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Codex Contact Point for Australia
Attn: Meg Johan
Department of Agriculture, Water and the Environment
Canberra ACT 2601

Submitted by email only: codex.contact@awe.gov.au

Dear Ms Johan,

Re: Request for comments on the Guidelines on integrated monitoring and surveillance of foodborne antimicrobial resistance (at Step 3)

Thank you for the opportunity to provide comments to support the work of the Australian delegation.

Animal Medicines Australia (AMA) is the peak industry association representing the registrants and approval holders of veterinary medicines and animal health products in Australia. One of our core functions is to advocate, educate and promote the responsible and judicious use of antibiotics in animals. As such, we have a strong interest in ensuring that these medicines can continue to be registered for use in Australia for the benefit of animal health and welfare, agricultural productivity and public health.

AMA is pleased to note that this version of the guidance has a high-level focus and has removed much of the overly prescriptive content of earlier versions. AMA is also pleased to note that the focus has been kept on surveillance and risk assessment, with reference to other Codex documents (such as guideline 77: risk analysis approach to foodborne AMR) for guidance on risk management approaches, rather than duplicating existing work.

AMA would like to emphasise the need to maintain the focus of the document on *surveillance* and on completing the *core guiding elements of antimicrobial resistance monitoring systems*. This guideline on AMR surveillance provides input into the risk *assessment* phase by providing guidance to understand the current state of antimicrobial foodborne risks in a country and support risk assessment activities such as resistance monitoring, prior to risk *management* activities.

AMA would like to note a significant omission in the guidelines on sampling (Section 8). Points 51-53 clearly identify that sampling sources should consider the "major direct and indirect food exposure pathways" (point 51) and "cover samples from relevant stages of the food chain where there is science-based evidence that they could contribute to foodborne AMR" (point 53). The text then specifies sampling guidelines for food producing animals, food, plants/crops and the food production environment (including processing sites, wholesale facilities and retail outlets). There does not appear to be any consideration of the *humans* involved in the food chain as a potential source of AMR.

There is strong scientific evidence that proves humans can carry and transmit a number of resistant foodborne pathogens, with many outbreaks of foodborne disease linked to the people involved in handling and processing the food products at source, during processing or in the retail setting. We understand that the WHO is leading surveillance on human health and AMR through the Global Antimicrobial Resistance and Use Surveillance System (GLASS). However this system does not consider the interface of humans with the food supply chain.

People consume high quantities of antibiotics (per individual), providing plentiful opportunities for resistance to develop and be transmitted to the food products they are processing, handling or preparing. For example, the *Journal of Food Protection* published a series of review articles between 2007 and 2010 on outbreaks where food workers were implicated in the spread of foodborne disease. The reviews specifically considered pathogen excretion from infected persons, and transmission and survival of pathogens in the food processing and preparation environment.

The omission of people as part of the food production chain could wrongly ascribe the source of AMR to animals and/or the animal production environment, rather than the people working in that environment. Humans as a key AMR risk should be acknowledged in the guidelines under section 8.3.

We also note that point 83 is of some concern, as it implies that sales data may have value as an indicator of trends in usage. The assumptions necessary to infer usage from sales figures are considerable and significantly undermine the validity and reliability of any conclusions. We would encourage the Australian delegation to request that the word 'valuable' be deleted from this point.

Thank you for your consideration of AMA's comments. If I can provide any further information, please do not hesitate to contact me.

Yours sincerely,

(unsigned for electronic submission)

Dr Charmian Bennett

Director Science and Policy