noted

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### OTHER COMMENTS:

<b>Overview</b>		
<p>Respondents also provided a number of comments that did not directly related to the questions posed in the consultation or which sought to make wider comments. These comments are provided here.</p>		
<b>Respondent</b>	<b>Comment</b>	<b>Response</b>
ACMSF	<p><b>4.1.</b> The document talks about ‘common cause’ - strictly speaking they are commonest identified causes, many cases of food poisoning have no identified cause, and probably viruses apart from Norovirus are much more common than we realise.</p> <p>Annex A [Draft Campylobacter Strategy]. There is no mention of the part the catering industry can play - chicken liver pate is a well known cause of Campylobacter outbreaks and there is known to be an association between getting Campylobacter and eating out.</p>	<p>Noted</p> <p>See response to Comments 3.2 and 3.37</p>
Anaphylaxis Campaign.	<p><b>4.2.</b> The Foodborne Disease Strategy aims to deliver Outcomes 1 and 3 of the Agency’s Strategy for 2010-2015. Outcome 3: is that “Consumers understand about safe food and healthy eating and have the information they need to make informed choices.” The need for information in order to make an informed choice is key to ensuring that the food anyone buys for an allergic individual is safe. In many cases, such as when eating out, information needed to make informed choices needs to be always correct and accessible to food-allergic individuals. So if this strategy aims to deliver Outcome 3 then why is allergy not included in the strategy?</p>	<p>The scope of this Strategy is concerned with the microbiological safety of food with the aim of reducing microbiological (bacterial and viral) foodborne disease.</p> <p>Food safety regarding allergies is a specific and important issue, but lies outside the scope of this Strategy and is being addressed by other parts of the FSA.</p> <p>The Strategy will be amended to clarify its emphasis being on the microbiological safety of food</p>
Association of Scottish Shellfish Growers (ASSG)	<p><b>4.3.</b> The consultation document states that “shellfish, mainly oysters are the source of infection”. This is misleading and inaccurate, because as far as I know there have been no causes of illness caused by mussels, so wording in future relating to this problem should be more specific, possibly even to go as far as specifying “raw or lightly cooked oysters”.</p> <p>We do not need a newspaper heading which reads SHELLFISH CAN GIVE YOU NOROVIRUS, when it is not really the case.</p>	<p>Noted</p> <p>This is misquoted. The Strategy states (page 14) that “It [Norovirus] is frequently associated with outbreaks of disease linked to shellfish, such as oysters.”</p>

