

Performance Benchmarking of Australian and New Zealand Business Regulation: Food Safety

General Comments

In general, the Productivity Commission report documents the state of foodborne diseases in Australia accurately. The Commission has been guarded in their interpretation of data, which is appropriate. In particular, we agree with the Commission in their assessment that 'It is difficult to use outcomes data to draw conclusions on the performance of food safety regulation.'

Foodborne diseases are useful to highlight particularly problems with sectors of the food safety system, but not good enough to use to benchmark the functioning of the system. The main reason for this is that foodborne illness is a rare event that occurs due to many different causes, making it difficult to link back to specific systemic breaches in the food supply system. We do observe increases in outbreaks associated with certain foods that we know are related to food safety breaches in industry sectors, but these are useful only as evidence of a problem, not for monitoring trends.

There are some inaccuracies in the Commission's reporting of the epidemiology of foodborne diseases in Australia, which are outlined in the section on Specific Comments.

Specific Comments on Section 3.2 Food-borne illness

Page 37 Box 3.1 When discussing the cost of foodborne illness to Australian society, we would strongly advocate that the Commission use the more recent estimates of incidence and costs prepared for the Australian Government Department of Health & Ageing (DoHA). It is misleading to quote the earlier report prepared in 1999 for the then Australia New Zealand Food Authority, Food safety standards—costs and benefits, as this report has been superseded by newer and more reliable data. DoHA established OzFoodNet in 2000 to enhance surveillance of foodborne diseases in Australia, which included estimating the burden of illness due to foodborne diseases. OzFoodNet estimated that there were 5.4 million cases of foodborne disease annually (see: [http://www.ozfoodnet.org.au/internet/ozfoodnet/publishing.nsf/Content/reports-1/\\$FILE/foodborne_report.pdf](http://www.ozfoodnet.org.au/internet/ozfoodnet/publishing.nsf/Content/reports-1/$FILE/foodborne_report.pdf)). This report is a sister document to the report prepared by Professor Abelson and was central to the derivation of the annual cost of \$1.25 billion. While this cost is lower than the previous estimate, it was derived using robust data on direct and indirect costs using Australian data. It was unable to examine costs to industry.

Page 38, paragraph 3, line 3: Notification requirements for infectious diseases are not quite as described in the report, where it states 'In Australia, these are notifiable through OzFoodNet, Australia's enhanced food-borne illness surveillance'. Throughout Australia, laboratories and medical practitioners are required to notify cases of prescribed infections to State and Territory health departments, which then forward reports onto the National Notifiable Disease Surveillance System managed by DoHA. It is more correct to say that OzFoodNet investigates foodborne diseases nationally, in conjunction with States and Territories along with other partner organizations.

Page 38, paragraph 5, line 1: The introduction to this paragraph is confusing where it is stated 'suggest that food-borne illness could be overstated in notifications'. It is presumed that the meaning was that notified cases may have been infected from non-foodborne sources, such as infected animals or people. We suggest re-wording.

Page 39, paragraph 6: We wouldn't support the use of rates of all notified infections that may be transmitted by food as a means of comparison for different jurisdictions. We think the comparison is meaningless, as many different aetiological agents are lumped together. This can hide important

differences. We would suggest using crude numbers only to report for different States and Territories, and would not compare between them except for specific aetiological agents.

Page 40, Table 3.1: We suggest removing the rows for 'botulism', as it is such a rare infection and there were no cases in 2008. Again, we would suggest deleting the second row for rates under the category 'Total', as it is meaningless to aggregate the different agents in this way.

Page 40, paragraph 1: We think that it is difficult to read too much into any trends from the data presented in Table 3.2. The data look quite flat, with some variation that could be due to background noise. We would suggest re-wording this section to talk about 'declines' or 'increases', as there are not any obvious national trends in the data. The Commission has not done any formal assessment of trend, and in general these assessments can be misleading.

Page 42, paragraph 1: Similarly, when discussing notification rates in individual jurisdictions, it is easy to over-interpret changes in data for single years. It is probably better to say nothing about jurisdictions, except maybe the declines in campylobacteriosis in South Australia and Tasmania for 2008, although it is unclear whether this will continue. It is meaningless to discuss shigellosis in South Australia, as this is often a disease that is sanitation related.

Page 42, paragraph 4, last line: Cryptosporidiosis is not 'more commonly transmitted through water', but more likely transmitted from a variety of sources, including other infected persons or animals and water. Waterborne transmission of cryptosporidiosis has been over-emphasised in the literature.

Page 46, paragraph 1: We are not sure of the point of pointing out the year-to-year variation in the outbreak dataset. Much of this variation in numbers of outbreaks, people affected, or persons hospitalized is to be expected given that these events (outbreaks) are clustered. For some of these examples of 'volatility', a single outbreak may have contributed ~500 cases with many requiring short-term hospitalization.

Page 46, paragraph 7: The data on outbreaks by jurisdiction are useful for analysis to identify food safety problems if the data are aggregated over consecutive years.

Page 46, paragraph 8: We note the vastly different rate of outbreak reporting for New Zealand, which highlights a very different system of surveillance, including definitions of an outbreak. Why has there been a declining trend in reported outbreaks in New Zealand?

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