REVISED ESTIMATE OF FOOD-BORNE ILLNESS IN CANADA

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PROTECTING CANADIANS FROM ILLNESS





Outline

- Purpose and Background
- Methods:
 - » Specified Pathogens
 - » Unspecified Agents
- Results
- Discussion

Purpose

- To estimate the annual number of cases of food-borne illness in Canada for specified pathogens and unspecified agents
- To identify gaps and potential future research areas
- F/P/T food safety and public health partners, as well as industry and academia, rely on estimates of food-borne illness to inform their activities, including:
 - » Set food safety priorities;
 - » Create public health policies;
 - » Inform research, cost estimates and disease attribution;
 - » Contribute to education and advocacy campaigns; and
 - » Develop risk assessments

REVISED ESTIMATE OF FOOD-BORNE ILLNESS IN CANADA

How many cases are reported to surveillance?

How often are laboratory-confirmed cases reported?

How sensitive are laboratory tests?

How often do laboratories test for a pathogen?

How often are specimens submitted?

How often do ill persons seek medical care?

What is the total estimate of illness in the population?

Background

- 1999 US CDC publishes estimate of 76 million food-borne illnesses annually (Mead et al)
- 2008 Public Health Agency of Canada publishes estimate of 11 million food-borne illnesses annually, based in part on results and methods used for US estimate (Thomas et al)
- 2011 US CDC publishes revised estimate of 48 million foodborne illnesses annually (Scallan et al)
 - » More advanced methodology and improved data sources, resulting in a more accurate estimate

- Estimates established for 30 pathogens and unspecified agents
- 2000-2010 data:
 - » Canadian surveillance systems
 - » International literature
 - » 2006 Canadian census population
- Accounted for under-ascertainment (i.e. under-reporting and underdiagnosis)

- Probability (PERT) Distribution to describe range of plausible values for model inputs (low, modal, high value)
- Modeled uncertainty for each estimate, resulting in credible intervals for each number
 - » Inherent variability of estimates and uncertainty due to lack of knowledge
- Values are generated using monte carlo simulations in
 - @Risk 100,000 iterations

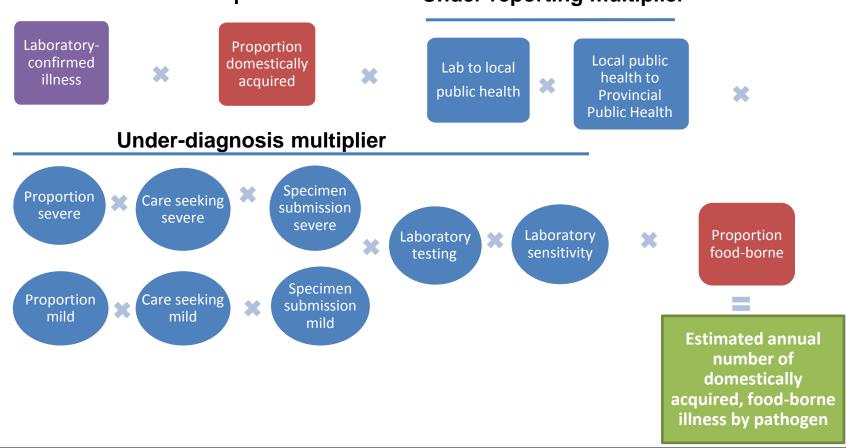
Data sources

Pathogen case counts	Under-diagnosis / Under-reporting	Proportion travel related	Proportion food- borne	
 Canadian Notifiable Disease Surveillance system (CNDSS) National Enteric Pathogen Surveillance system (NESP) Provincial Reportable Disease Surveillance system 	 NSAGI population surveys C-EnterNet Surveillance Consultation with NML, HC and CPHLN Literature review 	 C-EnterNet Surveillance BCCDC provincial data Enhanced Listeriosis surveillance 	 Expert elicitation Literature review 	

