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BOVINE SPONGIFORM ENCEPHALOPATHY (BSE) AND OTHER TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHIES (TSEs)

TACD calls for priority to consumer interest and public health in the BSE crisis

Although Bovine Spongiform Encephalopathy (BSE) has primarily affected the United Kingdom (UK) to date, and it has been in the UK that the first cases of new variant Creutzfeldt-Jacob Disease (nvCJD) have come to light, BSE remains an important issue for the EU and US in public health terms and not merely political ones. The BSE crisis has also raised concerns about other Transmissible Spongiform Encephalopathies (TSE) and their potential health implications.

Action is needed on two levels: to deal with the BSE epidemic, which has yet not been completely eradicated; and to develop a new food policy which fully considers consumers' interests and public health. Given all the unknowns, actions should be firmly based on the precautionary principle.

Indeed, since the British Government acknowledged, in March 1996, the existence of ten unusual cases of nvCJD (CJD is the nearest human equivalent of BSE, a disease of cattle), the apparent spread of BSE to humans has been front page news in Europe, indeed through the world.

The relative youth of those affected, together with certain unusual clinical and pathological features, led to the conclusion that a new strain of the agent has emerged, almost certainly derived from BSE in cattle. An important question now is, how many people will be affected, and what action should be taken.

The origins and development of BSE and new variant Creutzfeldt-Jacob Disease:

BSE first came to the attention of the scientific community in November 1986 (first identified by the Central Veterinary Laboratory) with the appearance in cattle of a newly-recognized form of neurological disease in the UK.

BSE is in fact a fatal brain disease affecting cattle. The disease can only be identified in the final stage when symptoms appear. The main symptoms are that the cows appear apprehensive and uneasy on their legs, and collapse trembling, and there is vigorous kicking in response to being milked in common. The disease is commonly referred to as "mad cow disease" because of the animal's behavior.

We do not know what the incubation period will be but based on experience with kuru it might up to 40 years for some people.

Between November 1986 and November 1999, 177.625 cases of this newly-recognized cattle disease were confirmed in the UK. Epidemiological studies conducted in the UK suggested that the source of the disease was cattle feed prepared from carcasses of dead ruminants, and that changes in the process of preparing cattle feed introduced in 1981-1982 may have been a contributing risk factor: modification to the process by a lowering of the cooking temperature and suppression of a solvent.

Speculation as to the cause of the appearance of the disease in the food chain of cattle has ranged from spontaneous occurrence in cattle, the carcasses of which then entered the cattle food chain, to entry into the cattle food chain from the carcasses of sheep with a similar disease.

Since October 1997, there is now increasing direct evidence that BSE is responsible for the nvCJD in humans. In December 1999, there were 51 officially recognized cases of nvCJD, 48 in the United Kingdom, 1 in Ireland and 2 in France.

BSE is associated with a transmissible agent the nature of which is not yet fully understood. The agent affects the brain and spinal cord of cattle and lesions are characterized by sponge-like changes. It is a highly stable agent, resisting heating at normal cooking temperatures and to even higher temperatures such as those used for pasteurization, sterilization at usual temperatures and times, as well as to freezing and drying. The disease is fatal for cattle within weeks to months of its onset. BSE is one of several different forms of transmissible brain disease of animals. If we describe the status at the end of 1999 on the evolution of BSE round the world, the figures for cases in cattle are as follows:

- United Kingdom: around 180,000 cases
- Republic of Ireland: 389 cases as at 31/07/99
- Switzerland: 328 cases as at December 1999 (first case in November 1990)
- France: 79 cases by mid-December (first case in February 1991)
- Portugal: 354 cases as at 18/09/99.
- In 1997, declaration of 9 cases in Belgium, 7 in the Netherlands, 1 case in Luxembourg.
- In 1998, 2 cases in Liechtenstein.

Imported cases:

- Sultanate of Oman: 2 cases in 1989
- The Falklands: 1 case in 1989
- Denmark: 1 case in 1992
- Germany: 6 cases in 1992
- Canada: 1 case in 1993
- Italy: 2 cases in 1994.

