



# Food Safety Matters

April - June, 2002

No **26**

**ICD / SEAMEO FOOD SAFETY GAZETTE**

## *Farewell to Prof. Mike van Schothorst*

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Not only has he served as chairman of the ICD board, but his dedication has helped bring about the growth and success of the ICD Food Safety programme. Prof. Mike van Schothorst was one of the founders of the ICD/SEAMEO Cooperative Program in 1990 after he and Dr. John Crowther participated in a Food Safety evaluation mission carried out by the WHO. During that mission, Mike and others decided to follow up on an earlier idea to start teaching Food Safety for Nutritionists for South-East Asian countries. He visited Jakarta in the early stages of the project and many times during the following ten years. Some of his contributions to the 10th anniversary of ICD/SEAMEO Cooperative Program were accompany in this article.

Mike retired from Nestec in June 2002 and at the same time, resigned from his activities with ICD. On behalf of the editors we would like to express our deepest thanks for his continues support and to wish him a succesful future.



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Dear Alumni and readers,

Happy summer holiday to all of you! For those of you who are travelling, enjoy the trip and don't forget to apply food safety practices wherever you are. Don't let those foodborne diseases destroy your pleasure.

Some of the local Food Safety seminars and workshop are listed in this issue. Last June, the ICD/ SEAMEO in collaboration with the WHO conducted a seminar and workshop on Foodborne Disease Surveillance. This issue has a summary of the high points.

To give you a clearer understanding of Foodborne disease surveillance, the Fact Sheet in this issue is devoted to that important topic.

We appreciate the articles sent to us by Dr. David Jonas and Dr. Chris Geisler and we invite all of you to contribute whatever important information on food safety you may come across.

Warmest regards

The editors

## Seminar and Workshop Foodborne Disease Surveillance in Indonesia

The SEAMEO TROPED RCCN University of Indonesia in collaboration with the World Health Organisation (WHO) - Indonesia and the Industry Council for Development (ICD) conducted a seminar and workshop on FBD Surveillance, June 11-12, 2002, in Jakarta, Indonesia. Sixty participants attended the seminar and 35 participants attended the workshop. Most of them were decision-makers in government, academia, industry and consumer groups.



The purpose of the seminar was to review current issues in FBD surveillance and to present the results of a study on foodborne disease surveillance conducted by SEAMEO TROPED RCCN UI. Three papers were presented by four speakers: Prof. Umar Fahmi, Director General of Communicable Disease Control & Environmental Health, Ministry of Health; Prof. Dedy Fardiaz, The Deputy Director for Food Safety and Hazardous Material, National Agency for Drug and Food Control; Assoc. Prof. Widjaja Lukito and Rina Agustina from SEAMEO TROPED RCCN UI. The first speaker presented "Food Safety from Risk Factor Management Perspective", the second speaker presented the "Total Food Safety Control" and the last speaker presented the results of "Initial Assessment of FBD Surveillance in Selected Areas of Indonesia".

The purpose of the workshop was to discuss recommendations and future activities in light of the findings, including the possibility of establishing a network for FBD surveillance. The main recommendations were to take a Farm to Fork approach to FBD surveillance in Indonesia with appropriate scope, type, mechanisms and priorities. Clear roles and responsibilities of various key sectors need to be defined. Therefore, networking on FBD surveillance and a pilot project on FBD surveillance will be started in the near future.

## National Seminar - Current Issues in Food Safety

The Yayasan Srikandi in collaboration with the Forum Mahasiswa Ilmu Pangan ( Food Science Student Association) of Bogor Agriculture University organised a one day seminar on Food Safety on June 27, 2002 in Bogor. The objectives of the seminar were to give current information on food safety issues in Indonesia, especially on emerging pathogens and chemical contaminants, and to improve community awareness of food safety problems.

The speakers came from universities, scientific associations and industry. Mr. Eddy Kemenady from ICD - PT. Unilever Indonesia was invited to deliver a paper entitled " Implementation of Food Safety Management in Industry" at the seminar. Although a last minute emergency in the factory prevented him from participating, the abstract and paper were distributed to all participants.

Besides microbial hazards, the seminar emphasised that chemical contaminants all along the food chain contribute to foodborne illness in Indonesia. This is probably due to low consumer awareness, producers' lack of knowledge and poor enforcement of regulations. Efforts to improve the conditions include implementation of GMP and HACCP, and food safety education. It was recommended that the Total Food Safety Policy Concept should be properly implemented and adapted to current problems and local conditions.

