



Northern Ireland
Assembly

Committee for Health, Social Services and
Public Safety

OFFICIAL REPORT (Hansard)

E. Coli Outbreak

24 October 2012

NORTHERN IRELAND ASSEMBLY

Committee for Health, Social Services and Public Safety

E. Coli Outbreak

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Members present for all or part of the proceedings:

Ms Sue Ramsey (Chairperson)
Mr Roy Beggs
Mr Mickey Brady
Ms Pam Brown
Mr Gordon Dunne
Mr Samuel Gardiner
Mr Kieran McCarthy
Mr Conall McDevitt
Ms Maeve McLaughlin

Witnesses:

Mr Damien Connolly	Belfast City Council
Dr Elizabeth Mitchell	Department of Health, Social Services and Public Safety
Ms Maria Jennings	Food Standards Agency
Dr Carolyn Harper	Public Health Agency

The Chairperson: We have received daily updates on the E. coli figures, for which I thank the Department. The latest figures are 119 confirmed cases and 163 probable cases. Given the number involved, the Public Health Agency and Belfast City Council have been invited to provide a further update to the Committee today. I refer members to the response from the Minister, which is in their meeting papers, to the issues that we raised last week about whether the owner was notified and a sample sent to the lab. I again welcome the update from the Public Health Agency (PHA), Belfast City Council and the Food Standards Agency (FSA). You are back again, Elizabeth.

Dr Elizabeth Mitchell (Department of Health, Social Services and Public Safety): Back again; double bill again this week.

The Chairperson: Members are aware of the issues, so would you like to give us an update.

Dr Mitchell: I will say a few words and hand over to Dr Harper. Thank you again for the opportunity to update you on this and to bring the team with me. I have with me Dr Carolyn Harper, the executive medical director and director of public health with the Public Health Agency; Damien Connolly, the environmental health manager for food safety and port health with Belfast City Council; and on my other side is Maria Jennings, a deputy director at the Food Standards Agency.

By way of introduction, I point out that we are still in the middle of an investigation and I ask the Committee to note that the outbreak of E. coli associated with the premises known as Flicks restaurant is currently the subject of an investigation that could result in legal proceedings. The Public Health

Agency and the council are content to answer questions related to their roles in the investigation and issues that affect public health generally. However, we have received legal advice that we are unable to discuss evidential issues, as to do so could prejudice any subsequent legal proceedings.

The Chairperson: Ok; you will need to guide us on that as well.

Dr Mitchell: Yes, and I will do so. If I think that there is an issue, I will raise my hand and wave a yellow card. Carolyn will give us a short presentation and then we are happy to answer questions.

Dr Carolyn Harper (Public Health Agency): Thank you, Liz, and good afternoon, members. I want to take you through the timeline from August to the present and then talk about the investigation in broad terms and give you a flavour of what we are doing in it.

To put in context what was happening in Northern Ireland in August, the Public Health Agency was notified of 18 cases of E. coli across the Province during that month, including eight in the Belfast area. When we applied and looked at a standard risk factor questionnaire, it was found that four of those people had eaten in Flicks, but two of those four had also had other exposures. Nonetheless, as part of that investigation, environmental samples were taken from the restaurant's food and premises. All the results were negative, and there was no evidence of E. coli 0157 in the restaurant. However, all of us were mindful of the situation associated with Flicks at that time, and we monitored it very closely through September and into October, keeping a really close eye for any further cases of E. coli that had any association with Flicks.

Between the end of August and 9 October, we were notified of 16 E. coli 0157 cases. None of those had any association with Flicks, and further unannounced inspections of the restaurant by environmental health officers again were satisfactory. However, on the afternoon of Tuesday 9 October, we were notified of one possible case. The next day, public health and environmental health officers visited the premises. Further samples were taken, again from the restaurant itself and from a range of food samples. On Thursday 11 October, we got confirmation of three further possible cases. That made four possible cases in total of people who had eaten in Flicks. An outbreak control team was convened at around 5.00 pm that afternoon, and a decision was taken at that time by the team that the restaurant would need to close. That was conveyed by environmental health officers to the owner of the restaurant, who, immediately, on a voluntary basis, closed the restaurant at around 6.30 pm that evening. It was closed at that stage primarily because these further four possible cases were in the context of our previous concerns in August, and, therefore, it was materially different from the situation that we had in August.

