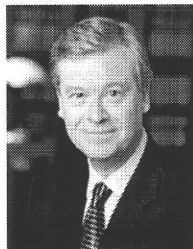




Consumer Voice

Newsletter on food safety, health and consumer policy
from the European Commission's Health and Consumer Protection DG

November 2002, Edition 9/02



David Byrne,
Commissioner for
Health and Consumer Protection

Council supports Commission proposals for action against food-borne diseases

Moving the food safety agenda forward

In the White Paper on Food Safety, we promised to bring forward proposals for updated and improved legislation to combat food-borne diseases. The two zoonoses proposals, outlined in this edition, deliver on our promise.

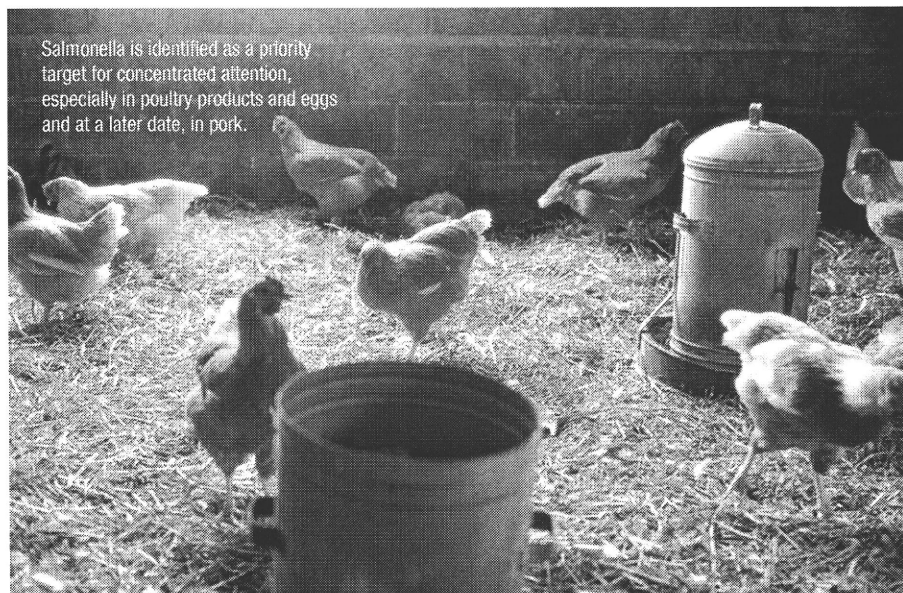
I am very encouraged by the Council decision to support these proposals. The decision moves the food safety agenda along, bringing us closer to our aim of farm to fork food safety throughout the EU.

Salmonella, campylobacter, listeria, E-coli and other food-borne diseases pose an ongoing threat to public health. The new controls we propose, aim to cut the incidence of these food-borne diseases and improve the protective measures that prevent infection throughout the food chain.

On 28 November, the Agriculture Council reached political agreement on two proposals from the Commission, that between them put forward a concentrated series of actions against animal diseases that can be transmitted to humans – mainly through food. These diseases are called “zoonoses” and infection in humans usually happens as a result of eating products that have been contaminated by one or other of the zoonotic pathogens such as salmonella, campylobacter, listeria or toxin-producing E.coli.

Commissioner David Byrne, who has consistently stressed the need for more effective and stringent measures to apply at EU level against food-borne zoonoses, welcomed the move from Council. Support for the measures proposed was evident for some time but the sticking point in Council, had been on how to finance the measures.

“It was essential that such an important public health measure should not become bogged down over wrangles about who would pay”, the Commissioner said. “Resolution of these problems by Council in November, shows the will is there to push ahead with these measures. Our proposals mark a further example of the practical implementation of our farm to fork approach to matters of food safety and I want to see them move on to action.”



Salmonella is identified as a priority target for concentrated attention, especially in poultry products and eggs and at a later date, in pork.

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Reported human infections caused by zoonotic pathogens during 2000 in the EU	
Salmonella	150,165
Campylobacter	131,527
Yersina	7,358
Brucella	2,857
Verotoxigenic E.coli	2,159
Listeria	636
Echinococcus	349
Toxoplasma	384
Mycobacterium bovis infection	150
Trichinella	67
Rabies	1

■ Eradicating and monitoring animal diseases in the EU

Every year, the Commission co-finances a number of programmes for eradicating and monitoring zoonoses and other animal diseases. In October, the 50 programmes that will receive Eur 37.85 million for work to be carried out in 2003 were agreed. The EU contribution represents 50% of certain costs incurred by Member States to implement their approved programmes, with the rest of the funding coming from the Member States.

Eur 1.6 million of the budget is dedicated to control programmes targeting salmonella in poultry in 5 Member States.

Eur 94 million is also earmarked from the EU budget to finance BSE and scrapie monitoring and it will be used in the Member States to purchase testing kits.

Salmonella – the priority target for reduction and control

This proposal is for a Regulation that aims to reduce the public health burden caused by the spread of zoonotic pathogens from animal populations through the human food and animal feed chain. Salmonella is identified as a priority target for concentrated attention, especially in poultry products and eggs and at a later date, in pork.

