Monitoring of foodborne outbreaks caused by toxin-producing bacteria in the European Union



Giusi Amore

BIOCONTAM unit - European Food Safety Authority (EFSA)

www.efsa.europa.eu





OUTLINE

BACKGROUND

DATA COLLECTION ON FOOD-BORNE OUTBREAKS (FBOs) IN EU

MAIN FINDINGS FROM EU SUMMARY REPORT 2014

FOODBORNE OUTBREAKS CAUSED BY

- BACTERIAL TOXINS
- STEC
- **RAPID OUTBREAK ASSESSMENT**





EFSA IS...

the EU reference body for risk assessment regarding food and feed safety

independent European agency

covers the entire food chain – from field to fork

committed to ensuring food and feed safety













Monitoring of zoonoses and zoonotic agents in food, animals and feed

Monitoring of food-borne outbreaks

Joint EFSA-ECDC Rapid Outbreak Assessments





- **Reporting of FBOs mandatory since 2003**
- Based on Zoonoses Directive 2003/99/EC
- Member States investigate FBOs in their territory
- Report annual data on monitoring FBOs
- EFSA's tasks
 - Data collection & analysis
 - Publication of the EU annual Summary Reports





[Available online: www.efsa.europa.eu/efsajournal]





`weak





Information on FBOs to report

- N outbreaks per causative agent
- N human cases
- N hospitalisations
- N deaths
- **Type of FBO** (i.e. general/household)
- Type food vehicle
- Food vehicle info
- Type of evidence (strong or weak)
- Place of exposure
- Place of origin
- Origin of the food vehicle
- **Contributory factor** (e.g. cross-contamination, inadequate heat treatment, etc.)

Latest updated guidelines for reporting on FBOs published in 2016 (www.efsa.europa.eu/efsajournal)





EU-FORS

Evaluation of the strength of evidence implicating a suspected food vehicle

- > Assessment of all available types of evidence
- Microbiological evidence
- **Epidemiological** evidence
- **Environmental** evidence
 - □ Tracing-back of the investigated foodstuffs

> The nature of evidence is not necessarily correlated with its strength

References & definitions: EU-FORS guidance and the published manual for reporting on food-borne outbreaks





- Food-borne outbreak (FBO) investigation systems at national level non harmonised among MS
 - Differences in the sensitivity of the surveillance systems for food-borne outbreaks in the different countries
- Some countries have implemented changes in the national systems over time
 - These aspects and limitations are to be considered when interpreting the results on the monitoring of foodborne outbreaks in the EU





In 2014, overall **5,251 food-borne outbreaks** reported by 26 EU MS \rightarrow 45,665 human cases, 6,438 hospitalisations and 27 deaths

Reporting rate per 100,000 population

Distribution of the food-borne outbreaks







Most food-borne outbreaks caused by **viruses**, followed by **Salmonella**, **bacterial toxins** and **Campylobacter**

 \rightarrow unknown causative agent in 29.1% of all outbreaks





Food-borne outbreaks caused by bacterial* toxins (*Bacillus, clostridium, staphylococcus)

- 840 food-borne outbreaks reported by <u>18 MS</u> (excluding three water-borne outbreaks) → slight increased from 2013
- 3 water-borne outbreaks (2 weak-evidence outbreaks by FR and 1 strong-evidence outbreak by ES)

□ **10** outbreaks reported by the <u>non-MS</u>:

 Iceland and Switzerland (3 strong-evidence outbreaks each), Norway (4 weak-evidence outbreaks)

Mostly general outbreaks (less household outbreaks)

Causative agent		g-eviden	ce outbreaks		Weak-evidence outbreaks					Total	0/-	
	Number	%	Cases	Hospitalised	Deaths	Number	%	Cases	Hospitalised	Deaths	outbreaks	-70
Bacterial toxins	109	18.41	3,026	187	3	734	15.75	6,342	405	2	843	16.05
<i>E. coli,</i> pathogenic – verotoxigenic <i>E. coli</i> (VTEC)	7	1.18	138	8	0	34	0.73	147	28	0	41	0.78





FBOs caused by *Bacillus* **toxins**

In 2014, 12 Member States reported **287 food-borne** outbreaks caused by *Bacillus* toxins (5.5% of all outbreaks)

small increase (3.2%) compared with 2013, when 9 MS reported 278 Bacillus toxin outbreaks.

