



10 January 2018

Graham Carter

Email: fyi-request-7084-1897096b@requests.fyi.org.nz

Dear Graham,

Official Information Act Request – Poisoned by wild boar meat

Thank you for your enquiry received on 5 January 2018 made via <https://fyi.org.nz/>. Your request was as follows:

“...medical notes for the Kochumman family that was poisoned by wild boar in Putaruru, raise some questions:

- (1) *1080 was the number 1 suspect, according to the poisoned patients' medical notes. The Waikato DHB states that they have tested for 1080.*

However the date of the urine test was 18 days after hospitalisation, which is outside of the time that 1080 is detectable in urine (it is excreted from urine within seven days of ingestion - See Charles Eason's Vertebrate Pesticides Toxicology Manual for further details).

In our statement provided on 22 December 2017 we advised that “Sodium fluoroacetate (1080) testing in the patients was negative.” More specific information in response to your request is withheld pursuant to s9(2)(a) in order to protect the privacy of the individuals.

The DHB can, however, discuss the approach that the DHB would generally take to collect and test samples and has summarised it as an appendix to this letter. The DHB is confident that the process that was followed means had 1080 been present then the process of sampling, specimen management and testing would have identified it.

- (2) *None of the meat collected by MPI has been tested for 1080. This was confirmed in a meeting with the WDHB yesterday. Someone should ask why it was not tested, when the patients' medical notes say the wild boar meat should be tested for 1080.*

The WDHB's interest in this matter was the clinical diagnosis of the presenting individuals.

The information you requested in question (2) is not held by Waikato DHB but may be held by Ministry for Primary Industries as it is believed to be more closely connected with their functions. Your request has accordingly been transferred to info@mpi.govt.nz for response.



(3) *Why did they continue to say it was botulism when they knew early on that the symptoms didn't fully align?*

The DHB did not continue to speculate on any particular cause. The Waikato DHB made the following statements on this case:

Dr Vipond, Medical Officer of Health is recorded as making the following comment to the NZ Herald, published on 16 November: "Waikato DHB's Medical Officer of Health, Dr Richard Vipond, said experts were still investigating potential sources of the illness, including wild pork meat. "We do not have any evidence to determine any broader contaminated game meat, or that there is a risk to public health, however I would encourage anyone who is hunting or handling game meat to follow guidelines as set out by the Ministry for Primary Industries [MPI]," he said."

Statement provided on 17 November 2017: "While we don't know the exact cause and source of this illness, we now believe it is botulism. The three patients are responding to botulism anti-toxin and are recovering in hospital. We have sent samples off to a specialist centre in Queensland for testing but it may take several weeks before we get the results. We have no evidence to believe there is any public health issue."

Statement provided on 22 December 2017: "The Waikato DHB is continuing to investigate the potential cause and source of illness in the Putaruru family who were taken ill last month. There have been no positive results so far from the sampled food stuffs or the patients. Botulism tests in the food stuffs and in the patients have so far been negative. Sodium fluoroacetate (1080) testing in the patients was negative. Medical Officer of Health Dr Richard Vipond said: "Investigations are ongoing, however there has been no evidence of any public health threat. There is also no evidence that the family's illness was caused by the pork they consumed. It is great news that the family continue to recover."

Statement provided on 4 January 2018: "We have met with the family spokesperson and their lawyer and have given them all the information they have requested. We have also said we will meet with the family once they are well enough. There are no more tests to be done by us. We've nothing to add to what we've said previously. We are dealing with the family and their spokespeople direct, not through the media."

(4) *Why has neither the WDHB nor MPI followed up with the person who provided the wild boar meat to Shibu's family? This information is held by the WDHB. It could be a public health risk as this person has probably supplied meat to others".*

The DHB was unable to obtain reliable information as to the source of various food items. Your request has been transferred to info@mpi.govt.nz for response because it is more closely connected with their functions.

You have the right to request the Ombudsman investigate and review the decision to withhold the information. The Ombudsman's postal address is:

The Ombudsman
Office of the Ombudsmen
PO Box 10-152
WELLINGTON

Yours sincerely

A handwritten signature in black ink, appearing to read 'M Spittal', written in a cursive style.

Mark Spittal
Executive Director Community & Clinical Support
Waikato District Health Board

cc Legal

Appendix: general approach to testing

It is normal practice for clinical samples to be collected at the point of presentation and admission. Those samples are stored in the clinical laboratory and are used for subsequent testing. This is especially true when the tests are for substances which are known to be affected by natural biological processes. Samples are generally refrigerated.

Repeat sample collection occurs as required during the clinical care of a patient, particularly to determine clinical progression.

If the possible degradation of a sample due to natural processes is a concern then samples collected at a time and in a manner that minimises the risk of degradation are tested. Typically these are samples taken as soon as possible after the onset of the presenting condition (ie: presentation/ admission).

If the test requested is of a type that was unusual for the DHB's clinical laboratory to perform then the advice of suitable experts in the field is sought on sample size, storage, transportation and testing.

If there is the potential for the substances being tested for to be unstable then it is normal that aliquots are frozen and more rapid forms of transportation between secure places of storage are used. Careful consideration is given to the date and timing of transportation in order to minimise risk of degradation of the sample in transit e.g. late day/ end of week/ weekend transfers are generally avoided.

In the New Zealand context clinical testing for potential 1080 poisoning is rare. It does not normally occur in a clinical laboratory. The Landcare laboratory at Lincoln has expertise in such testing and that is the normal place from whom advice is sought and where such tests would be conducted. (It is entirely normal that specialised tests are performed by specialised laboratories either in New Zealand or Australia).