



Source Attribution of Campylobacteriosis in New Zealand Study: Lay Summary for Cases

Thank you for participating in the study by being interviewed about your illness and the factors that might have contributed to it. Your consent was obtained at the commencement of the interview; nevertheless, if you would now like to withdraw from the study that is your right. Please contact Dr Rob Lake at ESR (rob.lake@esr.cri.nz, 03 3516019) if you would like to withdraw, or obtain further information about the study.

This information sheet is intended to provide additional information about the study and its objectives.

Minimising the risk to New Zealand (and overseas) consumers from food is a primary public health goal for the Ministry for Primary Industry (MPI). Similarly, the Ministry of Health is committed to minimising communicable diseases transmitted by non-food pathways.

The number of notified cases of the bacterial infection campylobacteriosis reduced by 50% over the period 2006-2008 following the implementation of interventions for poultry. Since then the number of notified cases has not declined significantly. Having reduced the risk associated with poultry, other causes are becoming relatively more important. We have little information on these other causes and pathways for the illness in New Zealand.

Source attribution is the estimation of the relative contributions of different sources to the burden of human illness to inform policies for prevention and control. The different elements of campylobacteriosis source attribution fit within a wider framework:

- Animal reservoirs/amplifying hosts - poultry, cattle, sheep, pets, wildlife
- Pathways – environment/water, food chain, direct contact
- Exposure – drinking water, recreational water, meat, milk, occupation, farm dwelling
- Risk factors – drank roof supplied water, swam in river, ate BBQ chicken, drank unpasteurised milk, poultry abattoir worker, child rearing pet calf.

For several years MPI has been supporting a sentinel site study conducted by Massey University in the Manawatu to provide source attribution information for campylobacteriosis. The information from this geographical region needs to be updated and expanded.

The study in which you were a participant is intended to provide information on risk factors for *Campylobacter* infection amongst the Manawatu/Whanganui and Auckland populations. In particular, this will help us understand risk factors for urban people.

This study will use a case-control comparison approach, where information on activity by cases is compared with controls who do not have the illness. The study will also use new scientific advances which enable us to determine the sequence of the DNA from *Campylobacter* bacteria isolated from ill people. These people are often asked by doctors to provide faecal samples to enable diagnosis of the cause of their illness, and the cases in our study will be those people who do provide a sample and it is found to contain *Campylobacter*. Our study will obtain subsamples of these already provided clinical samples if the illness cause is diagnosed as infection with *Campylobacter*. Note that no additional samples are being taken, and only the bacterial DNA will be studied, no human DNA is involved.

We will also be sampling various foods and animals to isolate *Campylobacter* from these potential sources. By comparing the DNA sequence of the bacteria from cases with those from potential sources, we can develop a more detailed understanding of risk factors.

The plan is to publish the results of this study, as a study report, by the end of 2019 and subsequently as scientific papers. The report and a lay person summary will be available on the website: www.sacnzs.org.nz.