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<p>Alun Barnes MCIEH Chartered Environmental Health Officer</p>	<p><b>4.4.</b> I believe that any reduction in UK human foodborne disease will depend on the objectives described including a review of the following two aspects of food safety control in the UK:</p> <p>(i) The Food Alert System - Policing. Following a recent review, and despite past representations from some food safety enforcement officers, the new system appears still to rely completely on industry to successfully cascade a product withdrawal throughout its branches and guarantee withdrawal of potentially dangerous foods from sale. Evidence has been provided to the agency on several occasions indicating this system does not work. Potentially dangerous foods subject to withdrawal and advised to the Agency by food businesses as withdrawn, have subsequently been found on sale on a number of occasions by vigilant local environmental health officers. Despite this, the Agency appears to resist issuing these withdrawals 'for action', which would compel these officers to visit the food businesses implicated and police the withdrawal at a local level. As a consequence, the current food alert system may provide less protection to the consumer than the previous 'Food Hazard Warning' system, due to the move away from local policing towards a greater reliance on self-policing by the food industry.</p> <p>(ii) The Food Alert System - Decision to recall or withdraw. In the past the Agency has refused to issue a Food Alert For Action for dressed crab contaminated with up to ten times the legal limit for <i>Listeria monocytogenes</i>, despite evidence that some of the product had been recently sold and is sometimes subject to freezing by the consumer well beyond the date of sale. Clearly, such decisions can only contribute to the number of <i>Listeria</i> cases, rather than reduce them. Better judgement should be applied by the Agency on Food Alert classifications in some instances, taking into account the evidence provided by local food enforcement officers, where relevant.</p> <p>(iii) Safer Food Better Business (SFBB). The widespread introduction of SFBB, whilst bringing with it benefits, has moved industry away from the habit of checking chiller temperatures regularly. It is possible that this has resulted in a widespread deterioration of control over chilled food temperatures, and therefore may have contributed to a rise in cases of human Listeriosis in the UK. Consequently, I believe it would be prudent to commission research to assess the impact of SFBB chilled food holding temperatures in micro-businesses, as many of these businesses lack the technical expertise of larger businesses, whilst still handling and storing some of the composite foods most commonly associated with <i>Listeria</i> contamination (e.g. prepared sandwiches).</p>	<p>Noted</p> <p>These issues are dealt with by others within FSA or elsewhere and are outside the specific scope of this Strategy</p>
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<p>British Retail Consortium (BRC)</p>	<p><b>4.5. Consumer confidence</b> - We entirely agree with the benefits outlined for reducing foodborne disease. Notwithstanding the reduction of morbidity, mortality and reducing the economic demands of healthcare burden and loss of productivity, increasing consumer confidence in food safety is paramount. Customer confidence, in particular confidence in own-brand, is critical to all retailers. The importance of this confidence is essential in maintaining brand integrity, customer trust and customer loyalty.</p> <p><b>Consumer education</b> - We support the Agency's renewed approach of pathogen specific action alongside a refreshed food hygiene campaign. Incorporating effective food safety messages to achieve 'long-term consumer behaviour change', as outlined in the strategy is vital to address domestic hygiene practices. Food preparation in the home is fundamentally important to food safety yet a highly variable part of the food chain. We must not lose sight of first principles that basic hygiene and correct food preparation/cooking in the domestic setting substantially reduces the risk of foodborne infection. The Campylobacter risk management programme rightly points out that there is a need to incentivise consumers to take food safety more seriously and improve hygiene behaviours. We will actively support the Agency as the voice of authority on consumer education campaign work.</p> <p><b>Cross co-ordination</b> - In the strategy, it is rightfully recognised that it is essential to co-ordinate the FDS work with other programmes of activity ongoing in the Agency which will impact on the reduction of foodborne disease. We agree that on-going monitoring (of all relevant disease, not just disease caused by the identified 'priority pathogens') is essential. Further research to enhance the existing evidence base and on-going evaluation to determine the effectiveness of interventions is also essential. Trial work, evaluation and review is a critical element of identifying effective interventions and this is a key part of the work of the Joint Government – Industry working group on Campylobacter, as referenced in the strategy.</p> <p>In terms of identifying emerging risks, we welcome the element of the strategy which outlines the activity of horizon scanning. The work of the Agency's incident prevention team attempts to bring together cross Government and enforcement authority intelligence to identify emerging risks to the food supply chain. The work of this team and the external stakeholders involved in the External Incident Prevention Board could also feed valuable resource into the FDS to ensure that horizon scanning is effective and efficient.</p>	<p>Noted - we are grateful for these comprehensive comments</p>
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<p><b>Stakeholder engagement</b> - We welcome acknowledgement in the FDS that retailers play a vital role as partners in the supply chain. We are committed to working with our supply chain partners to tackle the priority pathogens identified. For example, the extract of the Listeria risk management programme presented in the strategy outlines work ‘to identify part of the food chain where control measures can be effective and contribute to reducing the number of human cases’. The BRC chaired a technical group of industry experts, and individuals from the Agency, Health Protection Agency, Chartered Institute of Environmental Health and Local Government Regulation that produced a guidance document for businesses to assist determination of an accurate shelf life for their products. Appropriate shelf life is a key control measure and the guidance has provided essential advice to a number of businesses and enforcement officers since it was published in March 2010 – see link <a href="http://www.brc.org.uk/shelflifeguide">www.brc.org.uk/shelflifeguide</a>.</p> <p>Our joint strategy ‘Tackling Campylobacter – a commitment across the supply chain’ developed between us and the British Poultry Council outlines how we are co-ordinating our work as the whole supply chain to find an effective solution to control Campylobacter – see link <a href="http://www.brc.org.uk/Campylobacter">www.brc.org.uk/Campylobacter</a> . We welcome the intentions outlined in the strategy and specifically the Campylobacter risk management programme that Agency engagement with relevant stakeholders, in particular the catering sector will be addressed to ensure adequate hygiene practices are implemented across all catering establishments. Caterers need to achieve improvements in practices that will contribute to reducing foodborne illness; their agreement is needed for action in their sector. We suggest the catering sector is added to the list of partners with whom the Agency intend on working closely.</p> <p>As part of the Engagement strategy ‘realistic but stretching targets will be developed’. We support the development of a realistic, evidence based target to tackle reduction of Campylobacter in chicken. A target will either apply at the retail or processor stage of the supply chain; however the actual point in the chain remains under discussion. We are conscious therefore that references to the ‘retail’ target throughout the FDS and indeed the risk management strategy may not be accurate.</p> <p>The Engagement strategy, rightly, in our view includes working closely with consumers. Including consumers in this work, as we have mentioned in terms of consumer education, is critical. However, retailers are fully aware that any potential solutions used in the supply chain to tackle pathogens must be acceptable to consumers, appropriately described in the Campylobacter risk management</p>	
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	<p>programme ‘both from the view of economic impact (the effect on the price of chicken) and sensitivities around the wholesomeness of food’. Retailers are well placed to understand what their customers may or may not find acceptable and we welcome acknowledgement of this understanding in the Campylobacter risk management programme.</p> <p>We welcome that the Agency’s European counterparts are also listed as stakeholders with whom the Agency work closely. Where safe solutions to pathogens may be identified, but their use restricted by undue legislative barriers, we urge and will support the Agency on seeking legislative changes at European level. We will support such work with our own European counterparts.</p>	
Byotrol plc	<p><b>4.6.</b> A summary of our inputs is as follows:</p> <ul style="list-style-type: none"> <li>• We support the principal of a renewed strategy to reduce foodborne disease. We believe that since 2007-8 several new tools have become available to control microbes in the food chain more effectively, and that several existing tools (biocides) are under threat from either legislation such as Biocidal Products Directive or environmental and sustainability constraints on their use.</li> <li>• We believe that thinking strategically about how to control microbes in the food production and supply chain will produce methods and materials that will greatly assist in the reduction of unwanted bio-burden in the food chain (especially poultry). These include but are not restricted to:             <ul style="list-style-type: none"> <li>– Significantly tighter control of hygiene during the practice of thinning in poultry houses. We believe this is a major contributor to Campylobacter spread. Maximum stocking density of poultry is controlled by legislation and many UK retailers have set maximum stocking densities lower than legislation allows. Ironically, thinning helps compliance with stocking density controls, but, significantly increases the spread of Campylobacter.</li> <li>– Greater education of poultry farmers themselves in their own role in the spread of Campylobacter.</li> <li>– Investigation as to the practicality of sizing/grading of carcasses before evisceration to minimise faecal contamination during slaughter. We believe that current evisceration equipment is unable to effectively deal with the range of carcass sizes arising in flocks of broiler chickens. Under and over sized birds bring significantly increased, pro rata contamination during slaughter and</li> </ul> </li> </ul>	Noted - we are grateful for these additional comments

