

16 September 2011

Address for Response

fyi-request-40-844eb6b1@requests.fyi.org.nz

Guy Hollister OIA Request

Dear Mr Hollister

Your request under the Local Government Official Information and Meetings Act 1987, for the information set out below, was transferred to Auckland Regional Public Health Service (ARPHS) and the New Zealand Food Safety Authority (now part of the Ministry of Agriculture and Forestry) by Auckland Council on 24th August 2011.

"Since the date Auckland was amalgamated how many food Poisoning reports have been filed online or via phone or mail with Auckland City. How many have been dealt with, how many have resulted in action by Auckland City and what was those actions. Lastly, how many have not been dealt with yet, and can I please have a list of the numbers as well as the days that each of the unresolved food poisoning reports have been sitting with Auckland City for. Note:- Food poisoning is an assumption until it can be proven with an inspection, so stomach complaints from members of the public involving food retailers is sufficient - if that is how you work with the data."

ARPHS does not receive food poisoning reports on behalf of Auckland Council and if a narrow interpretation of your request was used, ARPHS holds no pertinent information. Notwithstanding that caveat ARPHS does hold some information that may be relevant and this is outlined below.

ARPHS receives many self-reported cases of gastroenteritis, doctor-notified cases of gastroenteritis and reports of gastroenteritis outbreaks annually¹. These notifications are dealt with in accordance with ARPHS clinical protocols. These protocols do not separate out potential food poisoning reports from other notifications pertaining to gastroenteritis as a matter of course.

All reports are filed in surveillance databases as follows:

- For single cases, these are filed according to the type of illness.
- For outbreaks (two or more cases suspected to have a common cause) are filed in a category for themselves.

¹ Appendix 1 sets out an overview of ARPHS role in communicable disease control and some of the issues associated with particular diseases.

The surveillance databases are not sub-grouped by suspected cause due to the difficulties in establishing this at the outset (see Appendix 1 for some of the issues and challenges around disease investigation).

Instead, gastroenteritis databases include cases due to person-to-person, waterborne, environmental, zoonotic (animal-acquired) as well as potential foodborne transmission.

Outbreaks and reports of single cases of illness that are considered likely to be linked to commercial food premises are recorded in one of two ways:

- Referrals to MAF for food premises investigation, or
- On a surveillance database for monitoring possible clusters of cases linked to particular food premises.

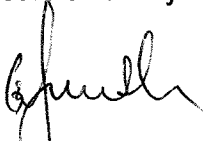
During the period 1 November 2010 to 31 August 2011, the following numbers of reports were recorded:

- 34 reports were referred to MAF for further investigation. Of these:
 - 14 were single cases of possible foodborne illness (i.e. 'food poisoning'), and
 - 20 were reports of outbreaks.

None of the notifications received by ARPHS is outstanding and were all dealt with in accordance with ARPHS' protocols.

A further 142 reports led to food premises being placed on the ARPHS' surveillance database for monitoring. Of these, 116 were reports of single cases of possible foodborne illness, and 26 were reports of outbreaks. This database is used where a food premise may be implicated in a notification, but where there is no strong evidence of a link between ill health and the premise. Should the premise be implicated in a further notification within the following two months then both notifications are referred to MAF.

Yours sincerely



Garry Smith
Chief Executive
Auckland District Health Board

Appendix

Background Information on Notification – Public Health Surveillance and Investigation

Sources of Notifications

ARPHS receives and holds information gathered under the following circumstances:

- Under the Health Act 1956 general practitioners and diagnostic laboratories are required to notify the medical officer of health² of all diagnoses of infectious diseases listed in the Act's schedule³.
- ARPHS also receives some 'self notifications' from people who have become ill. These are the only notifications that can be considered as allegations of food poisoning.
- ARPHS as part of its communicable disease control investigation activities, linked to a notification, also identifies some individuals who may have become ill after eating food.