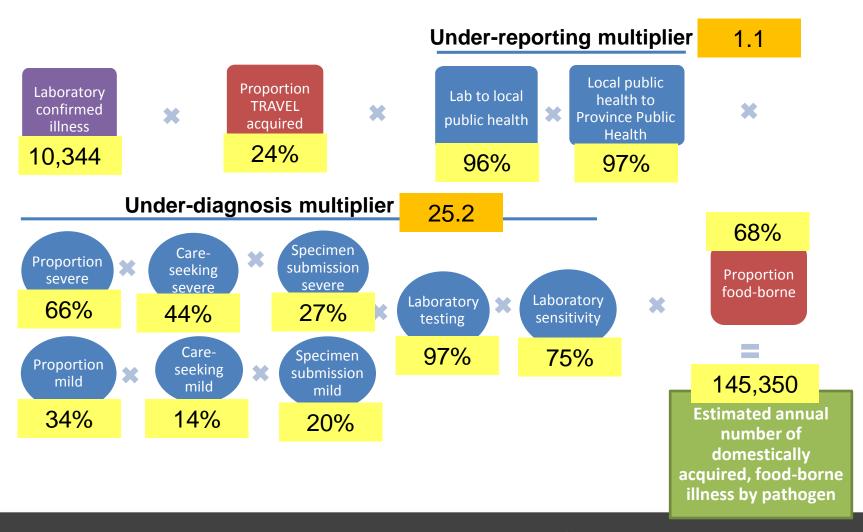
1. Pathogens for which laboratory-	2. Pathogens for which	2 Othor	
National reportable disease data	Provincial reportable disease data	Canadian population scaled down	3. Other methods
Brucella spp.	<i>Trichinella</i> spp.	Adenovirus	<i>E. coli</i> , other diarrheagenic
Campylobacter spp.	Listeria monocytogenes	Astrovirus	ETEC
Clostridium botulinum	Vibrio parahaemolyticus	Norovirus	VTEC non-O157
Cryptosporidium spp.	Yersinia enterocolitica	Rotavirus	Bacillus cereus
Cyclospora cayotanonsis		Sapovirus	Staphylococcus
Cyclospora cayetanensis		Sapovirus	aureus
VTEC O157		Toxoplasma gondii	
<i>Giardia</i> sp.		Clostridium perfringens	
Hepatitis A			
Salmonella spp., nontyphoidal			
Salmonella Typhi			
Shigella spp.			
Vibrio cholerae			
<i>Vibrio</i> spp., other			
Vibrio vulnificus			

Methods: 30 Pathogens

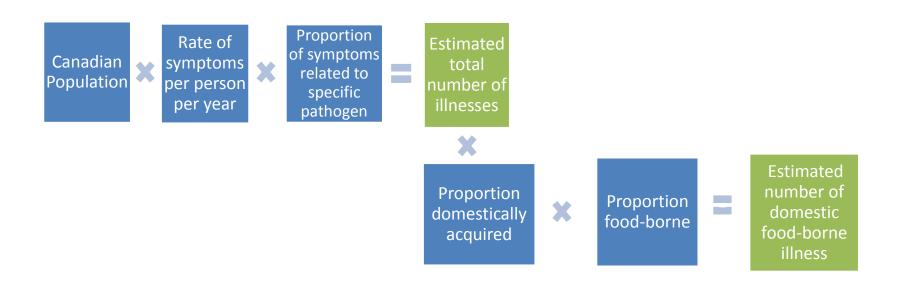
Pathogens for which laboratory-confirmed illnesses were scaled up Under-reporting multiplier



