
CAMPYLOBACTER REDUCTION: UPDATE ON PROGRESS AND NEXT STEPS

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1 SUMMARY AND RECOMMENDATIONS

- 1.1 Campylobacter reduction remains the top food safety priority of the FSA, as it remains the largest cause of foodborne illness in the UK. This is a priority we share with Food Standards Scotland (FSS) and, since the formation of that body in April 2015, we have worked together to deliver our shared ambition for Campylobacter reduction. This meeting, which coincides with a meeting of the FSS Board, provides an opportunity for joint review of progress and next steps, which are set out in the attached paper which is for consideration by both Boards.
- 1.2 The FSA Board most recently considered progress of Campylobacter reduction at its meeting in July 2015. The Board endorsed the assessment that industry as a whole was unlikely to meet the target they had jointly agreed with the FSA to reduce the proportion of whole fresh chicken that were most heavily contaminated with Campylobacter to less than 10%, measured at the end of processing, by the end of 2015. The Board agreed we should continue to press retailers and suppliers to meet this target at the earliest subsequent opportunity, and that we should develop plans for the next phase of our work on Campylobacter reduction.
- 1.3 The Board is asked to:
 - **Note:** the achievements of the Campylobacter reduction campaign to date, and in particular our renewed confidence that the 10% target will be met by the industry as a whole, by the end of 2016;
 - **Agree:** that the FSA should therefore have as a corporate objective for the end of March 2017, shared with industry partners, achieving a reduction in laboratory confirmed cases of human campylobacteriosis that is equivalent to 100,000 fewer estimated cases of Campylobacter per year;
 - **Discuss and endorse:** the proposed elements of the next phase of our work on reducing Campylobacter; and in particular
 - **Decide:** whether to ask the Chair to write on behalf of the FSA (jointly with the Chair of FSS if that Board think appropriate) to the Chairs of the Boards of the major retailers asking them to commit to regular publication of their Campylobacter monitoring data.

2 INTRODUCTION

- 2.1 Campylobacter is the largest single cause of foodborne illness in the UK, with an estimated 280,000¹ cases a year. Separate studies have shown that 50-80%² of all cases of campylobacter (not just food attributable) are estimated to be linked to the reservoir of infection in poultry. Industry stakeholders agreed with FSA in 2010 the target of reducing the proportion of whole fresh chicken that were most heavily contaminated with Campylobacter³ to less than 10%, measured at the end of processing, by the end of 2015. Modelling suggests that achieving this target should lead to a reduction of 50% in the number of cases of foodborne campylobacteriosis that are associated with the consumption of chicken.
- 2.2 The current Campylobacter Programme aims to accelerate action by industry, government and other stakeholders. The mission of the programme remains to drive action which leads to the target agreed in 2010 being met as soon as possible and, working in partnership, to move to a position where Campylobacter in chickens no longer constitutes a significant threat to human health in the UK.

3 KEY ACHIEVEMENTS OF THE CAMPYLOBACTER REDUCTION CAMPAIGN TO DATE

The FSA retail survey of Campylobacter on chicken

- 3.1 The publication, from November 2014, of results from the FSA retail survey in a way that allows the performance of each retailer on Campylobacter reduction to be compared to other retailers, and to be tracked over time, has been a particularly effective lever. It has encouraged retailers to view this as a business critical issue and take positive steps, together with the processors that supply them, to reduce the levels of Campylobacter in the chickens they are selling to consumers.
- 3.2 There is a growing list of interventions that have been developed and then implemented at scale, in different combinations, by different supply chains from farm to retail. These are having a demonstrable impact on the levels of contamination we are finding in the retail survey. In each of the last two quarters' data we have published, covering chicken on retail sale between July and December 2015, the proportion of chickens that were most highly contaminated were around two-thirds of the equivalent figures for the same periods in 2014. This represents significant progress, and although it confirms

¹ The 95% credible intervals for this central estimate are 131,000 to 532,400. Reference: Tam, C. C., Larose, T., O'Brien, S. J. (2014). Costed extension to the Second Study of *Infectious Intestinal Disease in the Community: Identifying the proportion of foodborne disease in the UK and attributing foodborne disease by food commodity (IID2 extension)*.

