

## FAO/WHO 合同食品規格計画 第 40 回食品衛生部会対処方針

日時:2008 年 12 月 1 日(月)～12 月 5 日(金)

場所:グアテマラ(グアテマラ・シティ)

### 1. 出席者

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### 2. 基本方針

従来から、我が国は消費者の健康を保護するとともに食品の公正な国際貿易を確保するとの観点から FAO/WHO 合同食品規格計画に参加し、我が国の考え方を反映させるべく努力してきたところであり、第 40 回食品衛生部会(CCFH)への参加にあってもこの方針を踏まえ、具体的には以下の対処方針に基づき然るべく対処されたい。

### 3. 対処方針

#### 仮議題 1 議題の採択

適宜対処されたい。

#### 仮議題 2 コーデックス総会及びその他の部会から食品衛生部会への付託事項

総会及び他部会から付託された、又は関連する事項についてコーデックス事務局より説明がなされるものである。今回の部会においては、本年 7 月に開催された第 31 回総会の審議結果等に関して、情報提供がなされる。ナチュラルミネラルウォーターの採取、製造及び販売に関する国際衛生実施規範勧告の改訂の優先順位をあげられないかという議論や前回の部会で一度決着した国際貿易における乳・乳製品へのラクトペルオキシダーゼシステム(LPS)の使用に関する議論が紹介されることから、情

報収集に努めるとともに、適宜対処されたい。

### 仮議題 3 FAO/WHO 及び国際政府機関から提起された事項

#### (a) FAO/WHO 合同微生物学的リスク評価専門家会合(JEMRA)の経過報告及び関連事項

JEMRA 事務局から、前回部会から現在までの JEMRA による CCFH 関連した活動が報告されるものである。今回の部会では、議題 4 に関連する幼児向けフォローアップミルク中の *Enterobacter sakazakii* に関する専門家会合(今年 7 月開催)の報告及び議題 7 に関連する葉物のハーブを含む緑色葉野菜の微生物学的ハザードに関する専門家会合(今年 5 月開催)の報告等がなされる。情報収集に努め、適宜対処されたい。

#### (b) 国際獣疫事務局(OIE)からの情報

OIE 事務局から、昨年の OIE での CCFH 関連審議事項が報告される。情報収集に努め、適宜対処されたい。

### 仮議題 4 幼児向けフォローアップミルク及び医療用調製粉乳に関する微生物学的規 準原案(乳幼児用調製粉乳に関する衛生実施規範付属文書)(ステップ4)

前回の部会において、全ての調製粉乳製品を対象とした衛生実施規範を主体とする本文書、12 ヶ月齢以下の乳児を対象とした、乳幼児用調製粉乳、医療用の乳児用調製粉乳及び母乳強化剤についてサルモネラ属菌、*E. sakazakii* の微生物学的規準を定めた付属文書 I 及びモニタリング計画策定に関するガイダンスを示した付属文書 III が取りまとめられ、本年 7 月のコーデックス総会で採択されたところである。

一方、幼児向けフォローアップミルクと医療用調製粉乳に関する付属文書 II に含めることとされた、6-12 ヶ月齢以下の乳児を対象としたフォローアップミルクについては、*E. sakazakii* の微生物学的規準を策定する必要性について、前回の部会において合意に至らなかった。よって、付属文書 II についてはステップ 2 に戻した上で、FAO/WHO に対し、6-12 ヶ月齢の乳児のリスクについて改めて検討を依頼することとした。

今回の部会前日に行われる物理的作業部会では、FAO/WHO 合同専門家会合の検討結果を踏まえカナダを座長として開催された電子作業部会(日本も参加)で取りまとめられた原案を元に、付属文書 II の部会上程原案が作成され、その案を元に議論されることとなっている。

FAO/WHO 合同専門家会合では、データの不足から、フォローアップミルクのリスクについて明確な結論が得られていないが、6-12 ヶ月齢以下の乳児の *E. sakazakii* 感染リスクは 6 ヶ月未満の乳児のそれに比べ、低いというエビデンス

があることから、

- フォローアップミルクに *E. sakazakii* の微生物学的規準は現時点では設定しない
- 乳児の Caregiver (保護者) に対し、対象年齢に応じた正しいミルクの選択及び *E. sakazakii* 感染リスクを下げる適切な取り扱いを行うよう各加盟国が消費者 (使用者) 教育を充実させる  
という方針で対処されたい。