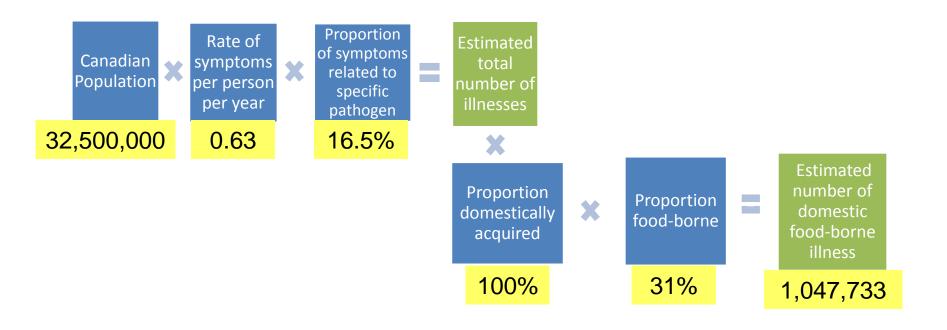
Example – Campylobacter



2. Pathogens for which Canadian population was scaled down



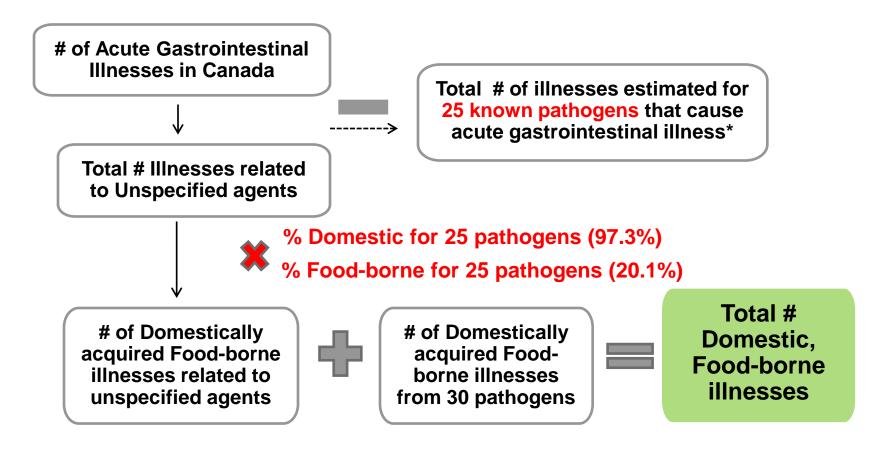
Example - Norovirus



Methods: Unspecified agents

- Unspecified:
 - » Known agents with insufficient data for estimating agent-specific episodes of illness;
 - E.g. Aeromonas spp., Edwardsiella spp., and Plesiomonas spp. mushroom and marine biotoxins, metals, and other inorganic toxins
 - » Known agents not yet recognized as causing foodborne illness;
 - E.g. Clostridium difficile in retail meats
 - » Microbes, chemicals, or other substances known to be in food but for which pathogenicity is unproven;
 - » Agents not yet described

Methods: Unspecified agents



^{*} Non AGI pathogens: Brucella, C. botulinum, Hepatitis A, L. monocytogenes, Toxoplasma gondii

Results

- 4.0 million domestically acquired food-borne illnesses annually (90% Crl: 3.1 – 5.0 million)
 - » Specified pathogens: 1.6 million (90% Crl: 1.2 2.0 million)
 - » Unspecified agents: 2.4 million (90% CrI: 1.8 3.0 million)
- Approximately 1 in 8 Canadians experiences domestically acquired food-borne illness each year