Source: IOE, 1999

BSE has not been identified in the US, but the US surveillance program, which tests only a few thousand out of 70 million cows a year raised, is too small to guarantee that the US is BSE free. There is some indirect evidence that in fact a form of bovine TSE may exist at low levels in the US. On several occasions in the last several decades, mink ranches where the animals were fed a diet of condemned cows have been wiped out by TSE outbreaks.

Scrapie, the sheep form of the disease, exists in many US flocks. A TSE has recently been identified in wild deer in Colorado, and testing of carcasses brought in by hunters shows a 5% infection rate. It is not known to what degree the deer TSE may be transmissible to humans

TACD stresses that TSEs are clearly a question of public health and that priority should be given to consumers' interests and public health, with the policy objective of keeping TSEs out of the human and animal food supplies. The long term objective should be eradication of BSE and nvCJD.

Considering that many uncertainties still remain as to the nature of the disease and how it is transmitted, the TACD calls for the Precautionary Principle to be applied. It is important that this principle applies in the US and EU countries, which to date have had fewer or no cases of BSE in view of the potential health implications. This should include effective surveillance (to ensure that if there were a problem it would be picked up), feed controls, Specified Risk Materials (SRM) controls and controls to ensure that nvCJD can not be re-circulated in the human population. We could refer to the recent comments from the EU's Scientific Steering Committee on this and refer to the fact that there is difficulty getting the majority of EU countries to adopt controls over SRM that they have recommended on a precautionary basis.

TACD believes that, as long as detection tests at a very early stage of the infection are not available, no country should be classified as BSE free.

TACD believes that given that there is strong evidence for a link between BSE in animals and CJD in humans, the Precautionary Principle should apply.

TACD considers that priority must be given to addressing the underlying causes of the problem, and therefore calls on the EU and US governments to adopt and enforce strictly the measures required to eradicate BSE and to prevent its appearance and/or reappearance in any herds.

TACD wishes to emphasize the need to ensure a stricter enforcement of the laws and reinforce action for non-compliance.

TACD supports the World Health Organization's (WHO) recommendation, dated April 1996, which states that "No part of any animal which has shown signs of TSE should enter any food chain, human or animal. All countries must ensure the slaughter and safe disposal of TSE-affected animals so that TSE infectivity cannot enter any food chain."

However TACD believes that this is not enough in terms of consumer health protection and calls for the following recommendations to be seriously taken into account by both EU and US governments.

Risk assessment:

TACD underlines that as long as there are no definitive scientific results, the Precautionary Principle should apply. This means that measures to cope with a risk must be based not only on solid scientific evidence but also on the existence of valid scientific questions that have not been definitively answered. Measures for the protection of human health must be designed to achieve the highest possible level of protection.

Human food supply:

Until BSE has been eradicated, TACD believes all governments should erect fire walls against the introduction of BSE into the human food supply. These measures should be adopted regardless of the BSE status of the country. Considering the strong evidence for a link between BSE in cattle and nvCJD in humans, TACD calls for the following measures to protect human health:

TACD calls for a ban on the use of pneumatic stunning in cattle slaughter to prevent the possibility of SRM, namely brain tissue, from contaminating meat. If other stunning methods result in SRM being introduced into the circulatory system, then they too should be banned.

TACD calls for the complete removal of spinal cords from spinal columns and neck bones in advanced meat recovery systems. If that cannot be guaranteed, then the use of spinal columns and neck bones should be banned from use in advanced meat recovery systems.

Animal feeding-stuffs and ruminant material:

Considering that it is suggested that the source of the disease was cattle feed prepared from carcasses of dead ruminants, TACD calls for the following:

1. The identification of an animal as suspect should be conducted according to specific criteria aimed at removing infected animals. Effective monitoring and enforcement of slaughterhouse controls is vital, together with publication of the results;
2. TACD calls for the exclusion of all condemned material from the feed chain;
3. TACD calls for a ban of the use of all tissues at risk for BSE in animal feeding stuffs;
4. TACD calls for the ban of sheep with scrapie from the human and animal food chain, and therefore agrees with the above-mentioned WHO position;
5. TACD recommends no feeding of rendered mammal protein to food animals. (TACD notes the need to have high protein feed in certain production, particularly where it is needed for animal welfare reasons. TACD therefore considers that the use of avian and fish protein should be retained in the short term and that urgent research should be undertaken to find alternatives);
6. Finally, TACD considers that concrete steps should be taken to recall residual stock of feed that might contain meat and bone meal originating from BSE infected animals. Stocks should be destroyed in such way as they cannot re-enter the food chain.

