



Rijksinstituut voor Volksgezondheid  
en Milieu  
*Ministerie van Volksgezondheid,  
Welzijn en Sport*

# Risk assessment: van theorie naar beleid

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Symposium

Campylobacter bij pluimvee:  
Recente inzichten en  
beleidsmaatregelen

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## Inhoud

1. Campylobacter: een volksgezondheidsprobleem
2. Wat is risk assessment?
3. Evaluatie microbiologische criteria
4. Immuniteit
5. Conclusies



## Human campylobacteriosis in the Netherlands, 2011

- Population 16.7 million
- 8,490 reported cases (51.3 per 100,000)
- 108,000 population cases of gastroenteritis per year (6.5 per 1,000, compare UK 9.3 per 1,000)
- 26,000 GP consultations; 1,100 hospitalizations; 34 deaths
- Sequelae
  - Guillain-Barré syndrome 79 cases
  - Reactive arthritis 1,900 cases
  - Inflammatory Bowel Disease 23 cases
  - Irritable Bowel Syndrome 9,300 cases
- Increasing trend in incidence rate in recent years
- Disease burden 3,600 DALYs (1<sup>st</sup> among 14 food-related pathogens)
- Cost-of-illness 82 million Euros (2<sup>nd</sup> to norovirus)



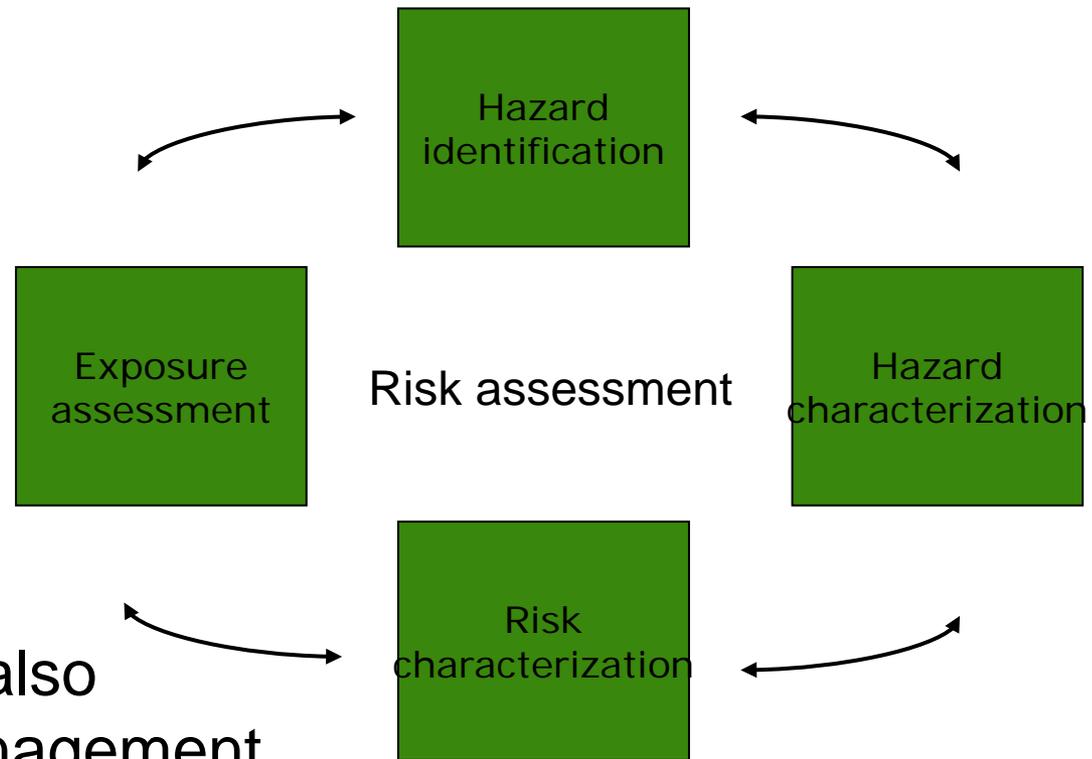
## Choosing between interventions

- **Effectiveness:** a positive impact on public health?  
→ Risk assessment
- **Efficiency:** at a reasonable cost?  
→ Economic analysis
- **Equity:** fair for all affected parties?  
→ Policy making; social sciences