#### 仮議題 5 調理済み食品中の *Listeria monocytogenes* に関する微生物学的規準原案 (ステップ4)

昨年 7 月のコーデックス総会で採択された「調理済み食品中 (Ready-to-eat foods) のリステリア・モノサイトゲネスの管理における食品衛生の一般原則の適用に関するガイドライン」の付属文書として、調理済み食品中のリステリア・モノサイトゲネスの微生物学的規準を検討しているもの。今年 5 月にドイツを座長して開催された物理的作業部会 (日本も参加) の報告書では、1) リステリアの増殖が起きる食品については「不検出/25g」、2) 増殖が起きない食品については「100 CFU/g」、及び、もう 1 つのアプローチとして、3) 規制機関が 1)、2) の規格と同じレベルの消費者保護を提供できると考える妥当性確認 (Validate) された規格を設定できるとする規準案が提案されている。

増殖が起きる食品・起きない食品の分類等の科学的根拠、及び、3) の規格を設定するために必要な情報/データについて情報収集に努めつつ、科学的に妥当な規準が設定するよう対処されたい。なお、その上で上記 1)、2)、3) の規準で合意に向かうようであれば支持して差し支えない。

#### 仮議題 6 鶏肉中の *Campylobacter* 及び *Salmonella* 属菌の管理のためのガイドライン原案 (ステップ4)

鶏肉中のカンピロバクター及びサルモネラ属菌について、適正衛生規範 (GHP)、HACCP、ハザード低減に関する特別な知識及びリスク評価に基づく管理手法を包含する全般的なガイドライン案を検討しているものである。

前回の部会において、適用範囲をブロイラー肉以外の鶏肉に拡大することは合意されたが、新たに追加されたブロイラー肉以外の鶏肉に関する科学的情報が不足しているため、部会メンバーから情報を求める回付文書を発すること、ブロイラー以外の鶏肉のためのガイドラインについては付属文書とすること、ブロイラーのためのガイドラインの作業は先行して進めることが合意され、ニュージーランドとスウェーデンを座長とする物理的作業部会を開催し、ブロイラーを中心に作業を進めることとされていたもの。今回の部会では、今年 5 月



に開催された物理的作業部会（日本も参加）での検討結果を踏まえ、議論することとされている。

我が国では、鶏肉によるカンピロバクター食中毒は多数発生していることから、フードチェーンの各段階におけるリスク低減措置の効果等に関する情報収集に努め、適宜対処されたい。

#### 仮議題7 生鮮野菜・果実に関する衛生実施規範：葉物のハーブを含む緑色葉野菜 付属文書原案(ステップ4)

既に採択されている「生鮮果実・野菜に関する衛生実施規範」に関して、緑色葉野菜に特化した付属文書を作成するもので、本年7月のコーデックス総会において新規作業として承認されたもの。今回の部会では、米国を中心とする電子作業部会（日本も参加）が、本年5月に開催されたFAO/WHO合同専門家会合の報告書（暫定版）等に基づいて作成した原案に基づいて議論することとされている。

世界各国における葉物のハーブを含む緑色葉野菜を原因としたアウトブレイクの発生予防のため、実行可能でかつリスクを低減する上で効果的な付属文書が早期に作成されるよう対処されたい。

#### 仮議題8 海産食品におけるビブリオ属菌に関する衛生実施規範原案(ステップ4)

海産食品におけるビブリオ属菌に関する衛生実施規範案を検討しているものであり、本年7月に開催されたコーデックス総会において新規作業として承認されたもの。今回の部会では日本を座長国とする物理的作業部会（2008年6月）において作成された原案について議論をすることとなっている。

原案では、病原性を持つビブリオ属菌の中でも、特に、腸炎ビブリオ、ビブリオ・コレラ、ビブリオ・パルニフィカスの3つに焦点を当て、食品衛生の一般的な実施規範に加え、加工・調理等に使用する水や交叉汚染に関する注意点や、温度管理（品温を10℃以下に保持）等、ビブリオ属菌のリスクを管理する上で特に留意すべき内容について取りまとめられている。

作業部会の座長国として、円滑な議論に資するよう努めるとともに、実行可能でかつビブリオ属菌によるリスクを低減する上で効果的な衛生実施規範が早期に作成できるよう対処されたい。