By Saturday 13 October, we got confirmation of a further four cases. That made it eight people in total, all of whom had eaten in Flicks. There was, therefore, a very clear link to that restaurant. On the basis of that, we issued a press release naming the restaurant and asking anyone who had eaten in the restaurant since 24 September to come forward. We chose 24 September because the incubation period for E. coli can be up to 10 days, and the information that we had from those initial cases was that most people seemed to have eaten there on and around 4 October. Ten days back from that takes you to 24 September.

From that Saturday, over that first weekend, all through the first week and the weekend just passed, we have been mounting a major public health response to this incident. It is a very significant outbreak of E. coli 0157. We activated our formal emergency response plan. We have been holding daily, sometimes twice-daily, meetings in the agency, and we have established an emergency operations centre to handle calls, e-mails and queries from professionals both in the health sector and environmental health. As I said, we have been working through to 9.00 pm each evening and on Saturdays and through Sundays. We have been contacting all of the confirmed and probable cases, almost 300 people in total, and the contacts in the house of those cases or other close contacts. Therefore, we have done an awful lot of detailed work that has to be captured, recorded and followed through for each individual. We have given tailored advice to each of those individuals on when they should return to work. We have advised on any samples or further samples that they need to submit, and, of course, we have given hand washing and food handling advice to them to limit the spread of bacteria among people who are in contact with them.

We have also written to GPs, trusts, community pharmacies, nursing homes, early years settings, parents and schools and provided advice to them. We alerted and informed health protection services in GB and in the Republic of Ireland. We have checked the situation on E. coli 0157 with them, and there are no particular concerns or unusual patterns of E. coli 0157 type 54 in those other jurisdictions.

We are also liaising with the Health Protection Agency and have asked it to expedite the typing of the cases in this particular outbreak. Of course, the results came through some days ago to confirm that the type of cases in August was different from the type in this October outbreak.

We have been doing many media interviews and providing daily updates to the press and through our website. Of course, we have been conducting a joint investigation with Belfast City Council and the Food Standards Agency. I will move on to talk a little bit about that investigation itself.

As Liz said, we are limited in what we can say because of the potential for future legal proceedings, but we are also mindful of not discussing any individual's results for reasons of patient confidentiality. When the large outbreak occurred in Germany associated with E. coli, they came to conclusions early on which turned out to be wrong conclusions. That had a devastating effect on another industry in another country. The other reason that we cannot go into specifics is that the lesson from previous outbreaks has been that public speculation can lead to bias in answers given subsequently by cases and contacts, and that prejudices the investigation.

Nonetheless, we are undertaking complex and detailed detective work, or something akin to that. New cases are still coming through, though in small numbers, and each of those has to be investigated and their history and details taken and added to what we already have. Clues and definite lines of inquiry are being pursued and thought through carefully. In broad terms, though, in this type of situation, where you have a food-borne outbreak associated with a particular outlet, we are really looking for mechanisms of how ready-to-eat food became infected with E. coli O157. There are two main angles to that: the supply of food to the restaurant or mechanisms within the restaurant itself. At this stage we are focusing our investigations on mechanisms within the restaurant setting, largely because, as I have said, we have seen no particularly unusual increase in that particular type of E. coli, or, indeed, other types, in other settings in Northern Ireland, GB or the Republic of Ireland.