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	<p>evisceration.</p> <ul style="list-style-type: none"> <li>– Use of ovenable, hermetically sealed packaging for raw poultry in order to reduce cross contamination in kitchens and food preparation areas. In addition, the exteriors of such packaging should be sanitised (ideally with safe residual sanitisers) to eliminate cross contamination of the environment and other foods during display, purchase, transport home and storage, prior to cooking.</li> <li>– Use of residual sanitisers/disinfectants in food preparation and high care areas, especially poultry, but ready to eat generally.</li> <li>• We have hard data available on the success of using some of the above techniques to eradicate persistent pathogens such as Listeria from food production environments without excessive cost and believe them to be of potential interest to the strategy team.</li> </ul> <p>We would be keen to participate in the strategy consultation more fully, so would welcome your advice on how we could best participate constructively.</p>	
Consumer Focus	<p><b>4.7.</b> Consumer Focus welcomes the opportunity to comment on this consultation. Our responses to the specific questions raised are given below as a joint view across the devolved nations. CF welcomes this new more targeted pathogenic approach to foodborne disease. With regard to the consumer we would like to highlight the following:</p> <ul style="list-style-type: none"> <li>• Messages to the consumer must be clear and they must feel they are relevant to them, this would be helped by a more targeted approach;</li> <li>• Care must be taken with the timing of campaigns with other organizations so that there is not a danger of mixed messages being sent out;</li> <li>• Effective interventions should not be discounted on the grounds of being “unacceptable to the consumer” –ways should be found to communicate complex scientific messages clearly to the consumer;</li> <li>• Advice to consumers to not wash chicken before cooking does not seem to have been widely taken up;</li> <li>• Messages on food hygiene should be reinforced, in particular with respect to hand washing;</li> <li>• Contamination of the packaging of chicken should be explored further.</li> </ul>	Noted - we are grateful for these additional comments

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Consumer Focus	<p><b>4.8.</b> The UK Food Hygiene Rating Scheme, which provides consumers with information on hygiene standards in food premises, is another potential problem area. This scheme (as opposed to the Food Hygiene Information Scheme in Scotland) has a six tier rating where level 3 equates with satisfactory, 2 to improvement required, 1 to major improvement required and 0 to urgent improvement required. This gives the very confusing message to the consumer that there are degrees of failure when it comes to food hygiene.</p> <p>Additionally the FSA’s own research shows that the consumer would prefer to have a Pass/Fail scheme. This work has similar findings to Consumer Focus Scotland research and adds weight to our support for the Food Hygiene Information Scheme in Scotland.</p>	<p>Noted.</p> <p>The FSA is committed to carrying out ongoing evaluation of the impact of both the Food Hygiene Rating Scheme and the Food Hygiene Information Scheme on consumers, businesses and local authorities. The aim is to move to a single unified scheme for the UK in the future.</p>
Fresh Produce Consortium (FPC)	<p><b>4.9.</b> Actual food poisoning incidents in the UK related to fresh produce are extremely rare, and accounted for just four per cent of outbreaks between 1992 and 2006. Good agricultural practices, hygiene preparations and packaging minimise the potential for contamination. The fresh produce industry has stringent standards in place to ensure that the UK consumer can enjoy healthy, good quality fresh fruit and vegetables grown both in the UK and overseas.</p> <p>The Fresh Produce Consortium has developed a guide (‘Guide to Good Hygiene Practice – Fresh Produce 2009’)for businesses operating within the fresh produce sector which provides assistance on compliance with legislation and information on best practice which can further improve food safety or general hygiene.</p>	<p>Noted</p>
Government Chemist	<p><b>4.10.</b> In general, laboratory scientists will need to respond with flexible methods that can deliver meaningful measurement of the priority pathogens across the range of at-risk food types. Where there is evidence that priority pathogens are associated with particular commodities, it is useful for the Strategy to articulate what is known (as it does with regard to Campylobacter in chicken).</p> <p>In seeking to understand the causes of contamination, the evaluation of processing and handling practices, reliant on surface sampling and imaging to provide forensic-style data, may be a more commodity-focused area of investigation. Nonetheless, contamination will be mainly determined by the individual growth requirements of each infective organism, so research programmers still need to start out by making a (risk-based) choice of the pathogen species and strain for study.</p>	<p>Noted</p>

