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Food irradiation: Let's do it

We spent an afternoon recently perusing the *1999 Report of the Auditor General of Canada*.¹ Although this may confirm readers' suspicions that we are an idle bunch, the report — especially chapter 15 — is fascinating. This chapter describes an outbreak of *Salmonella enteritidis* in 1998 that led to the investigation of over 800 cases, most of whom were children.² Once the source was discovered — contaminated cheese in prepackaged lunch snacks — it took over 4 weeks for Health Canada and the Canadian Food Inspection Agency (CFIA) to get the product removed completely from store shelves (see page 92 in this issue).

Much of the blame in the auditor general's report is leveled, rightly, at the 2 agencies responsible for food safety in this county. Health Canada had no protocol for either recognizing a food-borne disease outbreak or for dealing with one. The CFIA should have taken the lead role in coordinating the emergency response to the outbreak. However, the agency failed to share important information, took a soft approach to achieving a recall of the contaminated product, and flagged in carrying out plant inspections to determine the exact cause of the contamination.

The globalization of the food supply is a fact.³ Even within North America the distribution of foods now occurs over vast geographic areas. Whereas ice cream, for example, was once produced by small local dairies, production is now centralized in a few large factories. This contributed to the huge *Salmonella* epidemic a few years ago that ultimately affected over 200 000 people in the US.⁴ In the outbreak described in the auditor general's report, the occurrence of cases as far apart as Toronto and Gander provided an early important clue to public health authorities: these cases could only have resulted from contamination of a widely distributed foodstuff.

The auditor general's recommendations do little more than urge that

Health Canada and the CFIA do better in ways that the public should be able to take for granted in the first place: roles and responsibilities should be clear, responses should be swift, and cooperation between agencies should be exemplary. Within the report, Health Canada and the CFIA respond with the usual bureaucracy: Health Canada points out that it has "developed a Food-borne Illness Outbreak Response Protocol," and the CFIA has the chutzpah to congratulate itself on having "successfully managed 257 food recalls in 1998–99, compared with 165 the previous year."

If a higher number of food recalls is a cause for congratulation, then evidently someone is missing the point. Unsafe foods will continue to be sold and outbreaks of foodborne illness will continue to occur. No matter how good the surveillance and response, these always occur after the outbreak. There is a simple remedy — to sterilize solid foods with ionizing radiation. This measure would substantially reduce the risk of bacterial and parasitic infection from food contamination. This technology is safe and has recently been endorsed by the World Health Organization.⁵ The costs are minimal and the benefits large. In Canada only a few foods are approved for sterilization with ionizing radiation. It is time for Health Canada and Agriculture and Agri-Food Canada to actively promote a much broader application of this approved and safe technique. — *CMAJ*

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