The investigation itself has a number of angles. First, we are taking detailed histories from those who have come forward of what they ate and when they ate it, comparing days and times of day and comparing what was eaten by people who were ill and by those who were not ill. We are also taking samples. Environmental health colleagues have carried out extensive sampling of food and drinks served in the restaurant and are looking at the precise details of how food and drinks are received, stored, prepared and served in the restaurant. Samples have also been taken of surfaces and equipment, and histories have been taken of how and when that equipment is cleaned. All of that information is being collated and analysed very carefully in a step-by-step process. It is not a single analysis. We go back and look at details as we close off certain lines of inquiry and others open.

I emphasise that the restaurant is closed and, therefore, there is no ongoing risk to members of the public or any wider risk to the public. That is a significant reassurance. Obviously, when all of the analysis is done, there will be a formal investigation report, which will draw conclusions. However, I should say that it is not unusual in this type of situation not to be able to identify a precise mechanism. We can try to draw conclusions as best we can, but you will understand that the mechanism that may have occurred to cause the outbreak may have been a short-term event that may have been corrected in subsequent cleaning, normal practices or normal use and disposal of food. That is recognised in this type of situation. You mentioned the position on confirmed and probable cases. That is the information as of yesterday at 3.00 pm. We are updating that on a daily basis and through today.

In summary, it is a very substantial outbreak. It is certainly the largest outbreak of E. coli O157. In 2004 we had two large outbreaks, affecting about 120 or 130 people associated with salmonella. It is a significant event. We are managing it and responding to it fully and have been making very steady progress on that, but it has to be a careful and very thoughtful process and step-by-step investigation.

The Chairperson: Thank you for that. It is at times like this that you realise just how easy it is for Departments and organisations to fall into place. A positive aspect of this is the involvement of the council, the Public Health Agency, the Department and the Food Standards Agency, and that they have all come in to play their part. I will be guided by you on some of the questions that we can ask, but we are also here to carry out a role. Nobody is here to criticise anything, but we need to ask questions as we are the conduit between people who socialise daily in our communities and want to be reassured that the places that they go to are up to standard. Unfortunately, there is public concern about some of those issues.

I do not know whether I need to do this, but I will do it for the record. I have a relative who is involved in one of the cases, and I just found that out by chance during the week. That is my interest declared, but I have no axe to grind with regard to some of the questions that I will be asking.

When do you think that we will have an idea of the final result of the probable cases? I assume, because the restaurant is closed temporarily, that there will be no more probable cases, and that the figure we have should be the final number.

Dr Mitchell: I think that Carolyn is best placed to answer that question. Part of the thing is that people may still be reporting. As Carolyn said, the incubation period can be up to 10 days, therefore it can be some time after the exposure to the restaurant that they become ill, and it may be some time before they present to the doctor or report their symptoms.

Dr Harper: The number of new probable cases coming through is decreasing. Small numbers are coming through at the moment, and that is what we would expect to see. The probable category includes people who ate in the restaurant, had symptoms but came forward when they heard the publicity and our request to come forward. However, their symptoms would have settled by the time they came forward, and, therefore, many of them would not have submitted samples as such. Those will remain as probable cases. Within that group are others who have submitted tests, so the number of probable cases is likely to remain quite large. However, as the test results on those who have submitted samples come through, we expect that they will convert to confirmed cases. We would expect to see the total number of confirmed cases increase and for us to have a substantial number of probable cases remaining. Part of the investigation will involve analysing exactly the food history, the symptoms and the pattern of those individuals. However, there is clearly a strong association of sickness associated with having eaten in that setting.

The Chairperson: There is a lot of cynicism out there. People are saying, "If there were cases in August and now, prove or convince us that they are not connected." I know that there are different strains of it, but people are saying, and it is in our make-up to say, "Aye, right." There was a warning, as such, in August, and now we have the outbreak with a substantial number of people testing positive for E. coli. Can you tell us and convince us again about the cases in August and now?

