

Ontario's Response To Listeriosis Outbreak Worked Well But More Clarity Of Roles Needed

Chief Medical Officer of Health Releases Report on 2008 Listeriosis Outbreak

NEWS

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Ontario's public health system detected the 2008 listeriosis outbreak swiftly, but more needs to be done to clarify roles and responsibilities at the federal and provincial levels to better manage foodborne outbreaks in the future, says Ontario's Chief Medical Officer of Health.

In a report on the 2008 listeriosis outbreak, Dr. David Williams says that cross-jurisdictional outbreaks are more complex to investigate than localized outbreaks. They require different epidemiological and food source identification strategies. They rely more heavily on complex new laboratory testing technologies. They also involve more partners and more communication.

The Chief Medical Officer of Health says that four key steps are required to strengthen Ontario's – and Canada's - capacity to respond to provincial and cross-jurisdictional foodborne outbreaks:

1. Clarify Roles and Responsibilities in Outbreak Management

Public health should take the lead in outbreak management. In the event of a provincial outbreak, the provincial Chief Medical Officer of Health should establish an Outbreak Coordinating Committee whose mandate is to provide him/her information and advice to manage the outbreak.

In the event of a suspected or declared national/international outbreak, the federal Chief Public Health Officer should establish a National Outbreak Coordinating Committee (NOCC), which would include all the provincial/territorial Chief Medical Officers of Health.

2. Strengthen Laboratory Capacity

The newly created Ontario Agency for Health Protection and Promotion (OAHP) should develop a plan to increase the public health laboratories' capacity to conduct a wider range of tests, monitor strains of bacteria and other organisms that pose a threat to public health, and educate public health units about sampling techniques.

The federal government should review the existing strategic approach to advanced molecular testing, addressing such items as the acceptable turnaround time for lab results (including transportation), the ability to address higher demand for molecular testing, and the importance of having appropriate alternatives should the National Microbiology Lab not be available.

3. Enhance Ontario's Capacity to Detect Foodborne Outbreaks

Ontario is now better able to detect non-localized foodborne outbreaks thanks to the introduction of electronic case management systems. For the surveillance system to be fully effective, public health units must provide timely, complete data, and the public health system must have the skilled staff and other resources to investigate any signs of a possible outbreak.

4. Improve Communication

Effective, clear and timely communication is essential in managing a foodborne outbreak and in maintaining public confidence. During cross-jurisdictional outbreaks, partners must work closely together to coordinate communications.

The Chief Medical Officer of Health or designate should be the official media spokesperson during a provincial outbreak. Similarly, the federal Chief Public Health Officer or designate should be the official media spokesperson for the federal government during a national outbreak.

QUOTES

“Cross-jurisdictional outbreaks, such as the listeriosis outbreak last year, are likely to become more common because of the trend to large-scale food manufacturing and processing,” said Dr. David Williams, Ontario’s Chief Medical Officer of Health. “While Ontario’s public health system worked well in detecting the outbreak, we need to have better clarity of roles and coordination to more effectively manage future outbreaks.”

QUICK FACTS

- A listeriosis outbreak began in the summer of 2008 and ended in December, affecting people in seven provinces across Canada (Ontario was the hardest hit with 41 of the 56 cases and 16 of the 22 deaths).
- Most of the Ontarians who fell ill were elderly (mean age was 78) and 88 per cent were either living in a long-term care home or hospitalized before they became ill.

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