Risk assessment consists of the following steps:

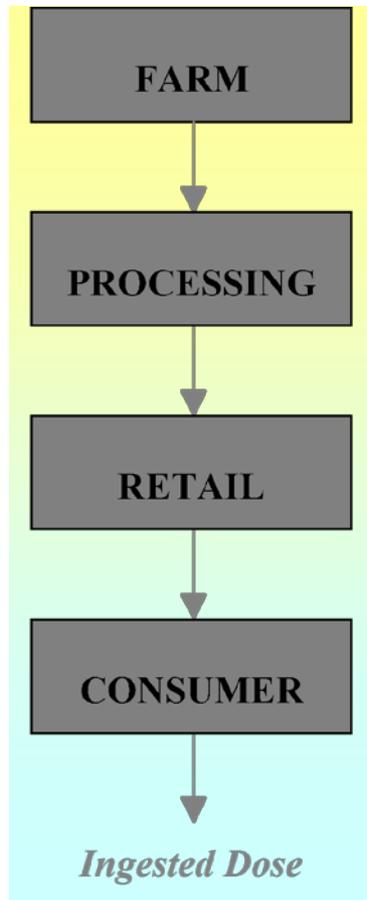
- statement of purpose
- hazard identification
- hazard characterization
- exposure assessment
- risk characterization



Risk assessment is part of risk analysis, also consisting of risk management and risk communication



## Farm to Fork exposure modelling...

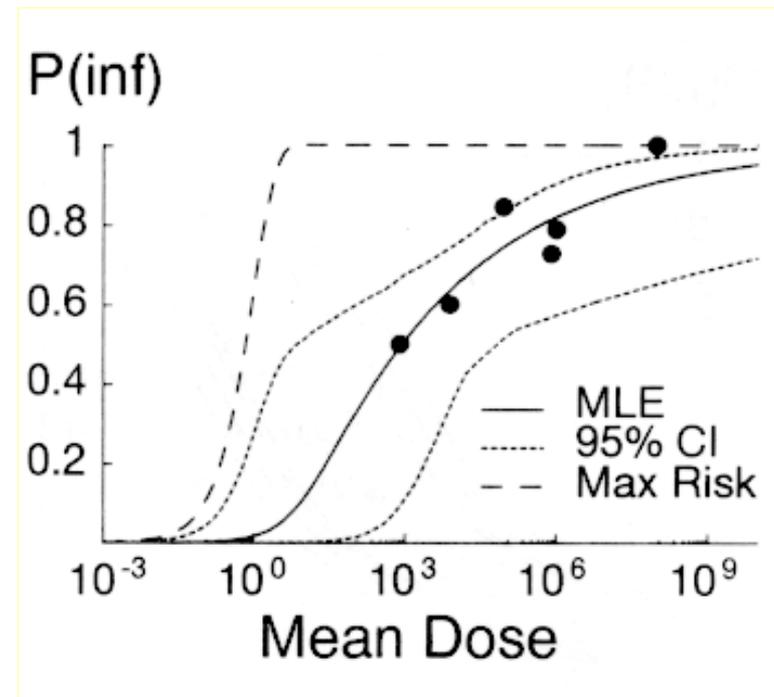


- Large and complex food chain
- Describe the transmission of a microbial hazard
  - quantitative
  - mathematical model
- Assess exposure
  - probability of exposure
  - amount of exposure
- Compare alternative scenarios
  - the effects of interventions