Dr Harper: There are two main things. I understand the cynicism around it, as you say. The fact that they are different types would strongly suggest that there is not a direct link between one incident and the other. The context of what was happening in August is also important. Of the four people, two of them had other risk factors for E. coli 0157 — other definite possible modes of exposure. We also had two other type 8 E. coli cases in Northern Ireland at that time, and those four cases were out of a total of 18 across Northern Ireland. That, together with satisfactory environmental results from the restaurant, meant that we and our colleagues in environmental health did not have sufficient grounds to close the restaurant at that time. You need to have very firm legal basis to take that kind of action. Had we seen further cases come through — if it had gone up to five, six, seven or eight cases, or, indeed, if the environmental samples at the time had been positive — we would have been in a very different situation. It is not that there was any complacency around those four; they were investigated thoroughly at the time and we put close monitoring in place.

We looked very carefully at the histories of subsequent cases of E. coli in Northern Ireland between the end of August and October to see whether there was any association, directly or indirectly, with anybody who had eaten in Flicks restaurant. That gave us, as you say, an early warning. We were on full alert for that and would have taken action at any point of that stage, whether through September or onwards from that. That is the context and the monitoring that we put in place, and, again, there was a rapid response once we had a further possible case on 9 October.

Dr Mitchell: Maria will say a bit about the general context.

Ms Maria Jennings (Food Standards Agency): It is important to explain that phage typing, when you send the sample off to the laboratory in England, provides a fingerprint for the bacteria, and the fingerprint that we picked up in the October outbreak is phage type 54. When we look at all of the types of all of the cases that occurred in August, we saw phage types 8, 21, 24, 28 and 31; phage type 54 does not appear. It is quite a rare strain of this bacteria, so that leads us again to the conclusion that something happening in this premises in October brought the strain to the fore and caused the illness in this instance.

The Chairperson: I have two final questions before other members come in. Do we have any idea what caused this outbreak?

Dr Mitchell: This is where we are starting to get into difficulties.

The Chairperson: OK. I had a question mark next to that. We will leave it if you cannot answer it.

Dr Mitchell: The investigations are ongoing.

The Chairperson: I assume, however, that you have an idea?

Dr Harper: We are pursuing lines of inquiry.

The Chairperson: We will talk to you outside after this.

The other concern — and again, you are the experts; this is what I am picking up from the media and through talking to people — is whether there are further or future health concerns if someone gets E. coli. Are we looking at that?

Dr Harper: Yes. As I said, very tailored advice is given to cases and their contacts depending on exactly what their circumstances are. There are 11 different categories of cases and contacts, and the advice is tailored to them.

The Chairperson: Are we being proactive on that?

Dr Harper: Yes, we phone all of those cases and contacts and give that advice, and we provide written advice as well.

Ms Jennings: Part of our concern now is that individuals who have suffered from this illness and who may then carry the illness for a certain length of time will, perhaps, work in other food businesses. Each district council in Northern Ireland is contacting all of their food businesses to emphasise that there are rules and regulations around people and their fitness to work, and it is very important at this time, when there is infection in the community, that all food businesses know that, if people report to them that they are ill, they have to be excluded from work and they have to go to their GP and be tested.

Dr Mitchell: So, there are quite a lot of systems in place to safeguard the public.

The Chairperson: Fair play on that. Taking it one step further, if you are contacting the owner of a small establishment, how do we know that the staff know that they also have a duty of care? The staff member has a duty of care to report and say that they feel ill. If they do not do that, it is an issue. If they do, there may be only two or three people working in the place. Where does the guidance sit on that?

Ms Jennings: There is a duty of care on both the management in the premises and on food handlers themselves. The food handler should report if they feel ill, but if a manager observes symptoms or anything untoward, they can exclude the food handler on that basis.

Mr Connolly: From an enforcement perspective, that is not a new requirement. Emphasis on the control measures around staff illness and how you manage that is something that forms an essential part of every routine food inspection in every premises. That was an additional measure to remind them. So, whenever we do a routine inspection of a food premises, one of the things that we consider is how it deals with staff illness, whether it has procedures in place for a staff member who is suffering from certain symptoms to report them to you and how it excludes that person until they are fit to go back to work. So, this was an additional precautionary measure to re-emphasise that message and should not be a new piece of information for the food business or the staff.