## Quantitative Microbial Risk Assessment Modelling Training



The World Health Organisation (WHO) and the Institute of Nutrition and Food Safety, Center for Disease Control and Prevention, Ministry of Health, China held a Quantitative Microbiological Risk Assessment Modelling Training from 13 to 24 May 2002 in Beijing, China. Twenty eight participants representing 12 different countries from Japan, China and South East Asia region attended. The ICD-SEAMEO associate, Ms. Rina Agustina Ahmad, attended the training as a representative from Indonesia. Three days prior to training, FAO in collaboration with ILSI organised a two day workshop on Microbiological Risk Assessment (MRA).

The objectives of the training were to present the basic principles of risk assessment and where it fits into the risk analysis process;

to familiarise participants with risk assessment modelling; to provide information on probability and statistics and to provide an in-depth knowledge of the modelling techniques necessary for international level risk assessment. This program is one of the capacity building programs of WHO in MRA. It was delivered by David Vose from David Vose Consultation Ltd.

WHO has undertaken a preliminary evaluation of new and existing data and research and identified a number of important issues for which research is urgently needed. One area is acrylamide, While acrylamide is known to cause cancer in laboratory animals, there are no studies of the relationship between acrylamide in food and cancer in humans. A special WHO Consultation said that the data available were inadequate for estimation a cancer risk posed by levels of acrylamide in people's diet. Although the magnitude of cancer risk posed by acrylamide in food has not been quantified, the consultation noted that several principles could be applied now to minimise risk. The summary report, including an executive summary and all recommendations is posted on the web. The full report will be available in August 2000. Information is available at <http://who.int/fsf>

In 2000, the Australian Department of Health and Ageing (DoHA), in conjunction with State and Territory health departments, established OzFoodNet, a collaborative network for enhancing the surveillance of foodborne disease in Australia. The network includes state and territory health departments, federal government agencies, public health laboratories and academia. Many studies have been conducted, such as a national survey of the prevalence of gastroenteritis, case control studies of campylobacter and salmonella infections and a comparison of molecular methods for campylobacter typing. One of the major benefits of OzFoodNet is the increased communication and capacity to investigate foodborne disease.

[Http://www.anzfa.gov.au/mediareleasespublications/foodstandardsnews/inx.cfm](http://www.anzfa.gov.au/mediareleasespublications/foodstandardsnews/inx.cfm)

A few days after eating a take-out container of Greek-style pasta salad made by Tiffany Gate Foods in Toronto, Canada, a 20-year old person feel ill with a 1040F fever, bloody diarrhoea, exhaustion and inability to speak. Health officials said that as many as 71 Toronto residents have been stricken with a painful stomach infection linked to tainted pasta salad. The president of Tiffany Gate Foods said that an investigation has led to suspicion of human contamination of a single batch of salad. He stopped making the salad after the Canadian Food Inspection Agency issued a health hazard alert.

[Http://www.extension.iastate.edu/foodsafety/news.html](http://www.extension.iastate.edu/foodsafety/news.html)

On March 27, 2002, the Parliamentary Secretary to the Minister for Health and Ageing in Australia launched two videos for schools on how to use the new information on food labels and how to choose a healthy eating plan. The first video, " Reading Food Labels", was developed in conjunction with FSANZ (Food Standards Australia New Zealand, formerly ANZFA), nutritionists and the food industry. It covers the new food labelling laws such as the percentage of the main ingredient and important health information on food components or ingredients that can cause adverse reactions, and includes consumer information about food recalls. The second video " The Healthy Eating Pyramid" gives practical suggestion on healthy eating, a model developed by Nutrition Australia. This guide includes consumer and educator resource kits. The full guide is available at [www.health.gov.au](http://www.health.gov.au). Copies of the video can be purchased through [www.vea.com.au](http://www.vea.com.au). Copies of the education poster are on [www.anfza.gov.au](http://www.anfza.gov.au) or [www.anfza.govt.nz](http://www.anfza.govt.nz)

### **SOUTH-EAST ASIA NUTRITION LEADERSHIP PROGRAM**

SEAMEO-TROPMED RCCN UI is carrying out a survey to assess leadership and communication skills and the need for training in these areas in the Southeast Asia region. Hundred questionnaires have been distributed to various national and international organisation. Data from the survey will be discussed in a workshop on August 22-23, 2002 in Jakarta to form a basis for the leadership training seminar program to be held in late 2002. For those of you who receive the questionnaire, please submit it to the committee as soon as possible.