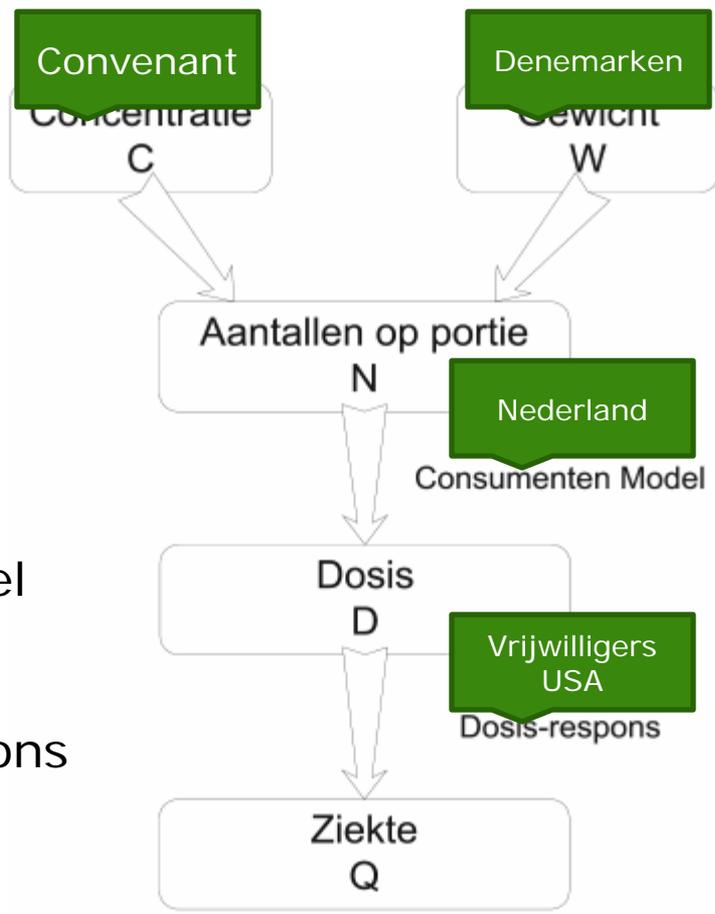
## Microbial dose-response modeling

- Conditional chain of events
  - Exposure → Infection → Illness
- Single hit
- Independent action
- Random distribution
  
- Mathematical models fitted to data:
  - Volunteer experiments
  - Outbreaks





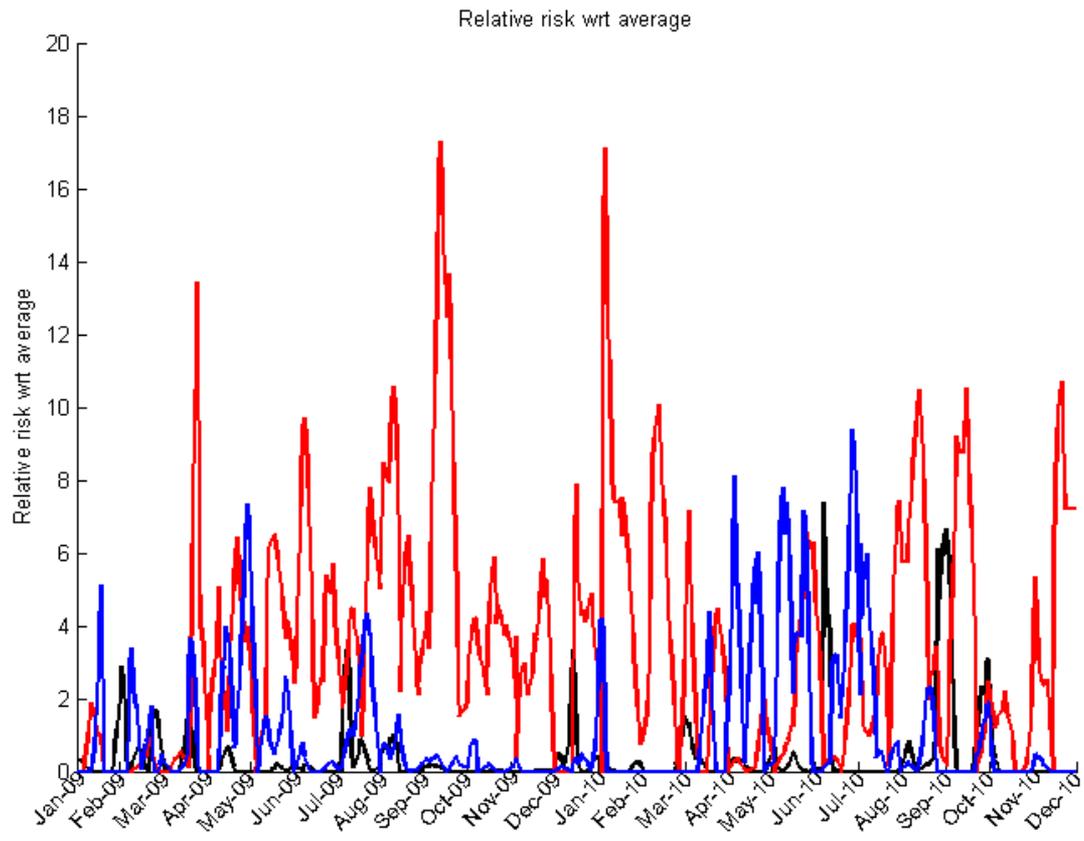
# Risk assessment model Campylobacter covenant



