

19 July 2019

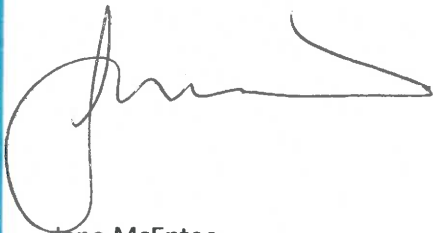
animal.products@mpi.govt.nz

Submission on Discussion Paper: Review of the Campylobacter Regulatory Limits for Meat Chickens

Thank you for the opportunity for Auckland Regional Public Health Service (ARPHS) to provide a submission on the Discussion Paper: Review of the Campylobacter Regulatory Limits for Meat Chickens.

The following submission represents the views of the Auckland Regional Public Health Service (ARPHS) and does not necessarily reflect the views of the three District Health Boards it serves. Please refer to Appendix 1 for more information on ARPHS.

Yours sincerely



Jane McEntee
General Manager
Auckland Regional Public Health Service



Dr Jay Harrower
Medical Officer of Health
Auckland Regional Public Health Service

General support for review of regulatory limits

1. In principle, ARPHS is very supportive of any actions taken to reduce the incidence of campylobacter bacteria presence in commercially-produced chicken meat. This is due to the clear association with human campylobacter infections (campylobacteriosis) linked to consumption of chicken. Campylobacteriosis is, by a large margin, the most common gastroenteric illness notified to public health units in New Zealand. Despite that already worrying statistic, we have reason to believe that human campylobacteriosis cases are considerably under reported by a factor approaching 900% due to people varying in their sensitivity to, and tolerance of, such pathogens and their financial capacity to attend healthcare to report illness. The consequence is that campylobacteriosis is the cause of considerable illness and economic loss to the country – albeit one that is difficult to quantify. As a relatively cheap meat, contaminated chicken can especially impact lower socio-economic sections of society.

Identified options

2. ARPHS has no expertise in the methodology of campylobacter reduction in commercial flocks but suspects that the better situation with free range chickens does indicate that cross-infection is significant between birds housed in the crowded spaces associated with factory farming. ARPHS would not support dosing feed with antibiotics as a strategy due to the potential for development of antibiotic resistance. Without having particular technical expertise we are however supportive of the measures outlined in the discussion paper, particularly option 2 (a tightening of the Campylobacter Performance Target [CPT] detection target to such a level that failure to meet it would render the current prevalence performance target redundant); and option 4 (proposed reduction of the CPT enumeration target; we are encouraged to read that this is something that the Poultry Industry Association of New Zealand has proposed).

Food safety education

3. ARPHS is concerned that the message about treating chicken as potentially contaminated until it is thoroughly cooked, appears to have lost its impetus. We are aware of at least one instance where bloody chicken seemed to be consumed routinely by an ethnic group, despite very clear MPI and public health advice to the contrary. A casual approach to undercooked chicken as a food is likely to be carried through to a casual approach towards handling of raw or under cooked chicken - and consequent cross contamination of other foods, hands and food contact surfaces. This is obviously of highest significance in food premises, but has general application. While acknowledging the 'Clean, Cook, Chill' food safety education campaign, ARPHS would like to see promotion by MPI of renewed, and striking, publicity around raw and undercooked chicken as a significant issue affecting both the New Zealand food industry and household consumers.

Appendix 1: Auckland Regional Public Health Service

Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Counties Manukau Health, Auckland and Waitematā District Health Boards).

Auckland Regional Public Health Service has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities in the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.

Auckland Regional Public Health Services' primary role is to improve population health. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects.

The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of lifestyle-related health conditions such as obesity and type 2 diabetes, infrastructure requirements, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.