### **OTHER SHORT COURSES - OFFERED BY SEAMEO TROPMED RCCN UI**

Basic Nutrition and Requirement, Recommendation of Nutrients (English) August 5 - 26, 2002

Biostatistics (English) August 26 - Sept 2, 2002

Nutritional Assessment (English) Sept 2 - 16, 2002

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**AGENDA  
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## FOODBORNE DISEASE SURVEILLANCE

Foodborne disease (FBD) is any disease caused or thought to be caused by consumption of food or water. FBD is a widespread public health problem and a significant cause of reduced economic productivity. Each year, millions of people throughout the world, particularly infants and children, suffer and die from FBDs. FBDs do not recognise any borders. The role of food producers and processors in ensuring food safety is very important in preventing FBDs, along with epidemiological surveillance. The WHO has defined this as the ongoing and systematic collection, analysis, and interpretation of health data while monitoring health events, and using this information as a basis for action.

FBD surveillance is essential for:

- Estimating the burden of FBD (health, economic)
- Identifying priorities and setting policy in the control of FBDs
- Detecting, controlling and preventing FBD outbreaks
- Providing and using the data (including for microbial risk assessment purposes)
- Identifying emerging food safety issues
- Identifying the risk groups
- Evaluating FBD prevention, control and intervention strategies.

However, there are several problems associated with FBD surveillance. Most FBD cases are not reported so the true dimension of the problem is still unknown (including numbers of actual cases and etiology of FBDs). This is particularly true of developing countries. Besides that, recognised surveillance systems for FBDs have different focuses, from anti-microbial resistance to outbreak identification and management, and often cover overlapping regions. There is a very limited number of published surveillance system evaluations.

#### Sources:

1. Foodborne disease: a focus for health education, WHO, Geneva, 2000
2. WHO Consultation on Developing a Strategy for Global Surveillance for Foodborne Diseases and Risk Analysis, Geneva, 26-29 November 2001
3. <http://www.who.int/emc>
4. WHO/SEAMEO/ICD Seminar and Workshop on Foodborne Disease Surveillance in Indonesia, Jakarta, June 11-12, 2002

Some of the currently recognised surveillance systems for FBDs are:

1. Global Salmonella Surveillance (Global SalmSurv), focusing on training, communication, laboratory quality assurance and salmonella serotyping.
2. The SIRVETA system, which concentrates on public health based surveillance of the population through diarrhoea syndrome approach. The countries from South America and the Caribbean are included in the SIRVETA system.
3. The FoodNet (principally American and some other countries) is intensifying the epidemiological investigations in involving mature public health surveillance.
4. EnterNet (international surveillance network for human gastrointestinal infections) focuses mainly on Salmonellosis and VTEC.
5. Salmonella laboratory centre in Thailand.

In Indonesia, an initial assessment of FBD surveillance in selected areas has been conducted and the results presented in a seminar and workshop on FBD Surveillance in June 2002. The study discovered that FBD surveillance in Indonesia is still not very clear and attached with the existing diseases surveillance system, namely: Multiple Surveillance Approach, or *Sistim Surveilans Terpadu* (SST). Diarrhoea, cholera, dysentery and Hepatitis A are included in this system.

Taking into consideration that FBD surveillance is essential to prevent outbreaks, and that FBDs do not recognise boundaries, the system should be managed in a comprehensive manner. An inter- and intra-sectoral networking from farm to health institutions must be established. This system should cut across institutions as well as cities, provinces, and even countries.

The roles and responsibilities of consumers are as follows:

1. To be ware of the impact of FBDs and how to prevent them.
2. To implement food hygiene practices.
3. To inform others.
4. To report FBD cases.

By taking on these responsibilities, we can contribute to prevent FBDs cases and participate in the FBDs surveillance system.

Congratulations to newlyweds Mayang Sari (alumna of 1994 SEAMEO Food Safety Course) and Arthemon Felicio Cockfield Karim, in July 7, 2002. The couple will live in Connecticut, USA after the wedding.

### CALENDAR – FOOD SAFETY COURSES

July 15-18, 2002	University of Bung Hatta, Padang, Indonesia (Indonesian)
August 27, 2002	Food Safety Education Seminar and Workshop, SEAMEO TROPMED-RCCN UI, Jakarta (Indonesian)
Sept. 17-18, 2002	Water Safety Workshop, Univ. of Sam Ratulangi (Indonesian)
Oct. 7-17, 2002	Food Safety Course, University of Hasanuddin, Makassar (Indonesian)
Nov. 4 - 14, 2002	Food Safety Course, Luang Prabang - Lao PDR. (Lao language)
January 13-24, 2003	Food Safety Course, SEAMEO TROPMED-RCCN UI, Jakarta (English)
January 24, 2003	Train of the Trainers Workshop, SEAMEO TROPMED-RCCN UI, Jakarta (English)