Country	Stro	ong-evic	lence outbrea	ks	W	eak-ev	idence outbre	Total	Reporting rate	
	Number	Cases	Hospitalised	Deaths	Number	Cases	Hospitalised	Deaths	outbreaks	per 100,000
Belgium	4	20	0	0	7	26	0	0	11	0.1
Czech Republic	0	0	0	0	1	110	110	0	1	0.01
Denmark	1	4	0	0	1	7	0	0	2	0.04
Finland	2	55	0	0	0	0	0	0	2	0.04
France	19	437	18	0	239	1,995	71	0	258	0.39
Germany	2	9	0	0	0	0	0	0	2	0
Hungary	1	170	15	0	0	0	0	0	1	0.01
Netherlands	2	9	0	0	0	0	0	0	2	0.01
Poland	0	0	0	0	2	152	11	0	2	0.01
Portugal	3	57	32	0	0	0	0	0	3	0.03
Spain	1	18	0	0	0	0	0	0	1	0
Sweden	0	0	0	0	2	4	0	0	2	0.02
Iceland	3	36	0	0	0	0	0	0	3	0.93
Norway	0	0	0	0	4	24	0	0	4	0.08
Switzerland	1	41	4	0	0	0	0	0	1	0.01
Total (MS)	35	779	65	0	252	2,294	192	0	287	0.09





FBOs caused by Bacillus toxins

35 strong-evidence outbreaks reported

Place of exposure: mostly reported <u>restaurant, café,</u> <u>pub, bar, hotel</u>' and <u>canteen or workplace catering</u>' (six outbreaks each), followed by <u>school and kindergarten</u>' (four outbreaks). In 9 outbreaks reported as others'





Distribution of FBOs caused by *Bacillus* **toxins by food vehicle, 2014**







FBOs caused by *Clostridium* toxins

In 2014, 13 Member States reported **160 food-borne outbreaks** caused by *Clostridium* toxins (3.1% of all outbreaks)

C. perfringens (124 outbreaks), *C. botulinum* (9 outbreaks) or **unspecified** *Clostridia* (27 outbreaks)

Country	Str	ong-evid	ence outbreak	S	We	ak-evic	lence outbrea	Total	Reporting rate	
	Number	Cases	Hospitalised	Deaths	Number	Cases	Hospitalised	Deaths	outbreaks	per 100,000
Belgium	1	17	1	0	0	0	0	0	1	0.01
Denmark	2	461	0	0	4	63	0	0	6	0.11
Finland	1	67	0	0	0	0	0	0	1	0.02
France	15	421	0	0	99	1,304	18	0	114	0.17
Germany	2	62	20	0	0	0	0	0	2	0
Hungary	1	6	5	0	0	0	0	0	1	0.01
Lithuania	0	0	0	0	1	2	2	0	1	0.03
Poland	0	0	0	0	1	2	2	0	1	0
Portugal	1	30	1	0	1	2	1	0	2	0.02
Slovakia	0	0	0	0	2	5	5	0	2	0.04
Spain	9	456	8	2	6	120	0	0	15	0.03
Sweden	0	0	0	0	2	32	0	0	2	0.02
United Kingdom	10	207	1	1	2	28	1	0	12	0.02
Total (MS)	42	1,727	36	3	118	1,558	29	0	160	0.04





FBOs caused by *Clostridium* toxins

42 strong-evidence outbreaks reported

Place of exposure: mostly 'restaurant, café, pub, bar, hotel' (13), followed by 'residential institutions' (9) and 'household' (8)

5 strong-evidence outbreaks caused by <u>C. botulinum toxins</u> (by 4 MS)

- \rightarrow 17 cases and 12 hospitalisations
- → All household outbreaks, except for one general outbreak
- → Food vehicle: `canned food products' (2 outbreaks) and `vegetables and juices and other products thereof' (2 outbreaks), `other foods (1 outbreak)







FBOs caused by *Clostridium* toxins

<u>37 strong-evidence outbreaks caused by *C. perfringens* toxins</u>

 \rightarrow 1710 cases, 24 hospitalisations, 3 deaths

Food vehicle: mostly 'bovine meat and products thereof' (6 outbreaks), 'other or mixed red meat and products thereof' (5 outbreaks) and 'mixed foods' (4 outbreaks).

