

Frozen Berries Hepatitis A Virus Outbreak Fact Sheet

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Introduction

An outbreak of foodborne illness attributed to hepatitis A virus (HAV) has taken place in Australia. At least ten people have become infected. The source of the outbreak is packs of frozen mixed berries and frozen raspberries packed in China for Patties Foods, Bairnsdale, Vic, under the Nanna's and Creative Gourmet brands. The origin of the berries is believed to be a combination of China and Chile.

Recall notices published by Food Standards Australia New Zealand (FSANZ) were as follows:

- 14/02/15 3:54 pm Nanna's Mixed Berries 1kg
- 15/02/15 1:08 pm Creative Gourmet Mixed Berries 300g and 500g
- 16/02/15 8:02 pm Nanna's Raspberries 1kg

Discussion

The Produce Marketing Association Australia-New Zealand (PMA A-NZ) and the Fresh Produce Safety Centre A-NZ (FPSC) staff, principally Richard Bennett, have been contacted by numerous media outlets seeking comment. The main points made are as follows:

Q: How are consumers protected and what went wrong?

Food safety in Australia comes under the regulatory authority of FSANZ and the Australian Food Standards Code as adopted by the States and Territories. The Code stipulates, among other things, that so-called 'food businesses' must implement a food safety program based on Codex HACCP. Such a program includes the ability to manage suppliers. In this case, Patties must be certified to a food safety program and must manage its suppliers accordingly, as is apparently the case. Clearly, despite the preventive controls in place, a contamination has taken place and passed undetected through the supply chain.

Q: Are imports 'Beyond the law' in Australia?

The Food Standards Code is designed to protect Australian consumers. It applies equally to domestic production and imported food such as fresh and processed produce.

¹ The information in this document is correct as at 18th February 2015

Q: Should the Imported Foods Inspection Scheme pick up contamination like this?

Considerable attention has focused on the Imported Food Inspection Scheme (IFIS) and its surveillance testing regime of five percent of consignments. There is a case that recent outbreaks of HAV due to frozen berries in Europe and North America could have led the IFIS to widen the scope and elevate the rate of testing. One would hope that IFIS will reassess the risk of the HAV:frozen berry association.

Q: Is the Imported Food Inspection Scheme the only testing that is conducted?

The Imported Food Inspection Scheme is NOT the only opportunity for imported product to be tested for microbiological (or chemical) contaminants. It is minor in the bigger picture of managing food safety in Australia. Testing is a verification activity and is generally required for food safety certification. Testing verifies if good agricultural practices such as effectively treating water and adhering to good personal hygiene practices have been followed during production and packing. Testing is a snapshot in time and is not a guarantee that all product is safe. Testing can be of raw materials and finished product depending on the risk assessment. Food safety verification testing applies regardless of whether product is produced domestically or imported.

Q: So how widespread is food safety certification, and hence verification testing?

Food safety certification is commercially mandatory to supply any of Australia's major retailers, who collectively account for over seventy percent of the fresh produce grown in Australia. Food safety certification is the primary mechanism for managing food safety risk, which in turn makes it the primary mechanism for protecting the reputation and value of our most trusted food brands.

Q: Is this outbreak the fault of our regulations?

A foodborne illness outbreak is not a sign of the failure of regulation. Our regulatory system is widely recognised as being very good. Outbreaks are usually the result of short-term human error and are best resolved by corrective action, putting processes in place to address the cause of the problem. The preventive controls already in place should be capable of preventing outbreaks such as this.

Q: So how do Australian food businesses meet the regulatory requirements of the Food Standards Code?

The majority of Australian fresh and processing produce is grown, packed and processed under one or more internationally recognised food safety standards, such as SQF, BRC, Freshcare and GlobalG.A.P. This is not the exclusive domain of the Australian industry. Localised variations of Good Agricultural Practice Programs including NZGAP, ChinaGAP, ChileGAP and CanadaGAP exist in many countries. Australian retailers require their international suppliers to be certified to the same

standards as Australian growers. The audits to these schemes are often conducted by Australian auditors.

Q: Can the food industry guarantee food safety?

Despite the widespread implementation of food safety standards and government regulation, foodborne illness incidents continue to occur globally. We are fortunate that not many serious outbreaks have occurred in Australia. Outbreaks of this nature are rare but they do occur and industry learns and improves from each one.

Q: Sounds like all this imported food is creating more illness than ever. Is this true?

There is an overall declining trend in the number of foodborne illnesses in Australia despite the substantial increase in imports. Circa 2010, there were an estimated annual 4.1 million (90% CrI: 2.3–6.4 million) cases of foodborne gastroenteritis acquired in Australia, including an estimated annual 31,920 (90% CrI: 29,500–35,500) hospitalisations and 86 (90% CrI: 70–105) deaths due to foodborne illness. This equates to an average of approximately one episode of foodborne gastroenteritis every five years per person. There were an estimated 4.3 million (90% CrI: 2.2–7.3 million) episodes of foodborne gastroenteritis circa 2000. Taking into account changes in population size, applying these equivalent methods suggests a 17% decrease in the rate of foodborne gastroenteritis between 2000 and 2010. While foodborne salmonellosis was estimated to have increased by 24% over this period, illnesses from hepatitis A decreased from 245 cases circa 2000 to 40 cases circa 2010, representing a rate decrease of 85%. (Australian Government Department of Health, 2014)

Q: Are the reports that this outbreak is due to a biosecurity failure at our border true?

This is not a biosecurity issue. Biosecurity refers to the introduction of pests and diseases of quarantine significance that do not currently exist in Australia. Such pests and diseases could have a devastating impact on primary production. Human pathogens are not a biosecurity issue.

Q: What is the produce industry doing to address food safety, long term?

The Fresh Produce Safety Centre is the industry-funded body that provides research, education and outreach on food safety matters. The FPSC is currently contracting two pieces of research and development. The first is to review the industry's food safety best practice guidelines in light of recent learnings from research and from practice. The second project is to identify gaps in our knowledge of microbiological contamination by conducting a review of the contemporary literature covering water, organic inputs, storage and other production variables. These priorities were identified by industry over the last 18 months. See www.freshproducesafety-anz.com



Q: Do you think everything is OK, or can the industry learn from this incident?

PMA A-NZ and FPSC supports a review of this case, and any similar case, if we believe that such a review may lead to improved food safety outcomes for Australian consumers. In particular, such a review should objectively test the capability of the food safety preventive controls in place, seek gaps in the efficacy of the commercial and regulatory standards in place and clarify industry concerns relating to matters of fairness and equivalence.

Q: Where is the best place to go for specific information on hepatitis A virus and this outbreak?

There is a lot of information on the internet and in the media, some of it not very reliable and accurate. I suggest you look at [these FAQs from the Chief Health Officer for Victoria](#). There are other authoritative sites available but I found this one answered all my questions.

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