All data in the model are variable and represented by statistical distributions



# Relative risk per slaughterhouse





## Process hygiene criterion

- Purpose - to control contamination of end-products in industrial slaughter plants for broiler chickens
- Point in the food chain – broiler chicken carcasses after chilling
- Microorganism -thermophilic *Campylobacter* spp.
- Microbiological limits - two-class sampling plan ( $m$  cfu / g is the limit between complying and non-complying batches)
- Sampling plan - number of samples ( $n$ ), acceptance number ( $c$ )
- Statistical performance of the sampling plan - by risk assessment
- Analytical methods – enumeration according to ISO 10272-2
  
- For example,  $n=5$ ,  $c=0$ ,  $m=1000$  means:  
" we sample each batch, take five samples, none of these may exceed 1000 cfu / g"



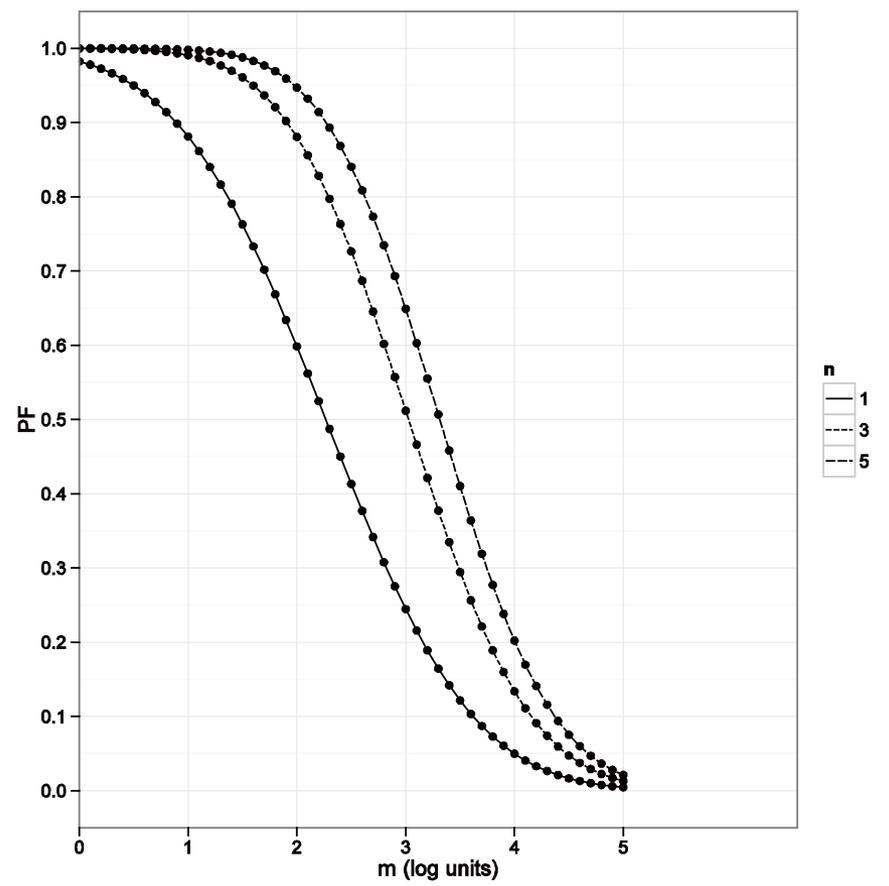
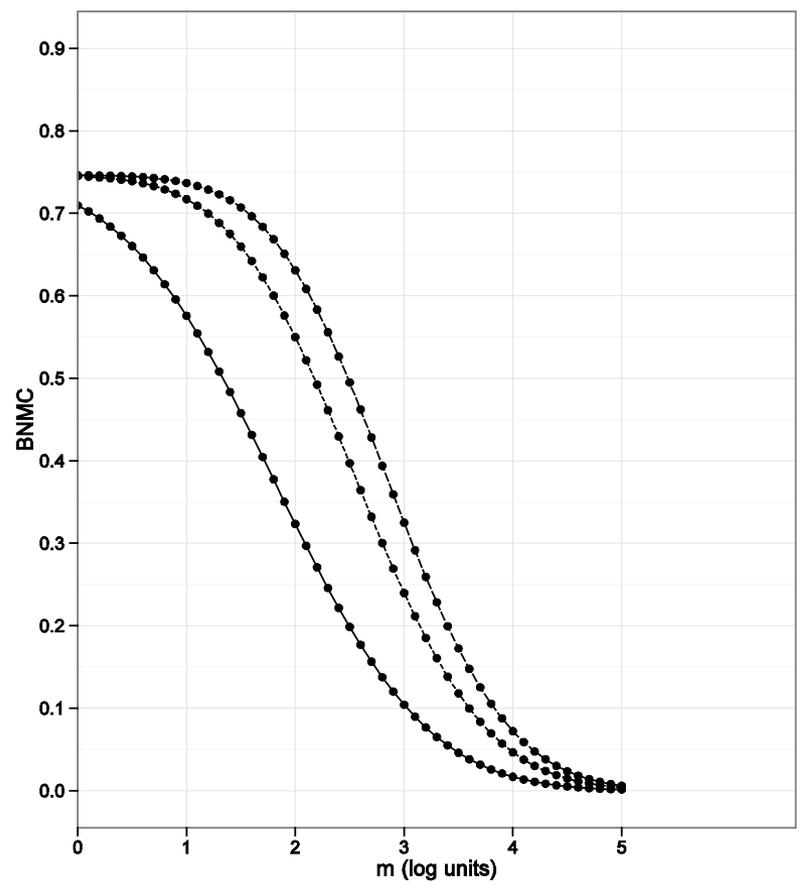
# Evaluation of PHC with $m = 1,000$ cfu/g; $n=5$ ; $c=0$