In addition, **1 strong-evidence water-borne outbreak** reported by Spain, which involved 22 cases





FBOs caused by staphylococcal toxins

- In 2014, 12 Member States reported **393 food-borne** outbreaks caused by staphylococcal toxins (7.5% of all outbreaks)
- In addition, Switzerland reported 2 strong-evidence outbreaks caused by staphylococcal enterotoxins

Country	Stro	ong-evi	dence outbre	aks	V	leak-ev	idence outbrea	Total	Reporting rate	
	Number		Hospitalised	Deaths	Number	Cases	Hospitalised	Deaths	outbreaks	per 100,000
Belgium	2	22	11	0	2	17	0	0	4	0.04
Croatia	4	37	10	0	0	0	0	0	4	0.09
Czech Republic	0	0	0	0	1	54	15	0	1	0.01
France	9	56	6	0	343	2,268	147	0	352	0.54
Germany	3	42	7	0	0	0	0	0	3	0
Hungary	2	20	3	0	1	33	7	0	3	0.03
Latvia	1	15	14	0	1	4	4	0	2	0.1
Portugal	2	106	22	0	0	0	0	0	2	0.02
Romania	1	24	8	0	0	0	0	0	1	0
Slovakia	0	0	0	0	1	20	2	0	1	0.02
Spain	5	70	5	0	13	58	3	2	18	0.04
United Kingdom	2	106	0	0	0	0	0	0	2	0
Switzerland	2	20	0	0	0	0	0	0	2	0.02
Total (MS)	31	498	86	0	362	2,454	178	2	393	0.12





FBOs caused by staphylococcal toxins

Only 31 strong-evidence outbreaks reported, less than 2013 (94 strong-evidence outbreaks)

Type of outbreaks:

- 18 general outbreaks,
- 12 household outbreaks

Place of exposure: 'household' (10), 'restaurant, café, pub, bar, hotel' (7), 'school or kindergarten' (3), 'camp or pic nic' (3), residential institutions (2), others (3)





Distribution of FBOs caused by staphylococcal toxins by food vehicle, 2014





FBOs caused by Shiga-toxin producing E. coli, STEC

- In 2014, 13 Member States reported **38 STEC outbreaks** involving 270 human cases, of which 34 hospitalised
 - Only 5 strong-evidence outbreaks reported by 3 MSs (DE, ES, UK):
 - 3 outbreaks associated with consumption of milk (mainly raw milk)
 - 2 outbreaks associated with vegetables (bagged ready to eat salad and bagged rocket leaves).

In addition, **3 STEC waterborne outbreaks** involving 15 human cases were reported by 3 Member States (ES, Finland, Ireland)





Joint EFSA-ECDC Rapid Outbreak Assessments

An example of collaboration between EFSA and the European Centre for Disease Prevention and Control (ECDC) and EU Member States







RAPID OUTBREAK ASSESSMENT

Multi-country outbreak of Shiga toxin-producing *Escherichia coli* infection associated with haemolytic uraemic syndrome 5 April 2016

Integrated approach to protect consumers





MAIN CONCLUSIONS

Importance of adopting an integrated approach to food safety, engaging all the actors in the food chain, and making optimal use of scientific expertise

Prevention / risk reduction of food-borne diseases

Safe handling of raw meat and other raw food ingredients, thorough cooking and good kitchen hygiene can prevent or reduce the risk posed by micro-organisms causing food-borne diseases



FIVE KEYS TO SAFER FOOD (WHO)

Thank you for your attention!



Giusi Amore

Unit of Biological Hazards and Contaminants (BIOCONTAM) Risk Assessment and Scientific Assistance Department European Food Safety Authority (EFSA) Parma, Italy Email: giusi.amore@efsa.europa.eu

www.efsa.europa.eu