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<p>Health Protection Agency (HPA)</p>	<p><b>4.11.</b> Only bacteria and viruses are mentioned in “how we get foodborne disease” (page 4). Some estimates identify parasites (particularly Toxoplasma) of considerable importance as a cause of foodborne disease.</p> <p>Costs of reducing foodborne disease (page 6). It is estimated that the Agency interventions cost £24 million between 2000 and 2005 and that the reductions in foodborne illness over the same period represents a saving of £750 million. However this is misleading since it does not recognise that other government funded activities (Local Authorities, Port Health Authorities, HPA, NHS, etc also contribute to this overall cost.</p>	<p>The scope of this Strategy is concerned with the microbiological safety of food with the aim of reducing microbiological (bacterial and viral) foodborne disease. The Strategy will be amended to clarify its emphasis being on the microbiological safety of food.</p> <p>As suggested, these data are not entirely comprehensive and were used to indicate the magnitude of the issue. The Strategy has been amended to indicate instead the financial cost of foodborne disease to the UK, estimated at around £1.5 billion per year.</p>
<p>Health Protection Scotland</p>	<p><b>4.12.</b> We welcome the FSA’s commitment (on page 10) to close working with HPS and others in furtherance of the FSA’s objectives, and note that collaboration will be essential to develop their “clear performance indicators”.</p> <p>Laboratory surveillance of gastro-intestinal pathogens – especially of the FSA’s priorities of Campylobacter and Listeria - will be essential to inform these performance indicators, as the strategy document acknowledges (page 21). Suggest it will be important for FSA and HPS to liaise to address the limitations inherent in laboratory surveillance and to work together to establish estimates of the proportion of cases that are acquired in the UK and are foodborne, as well as the relative contributions of ascertainment and changes in true population to changes in the numbers of laboratory reports.</p> <p>HPS is puzzled why, when referring to Campylobacter on page 13 the sentence “Estimated 321,000 cases in England and Wales alone” appears, as the data are available from Scotland (and Northern Ireland).</p> <p>On page 23, the document states, in relation to under-ascertainment by laboratory surveillance that “This may result in the reporting of between only one in 3 to one in 100 cases, but this proportion is consistent for each pathogen.” HPS does not agree with this statement. Changes in the sensitivity of ascertainment of a pathogen may occur over time, or across different areas, or in different sub-groups of the population. It may be appropriate for the FSA and national surveillance units in the UK to explore ways in which surveillance can be developed to address this problem.</p> <p>In the same paragraph, it is noted that “the HPA calculate annual estimates of the</p>	<p>Noted</p> <p>The figure given is intended to illustrate the magnitude of the issue.</p> <p>The model utilised to generate estimated cases from reported number of laboratory confirmed cases was generated by the HPA utilising data from studies in England* and reported outbreaks of foodborne disease in England and Wales. As a result it was felt valid to only calculate these estimates for England and Wales.</p> <p>(*A Report on the Study of Infectious Intestinal Disease in England. The Stationary Office, 2000, ISBN 0 11 322308 0)</p>

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	<p>actual number of cases of food poisoning that occur in the community in England and Wales” and that “Currently estimates can only reliably be calculated for England and Wales due to differences in reporting systems between UK countries and because the IID study was only carried out in England”. In fact, HPS also produced these estimates for 2001-2006, and (like HPA) now provide the raw data for these estimates to be made to the FSA’s Operational Research Analysis and Research Division.</p> <p>While the statement on page 24 that IID2 should allow “calculation of estimates of foodborne disease for the whole of the UK, rather than just England and Wales” is almost true, the implication that it will allow accurate estimates in each of the countries of the UK is not because it will only provide multipliers for England (not England &amp; Wales as stated) and the UK as a whole, not the constituent nations. Furthermore, as it is a snapshot, it will not be able to determine whether any change in laboratory reports of Campylobacter in future years (or indeed the increase between 2008 and 2009 - and 2010 if the trend continues) is real or an artefact.</p> <p>HPS endorses the FSA’s conclusions on page 25 and the risk management programme proposed in Annex A (pages 26-32). We re-iterate the importance that laboratory surveillance will have in measuring the impact of the proposed programme, and suggest that the FSA, with HPS and other national surveillance units, explores ways in which laboratory surveillance might be supplemented so that an estimate might be made of the relative contributions of artefact and true changes in the burden of Campylobacter infection to changes in the number of laboratory reports.</p>	<p>Noted and agreed</p> <p>Strategy text amended to reflect this more clearly.</p> <p>Noted</p>
LGR	<p><b>4.13.</b> We welcome the strategy if it is used as a framework within which specific practically focused initiatives and options are developed with partners including LG Regulation targeted to help reduce foodborne illness locally, and hence also at a national level.</p> <p>We are pleased to note that consultation documents recognise that the strategy should be seen alongside and integrated with other FSA work such as the Pennington Inquiry activity and other areas referred to on page 18 and presumably related matters like food fraud and imported food work.</p> <p>From a local authority perspective it is important that these areas are coordinated and don’t result in unclear or conflicting messages about actual delivery of services and priorities in various documents and different pieces of central guidance which authorities are expected to read and implement.</p>	<p>Noted - we are grateful for these comprehensive comments</p> <p>Some of this sampling work is coordinated on a liaison group or regional basis with the advantage of allowing a range of studies to be undertaken at the same time looking at different issues.</p> <p>Since 1994 a substantial amount of local authority sampling work has been coordinated centrally as part of the LG Regulation/ HPA national programme.</p>