² See, for example, Sheppard, S.K. *et al.* (2009). Campylobacter genotyping to determine the source of human infection. *Clin Infect Dis* 48(8):1072-1078.

³ The most heavily contaminated chickens are those in which neck skin (which is the most heavily contaminated part of the carcass) contains Campylobacter at above 1000 colony forming units per gram.

that the target⁴ was not met at the end of 2015, our knowledge of the further interventions that are currently being implemented at scale on farm and by processors gives us renewed confidence that this target is now within reach.

- 3.3 The acid test of the success of Campylobacter reduction is its impact on human health. A comparison of the provisional data of the number of laboratory reports of human campylobacteriosis for the UK in the first three quarters of 2015, when compared to the same period in the previous 2 years, indicates a slight decline. To drive a continued focus on delivering human health impact, we propose a corporate objective for the end of March 2017, working in partnership with industry and others, of achieving a reduction in the incidence of laboratory confirmed cases of human campylobacteriosis that is equivalent to 100,000 fewer estimated cases of Campylobacter per year.⁵
- 3.4 A number of uncertainties remain as to how the reductions we are already seeing in the incidence of most highly contaminated chickens will feed through into reductions in the number of human cases. The most significant of these are scientific uncertainties relating to the size and nature of the environmental reservoir of Campylobacter and its interaction with Campylobacter on the farms where broilers are reared. If the environmental reservoir is large, or there is more active cycling of infection between the environment and farms, it may take longer to achieve reductions in human case numbers and may require additional interventions relating to agricultural practice.

Consumer engagement and communication

- 3.5 The Campylobacter campaign has emphasized the responsibility of food businesses to produce food that is safe, and the responsibility of the FSA to create an environment in which they are effectively incentivized to ensure that they do so.
- 3.6 The FSA also recognizes the responsibility of consumers to play an active role in managing the food related risks to which they are exposed and the responsibility of food businesses and the FSA to ensure that consumers have the right information at the right time to support them to do so. So alongside our work with industry we have undertaken significant work on consumer engagement and communication.
- 3.7 In England, Wales and Northern Ireland, FSA launched the Chicken Challenge in Food Safety Week 2015 – a key initiative to engage consumers, building on the success of the “don’t wash raw chicken” message for Food Safety Week 2014. A tracking survey shows that 33% of people recall Food Safety Week activity and that awareness of Campylobacter is 42% among those who recall Food Safety Week activity, compared to 31% among those

⁴ The joint industry target of no more than 10% of chickens that leave UK processing plants should be contaminated with campylobacter, at a level exceeding 1000 cfu/g, is equivalent to 7% of chickens at retail sale, as it is well established that there is a natural decline in Campylobacter levels from the end of the slaughter line on its passage through the chill chain.

⁵ When compared to a baseline of the average number of cases in the period 2009-2013, adjusted for changes to the age structure and increases in the UK population.

who did not. Across all social media platforms we potentially reached 46 million accounts, with an actual estimated reach of 5 million people.

- 3.8 Our predictive model, based on the best expert estimates, indicates that the return on investment of this campaign based on savings to the NHS is positive. We expect that Food Safety Week 2015 activity resulted in a reduction of around 400 cases, representing economic savings of at least half a million pounds, compared to the cost of this activity of £160,000.

4 TOWARDS THE NEXT PHASE OF CAMPYLOBACTER REDUCTION

- 4.1 With the achievement of the target for reducing the proportion of chickens most highly contaminated with Campylobacter now an imminent prospect, we should turn our attention to action that delivers a lasting commitment to reduce Campylobacter on chicken further so that it no longer constitutes a significant threat to human health in the UK.

- 4.2 We propose action with a range of sectors and stakeholders:

- in poultry processing, we will engage with EU partners on future poultry official controls and appropriate legislative criteria for Campylobacter levels on raw poultry, informed by our current pilot study;
- we want all retailers to take responsibility for transparency and for letting their customers know how they are progressing against a statement of their commitment to Campylobacter reduction beyond the 2015 target;
- as retailers and processors demonstrate their commitment to sustained Campylobacter reduction, we will turn our focus to the contribution that the smaller independent producers and the sectors they supply should make to reducing the burden of foodborne illness related to Campylobacter;
- all the above activity will be informed by the knowledge we are gathering about consumer expectations.