#### 仮議題9 その他の事項及び今後の作業：

##### (a) CCFHにおける作業の優先順位決定に関する作業部会の報告書の討議

フランスが座長を務める特別作業部会（本部会の開催日の前日である11月30日開

催予定)が検討を行った結果が報告される。今回の部会においては、新規作業提案として、オランダより食品中のウイルス制御に関するガイドラインが提案されるとともに、本年7月に開催された総会において休会が決定したナチュラルミネラルウォーター部会より要請のあった、ナチュラルミネラルウォーターの採取、製造及び販売に関する国際衛生実施規範勧告の改訂の可能性について検討がなされる。については、以下のように対処されたい。

① 食品中のウイルス制御に関するガイドライン

食品中のウイルスについては JEMRA によるリスク評価も終了していることから、基本的にガイドラインの策定を支持する立場で対処するとともに、情報収集に努め適宜対処されたい。

② ナチュラルミネラルウォーターの採取、製造及び販売に関する国際衛生実施規範勧告の改訂

今回の部会のその他の作業の進捗度等を考慮した上で、適宜対処されたい。

**仮議題10 次回会合の日程及び開催地**

適宜対処されたい。

**仮議題11 報告書の採択**

今回の部会における我が国の発言が報告書に適切に反映されるように努めるとともに、上記を踏まえ、適宜対処されたい。

International Collaboration of Enteric Disease 'Burden of Illness' Studies Quarterly Call  
Thursday, October 30, 2008  
6PM Atlanta, 10PM London, 11PM Geneva, 6AM (Oct 31<sup>st</sup>) Beijing, 7AM (Oct 31<sup>st</sup>)  
Tokyo, 9AM (Oct 31<sup>st</sup>) Canberra, 11am (Oct 31<sup>st</sup>) Auckland

**Call-in information:**

Within the US: 866-704-7563

Outside the US: 1-203-607-1201

Pass code: 880672

- I. Review of minutes from 5<sup>th</sup> Annual Meeting (**pg. 2**)
- II. Update on dialogue with WHO and November FERG Meeting (Shannon Majowicz)
- III. Update on website (Ashton Wright)
  - a. <http://www.cdc.gov/foodnet/internationalcollaboration.htm>
- IV. Update on Population survey in Argentina and Chile (Kate Thomas)
- V. Update on the Caribbean/St. Lucia burden of illness work (James Flint)
- VI. Working Group Updates
  - a. DALYs Working Group (Elaine Scallan, Laura Moyer)
  - b. Global Burden of *Salmonella* (Shannon Majowicz)
  - c. International Case-Control Study (Shannon Majowicz)
  - d. International Campylobacter Working Group (Shannon Majowicz)
  - e. Respiratory Symptoms Working Group (Gill Hall)
- VII. Interest in Proposed Projects:
  - a. Trends in Listeriosis (Bob Adak, Iain Gillespie, Martyn Kirk)
  - b. Analysis of recall periods (Olga Henao, Kate Thomas) (**pg. 11**)
- VIII. 2009 Annual Meeting in Japan (**pg. 12**)
  - a. <http://chro2009.jp/>
- IX. Other updates (e.g. recently published reports or manuscripts, other projects)
- X. Date and time for next teleconference: Thursday, January 29<sup>th</sup>, 2009; 6PM Atlanta, 10PM London, 11PM Geneva, 6AM (Jan 30th) Beijing, 7AM (Jan 30th) Tokyo, 9AM (Jan 30th) Canberra, 11am (Jan 30th) Auckland



# Minutes from the 5<sup>th</sup> Annual International Collaboration on Enteric Disease Burden of Illness' Studies Meeting

Aberdeen Exhibition and Conference Center, Aberdeen, Scotland  
August 31, 2008

## Minutes

**Participants:** Katie Fullerton, Scott Cameron, Gillian Hall, Martyn Kirk, Hassan Vally, Ainslie Butler (**Australia**), Shannon Majowicz, Anna Lammerding (**Canada**), Tine Hald, Sara Pires (**Denmark**), Fumiko Kasuga, Kunihrio Kubota, Hajime Toyofuku (**Japan**), Donald Campbell (**New Zealand**), Norval Stachan (**UK**), Fredrick Angulo, Tracy Ayers, Chuanfa Guo, Olga Henao, Priya Kadam, Elaine Scallan, Ashton Wright (**USA**)

### I. Welcome and introductions

- Elaine Scallan (USA) welcomed the group to Aberdeen and the highlighted the items to be covered throughout the course of the day.
- Participants introduced themselves both in the meeting room and via videoconference.