Year	2009	2010
BNMC overall	32%	37%
per plant	10-62%	14-54%
PF overall	67%	72%
per plant	32-89%	38-90%

BNMC: Batches Not Meeting the Criterion  
PF: Preventable Fraction



# Impact of varying the critical limit in a PHC





## Estimating the efficiency of an intervention

- (Direct) costs of an intervention
  - Investments and variable costs  $K$  (in €)
- Benefits of an intervention
  - Reduced human disease burden  $Z$  (in DALYs)
  - Reduced cost of human illness  $W$  (in €)
  - No benefits for animal health
- Cost-utility ratio  $\frac{K - W}{Z}$  € / averted DALY
- Costs are discounted at a rate of 4%, and benefits at a rate of 1.5%



## Efficiency of a PHC for Campylobacter on Dutch broiler meat

	All human cases	All broiler meat	Dutch broiler meat	Impact of PHC <sup>\$</sup>
Fraction	100%	28%	56%	70%
Incidence (2011)	108,000	30,000	17,000	12,000
Disease burden (DALY) <sup>*</sup>	3,250	910	509	360
Cost-of-illness (M€) <sup>^</sup>	76	21	12	8.4
Intervention costs (M€) <sup>^</sup>				1.7
Cost-utility ratio (€ / DALY)				-18,000

