

From the Chief Medical Officer  
Dr Michael McBride

**HSS(MD)14/2014**

**For Action:**

All General Practitioners and GP Locums

**PLEASE SEE FULL CIRCULATION LIST BELOW**



Department of  
**Health, Social Services  
and Public Safety**

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Your Ref:

Our Ref: HSS(MD)14/2014

Date: 10 June 2014

Dear Colleague

**FOOD SAFETY WEEK, 16 – 22 JUNE, AND CAMPAIGN ‘ACTING ON  
CAMPYLOBACTER TOGETHER’**

**ACTION REQUESTED**

**GPs are invited to support the campaign *Acting on Campylobacter Together* by displaying the campaign poster in their surgeries. The Food Standards Agency will distribute copies of the poster.**

**Introduction**

1. The purpose of this letter is bring to your attention a forthcoming campaign by the Food Standards Agency and **saferfood** (the Food Safety Promotion Board) aiming at increasing public awareness of food poisoning caused by campylobacter, and to invite you to promote the key messages of the campaign.
2. Campylobacter food poisoning can be serious and fatal. It is estimated that campylobacter poisoning kills around 100 people a year in the UK. Children under five and older people are most at risk of death or serious sequelae, which include irritable bowel syndrome, reactive arthritis and Guillain-Barré syndrome. In Northern Ireland, Public Health Agency figures suggest that campylobacter poisoning has been increasing each year since 2008, with laboratory-confirmed cases rising from 848 in 2008 to 1,355 in 2013. As

laboratory-confirmed cases are a sub-set of all cases, the full extent of the problem is unknown.

## Symptoms

3. Campylobacter poisoning can cause abdominal pain, severe diarrhoea and vomiting. Symptoms tend to appear between two and five days after the consumption of contaminated food, although symptoms can appear up to ten days after contaminated food has been eaten.

## Campaign: *Acting on Campylobacter Together*

4. During Food Safety Week – 16<sup>th</sup>-22<sup>nd</sup> June – the FSA and **saferfood** will launch the campaign *Acting on Campylobacter Together*, and will be urging the public to stop washing raw chicken, in order to reduce the risk of spreading campylobacter. UK figures show that around four out of five cases of campylobacter poisoning can be traced back to contaminated poultry meat.
5. The UK Health Ministers have given their backing to the campaign, and I will be working with the FSA in NI and **saferfood**, endorsing key campaign messages to create public awareness of illness caused by campylobacter and to educate key audiences about how to avoid this type of food poisoning. It is important to ensure that more people understand how serious campylobacter can be, how common it is and how easy it can be to become ill with it, but also the simple things that can be done to avoid it.
6. As part of the campaign the Food Standards Agency in NI will be sending to every GP a practice an A3-sized poster carrying a bold visual message saying: 'Don't wash raw chicken', and encouraging the public to go online to **food.gov.uk** for advice on the safest way to handle raw poultry. I would encourage you to take this opportunity to help reduce campylobacter poisoning by displaying the FSA/**saferfood** poster in your surgery.
7. Advice will also be made available to the general public through the media, explaining how washing raw chicken can spread campylobacter through water droplets splashing germs onto hands, work surfaces, clothing and cooking equipment.
8. Thank you in advance for your support and co-operation. A concerted effort on the part of public bodies, health professionals, the food industry, the media and people using social media can help to promote these messages and raise public awareness, with the aim of reducing the number of cases of this dangerous and distressing illness and saving lives.

Yours sincerely



**Dr Michael McBride**  
Chief Medical Officer

## CIRCULATION LIST

Chief Executives, Public Health Agency/Health and Social Care Board/  
HSC Trusts  
GP Medical Advisers, Health and Social Care Board  
Executive Medical Director/Director of Public Health Agency (*for onward distribution  
to all relevant health protection staff*)  
Assistant Director Public Health (Health Protection), Public Health Agency  
Director of Nursing, Public Health Agency  
Family Practitioner Service Leads, Health & Social Care Board (*for cascade to GP  
Out of Hours services*)  
Medical Directors, HSC Trusts

## FURTHER READING

Public Health England FAQs on campylobacter:  
[http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb\\_C/1195733773543](http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733773543)  
[http://www.publichealth.hscni.net/sites/default/files/directorates/files/campylobacter\\_factsheet.pdf](http://www.publichealth.hscni.net/sites/default/files/directorates/files/campylobacter_factsheet.pdf)

Northern Ireland laboratory-confirmed cases of campylobacter, 2000 – 2013:  
<http://www.publichealth.hscni.net/directorate-public-health/health-protection/gastrointestinal-infections>

FSA Board paper, September 2013:  
<http://multimedia.food.gov.uk/multimedia/pdfs/board/board-papers-2013/fsa-130904.pdf>

European Food Safety Authority Journal article – ‘Scientific Opinion on Quantification of the risk posed by broiler meat to human campylobacteriosis in the EU’  
<http://www.efsa.europa.eu/en/scdocs/scdoc/1437.htm>

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This letter is available on the DHSSPS website at  
[www.dhsspsni.gov.uk/index/phealth/professional/cmo\\_communications.htm](http://www.dhsspsni.gov.uk/index/phealth/professional/cmo_communications.htm)  
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