### II. Status of Collaboration

- Shannon Majowicz (Canada) updated the group on the status of the International Collaboration and on the developments since the 4<sup>th</sup> Annual Meeting in Rotterdam, the Netherlands in 2007.
  - Currently, the International Collaboration includes more than 150 members from over 30 countries worldwide.
  - The continued objectives of International Collaboration include: fostering communication among persons interested in the burden of foodborne diseases, creating a forum for sharing information on burden of illness studies, providing advice to countries, and contributing to global estimates of the burden of foodborne disease.
  - The primary activities of the Collaboration include: maintaining a moderated list-serv, holding quarterly teleconferences and an annual face-to-face meeting, pursuing collaborative projects (usually publications), and providing consultations.
  - Past publications of the Collaboration include:
    - Scallan et al. *Prevalence of diarrhoea in the community in Australia, Canada, Ireland, and the United States* was published in the International Journal of Epidemiology in April of 2005.
    - Flint et al. *Estimating Burden of Acute Gastroenteritis, Foodborne Disease, and Pathogens Commonly Transmitted by Food: An International Review* was published in Clinical Infectious Diseases in September of 2005.

- Majowicz et al. *A common, symptom-based case definition for gastroenteritis* was published in *Epidemiology and Infection* in July of 2008.
- The Collaboration provides advice and consultation to countries interested in conducting burden of illness studies by sharing survey instruments, study protocols, and “lessons learned”.
  - The Collaboration is currently developing a website to help facilitate the transmission of such information.
- The Collaboration currently has a number of on-going projects that include analysis of:
  - Respiratory symptoms and impact on burden estimates
  - Methodologies for sporadic case-control studies
  - Comparison of *Campylobacter* laboratory methods
  - Global burden of Salmonellosis
  - Comparison of the incidence of *Campylobacter* in several countries
- The Collaboration has a number of projects that it plans to focus on in the near future:
  - The formation of working groups focused on Guillan-Barre syndrome (GBS) and listeriosis.
  - Strategic resourcing
  - DALYs approach to quantify burden of foodborne disease
    - Collaboration to form DALYs WG
    - Possibility of linking with FERG

### III. Updates-Burden of Illness Initiatives

- A) Fumiko Kasuga (Japan) briefed the Collaboration on the Japanese burden of illness study that was conducted in the Miyagi Prefecture
- The purpose of the study was to estimate the burden of illness associated with *Vibrio parahaemolyticus*, *Campylobacter*, *Salmonella* in Japan.
    - A pilot study was conducted in the Miyagi Prefecture that utilized a physician survey to estimate laboratory sensitivity rate use and outbreak investigation data.
    - A manuscript detailing the results of this study was accepted for publication at *Foodborne Pathogens and Disease*.
    - In the future, the researchers would like to extrapolate the results from the pilot study to the entire country.
      - The researchers are in the process of trying to get other prefectures to conduct similar studies.
    - It was noted that burden of illness data from Japan could be highly influential when calculating global burden estimates.



- B) Shannon Majowicz (Canada) briefed the group on behalf of Sarah O'Brien (UK) on the Second Infectious Intestinal Disease Study (IID2) being conducted in the United Kingdom.
- The study has a total of seven components that include 1) a retrospective telephone survey, 2) a prospective cohort study, 3) a general practitioner presentation study, 4) an enumeration study, 5) a validation study, 6) a microbiology study, and 7) a calibration study (national reporting study). Studies 1-6 have been successfully piloted.
  - The following questions about the study will be submitted to Sarah O'Brien:
    - How were participants randomly selected?
    - What is meant by "ineffective" in terms of selecting birthday method?
    - It was noted that it would be interesting to see if cases have respiratory symptoms as well as gastrointestinal symptoms.
  - Fred Angulo (USA) gave an overview of WHO's Global Salmonella Surveillance program and its primary activities: international training courses and workshops.
    - 56 training courses have been held so far and there are currently 16 active training sites.
  - Fred Angulo (USA) also briefed the group on the Chinese burden of illness study for Ran Lu (China).
    - An enhanced *Salmonella* surveillance study was conducted in 8 selected provinces to determine how to get isolates from hospital laboratories to provincial laboratories.
      - A population-based survey and a hospital-based survey were conducted.
    - Salmonellosis data from China will be incorporated into the global burden of salmonellosis estimates; this is particularly key given the large proportion of the global population residing in China.