The number of food-borne infections in consumers across the EU is high. Salmonella alone infects over 160 000 individuals in the EU each year and of these cases, it is estimated that around 200 die.

A major source of contamination from this pathogen is primary production. Targets are set to apply from 2005 onwards to breeding flocks of chicken, from 2006 onwards to laying hens, from 2007 onwards to broilers, from 2008 onwards to turkeys and pigs. The Regulation also contains a procedure for setting targets for the reduction of zoonotic agents other than salmonella.

To implement the provisions and achieve the reduction targets, Member States will need to adopt national control programmes and encourage the private sector to cooperate. Trade between Member States in relevant live animals and hatching eggs will be obliged to have salmonella status certification. Third country imports into the EU will require comparable certification and control programmes. Other EU rules cover control of transmissible spongiform encephalopathies (TSEs) and other animal diseases such as brucellosis and tuberculosis.

Better detection is key

This proposal for a Directive aims to monitor and prevent the spread of zoonotic agents through better surveillance. It provides a basis for improving knowledge of the sources and trends of these pathogens, for the support of microbiological risk assessments and provides a basis for adopting measures for managing risks. The European Food Safety Authority will play a key role in assessing and reporting this information.

Data will be collected on the incidence of zoonotic diseases in humans, on food-borne outbreaks and the monitoring of antimicrobial resistance in certain zoonotic pathogens in their territory and report this information to the Commission. The Member States would also take part in coordinated monitoring programmes to be cofinanced by the EU. In particular, they would aim to establish baseline values on the level of the most significant zoonotic infections in each Member State.

Zoonotic pathogens in the food chain

Zoonotic pathogens originate in live animals and can, without farm to fork care, spread throughout the food chain causing infection in humans. This is why a large proportion of EU funding is allocated to controlling the disease at source and why unremitting vigilance is required all the way through to the table. The proposals contain specific rules on the control of zoonoses – and salmonella in particular – that will concern producers of breeding poultry, laying hens, broilers, turkeys as well as breeding and fattening pigs in all EU Member States.

Salmonella can be found in a whole series of food products such as eggs, meat, milk and vegetables. But salmonella is just one zoonotic agent and measures are also planned to monitor the incidence of the other zoonotic agents in food. The second most common illness that can be transmitted from animals to humans through their food, is campylobacter. Campylobacters are mainly found in poultry meat. Listeria, toxin producing E.coli and foodborne viruses are other important zoonotic agents that cause infections in humans.

Many human infections from zoonotic pathogens are not recorded, either because patients fail to report the illness or because no laboratory diagnosis is made or the diagnosis may not be reported centrally. Reported cases may in fact only represent the lower end of the spectrum of the disease. Despite this underreporting, the substantial number of known human infections caused by zoonotic pathogens is considered to be significant in terms of human health.

To find out more about zoonoses and other food safety issues, go to: http://europa.eu.int/comm/food/index_en.html

Patient mobility and health care developments in the EU

Health systems and health policies across the EU are becoming more interconnected than ever in the past. Although it is for Member States to decide how they wish to organise and finance their health systems, recent cases from the European Court of Justice have made clear that they must comply with Community law in doing so. Specifically, they must respect the principles of free movement of health services and goods within the Community, and therefore cannot impose disproportionate barriers on health services and goods being provided from other Member States.

Other factors generating increased links between health systems include movement of patients and professionals, common expectations, dissemination of new medical technologies and techniques that can be accessed through information technology, and, the forthcoming enlargement of the Union. This increased interconnection raises many health policy issues, including quality and access in cross-border care; information requirements for patients, health professionals and policy-makers; the scope for cooperation on health matters; and how to reconcile national policies with European obligations in general.

Many different scenarios have been raised about the possible future impact of a more European context for the development of health systems, both positive and negative. Some see greater freedom of movement as a threat to the viability of healthcare systems. One reason for the limits that are historically placed on patient mobility is to help control costs (a central issue across all EU health systems) and to enable effective planning. Others see greater freedom of movement as a more positive influence both through greater choice and access for patients, and through greater collaboration and interaction allowing sharing of resources and best practice. The challenge is to develop a European policy that enables progress toward the more positive outcomes whilst respecting national responsibility for health systems.

■ SCVPH Opinion underlines gravity of zoonotic infection

Some of the complications that can arise in humans infected with zoonotic pathogens, are noted in an Opinion from the Scientific Committee on Veterinary Measures relating to Public Health (SCVPH). The Opinion was released in April 2000.

In approximately 5% of salmonellosis cases, sequelae (like reactive arthritis) arise. In around 2% of these complicated cases (i.e. 1 in every 1000 salmonellosis cases), the patient dies.

Reduced sensitivity of certain salmonella strains to antibiotics may not only prolong the duration of clinical disease, according to the scientists, but can also affect the incidence of sequelae or death.

Campylobacter can also cause a serious disease: Guillain-Barré syndrome, a disorder resulting in acute neuromuscular paralysis. This is estimated to occur about once in every 1000 cases of campylobacteriosis.