\* Discounted at 1.5%

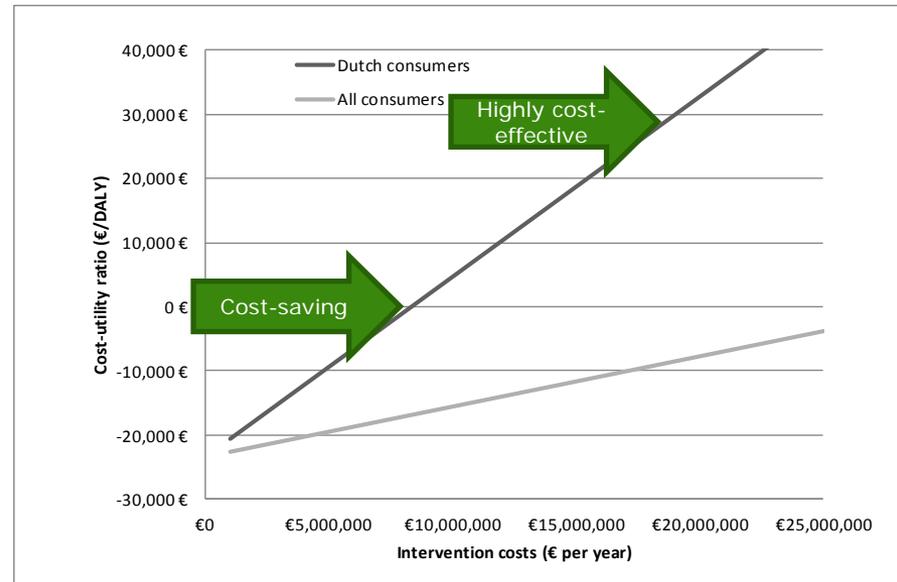
<sup>^</sup> Discounted at 4%

<sup>\$</sup> m = 1,000 cfu/g; n=5; c=0



## Limitations of economic analysis

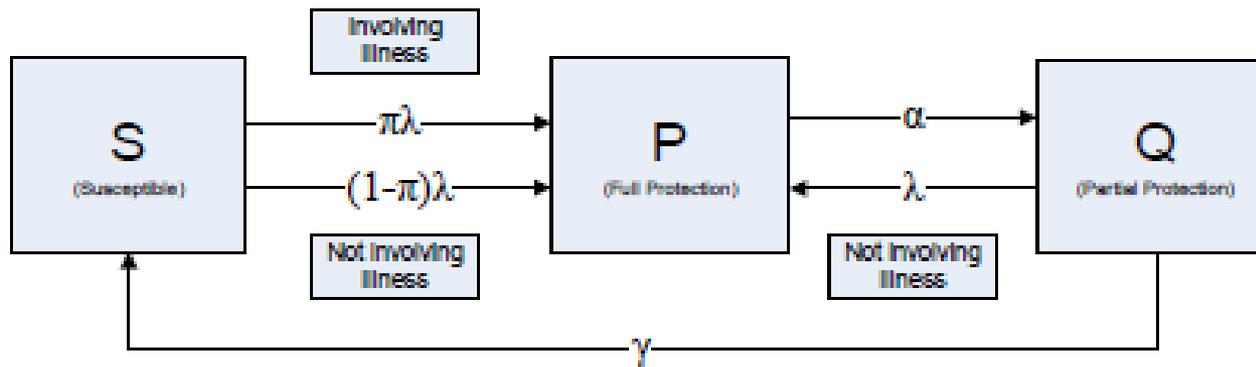
- Costs are currently uncertain
- Benefits extend to consumers of Dutch poultry meat outside the Netherlands
- Benefits to Dutch consumers would increase if PHC would also apply to non-domestic fresh broiler meat





# Dynamic model of Campylobacter infection

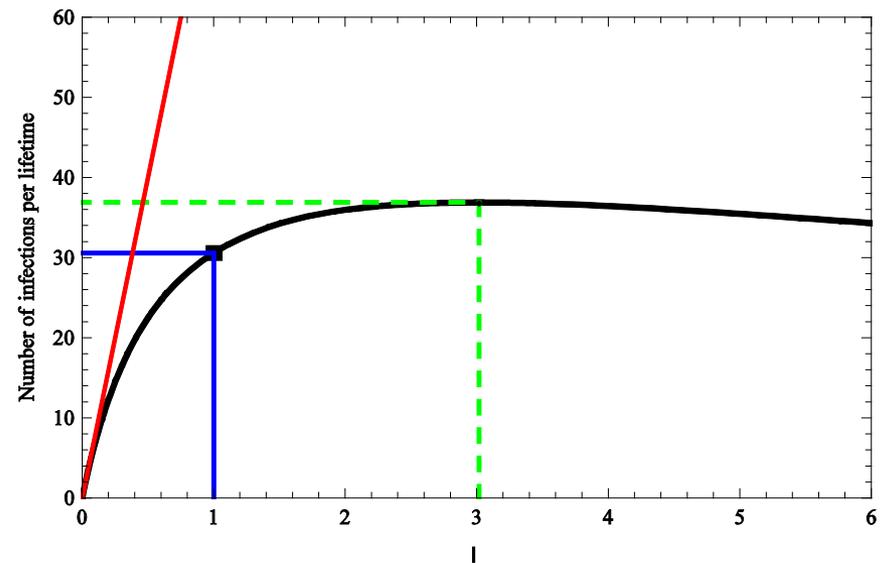
- Asymptomatic infections are common, in developing and developed countries alike
- They continuously boost an acquired immune response that protects the vast majority of exposed individuals from developing symptomatic illness
- A simple mathematical model has three states
  - S: fully susceptible (with probability  $\pi$  of getting ill upon infection)
  - P: fully protected
  - Q: partially protected (re-infection is possible, but without disease)
  - Exponential residence times with rates  $\lambda$ ,  $\alpha$  and  $\gamma$





