

REGION OF OTTAWA-CARLETON
RÉGION D'OTTAWA-CARLETON

REPORT
RAPPORT

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DATE 12 January 2000

TO/DEST. Community Services Committee

FROM/EXP. Committee Co-ordinator

SUBJECT/OBJET **FOOD SAFETY IN SCHOOLS AND IN THE COMMUNITY**

REPORT RECOMMENDATION

That the Community Services Committee receive this presentation for information.

BACKGROUND

Attached is a copy of correspondence sent to Committee Chair A. Munter by Eileen Mattson, a resident of Kanata. Mrs. Mattson asks to make a presentation to the Committee on food safety in schools and in the community, and she describes a situation experienced by her daughter in 1995.

This material is respectfully submitted.

M. J. Beauregard

Attach: (1)

I would like to address the topic of food safety in our schools and in our communities, so that others can avoid the devastating experience my family experienced with the food borne bacteria known as E.coli O157:H7.

Health Canada estimates that every year there are 1 million cases of food borne illness in Canada. That costs Canadian health services, industry and society more than \$1 billion each year.

In October of 1995, my daughter, who was then 8 years old, contracted E.coli O157:H7, we believe from handling a package of ground beef in a grocery store. This bacteria produces toxins which attack the lining of the intestines and in some cases, enter the bloodstream, destroying red blood cells. This complication is called Hemolytic Uremic Syndrome. It happens in about 10% of cases of E.coli O157:H7 poisoning, and most of those are children. More than 3/4 of patients who develop this condition require at least 1 blood transfusion and half of them require kidney dialysis because the toxins attack the kidneys. Some children's kidneys never recover, some children end up with neurological damage and some children die.

In my daughter's case, 4 days after entering the hospital, her kidneys failed, and fluid built up around her lungs and heart. She was put on a respirator but then suffered 5 heart attacks, one after the other. For 3 straight hours, the team of doctors and nurses performed CPR, until they could get her on a heart pump. Her recovery is considered by many a miracle, since her left ventricle lay motionless for 3 days, until finally it started beating on its own again, and she could be removed from the heart pump. For 5 more weeks she lay in a drug induced coma hooked up to a dialysis machine. And although her kidneys eventually began working again, she has been left with impaired kidney function and her future is uncertain.

Her road back has been a struggle for all of us. Intensive therapies and a lot of hard work has been needed. Those with less determination than she has would not be doing well today.

It is not only the emotional impact on both victims and families of food borne illness which needs to be recognized. It is the financial impact as well, on both families and others.

I believe the Ottawa-Carleton Health Department could be playing a greater role in controlling the spread of some of these deadly food borne pathogens.

Although we need better intervention at the federal level such as more research, regulations which are clear and which are upheld and meat testing for bacterial pathogens, food poisoning is always a community issue and much can be done close to home to prevent illness both from contaminated food and person-to-person contact.

As the federal government would like us to wash our hands and cook our meat well, approximately 3/4 of the known sources of food poisoning illnesses in Canada came from restaurants, not the home. Perhaps there should be a little less hand washing going on in certain government departments and more emphasis be put on inspections and training programs for food service workers.

Recently we heard from the Auditor General of Canada who said that haphazard information exchanges between Health Canada and provinces on food safety and lack of formal procedures to manage such risks "places the health of Canadians at undue risks." He said that key surveillance systems were not working as intended. And an investigation by the Toronto Star into the Canadian Food Inspection Agency's mishandling of the outbreak of salmonella from Schneider's Lunch Mates which affected about 800 people 2 years ago prompted the Auditor General to say, "The story of how the Canadian Food Inspection Agency and the provincial agencies handled the outbreak is disturbing. The outbreak affected hundreds of children and should raise the alarm on the urgency for responsible authorities to work together in a comprehensive manner." The Auditor General also said that the contaminated product was found on the shelves in 134 Ontario stores 3 days after the recall.

E.coli O157:H7 affects a reported 5 children every single day in Canada, although the World Health Organization estimates that the actual cases of unreported food borne illnesses are about 350 times higher, because so many go undiagnosed either because the patient does not see a doctor or tests are not done for specific food borne pathogens. Clearly, routine testing by medical personnel educated about specific food borne illnesses needs to be done.

If we take those estimates from the World Health Organization, our chances in Canada are 1 in 4 that we will become sick this year from either Campylobacter, Salmonella or E.coli O157:H7. And while we ourselves may not become seriously ill, our chances of infecting someone else, probably a child or an elderly person, pose a greater threat than that of becoming ill from eating contaminated food. A recent study conducted by the Canadian Paediatric Kidney Disease Research Centre has shown that person-to-person contact infects more people than ground beef does. Only 10 microbes of the E.coli O157:H7 bacteria is enough to infect someone.

Although we have, in the Children's Hospital of Eastern Ontario, the best facility, in my opinion, for diagnosing and treating patients with E.coli O157:H7 in the entire world, some doctors in the region are completely unaware of the impact of this disease. One doctor I spoke with at a local clinic was quite proud of the fact that he gave one of his patients with E.coli O157:H7 a prescription for antibiotics, even though the patient had been refused that treatment by both her own doctor and a local hospital. He was obviously unaware that treatment of this disease with antibiotics is not recommended because it causes even more toxins to be suddenly released from the bacteria. Luckily, his patient was not a child.