There are fewer reported cases of listeriosis than for salmonella or campylobacter, but the fatality rate is reported as being between 20% and 40%. The fatality rate rises when immuno-compromised individuals are infected, moving the figures up to around 75%.

In verotoxigenic E.coli infections, around 3%-20% of cases progress into haemolytic uraemic syndrome. And of these cases, 3%-5% die and a similar proportion develop major sequelae.

■ Developing an EU policy

Achieving an EU policy on patient mobility and health care requires some means of a Europe-wide collaboration between those responsible for health systems within the Member States. In order to provide a way of dealing with these issues, Commissioner Byrne has invited ministers from the Member States to take part in a high-level process of reflection on patient mobility and health care developments in the European Union. This reflects the conclusions of the Health Council of 26 June 2002, which recognised that there would be value in such a process, and ministers from twelve Member States have indicated their interest in taking part. The first preparatory meeting of officials took place on 29 October 2002. The aim is for the reflection process to reach its conclusions by the end of 2003.

Top 10 tips for cross border shopping

- **Know the seller.** Be sure you have an e-mail address, postal address and phone number.
- **Make sure you know what you are buying.** Check everything and ask if you are not sure. Be sure you know how the product works. Read the terms and conditions.
- **Check the cost.** Look out for hidden costs such as postage or currency conversion or other additional charges.
- **Make sure you know what you are buying.** Check everything and ask if you are not sure. Be sure you know how the product works. Read the terms and conditions.
- **Be careful how you pay.** Credit and debit cards are cheaper than cross border bank transfers. But make sure you are using a secure site before giving details on-line. Always confirm your order before you pay.
- **Is it guaranteed?** Check what guarantees, warranties and after-sale services you are entitled to. Under EU law, you have a right to point out faults that were there when you bought the product for up to two years.
- **Keep all records.** Hold on to all receipts and correspondence and note any reference numbers you are given in case a problem arises.
- **Keep your information safe and protect your privacy.** Personal details can only be used with your consent. Ask if you do not know what a seller's policy on data protection is.
- **What can you do if something goes wrong?** Contact the seller as quickly as possible. If you cannot resolve the problem, you can get help from a European Consumer Centre and access to the EEJ-Net, a new EU network that helps consumers sort out cross-border complaints.
- **Beware of scams.** Always be on your guard and remember, if it sounds too good to be true, it probably is.

You can get more information on your rights as a consumer and on how to get help if problems arise in cross-border shopping at: http://europa.eu.int/comm/consumers/index_en.html

Delivering on the promise of the Single Market

Over the last five years the Annual Assembly of Consumer Associations has proven to be one of the most successful and lively interactive events that take place between stakeholders and the Commission. It got underway once again in Brussels on 7 October. More than 250 delegates attended, representing consumer associations from the Member States and many of them were from the candidate countries who were full participants in this year's event.

The meeting began on the first day with a seminar to bring the candidate countries up to speed on progress and developments over the last year in the EU against the backdrop of enlargement. It moved swiftly on over the next two days through a very full agenda, divided between full plenary sessions and a number of working groups.

As the meeting got under way, Commissioner David Byrne explained how enlargement has been explicitly integrated into the Consumer Policy Strategy for 2002-2006 that was adopted last June. He outlined the three key objectives of the Strategy that include ensuring a high common level of consumer protection, ensuring effective enforcement and proper involvement of consumer organisations in EU policies. "These objectives," he said, "are designed very much with enlargement in mind, but also in a more general sense, to make the Single Market more relevant and tangible for all European consumers."

In the working sessions overall, essential everyday services such as energy, telecommunications, transport and post came under scrutiny. These were taken from different viewpoints in each of the five debates. Has the single market delivered for consumers was the topic for the first session while another looked at whether consumers know enough about their role and rights. Yet another questioned what assistance was available to consumers in terms of making complaints and finding redress. Session 4 looked at how to ensure effective representation of consumer interests across the EU and session 5 looked at the priorities for now and the future in financial services.

Bringing the exhaustive process to a close on 9 October, Director-General Robert Coleman was pleased to note the growing relationships between the EU consumer organisations and their colleagues in the candidate countries and of the active role everyone had taken in their participation in the assembly. "This is a positive development which has to be welcomed and encouraged," he said. He spoke of how important it is that consumers and their organisations take the opportunity to transmit their expectations and particular concerns clearly and loudly and, wherever possible, to give concrete and specific examples to back them up.

Answering to concerns that had been raised during the working groups, Mr Coleman outlined the numbers of actions the Commission is taking to meet them or plan to take in the future. Some are legislative. In others, steps are being taken – such as ensuring that Member State authorities apply relevant legislation. "We are also working on increasing the coherence and integration of consumer concerns into other policies," he said.

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Chief Editor: Jacques Gennatas. Editor: Helen Kinghan, in cooperation with the Directorates of the EC Health and Consumer Protection DG. For further information: Rue de la Loi 200, B-1049 - Bruxelles/Wetstraat 200, B-1049 Brussel-Belgium - Office: B232/1/06. e-mail: sanco-newsletter@cec.eu.int web site: http://europa.eu.int/comm/dgs/health_consumer/newsletter/