Results for 30 Specific Pathogens

Total domestic food-borne illness in Canada:								
Pathogens	Count	% of	Pathogens	Count	% of	Pathogens	Count	% of
(1-10)		Total	(11-20)		Total	(21-30)		Total
Norovirus	1,047,733	64.25	Toxoplasma gondii	9,132	0.56	Shigella spp.	1,202	0.07
Clostridium perfringens	176,963	10.85	Giardia sp.	7,776	0.48	Vibrio, other spp.	1,112	0.07
Campylobacter spp.	145,350	8.91	Rotavirus	4,252	0.26	Salmonella Typhi	287	0.02
Salmonella spp., non-typhoidal	87,510	5.37	ETEC	3,848	0.24	Hepatitis A	271	0.02
Bacillus cereus	36,269	2.22	Adenovirus	3,739	0.23	Listeria monocytogenes	178	0.01
Yersinia enterocolitica	25,915	1.59	E. coli, other diarrheogenic	2,565	0.16	Trichinella spp.	63	0.00
Staphylococcus aureus	25,110	1.54	Cyclospora cayetanensis	2,450	0.15	Brucella spp.	22	0.00
VTEC non-O157	20,523	1.26	Cryptosporidium spp.	2,321		Clostridium botulinum	14	0.00
VTEC O157	12,827	0.79	Astrovirus	1,912		Vibrio vulnificus	1	0.00
Sapovirus	9,491	0.58	Vibrio parahaemolyticus	1,798	0.11	Vibrio cholerae, toxigenic	0	0.00

Discussion

- US methods generally followed, but with some improvements:
 - » Definition of severe included bloody diarrhea or duration > 7 days in Canada vs. bloody diarrhea alone in the US;
 - » Estimates for rotavirus, astrovirus and sapovirus were made for the full population in Canada vs. only children < 5 years in the US; and</p>
 - » Pathogens were excluded (i.e. Strep Group A and Mycobacterium bovis) and included (i.e. adenovirus) to be more specific to food-borne disease in Canada
- Changes from 2008 Canadian estimate include:
 - » Estimating the burden for specific pathogens;
 - » Using a specific case definition of acute gastrointestinal illness; and
 - » Removing travel-related illness

Discussion - Comparison with the US

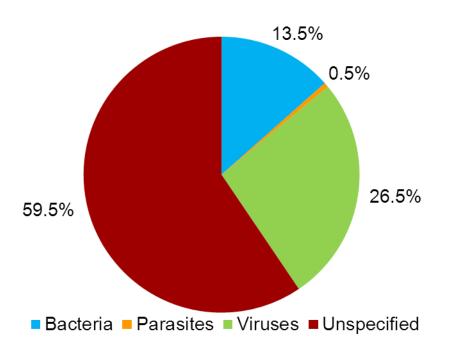
- Order of top 5 pathogens
- Viruses account for higher proportion of total in Canada compared to US
- Illness due to unspecified agents lower per 100,000 in Canada compared to US

Top 5 Pathogens				
Total Domestic Food- borne illness in Canada	Total Domestic Food- borne Illness in the US			
Norovirus	Norovirus			
Clostridium perfringens	Salmonella spp., non-typhoidal Clostridium			
Campylobacter spp	perfringens			
Salmonella spp., non-typhoidal	Campylobacter spp.			
Bacillus Cereus	Staphylococcus aureus			

Discussion - Comparison with the US

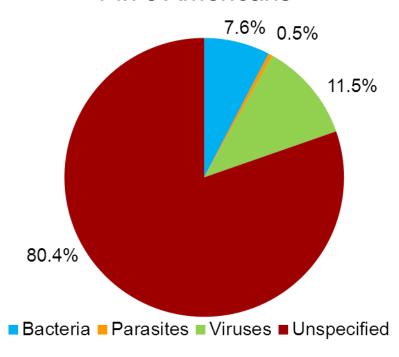
Canada Total Estimates

1.6 million known2.4 million unspecified1 in 8 Canadians



US Total Estimates

9.4 million known 38.4 million unspecified 1 in 6 Americans



Discussion - International Comparisons

- US, Australia, the Netherlands, New Zealand, France, UK and Greece have completed national estimates
 - » Varying methodology therefore cannot make direct comparisons
- Norovirus high in US, Australia, the Netherlands, New Zealand and France
- Campylobacter and Salmonella high in US, Australia, New Zealand, France, UK and Greece
- Bacillus cereus, Clostridium perfringens and Staphylococcus aureus
 top 10 in all countries

Thank you

Questions?

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