#### IV. Updates-Current Collaborative projects:

- A) Shannon Majowicz (Canada) updated the group on the progress that has been made on an international review of respiratory symptoms in cases of gastroenteritis. The objectives of this analysis is 1) to describe the frequency of respiratory symptoms in persons with acute gastroenteritis, 2) to determine factors associated with respiratory symptoms in those with acute gastroenteritis, and 3) to demonstrate the potential impact on the estimation of the burden of enteric gastroenteritis when cases with various respiratory symptom profiles are excluded.
- Data was obtained from population surveys conducted in Australia, Canada, and the United States.

- After analysis was conducted, the proportion of gastroenteritis cases with respiratory symptoms may be due to respiratory infection. Studies aiming to estimate the number of gastrointestinal or foodborne infections should consider excluding cases with concomitant respiratory symptoms.
- B) Elaine Scallan (USA) briefed the group on the global burden of non-typhoidal salmonellosis.
- The global burden of *Salmonella* has not yet been assessed and needs to be established in order to establish baselines, to set targets, and to allocate appropriate resources.
  - This analysis utilized a modified version of the method used by Crump et al. (2000) for estimating the global burden of typhoid fever.
  - Data sources for the study include: 1) prospective, community-based incidence studies, 2) disease notification data adjusted for under reporting, and 3) incidence of *Salmonella* in Sweden.
  - In addition a literature search was conducted and 1619 articles were identified, of which 724 were related to humans. Additionally, articles were obtained through cross referencing and speaking with experts.
  - Results of the analysis so far indicate that 1,414,000 cases of salmonellosis occur each year and 369,000 deaths occur each year.
  - People who are interested in participating in the working group should contact Elaine Scallan ([escallan@cdc.gov](mailto:escallan@cdc.gov)).
- C) Katie Fullerton (Australia) updated the group on the status of the international comparison of methods used in case-control studies.
- This project was proposed at the 2005 annual meeting. Since then, the working group has focused on three key areas: 1) case definition, 2) control selection, and 3) exposure measurement.
    - The case definition reflects the surveillance method utilized to ascertain cases. The use of exclusion criteria has varied over time
  - Katie is working on incorporating co-author comments into the draft manuscript (last version March 2008), incorporating co-author comments. The next draft will be circulated soon.
  - Future steps include: revamping how the data is presented (by pathogen as opposed to by country) and continuing to work on the manuscript.
- D) Ashton Wright (USA) walked the group through the website that is currently under development.
- a. It was decided that the listserv messages, meeting minutes, and protocols be password protected.
  - b. Materials to post to the website will be solicited via the listserv.
  - c. The website should be up and running this fall.

## V. Discussion-New Collaborative Projects

- A) A working group to examine trends in listeriosis was proposed on a recent quarterly teleconference to gauge interest for country participation.
- It was decided that *Listeria* would be the next appropriate pathogen to tackle by estimating the burden of listeriosis in several countries
    - The first step is to try to determine which countries do surveillance for listeriosis.
    - It was noted that it would be useful to get Henrietta de Valk (France) involved in this project.
    - Bob Adak and Martyn Kirk will be asked to coordinate this working group and to push this proposal forward.
    - Katie Fullerton (Australia), Shannon Majowicz (Canada), and Olga Henao (USA) are interested in participating in this working group. Other countries will be solicited to participate on the next quarterly teleconference.
- B) Continuing work on the global burden of Guillan-Barré Syndrome (GBS) was discussed.
- This project was proposed at last year's annual meeting. Not much progress has been made thus far.
  - Should this still be a priority?
    - It would be challenging to do because US, Australia, and Canada don't have GBS data to contribute.
    - It was decided that this project be halted for the time being.

## VI. DALYs working session

A) Elaine Scallan (USA) discussed Disability Adjusted Life Years (DALYs) principles, methods, and data requirements.

- DALYs were first commissioned by the World Health Organization (WHO) to aid in calculating global burden of disease estimates.
  - These estimates combine morbidity, mortality, and disability.
- WHO has developed burden of disease manuals that are available on the WHO website.
- The formula for DALYs is  $DALYs = \text{Years of Life Loss due to mortality (YLL)} + \text{equivalent years of life lost due to disability (YLD)}$
- Disability weights quantify preferences for health status in terms of a single numbers.
  - Defined 22 indicator conditions
  - Used person trade of method to elicit severity weights.
- Several value choices need to be made when calculating DALYs:
  - Life expectancies
  - Age weighting
  - Disability weights
  - Discounting
- Data requirements to compute DALYs include:
  - Deciding on the type of burden to be assessed



- Incidence
- Duration
- Disability weights
- Age at onset
- An advantage to calculating DALYs is that it provides a method to decouple epidemiological assessment and advocacy. A disadvantage encountered when calculating DALYs is that it includes strong value judgments.