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	<p><b>Partnership working</b></p> <p>There seems to be little mention of local authority activity being relevant apart from a mention on page 9 and it seemed surprising local authorities weren't included on page 16 about SFBB and work with food businesses.</p> <p>Whilst the strategy is a framework rather than a detailed document, suggest that the relevance of coordinated local authority work could be referenced more clearly in the interests of partnership working, avoiding duplication, and jointly making good use of available limited resources. Suggest that FSA should liaise with local authorities as part of the 'engagement strategy' and discuss their involvement as key partners. Local authorities have the potential to contribute by helping to provide evidence and information to help develop initiatives and implement practical actions in support of the strategy. Relevant local authority activity which might assist includes:</p> <ul style="list-style-type: none"><li>• Infectious disease investigations</li><li>• Sampling activities locally and regionally</li><li>• Nationally coordinated sampling initiatives</li><li>• Work with FBOs at food premises in maintaining and improving standards of food hygiene</li><li>• Local promotion of centrally produced initiatives such as safer food better business</li><li>• Use of scores on the doors in helping to maintain and improve food hygiene standards</li><li>• Contribution to focused centrally coordinated campaigns such as food safety week</li></ul> <p>LGR also suggested a range of opportunities for engagement joint working, such as through:</p> <ul style="list-style-type: none"><li>• The considerable amount of coordinated microbiological food sampling work, carried out by local authorities. These studies enable correlation of results with observations made at the time of sampling (for example compliance or good practice and any behaviour/training issues of FBOs and food handlers). Future sampling studies could be designed to support development of particular strategy initiatives.</li><li>• LG Regulation / HPA national sampling work, for which FSA input alongside that from local authorities and HPA will inform and support the programme and the focus for future year's individual studies as well as co-ordinate with FSA's own</li></ul>	
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	<p>survey planning. Reports of previous national sampling studies since 1994 are available. Although many studies have focused on ready to eat foods, many have also looked at issues further up the food supply chain and several recent studies have also included swabbing to help look at the effectiveness of cleaning in food premises. For example, the coordinated sentinel surveillance of pathogens (CLASSP) work from 2004/ 8 is worth special mention as it included the investigation of sporadic Campylobacter and Salmonella cases of human foodborne illness attempted to shed light on likely risk factors and hence the source of the pathogens responsible.</p> <p>As resources become squeezed at local authorities there will be an increasing need to target issues which really make a difference during inspections and are likely to reduce food borne illness. Evidence emerging from work carried out as part of the strategy could help in this, and should be communicated to authorities.</p> <p>Centrally produced initiatives or focused advice could offer an effective use of resources, such as initiatives to target certain aspects of compliance culture and behaviour of FBOs which contributes most to food poisoning. Suggest that such initiatives tend to be more successful when developed in partnership with local authorities, which can also enable successful local roll out by authorities at a national level. Full engagement and consultation could help local authorities make an important contribution to the dissemination of key messages - perhaps as part of the revitalized food hygiene campaign referred to in the consultation.</p>	
<p>Mortimer Technical Services Ltd.</p>	<p><b>4.14.</b> With regard to influencing retailers to ‘encourage’ the supply base to improve standards, the primary producers, manufacturers and distributors who do not deal with retailers or other major outlets are of significantly higher risk.</p> <p>Additionally, it has always appeared to me that there are double standards given that no manufacturer would be considered to be following best practice should unpackaged raw and cooked materials of different origin be handled by the same people and stored in the same area and yet this is common practice in retail stores. i.e. focus is required at all stages of the supply chain for best practice is exactly that and should not be limited to just a few stages in the chain. In fact many of the recent outbreaks have resulted because of exactly that failure, be it in butchers or fast food outlets. Looking to the final stage of storage (i.e. the consumer’s fridge or freezer) design does not encourage good practice and I believe that changes such as automatic temperature control rather than manual dials with arbitrary numbering</p>	<p>Noted</p> <p>While we do recognise that smaller businesses do constitute a significant proportion of the market, our initial efforts will focus on the majority of the markets, which control the majority of food consumed by the UK consumers, and thereby have greatest impact. Where possible, we hope to follow up successes in these areas by addressing similar issues among smaller businesses, which are frequently more fragmented and so more complicated to work with as a group.</p> <p>Notwithstanding that our approach is to focus on two</p>