Identification and traceability:

1. TACD stresses the importance of an effective registration/identification systems, which should include traceability of products from the plate or the supermarket shelf back to the place of birth of the animal.
2. This system focus on concrete identification and registration of animals and assurance of the traceability of any movement of individual cattle both nationally and across frontiers.

Enforcement and inspection:

1. TACD calls for the enforcement of all the rules and controls by the authorities at all stages of the production, including at slaughterhouses and farms.
2. TACD calls for the further development and subsequent use of predictive tests for slaughtered cattle, following the example of Switzerland, in order to have a better idea of the incidence of the disease in all countries, including the so called "BSE free" countries, and for a better consumer protection.
3. Surveillance should be expanded to sheep, deer, elk and swine so that any incidence can be determined, and TSE positive animals can be excluded from the food supply.
4. The control and implementation should be done by independent agencies or authorities which do not have responsibility for promoting agriculture or industry.

Labeling/Consumer information:

1. TACD places a lot of importance on the consumers' right to know about and to choose the food they buy and eat.
2. TACD insists on the importance of the labeling of beef in the ingredients list of foodstuffs. In that respect, the type of meat must be indicated on all food products that contain meat, and the part of the animal (e.g. liver) that it comes from. The presence of mechanically recovered and/or separated meat should also be indicated on the label.
3. TACD does not believe that labeling solves the problem; meat is required to be safe. Information should not be a substitute for decisive action on the problem itself and should in no way be used to provide some misleading guarantee to the consumer.

(The issue of country of origin labeling is still under discussion by the Group).

Food policy and production methods:

1. Considering some of the factors which drove to the BSE crisis, TACD stresses the need to re-consider how agriculture is practiced.
2. TACD calls for a major review of food production methods, not only to improve health and safety but also to ensure that production methods correspond more closely to consumer expectations and preferences.
3. The EU and US should institute TSE eradication programs throughout the region, with the goal of eliminating all TSEs, including TSEs in sheep and wild populations. While this will

be a difficult task, strategies for achieving these goals should be discussed.

Research:

TACD calls upon the EU and US institutions to allocate increased funding for independent research into the origin of TSE, in particular into whether and how it is transmitted to other animals and to humans

Research on BSE and nvCJD, as well as on the relation between them, should be intensified and extended to all prion diseases (TSE). Special attention should be paid to the question of how "exposure" might transmit the disease from cattle to humans, including stunning methods causing infective tissue to spread through an animal and contaminate meat. There is a real need for research into the nature of the agent, how it is transmitted, whether it is accumulative, infectivity of various tissues e.g. bone marrow, possibility of BSE passing to sheep flock.

Research should be conducted on the epidemiology of the disease, the agents that transmit the disease, the mechanisms involved in the pathological process, as well as on the preventative and therapeutic possibilities for established prion diseases. Moreover, improved methods for CJD diagnosis in humans should be developed and the reporting of new cases should be improved.

Several tests exist today, and these should be considered, accredited and utilized urgently in order to determine whether live animals are contaminated, and to determine the presence of BSE in animals after slaughter.

Funds should also be allocated to effective surveillance and to the development of a reliable system of epidemiological monitoring of BSE and to the collection of reliable statistical data based on existing cases (as there is still no response on the procedure for the contamination of animals born after the EU animal meal ban).

Decision making process:

TACD considers that all measures taken to combat the risk of BSE must be implemented in a fully transparent way, and therefore calls for the following:

1. Full transparency on the scientific basis on which EU and US decisions are taken;
2. Full information including all known facts regarding the relation between BSE and CJD must be made public;
3. TACD calls for a multi-disciplinary approach that involves both veterinary and public health expertise, and experts representing civil society, with full transparency for the civil society.