B) Donald Campbell (New Zealand) described New Zealand's experience with calculating DALYs.

- New Zealand has been in the process of developing a single metric for describing risk through expert elicitation, examining metric options, developing DALYs estimates, and calculating cost of illness since 2004.
- The process of calculating DALYs included assessing:
  - Outcomes
  - Sequelae
  - Severity/disability weightings
  - Duration of illness
  - Age distribution/life expectancy
  - AGI pyramid
  - Hospitalized and death
  - Timeframe 2000-2005
  - Attribution
  - It was noted that calculating DALYs in New Zealand had a number of helps rank food safety issues (performance measures and strategies)
- It was noted that there appears that *Campylobacter* cycles every four years (higher in the summer months)
- It was noted that it would be useful to combine source attribution and DALYs estimations on a country-level.

C) Countries currently conducting DALYs estimates updated the group on the status of their progress.

- Canada has a post-doctoral student who is conducting preliminary DALYs measures. The student is at the point of compiling health information to plug into the DALYs equation. Current debates centre around which disability weights to use.
- The United States is currently prioritizing FoodNet pathogens. The first pathogens that will be used will be *Salmonella* and *Campylobacter*. The plan is to use the new burden estimates when they are completed.
- Donald Campbell (New Zealand) will provide the spreadsheet used by New Zealand to the group for others to use as a model.
- A point was raised about whether or not different countries can use the same disability weights when calculating DALYs.
  - It was noted that countries could use the same disability weights if they have similar social and cultural values.

- It was noted that a panel of people should be identified who would meet over a series of weeks and/or months to compile list of diseases for which DALYs could be calculated.
- The International Collaboration's DALYs Working Group will be having calls again. Persons interested in joining this working group should contact Elaine Scallan ([escallan@cdc.gov](mailto:escallan@cdc.gov)); interested person will also be solicited on the next quarterly teleconference. A message will also be sent out via the listserv.
  - Future discussions should include how disability weights are ascertained. It was also suggested that it would be useful to couple attribution data with DALYs data.

## **VII. World Health Organization's (WHO's) Foodborne Disease Burden Epidemiology Reference Group (FERG)**

A) Tine Hald (Denmark) gave an overview of the FERG and its activities.

- WHO held a consultation in 2006 for more than 50 international experts on foodborne disease.
  - This meeting was used as launch event for the development of FERG to work on the global burden of foodborne disease initiative.
    - The FERG is a high-level, expert group appointed by and provides advising to the WHO Director General on assembly, appraisals, and estimates of foodborne diseases.
    - The FERG is comprised of a Core/Steering group, various thematic task forces, and external experts.
  - The FERG I meeting was held in November 2007 and served to detail stakeholder input, establish task forces, set priorities, and develop detailed work plans for the various task forces.
- A FERG source attribution meeting was held to review and appraise progress and to operationalize and commence technical work for the attribution to sources of food
  - 'Point of consumption' attribution was decided upon as a starting point
- The FERG II meeting will be held in November 2008.
  - The expected products of this meeting include:
    - Region-specific morbidity and mortality from diarrheal diseases by pathogen.
    - Some region-specific burden of parasitic causes estimates.
    - Full review of exposure to and health effects of four major chemical toxins (aflatoxin, dioxin, peanut allergens, and cassava cyanide).
    - Draft Global Atlas of Food Consumption.
    - Draft methods for attribution to foodborne sources in the future.

## B) Group discussion

- How can the International Collaboration link to the Foodborne Epidemiology Reference Group (FERG)?
  - The FERG provides international expertise with respect to methodologies whereas the International Collaboration is an international cooperative with wide representation that can a) undertake specific tasks b) demonstrate how things can be done, and c) has the grass-roots partnerships and history of collaboration.
  - Two ways in which the Collaboration can aid the FERG is to: 1) provide country or region-specific consultations to get work going and 2) undertake specific tasks (eg. estimating the global burden of salmonellosis).
  - Shannon Majowicz (Canada) will:
    - Approach Martyn Kirk (Chair of Enterics Task Force) about the global burden of Salmonellosis and global burden of listeriosis projects.
    - Approach Claudia Stein (WHO) to see if the Collaboration can 1) send two members of the Collaboration (non-FERG members) to the FERG meeting in November to present on the global burden of salmonella work, the proposed global burden of listeriosis work, as well as review the Collaboration's publications and working groups.
    - Discuss with Claudia Stein (WHO) what the options are for being more closely linked with FERG and will bring those ideas back to the Collaboration.