I would like to see our Health Department take a stronger role in developing food safety awareness in our region. Each year, the Children's Hospital of Eastern Ontario sees several victims of E.coli O157:H7 poisoning and some of those victims develop Hemolytic Uremic Syndrome. And a few months ago we saw an outbreak of E.coli O157:H7 among visitors to the Western Fair in London, Ontario affecting about 150 people, and more recently an outbreak in British Columbia of E.coli O157:H7 caused by dry cured salami.

I am outlining the ways in which I feel the Ottawa-Carleton Health Department could better fulfill its mandate to promote optimal health in the community through leadership, innovation, partnership and service.

1. The Ottawa-Carleton Health Department should report to the media, cases of food borne illness in our region. Last year, Canadians heard about only 60 of the 1400 cases of E.coli O157:H7. Those 60 cases were associated with outbreaks, yet most cases are sporadic and not part of outbreaks. Our health department needs to make people aware of their true risks of food borne illness by telling people how many cases are occurring in our region. And regarding the outbreak at the London Western Fair, Health Canada did a study 3 years ago which concluded that farm environments put people at risk of becoming exposed to E.coli O157:H7, yet the visitors to this fair were completely unsuspecting. Our health department could be more active in educating people about such risks.

2. As this disease is one that affects children and the elderly more than healthy adults, the Health Department could provide better food safety education to students in our schools and old age homes. As this is done now on an individual basis by request of the principal of that school, and not enforced in all schools in the region, I feel there is much room for improvement. Perhaps an information sheet outlining the symptoms of the most common food borne illnesses, too often passed off as stomach flu, as well as foods which put one at risk could be sent home to parents at the start of each school year. Recently, suggestions from the Health Department for lunch ideas which schools have sent home to parents have included alfalfa sprouts to add some variety to children's lunches. Alfalfa sprouts are a known source of salmonella poisoning and there have been many documented cases publicized in the U.S.

3. The Health Department should inform parents, probably through this information sheet, that children experiencing diarrhea and vomiting could be tested by their doctors for certain food borne pathogens, among them E.coli O157:H7, Salmonella, Campylobacter and Listeria. Parents should know that those tests are not currently routinely administered. More importantly, the Health Department should inform doctors that these tests should routinely be administered.

4. The Health Department needs to enforce a hand washing policy in schools. It is entirely possible and practical to do this, as many classrooms have sinks. In the year following my daughter's illness, both my daughter's and my son's teachers enforced the rule that their students must wash their hands before lunch, but that rule was no longer enforced once the shock of the severity of her illness wore off.

5. The Health Department should impose or make clear to school authorities and parents, a quarantine period for those children experiencing certain food borne diseases such as E.coli O157:H7. This is a highly contagious disease, taking only 10 microbes of the bacteria to infect someone else.

6. The Health Department should inspect all food service establishments and grocery stores more often than the current once-a-year general rule. Bacterial testing should be done at the local level to fully realize the reality of bacterial pathogens. And let's hear about inspection records. The safety of our food establishment is our business and should be public knowledge.

7. More information needs to be given to the consumer from a local level regarding washing of their fruits and vegetables before eating and about proper cooking. The World Health Organization recently released a document entitled "Surface decontamination of fruits and vegetables eaten raw: a review". In it, they give prevalence rates of bacterial pathogens on certain raw vegetables. Vegetables grown in Canada, as well as in other countries, were analyzed for bacterial pathogens. In Canada, 13.3% of broccoli samples taken in 1997 tested positive for listeria monocytogenes, a bacteria which kills roughly 25% of its victims. Other vegetables found positive for listeria included cabbage (6.7%), lettuce (20%) and salad vegetables (40%). Vegetables which tested positive for Campylobacter included green onions, lettuce, mustard sprouts, potatoes, radish, and spinach, although prevalence was much lower. 24% of seed sprouts contained the staphylococcus bacteria.

8. Many people are still unaware that apple cider is not pasteurized unless labeled as such and also are unaware that it poses a risk to the very young and the elderly when it is not pasteurized. Our Health Department needs to get more information to the consumer regarding this health hazard.

9. The Health Department should visit grocery stores to educate managers and cashiers on the need for cleanliness at the cash conveyor belts. Meat juices stay on the conveyor belts and scanners, contaminating other foods. These surfaces are not wiped clean with a disinfectant after each customer and store managers and cashiers are not really aware of the dangers of cross-contamination. The E.coli O157:H7 bacteria in particular is able to live in a moist environment for 2 to 3 months. That is certainly enough time to contaminate the food which comes into contact with it before it dries.

10. Our Health Department should require that shields are put on all meat display cases in stores so that young children cannot reach into the display case and touch raw meat packaging. Many grocery stores in Florida have adopted this practice to protect the elderly from E.coli O157:H7, and many cashiers clean cash conveyor belts after every customer.

By doing these things, our Ottawa-Carleton Health Department, could indeed show leadership by implementing measures before we have a major outbreak in our area, innovation by doing what other regions have not, partnership with the people of our region, and service by protecting the health of Canadians in our region.

Thank you.