WORLD TRADE ORGANIZATION

G/SPS/GEN/855
20 June 2008

(08-2940)

Committee on Sanitary and Phytosanitary Measures Original: English

MAJOR ACHIEVEMENTS IN 2007

Communication by the World Health Organization (WHO) – Department of Food Safety, Zoonoses and Foodborne Diseases[1]

The following communication, received on 19 June 2008, is being circulated at the request of the WHO.

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1. **The Beijing Declaration on Food Safety** was adopted at the conclusion of the High-level International Forum on Food Safety that was held in Beijing, 26 and 27 November 2007. The forum brought together senior officials from more than 50 countries and international organizations to review the major issues related to food safety. By adopting the Beijing Declaration, the meeting participants demonstrated the high-level political commitment of WHO Member States to resolving food safety problems through positive international collaboration rather than inefficient bilateral measures. The declaration urges all countries to develop comprehensive capacities to protect consumers from foodborne hazards from production to consumption, from routine to emergency, and from domestic to international. Among other recommendations, the declaration urges all countries to actively participate in the WHO/FAO International Food Safety Authorities Network (INFOSAN) to share information on emerging food safety issues and experience about best practices. Also important is rapid exchange of information on food safety incidents and emergencies, especially those that fall under the International Health Regulations. INFOSAN presently counts 165 Member States and continues to build linkages with other networks, such as the OIE/FAO/WHO Global Early Warning System for Major Animal Diseases (GLEWS). In addition, the declaration urged countries to assess exposure of their populations to potentially toxic chemicals in their food supplies, especially by undertaking Total Diet Studies. The forum was cosponsored by WHO in collaboration with the Chinese Ministry of Health (MOH) and State Administration for Quality Supervision and Inspection and Quarantine.

2. **The Global Burden of Foodborne Disease** is a WHO initiative that began in 2006, but has now seen the first major endeavour involving a large number of international and national partners. In 2007, the first formal meeting of the Foodborne Disease Burden Epidemiology Reference Group (FERG) took place in November in Geneva to execute the strategic recommendations of a previous consultation. As a result, extensive work plans covering three major areas (enteric, parasitic and chemical causes) have now been agreed, together with a priority list for investigative work to be commissioned in both the short- and long-term. The work to describe the burden covers all types of hazards from bacteria and virus to chemicals, as well as disease outcomes from acute to chronic, including long-term complications and mortality. The burden assessment will attempt to attribute disease to individual commodities and food sources. The results of this initiative will provide the scientific evidence for policy-makers at national and international levels. These may also be used as

[1] See WHO Food Safety Web site at http://www.who.int/foodsafety/en/

the scientific basis for the setting of priorities and establishing food standards and guidelines, such as those in Codex Alimentarius. A close collaboration with the 151-nation strong WHO Global Salm-Surv Network will enable capacity building linking these epidemiological efforts to lab-based surveillance and prospective risk assessment. This network includes more than 1,000 food safety experts from around the world. It has also drawn on the GEMS/Food database in assessing exposure of populations to chemicals in the food supply. All persons with expertise in this area are encouraged to participate in this ongoing activity.[2]

3. **Powdered infant formula (PIF)** has been associated with serious illness and death in infants due to infections with Enterobacter sakazakii and other contaminants, including Salmonella. Recognizing the need to address such hazards the WHA requested the development of guidelines in order to minimize the risk to infants in PIF. These global guidelines have been finalized in 2007, based on specific scientific advice and risk assessments from the WHO/FAO Joint Expert Meeting on Microbiological Risk Assessment (JEMRA). For the first time ever, the scientific models underlying this work are now also available on the Web to be used for national or regional iterations enabling the objective comparison of the efficiency of different risk management options.[3] Based on this work the FAO/WHO Codex Alimentarius Commission has also decided to revise the International Code of Hygienic Practice for Foods for Infants and Children, including guidelines for the preparation, use and handling of PIF. The next step will be the roll-out and dissemination to all Member States of these practical guidelines.

4. **Antimicrobial use in food animal production** contributes to the emergence of antimicrobial resistance in bacteria causing human disease. This problem touches the full food production chain from the farm to the table. International interdisciplinary cooperation is essential; therefore since 1997, WHO, FAO and OIE have organized a number of consultations to address the issues related to antimicrobial use at the different steps of the food-chain, the emergence of resistant pathogens and the associated human public health problems. Since 2004 additional work has been initiated in the Codex system. This has resulted in two major new activities coming to fruition in 2007: a Codex Task Force on Antimicrobial Resistance held its first meeting in Seoul in October, and a WHO List of Critically Important Antimicrobials for Human Health was finalized in Rome with input from OIE and FAO experts. The work will now hopefully continue in the Codex Task Force with a view to selecting antimicrobial agent - human pathogen - animal species to be considered by risk managers as the priority combinations in terms of future consideration for control. In this area, special consideration should be given to the following combinations: fluroquinolones -Salmonella - poultry, 3rd and 4th generation cephalosporins - Salmonella – poultry, and macrolides - Campylobacter - poultry.

5. **Guidelines for the WHO-Coordinated Global Survey of Human Milk for POPs.**[4] In 2004, the Stockholm Convention on Persistent Organic Pollutants (POPs) was ratified by governments to decrease environmental and human exposure to twelve priority substances in this class (including dioxins, PCBs and DDT). To estimate whether the Stockholm agreement is actually effective in reducing the release of these chemicals into the environment, provisions to monitor this effectiveness have been discussed between the partners (including UNEP and WHO) for some time. Based on previous experience and global investigations in this area, WHO has issued guidelines to assist in developing a national protocol, which is harmonized to the greatest extent with those of other countries[5]. A number of countries have initiated their surveys in 2007 and about 20 more will be performed in a collaborative effort between Member States and UNEP, with WHO serving as the implementing agency. The surveys are expected to be repeated at 4-5 year intervals and will establish

[2] http://www.who.int/foodsafety/foodborne_disease/ferg_advisers/en/index.html
[3] http://www.who.int/foodsafety/publications/micro/pif2007/en/
[4] http://www.who.int/foodsafety/chem/POPprotocol.pdf
[5] http://www.who.int/foodsafety/chem/POPprotocol.pdf

a reliable and comparable monitoring metric to assess contamination of the environment by POPs with a direct human health angle. Given that breastfeeding reduces child mortality and has health benefits that extend into adulthood, every effort has been made to protect, promote and support breastfeeding in the context of these studies.

6. **Guidelines for the Investigation and Control of Foodborne Disease Outbreaks**.[6] The investigation and control of foodborne disease outbreaks are multi-disciplinary tasks requiring skills in the areas of clinical medicine, epidemiology, laboratory medicine, food microbiology and chemistry, food safety and food control, and risk communication and management. Many outbreaks of foodborne disease are poorly investigated, if at all, because these skills are unavailable or because a field investigator is expected to master them all single-handedly without having been trained. These guidelines have been written for public health practitioners, food and health inspectors, district and national medical officers, laboratory personnel and others who may undertake or participate in the investigation and control of foodborne disease outbreaks.

7. While the book focuses on **practical** aspects of outbreak investigation and control, it also provides generic guidance that can be adapted to individual countries and local requirements. At the field level it will be valuable in initial epidemiological, environmental and laboratory investigations, in implementation of appropriate control measures, and in alerting investigators to the need to seek assistance for more complex situations. At national and regional levels, the guidelines will assist decision-makers in identifying and coordinating resources and in creating an environment appropriate for the successful management of foodborne disease outbreaks.

[6] http://www.who.int/foodsafety/publications/foodborne_disease/fdbmanual/en/