## Meeting Overview and Wrap-up

### A) Round table discussion

- Priorities for 2009 were discussed.
  - The number one priority for the Collaboration is the DALYs working group.
    - Elaine Scallan (USA) will continue to lead this effort.
      - Issues that need to be addressed by the working group:
        - disability weights
        - co-morbidities
  - The Collaboration will continue working on the global burden of salmonellosis estimate.
    - Jennie Musto (Australia) will continue to lead this effort.
    - It was noted that China's estimates of the burden of salmonellosis should be incorporated into the paper.
  - The Collaboration will continue with its review of case-control methods.
    - Katie Fullerton (Australia) will continue to lead this effort.



- The Collaboration plans to evaluate the impact of different recall periods in retrospective studies.
  - A new working group led by Olga Henao (USA) and Kate Thomas (Canada/Argentina) will be established.
    - Canada, Australia, and the United States are interested in participating in this working group.
    - Others who are interested and were not present at the face-to-face meeting are welcome to join.
- The Collaboration plans to estimate the global burden of listeriosis using the same method as the global burden of Salmonellosis paper.
  - Shannon Majowicz (Canada) will approach Bob Adak (UK) and Martyn Kirk (Australia) to ask if they will lead this group.
    - If they agree, a working group will be solicited on the October teleconference.
    - It was noted that the lead of the working group should solicit France to join the working group.
- The Collaboration plans to get their website up and functioning.
  - This effort will be led by Ashton Wright (USA).
- In the future, the Collaboration would like to work on the global burden of Guillan-Barré syndrome.
- *Campylobacter* laboratory survey comparison
  - Collette Fitzgerald (USA-CDC) to be asked to continue working on the methods and the modeling.
    - Collette has an ASM Fellow coming in the fall that could possibly work on this project.
- 2009 Meeting
  - There was a proposal to have 6<sup>th</sup> annual meeting in Tokyo, Japan on August 31st and the morning of September 1<sup>st</sup> 2009 adjacent to the Campylobater, Helicobacter, and Other Related Organisms (CHRO) meeting that will be held September 2-5, 2009 in Niigata, Japan.
    - This announcement will be shared on the October teleconference.

**Exploring recall bias in retrospective population surveys on acute gastroenteritis: comparison of recall periods and resulting annual incidence estimates.**

**ICOFDN working group proposal**

**Leads:**

Olga Henao: [dot8@cdc.gov](mailto:dot8@cdc.gov)

Kate Thomas: [thomask@uoguelph.ca](mailto:thomask@uoguelph.ca)

**Issue:**

In retrospective surveys, the typical observation period used is 28 days with respondents asked to report various symptoms of gastroenteritis, usually vomiting and diarrhea, during that period prior to interview. The 28-day incidence is then converted into an annual incidence estimate which is subject to recall bias and likely to overestimate the true incidence.

**Proposal:**

Explore differences in annual incidence estimates based on a variety of recall periods (e.g. 1-day, 1-week, 2-week, 28-day/monthly recall period etc.).

**Methodology:**

Using population surveys that collect information on the total number of respondents, whether respondents were sick in the past 28, 14, 7 days etc. and on the day of the interview, and the duration of illness, calculate respective incidences.

Using the following equation:  $\text{incidence} = \frac{[(\text{number of disease onsets})]}{[(\text{number at risk at the start of the observation period}) - (1/2)(\text{number of disease onsets})]}$ .

Convert the respective incidence estimates to annual incidences and compare the ratio between these values.

1st Announcement

# 15th International Workshop on Campylobacter, Helicobacter, and Related Organisms

## CHRO2009

TOKI Messe, Niigata, Japan  
September 2 - 5, 2009



**See you in Niigata** 相約新潟 니가타에서 만납시다 До встречи в Ниигате 新潟で会いましょう

新潟で会いましょう

До встречи в Ниигате

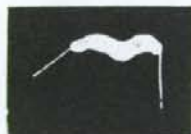
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**OECD HEALTH CARE QUALITY INDICATOR (HCQI) PROJECT**  
**DRAFT ANNOTATED AGENDA FOR THE EXPERT GROUP MEETING**

