

CAMPYLOBACTER WHAT'S THE PROBLEM?

Campylobacter is a foodborne pathogen that is the most common known cause of food poisoning in the UK.

Campylobacter is something that you can't see, smell or even taste. More than a quarter of a million people each year are struck down with campylobacter food poisoning which, can result in abdominal pain, severe diarrhoea and sometimes vomiting. Some cases spark off irritable bowel syndrome, reactive arthritis and, in rare cases, Guillain-Barré syndrome – a type of paralysis.

Who's most at risk?

Children under five and older people are most at risk of severe symptoms because they may have weaker immune systems.

There is also a secondary peak of infection among 25-44 year olds

How common is it?

Research commissioned by the Food Standards Agency (FSA)¹ indicates that campylobacter causes more food poisoning than all of the other major pathogens put together. Campylobacter causes an estimated 280,000 cases of food poisoning a year; clostridium perfringens, the second most common foodborne pathogen, causes an estimated 79,100 cases. Norovirus – a virus better known as the winter vomiting bug – is the third most common, causing an estimated 73,400 cases. Salmonella is fourth highest with an estimated 33,600 cases. E. coli O157 is estimated to cause about 9,500 cases.

Where does campylobacter come from?

Campylobacter bacteria are commonly found on poultry meat. About four out of five cases of foodborne campylobacter infections in the UK can be attributed to poultry sources, mostly raw poultry meat.² One of the main ways to get and spread campylobacter poisoning is through touching raw chicken. Washing raw chicken can actually spread campylobacter by splashing it onto hands, work surfaces, clothing and cooking equipment.

The cost to our economy

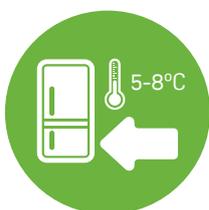
The impact of campylobacter food poisoning on our economy is difficult to calculate, but will include loss of productivity earnings or educational opportunity through days off work, and the cost to taxpayers of GP consultations and hospital treatment. Even testing for campylobacter costs money. There were 72,000 cases of campylobacter confirmed by laboratory tests in 2012. We continue to analyse the impact of

campylobacter, but the most recent FSA estimates³ suggest that the total could be about £900m per year. It's an unacceptably high economic and public health burden for something that can be avoided.

What can be done?

We are spearheading a campaign that brings together the whole food chain to act together to tackle campylobacter, including the chicken industry from farm to fork.

To avoid the spread of campylobacter in the home our advice to consumers is:



1. Cover and chill raw chicken

Cover raw chicken and store at the bottom of the fridge so juices cannot drip on to other foods and contaminate them with food poisoning bacteria.



2. Don't wash raw chicken

Thorough cooking will kill any bacteria present, including campylobacter, while washing chicken can spread germs around the kitchen by splashing.



3. Wash hands and used utensils

Thoroughly wash and clean all utensils, chopping boards and surfaces used to prepare raw chicken. Wash hands thoroughly with soap and warm water after handling raw chicken.



4. Cook chicken thoroughly

Make sure chicken is steaming hot all the way through before serving. Cut into the thickest part of the meat and check that it is steaming hot with no pink meat and that the juices run clear.

Spread the word, not the germs!

For more information: www.food.gov.uk/chickenchallenge

1. The figures come from an extension to the Infectious Intestinal Diseases II study (IID2), the biggest study of its type carried out in the UK since the mid-1990s. The second IID study, published last year, shows a 43% increase in IID since the first study but did not show what proportion of illness was attributable to food sources. The IID2 extension was commissioned by the FSA to estimate how much of this illness was attributable to food. It applied mathematical modelling techniques to the results of the IID2 main study, alongside data from outbreaks and a systematic literature review. This allowed researchers to produce estimates of the proportion of IID attributable to food and broken down by 13 pathogens.

2. Scientific Opinion on Quantification of the risk posed by broiler meat to human campylobacteriosis in the EU (adopted 9 December 2009) www.efsa.europa.eu/en/scdocs/scdoc/1437.htm

3. food.gov.uk/multimedia/pdfs/board/board-papers-2013/fsa-130904.pdf