Each of these actions is described in more detail below.

Future poultry official controls

- 4.3 In the European regulatory context, we advocate more targeted, risk-based and proportionate official controls. Some tasks required by the current system of controls are not fit for purpose and do not contribute to an effective protection of consumers. There is inadequate focus on Campylobacter reduction in the current regulatory approach.
- 4.4 We commenced a pilot in collaboration with the British Poultry Council in November 2015 to test practical aspects of official controls delivery in poultry slaughterhouses. The pilot includes verification activities targeted at microbiological quality, and a microbiological criterion for Campylobacter. We are grateful to poultry industry participants for their support, for the feedback they provided on the design of the pilot and, for encouraging slaughterhouses to participate in the pilot.

- 4.5 The evidence from the pilot, which will report in May 2016, will inform discussions at EU level on future poultry official controls and appropriate legislative criteria for Campylobacter levels on raw poultry.

Responsibility and transparency of major retailers

- 4.6 It is a key principle of the FSA's regulatory strategy, agreed by the Board at its last meeting, that food businesses should take responsibility not only for producing food that is safe and what it says it is, but for demonstrating that they do so. Consumers' rights to make decisions about the food they buy knowing the facts require much greater transparency in the food system. We have said that we will drive this agenda of transparency, setting clear expectations about the information that industry and regulators should publish, and working with stakeholders to develop new tools and applications.
- 4.7 We now want to move to a situation where there is a high level of transparency on the part of the retailers regarding the levels of Campylobacter contamination found on their chicken, where we can be confident of the robustness and comparability of the data. Retailers are now undertaking significant amounts of testing of their own products and many are making public statements about the reductions they are achieving, based on their test results.
- 4.8 We want all retailers to take responsibility for transparency and for letting their customers know how they are progressing against a statement of their commitment to Campylobacter reduction beyond the 2015 target. We have set out for retailers and processors the standards for sampling, analysis and data reporting that we would consider to be robust. These would include ensuring representativeness of sampling, adhering to a recognised sampling and analytical protocol, and independent third party auditing of systems. Where we agree with retailers that their sampling, analysis and data reporting are robust, we will propose to remove them from the FSA retail survey and look to them to publish their own data in parallel. This delivers progress against our strategic objective of transparency in the food system, as well as reducing the amount of public funding that is needed to demonstrate retailer performance. Where retailers do not commit to transparency, or where processors do not implement meaningful interventions across their estate, we will identify those not making the same efforts as their peers.
- 4.9 The Boards of the FSA and FSS may wish to consider a joint letter from the Chairs of both organisations to the Chairs of the Boards of the major retailers asking them to commit to quarterly publication in line with the data standards which we have outlined.

Other sectors

- 4.10 Most of the current focus is on the 85% of supply of UK whole fresh chicken from slaughterhouses to the major supermarkets. As these retailers and the processors that supply them make and demonstrate their commitment to

sustained Campylobacter reduction, we will turn our focus to the contribution that the smaller independent producers and the sectors they supply should make to reducing the burden of foodborne illness related to Campylobacter in order to achieve our ultimate objective of achieving a position in which Campylobacter in chicken no longer constitutes a significant threat to human health.

Articulating consumer expectations

- 4.11 We have said that we will put the consumer at the heart of everything we do. We therefore believe that the expectations of consumers, having understood the issues relating to Campylobacter in food and the trade-offs that may result from further Campylobacter reduction, should play a central part in informing the future scale of ambition of all players.
- 4.12 We are currently working with UK consumers to explore and understand their knowledge and acceptance of levels of Campylobacter contamination in chickens at retail sale. Using stimulus material, we are exploring the consequences that different interventions may have on the final chicken produced and investigating what consumers would consider an acceptable level or range of Campylobacter on chickens at retail from an informed consumer perspective. This work is already in the field and is due to report in May 2016.