# Impact of acquired immunity on disease incidence

- Define  $R$  as the number of infections per lifetime
- $R$  as a function of the force of infection has a single maximum
- Incidence of infections reduced by a factor of 2.5 to 25
- Reducing  $\lambda$  may lead to increased incidence of illness



*Swart et al., Epidemics 2012;4:43-47*



# Impact of immunity on risk assessment

- Naïve approach

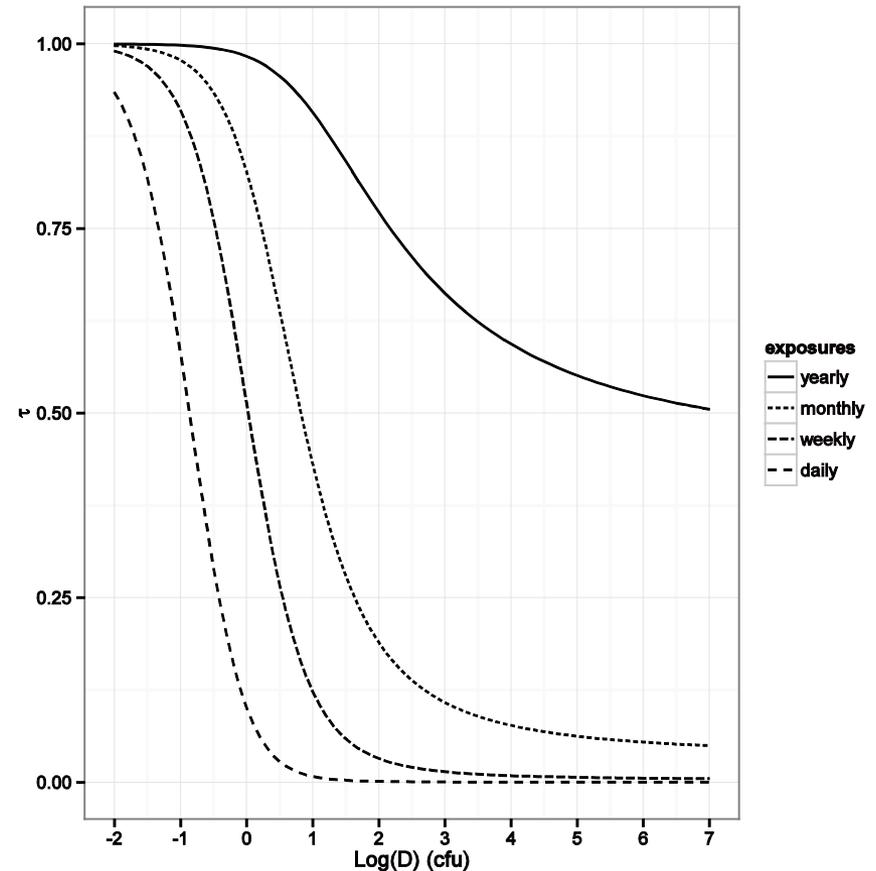
$$R_n = \lambda A$$

(A = age)

- Inflation factor due to immunity

$$\tau = \frac{R}{R_n} = \frac{\alpha\gamma}{(\alpha + \lambda)(\gamma + \lambda)}$$

- Additional impact of repeated exposure to low doses





## Conclusies

- De ziektelast en kosten van Campylobacter in Nederland zijn aanzienlijk
- Kippenvlees is een belangrijke, maar niet de enige, blootstellingroute
- Risicomodellering levert relevante inzichten:
  - verlagen van het aantal Campylobacter bacteriën op vers kippenvlees tot maximaal 1000 cfu/gram is een effectieve en efficiënte maatregel om het volksgezondheidsprobleem te reduceren
  - strengere grenswaarden leveren relatief minder gezondheidswinst op tegen hogere kosten
- Meer informatie: [www.rivm.nl](http://www.rivm.nl)