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	<p>could help with safe storage of perishables and be relatively cost effective.</p> <p>However, the inference of the question appears to be contradicted by point 7 that states commodity specific measures will continue to be supported while the question infers that these will be dropped in favour of pathogen specific action so I'm not sure what the plan actually is!</p>	<p>key foodborne pathogens, this may be best addressed through addressing specific commodities, where these are the most common sources of infections that they cause (such as chicken for Campylobacter).</p>
Public Health Wales	<p><b>4.15.</b> Over the timescale of the strategy there could potentially be radical changes to the current microbiological testing of foods undertaken by Local Authorities. The current sample profile of Food, Water and Environmental laboratories is a mix of enforcement samples, monitoring samples and survey samples. Funding issues facing local government may well put pressure on food protection services such that Local Authorities may have to cut back on their current level of sampling. This could have a potentially deleterious impact on both data gathering and the sustainability of the current Public Health Wales and HPA laboratories providing the testing services. Will the FSA have to look to more of a commissioning role in the future?</p> <p>The other point to consider is how FSS Net can contribute to data collection. FSS Net does seem to offer long term benefits to data transfer between the FSA, Local Authorities and the laboratories. Plans are in progress to implement it fully in England and Wales but full implementation may not be achieved by the end of 2010. It would seem relevant to include the full implementation of FSS Net in England and Wales as part of the strategy and any support that Public Health Wales and the HPA may need to implement it.</p>	<p>Noted</p> <p>Since the Strategy was drafted the degree of uncertainty regarding these and other factors has increased.</p> <p>The FSA is monitoring these factors, both the FDS and related activities, to avoid or minimise their effect their effects on the working environment and success of FDS activities.</p> <p>The FSA remains committed to the roll-out of the UK Food Surveillance System (FSSNet) throughout England and Wales. Successful implementation of the system in Scotland and Northern Ireland is now enabling the FSA to examine trends in LA food sampling data to assess how this can be used to inform programmes of work including the FDS.</p>
Private individuals working in Public Health.	<p><b>4.16.</b> There is an opportunity for the FSA to influence how this issue sits within the new public health service.</p> <p>The Foodborne disease strategy should make greater mention of foodborne disease that is due to contamination/adulteration of food and water/drinks. For example:</p> <ul style="list-style-type: none"> <li>– Lead and nitrates in tap water.</li> <li>– Nitrates exposure to babies.</li> <li>– Levels of salt/sodium and trans-fats which are associated with cardiovascular disease.</li> </ul> <p>Food, in particular livestock derived foods is contributing to UK energy demand and UK carbon dioxide and methane emissions'. The sustainability of foods and the</p>	<p>Noted</p> <p>These issues are dealt with by others within FSA or elsewhere and are outside the scope of this Strategy</p>

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	control measures required to minimise foodborne disease needs to be quantified. We would expect the FSA to be a leader on ensuring the carbon footprint of foods and their transport, refrigeration and processing was made transparent to inform policy decisions and to inform consumer choice	
Public Health Wales	<p><b>4.17.</b> Within the document there is reference to the need to engage with stakeholders and partners separate to the FSA. The document refers to the HPA and relevant bodies in the devolved administrations in Scotland and Northern Ireland but does not seem to acknowledge the role of Public Health Wales.</p> <p>Public Health Wales works very closely with the HPA, collates data for Wales and supplies epidemiological data for Wales to the HPA for collation an England and Wales basis. Public Health Wales has its' own network of laboratories (Clinical and Food, Water and Environment), public health and epidemiological services to protect the public health of Wales. The service was instrumental in the identification and control of the 2005 Escherichia coli O157 outbreak in South Wales along with colleagues from the relevant Local Authorities in Wales.</p> <p>Wales also has the Welsh Food Microbiological Forum which gets input from Local Authorities throughout Wales, Public Health Wales and FSA Wales. It coordinates the annual food sampling programme for Wales for both routine sampling of ready to eat foods (shopping basket type survey) and targeted surveys (e.g. Listeria monocytogenes in sandwiches, school meals survey) to provide useful ongoing surveillance type data for Wales. Request that Public Health Wales (in addition to the HPA) is included in relevant discussions about laboratory based sampling programmes.</p>	Noted
Scottish Commission for the Regulation of Care	<p><b>4.18.</b> The Care Commission welcomes the proposed strategy which hopefully will achieve greater food safety for all people who use care services particularly those associated with childcare and care homes.</p>	Noted
Scottish Environment Protection Agency (SEPA)	<p><b>4.19.</b> While SEPA has no direct role in food hygiene we are supportive of your organisation's aims and do have an interest, albeit it could be considered peripheral, in certain parts of the Foodborne Disease Strategy, particularly with respect to the programmes relating to Campylobacter in chicken and Norovirus in shellfish.</p> <p>The Campylobacter risk management programme discusses various workstreams to tackle this pathogen which appears comprehensive and well considered. SEPA may</p>	Noted

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	<p>have an interest in the parts of the programme targeting infection in poultry flocks and housing as well as efforts to tackle the problem in slaughtering facilities. Larger scale intensive production units and slaughtering facilities are regulated by SEPA under the Pollution Prevention and Control (Scotland) Regulations 2000. Authorisations issued under these regulations place controls on the substances which may be used and discharged from authorised premises. It is possible that the introduction of a disinfection regime may be of interest to SEPA if it leads to the discharge or release of spent disinfectant products. Products of this type are already used extensively in such facilities and therefore SEPA does not envisage that the above regulations would be an impediment to the introduction of a new regime. Nonetheless, SEPA would seek discussions with operators of poultry units and slaughtering facilities should the use of any such novel products be proposed to ensure that they can be accommodated within the permitting framework for these sites.</p>	
Scottish Food Enforcement Liaison Committee (SFELC)	<p><b>4.20.</b> SFELC supports the proposals and methods contained in the Consultation document, and would welcome further communication with your team on any matters relating to this area of work. The Committee, moreover, offers its support to the production of the final Strategy and beyond.</p>	Noted
Scottish Water	<p><b>4.21.</b> Scottish Water would like to thank you for the invitation to comment on the aforementioned consultation paper. We confirm at this time we have no comment.</p>	Noted
Society For General Microbiology (SGM)	<p><b>4.22.</b> The majority of published microbiological research into foodborne pathogens (particularly Campylobacter), has come from microbiologists in universities and research institutes. Very little research has been published by industrial microbiologists, whose roles seem confined to that of monitoring rather than research. The large food companies appear to have distanced themselves from research, which is an issue that should be addressed.</p>	Noted
Veterinary Laboratories Agency (VLA)	<p><b>4.23.</b> General comments</p> <ul style="list-style-type: none"> <li>• This is a clearly presented document. Although the robustness of the cost benefits claimed and impact analysis could be challenged nevertheless, the correct messages largely emerge.</li> <li>• The emphasis on working in effective good working partnerships with other</li> </ul>	<p>Noted - we are grateful for these extensive comments, which are noted; some specific responses are shown below.</p> <p>VLA also provided a number of valuable specific typographic comments, which have been taken into account in the finalised Strategy.</p>