ARPHS Role Once Notification is Received

A range of differing diseases are required to be notified within New Zealand.

For some diseases the purpose of notification is primarily for surveillance purposes. Public health surveillance is defined as the ongoing, systematic collection, analysis, and interpretation of data on specific health events for use in the planning, implementation and evaluation of public health programmes. This surveillance enables the health sector to better plan and respond to risks to health⁴.

For other notifiable diseases where the risk (probability and consequences) of onward infection of others is greater ARPHS undertakes an active disease investigation.

In these circumstances ARPHS is attempting to identify and manage, where appropriate, the source of infection and other people who may be at risk of ill health. Interventions that can be instituted include removal or mitigation of the hazard, provision of preventive treatment, or provision of public health advice.

To guide it in its activities ARPHS has a series of protocols that set out the approach to be taken for each particular notified disease. These protocols collectively prioritise responses to particular infections.

By its nature disease investigation is challenging as there are routinely multiple possible sources of illness for any given person who has become infected, and it is often unfeasible to reach a clear conclusion as to the exact source of a particular infection. By way of example in the case of food poisoning unless it is possible to sample and test available leftover food it is nearly impossible to link a specific incidence of infection to a particular foodstuff.

² In the Auckland region Medical Officers of Health are employed by ARPHS.

³ A list of diseases notifiable in New Zealand can be accessed at <http://www.arphs.govt.nz/notifiable/downloads/NotifiableDiseaseList.pdf>

⁴ The ESR website contains more detail on the rationale for surveillance. http://www.surv.esr.cri.nz/public_health_surveillance/public_health_surveillance.php

Set out below is a brief overview of the issues that particular causes of ill health present for investigation.

- **Campylobacteriosis** ARPHS investigates this when case/s respond to letters sent by ARPHS following notifications or when the notifying doctor has indicated that the patient is a food handler or involved in an occupation or activities in which the illness might present risk to others. Follow up of premises is based on risk assessment established through a questionnaire.

It is very difficult to determine the cause of campylobacteriosis when one individual has been affected, because the actual source of infection may be any one of multiple exposures in a 10-day period prior to the onset of symptoms.

- **Cryptosporidiosis** It is highly unlikely that this illness is foodborne as cryptosporidiosis is usually acquired through consuming contaminated water, by contact with infected animals, or by contact with infected people, not through contaminated food.

- **Acute Gastroenteritis** This is a mixed category comprising food poisoning, viral gastroenteritis, and gastroenteritis for which the infective organism was not identified. Some but not all of this illness may be food-related.

- **Listeriosis** This serious condition is typically foodborne, although establishing the cause of listeriosis when one individual has been affected is very difficult as the actual source of infection may be any one of multiple exposures in a 70-day period prior to the onset of symptoms.

- **Giardiasis** As for cryptosporidiosis, it is highly unlikely that this illness is foodborne as giardiasis is usually acquired through consuming contaminated water, by contact with infected animals, or by contact with infected people, not through contaminated food.

- Salmonellosis Salmonellosis cases among children aged less than 5 years and among food handlers are prioritised for investigation. Contaminated food may well be the cause of illness in many cases, but other exposures such as contact with infected people, infected animals or consumption of contaminated water can also be significant.
- Shigellosis Shigellosis is commonly acquired through overseas travel, or by close personal contact with someone who has recently returned from overseas travel, not by foodborne transmission in New Zealand.
- Typhoid fever Typhoid is commonly acquired through overseas travel, or by close personal contact with someone who has recently returned from overseas travel, not by foodborne transmission in New Zealand.
- VTEC/STEC infection VTEC is a serious infection and all cases are prioritised for investigation. Contaminated food may well be the cause of illness in many cases, but other exposures such as contact with infected people, infected animals or consumption of contaminated water can also be significant.
- Yersiniosis Yersiniosis is acquired through contact with contaminated food, contaminated water, or by direct contact with infected people or animals.