Thursday 23 and Friday 24 October 2008

Paris, France

Day 1 - Thursday, 23 October

1.	09h00	<p><b>WELCOME AND ADOPTION OF THE DRAFT ANNOTATED AGENDA</b> <span style="float: right;">DELSA/HEA/HCQ/A(2008)4</span></p> <p>Niek Klazinga, Coordinator OECD HCQI Project, will welcome participants to the meeting and seek endorsement of the nominated Chairperson(s).</p>
2.	09h10	<p><b>ORAL STATEMENT BY COORDINATOR OF THE OECD HCQI PROJECT</b></p> <p>The Coordinator will provide a brief overview of the work undertaken by the HCQI Project in 2008, including the new and existing expert subgroups.</p> <p>The main objectives of the meeting are to consider and make decisions in relation to:</p> <p>Day 1 – HCQI Data Collection for 2008-09 and subsequent publication in 2009.</p> <p>Day 2 – Future HCQI indicator development priorities and analytical work.</p> <p>A brief overview of the proposed HCQI Data Collection (including relevant indicator data collected through OECD Health Data) for 2008-09 will be given to help establish the overall context for discussions during Day 1.</p>
3.	09h30	<p><b>UPDATE FROM PROJECT PARTNERS</b></p> <p>Presentations will be provided by representatives from the European Commission, World Health Organisation and the International Society for Quality in Health Care.</p>
4.	09h45	<p><b>METHODOLOGICAL ISSUES FOR THE HCQI DATA COLLECTION FOR 2008-09</b> <span style="float: right;">DELSA/HEA/HCQ(2008)9</span></p> <p>The Secretariat will provide a presentation on the work</p>

		<p>and outcomes of the group of participating country experts that were considering methodological issues associated with the calculation and presentation of the health care quality indicators during 2008, including the:</p> <ol style="list-style-type: none"> <li>1. assessment of alternative approaches to data standardisation (age and sex), and</li> <li>2. development of a data quality framework to apply to the OECD HCQI data.</li> </ol> <p>The Expert Group is invited to <i>discuss</i> the outcomes of this work with a view to identifying the agreed approaches to be applied to the HCQI Data Collection for 2008-09 and any subsequent publication of indicators in 2009.</p>	
	10h:30	<i>Coffee break</i>	
5.	11h00	<p><b>METHODOLOGICAL ISSUES - FOR THE HCQI DATA COLLECTION FOR 2008-09 (CONT)</b></p> <p>Continuation of the session commenced before the break.</p>	DELSA/HEA/HCQ(2008)9
6.	12h10	<p><b>HEALTH PROMOTION, PREVENTION AND PRIMARY CARE SUBGROUP</b></p> <p>The Secretariat will provide a presentation on the key outcomes from the work of this new subgroup during 2008, including the conceptualisation of the domains of interest, key findings from the OECD survey of information system and indicator availability, proposed indicator data collection for 2008-09 and suggested priorities for indicator development to address identified gaps in the existing indicator set.</p>	DELSA/HEA/HCQ(2008)10

		<p>The Expert Group is invited to:</p> <ul style="list-style-type: none"> <li>• <i>comment</i> on the information provided during this session.</li> <li>• <i>endorse</i> the proposed set of 9 potentially preventable admission indicators for pilot data collection through the HCQI Data Collection for 2008-09.</li> <li>• <i>endorse</i> the proposed priorities for future indicator development within the HCQI project.</li> </ul>	
	12h30	<b>Lunch</b>	
7.	14h00	<p><b>RESPONSIVENESS/PATIENT EXPERIENCES SUBGROUP</b></p> <p>The Secretariat will provide a presentation on the key outcomes from the work of this new subgroup during 2008, including the outcomes of an international meeting of academic experts convened by the OECD in New York, proposed approach to developing internationally comparable indicators and the initial development work intended for 2009.</p> <p>The Expert Group is invited to:</p> <ul style="list-style-type: none"> <li>• <i>comment</i> on the information provided during this session.</li> <li>• <i>endorse</i> the proposed priorities for future indicator development within the HCQI project.</li> </ul>	DELSA/HEA/HCQ(2008)11
8.	14h20	<p><b>MENTAL HEALTH CARE SUBGROUP</b></p> <p>The Secretariat will provide a presentation on the key outcomes from the work of this subgroup during 2008, including the findings from the 2008 pilot data collection of 4 indicators, proposed indicator data</p>	DELSA/HEA/HCQ(2008)12