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	<p>stakeholders is strongly supported.</p> <ul style="list-style-type: none"> <li>• The importance of fully supporting EU food safety initiatives and not attempting to negotiate exemptions in implementation on behalf of industry is not highlighted.</li> <li>• It would be helpful to add cross links to other Government and European strategies, especially EFSA.</li> <li>• Too much emphasis is placed on controlling Campylobacter in UK poultry. Can we be sure that infection from other sources (environment, water, imports, travel-related, companion animals) won't expand to fill a niche? Importation in particular is an important area and it should at least be possible to fully quantify the problem by appropriate surveillance.</li> <li>• The figure on page 5 refers to imported food. Has the FSA assessed the differences in risk for imported food compared to UK-produced food?</li> <li>• The planned research needs to be focused and of sufficient scale to comprehensively investigate and resolve issues. An accountable task force approach rather than competitive short-term research would be likely to make greater and more sustained progress.</li> <li>• The timetable for the Campylobacter Programme is likely to be optimistic for evaluation and implementation of interventions and detection of a measurable impact.</li> <li>• To ensure that the FSA does not set unrealistic targets for Campylobacter reduction, the modelling approaches and use of robust field data proposed are supported to ensure that targets are realistic/achievable (pages 19 and 26).</li> <li>• The proposal to monitor flock and carcass prevalence throughout the lifespan of the strategic plan is supported.</li> <li>• It was suggested that surveillance in people could be improved (pages 19-22):             <ul style="list-style-type: none"> <li>– Passive surveillance may not be capable of demonstrating the impact of interventions in the food chain on public health and therefore mechanisms to improve the surveillance systems are needed to demonstrate that a specific intervention has delivered a public health effect.</li> <li>– Collaboration between the medical profession and experts in the food and</li> </ul> </li> </ul>	<p>The majority of fresh (rather than frozen) chicken consumed in the UK is UK produced, with much of the rest being produced in other EU Member States, hence we feel that the emphasis on reducing Campylobacter contamination in UK-produced poultry is appropriate.</p> <p>We cannot predict whether infection from other sources will expand to fill a niche – however horizon scanning and research activities undertaken as part of the FDS should detect any emerging trends</p> <p>With other funders we are planning a co-ordinated approach to research to better understand and control Campylobacter infection (<a href="http://www.food.gov.uk/multimedia/pdfs/campylobacter_strategy.pdf">http://www.food.gov.uk/multimedia/pdfs/campylobacter_strategy.pdf</a>).</p> <p>As part of the Campylobacter Risk Management Programme we hope to ensure that enhanced surveillance of human infections with Campylobacter can be carried out to determine whether interventions in the poultry supply chain impact on human cases – these will incorporate appropriate methodologies to allow source attribution.</p>
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	<p>veterinary sectors and other specialities is key to improving the data collection needed to provide baseline information on campylobacteriosis, to refine source attribution models and to monitor the effectiveness of interventions.</p> <ul style="list-style-type: none"> <li>– Some terms in the document may need to be modified in the light of recent Government changes e.g. the Health Protection Agency (pages 9, 20) will become part of the Public Health Service for England within the lifetime of this strategy.</li> <li>• Straight-to-cook packaging is a generic issue v. all cross-contamination. The added cost would be minimal if usage was widespread.</li> <li>• Several studies have shown that home cooking can be protective so differences in the raw materials used and practices should be investigated.</li> </ul>	
Which?	<p><b>4.24.</b> Stakeholder engagement and partnership working, as the Strategy emphasises, will be very important. As this has always been part of the FSA’s efforts to reduce foodborne disease, it is important that this is taken to a new level so that it can be ensured that there is effective engagement with all parts of the industry that need to improve their practices, as well as other stakeholders. We agree with the Strategy that retailers have an important role to play and can take more responsibility for driving the necessary improvements across the supply chain and ensure that everyone is aware of and complying with best practice. This includes recognising that current rates of contamination of poultry with Campylobacter are unacceptable. It is also important that the FSA is able to engage with businesses, including caterers, who may not belong to the main trade associations.</p> <p>Which? will help wherever we can to increase consumer awareness of high risk foods, hygiene practices and to raise any problem areas that we are aware of. For example, reports published in Which? Magazine in August 2010 (‘Washing chicken could add to food poisoning risk’ and ‘What’s the score?’), received national and regional media coverage. The reports highlighted high rates of contamination in chickens, and found that 73 per cent of people asked did wash their chicken. The reports reiterated advice not to wash chicken and to cook it properly, and raised awareness of the availability of hygiene scores.</p> <p>We agree with the list of partners that will be included in the Engagement Strategy (industry bodies across the food chain, individual businesses, FSA counterparts in other countries, UK public health surveillance bodies and health departments,</p>	Noted

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	enforcement bodies, the scientific community and consumers. We also agree that a renewed, but targeted, food hygiene campaign will be important to support the Strategy.	
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### SUMMARY OF CHANGES MADE:

Comment	Response
	Page 5: The FSA's revised strategic objective and key outcomes have been changed to reflect the FSA's revised Strategy to 2015 (March 2011).
<p>2.3 - Which?</p> <p>We agree that the FSA needs to focus its resources, but consider that focusing solely on Campylobacter and Listeria monocytogenes in the Foodborne Disease Strategy may be too narrow given the impact of E. coli O157, Salmonella and norovirus.</p>	The Strategy has been revised to represent this range of wider activities more clearly. A new diagram to illustrate the range of activities has been added at page 9 and the information about complementary programmes has been moved (page 8) to follow the section 'How we will achieve our vision'.
<p>2.7 - Health Protection Agency</p> <p>For Listeria monocytogenes, the FDS states that an action plan will be drawn up and implemented by 2015. This delivery of the action plan for Listeria should be brought forward significantly. Listeria monocytogenes is identified as a high priority for the FDS but the delivery of an action plan by 2015 conveys no sense of the high priority or urgency in better understanding the risks and drivers of listeriosis, and reducing the burden thereof.</p>	Implementation and delivery of the various components will take place throughout the FDS period up until 2015, meaning many components will be delivered before this. This has been amended to reflect the timeframe for the development and delivery of the Listeria Risk Management Programme by 2011 (page 20).
<p>2.17 - Shellfish Association of Great Britain</p> <p>We are concerned that norovirus is only rated a medium priority for FSA action</p>	Although increases in norovirus cases may be due, in part, to changes and improvements in surveillance methodology and diagnostic techniques, the priority of norovirus for the Strategy has been reviewed in the light of comments received from respondents and increased to 'high' (page 12).
<p>4.11 - Health Protection Agency</p> <p>Costs of reducing foodborne disease (page 6). It is estimated that the Agency interventions cost £24 million between 2000 and 2005 and that the reductions in foodborne illness over the same period represents a saving of £750 million. However this is misleading since it does not recognise that other government funded activities (Local Authorities, Port Health Authorities, HPA, NHS, etc also contribute to this overall cost.</p>	These data are not entirely comprehensive and were used to indicate the magnitude of the issue. The Strategy has been amended to indicate instead the financial cost of foodborne disease to the UK, estimated at around £1.5 billion per year (page 6).

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Comment	Response
<p>4.12 - Health Protection Scotland</p> <p>While the statement on page 24 that IID2 should allow “calculation of estimates of foodborne disease for the whole of the UK, rather than just England and Wales” is almost true, the implication that it will allow accurate estimates in each of the countries of the UK is not because it will only provide multipliers for England (not England &amp; Wales as stated) and the UK as a whole, not the constituent nations. Furthermore, as it is a snapshot, it will not be able to determine whether any change in laboratory reports of Campylobacter in future years (or indeed the increase between 2008 and 2009 - and 2010 if the trend continues) is real or an artefact.</p>	<p>Noted and agreed</p> <p>Strategy text has been amended to reflect this more clearly (page 23).</p>

**ACTIONS TO BE IMPLEMENTED:**

- 5.
- Changes to the draft Strategy have been made as described above. The Strategy is currently being implemented.
  - The finalised Strategy will be published at [www.food.gov.uk](http://www.food.gov.uk)

### **List of Respondents:**

1. Advisory Committee on the Microbiological Safety of Food (ACMSF)
2. Alun Barnes MCIEH, Chartered Environmental Health Officer (Private Response)
3. Anaphylaxis Campaign
4. Association of Scottish Shellfish Growers (ASSG)
5. British Poultry Council (BPC)
6. British Retail Consortium (BRC)
7. Chilled Food Association (CFA)
8. Consumer Focus (response prepared by Consumer Focus Scotland and Consumer Focus Wales; submitted on behalf of the UK organisation)
9. Byotrol plc
10. Private individuals working in Public Health
11. East Riding of Yorkshire Council
12. Fresh Produce Consortium (FPC)
13. Health Protection Agency (HPA)
14. Health Protection Scotland
15. Hertfordshire and Bedfordshire Food Group
16. Hybu Cig Cymru – Meat Promotion Wales'
17. Moredun Research Institute
18. Mortimer Technical Services Ltd.
19. NHS Fife
20. The Government Chemist
21. Local Government Regulation (formerly LACORS)
22. Public Health Wales (Health Protection, Microbiology Services)

### **List of Respondents:**

23. Scottish Association of Meat Wholesalers
24. Scottish Commission for the Regulation of Care
25. Scottish Environment Protection Agency (SEPA)
26. Scottish Food Advisory Committee (SFAC)
27. Scottish Food Enforcement Liaison Committee (SFELC)
28. Scottish Water
29. Seafish
30. Shellfish Association of Great Britain (SAGB)
31. Society for General Microbiology (SGM)
32. Sussex Food Liaison Group
33. United Kingdom Homecare Association (UKHCA)
34. West Lothian Council
35. Veterinary Laboratories Agency (VLA)
36. Which?