The Chairperson: Where do the staff involved in the restaurant that we are talking about sit now? They are no longer working. Have sanctions been put on them?

Dr Harper: Obviously, the restaurant has closed, so the staff are not working. That is as far as I want to comment, because we are talking about a small number of individuals.

The Chairperson: They are not working in the restaurant.

Dr Harper: No.

Mr Connolly: We have been going through a process. With the Public Health Agency, we have been looking at all cases and their contacts and finding out the occupations of people who have contracted the illness. Where an individual who is a case or is in contact with a case is a food handler, we have issued instructions that they cannot go back to work until they get microbiological clearance. That applies to the food handlers in the premises as well as those who are identified as having suffered as a result of the outbreak.

Dr Mitchell: So, it is a standard precaution for anyone whose occupation is food handling. Indeed, advice would be given to people about domestic food handling and what they should be doing there as well.

The Chairperson: For some people, it is their livelihood as well. We are in bad times as it is.

Dr Harper: Anyone who is excluded from work for those reasons is, until they screen negative, entitled to reimbursement. There is a mechanism in place to allow that to happen. We have had individuals come —

The Chairperson: So, you are dealing directly with the staff and others. OK.

Dr Harper: Yes.

Mr McDevitt: How many people are in hospital at the moment?

Dr Harper: In total, 18 have been hospitalised. The majority of those people have gone home.

Mr McDevitt: You said that type 54 is quite a rare strain of E. coli 0157. Would you describe it as a serious strain? Is it one of the more aggressive strains that makes people particularly sick?

Dr Harper: No, it is not. The pattern here, thankfully, is —

Mr McDevitt: It has been pretty mild.

Dr Harper: It is very unpleasant, but nonetheless there have not been the serious complications that have occurred in other outbreaks.

Mr McDevitt: OK. Are there any particular indicators of type 54? Does it emerge in particular circumstances more often? Do we know the likely food groups or conditions in which type 54 is always present?

Ms Jennings: We do not see it that often, and we have looked at all the evidence across Europe on type 54 to see if we can find a pattern. There have been reported outbreaks associated with sheep, beef and deer, but that does not apply to this outbreak. So, there is very little evidence that we can rely on to inform us on type 54.

Mr McDevitt: Is it fair to say, then, that although the source is still a matter of investigation, the site of the outbreak is not?

Ms Jennings: Yes.

Mr McDevitt: You are absolutely certain about the site of the outbreak.

Ms Jennings: We can only draw the conclusions that we do based on the evidence that is before us. If new evidence emerges, we would have to revise that, but we —

Mr McDevitt: But, at this stage?

Ms Jennings: Based on the evidence that we now know, we are happy that it is not widely dispersed within the community.

Mr McDevitt: That is absolutely fine. I take it from Dr Harper's comments that the areas of investigation are not focused on suppliers or goods coming into the site or likely site but on what happened when they were there.

Dr Harper: The investigation has certainly covered all those angles. As Maria said, if new information comes forward, we will review it all again, but the investigation is focusing on the restaurant setting.

Mr McDevitt: OK.

Mr Gardiner: I take a different slant. I would like to praise staff who have been dealing with this, particularly Dr Harper for her presentation, which did not hide anything from us. The Health Department did not cause this. It was caused by an individual or individuals in the establishment, and I think that you have moved fairly fast on it. I just hope that we can get to the bottom of it and wipe it out completely. Thank you for the work that you have done on it and for being courageous too.

Dr Harper: That is much appreciated. Thank you.

Mr Dunne: Thank you for coming along again today and updating us on what is a serious issue about which we are all concerned. We have so many eating establishments in Belfast and throughout Northern Ireland, and people are, thankfully, still eating out, even under these circumstances. However, there is an obvious risk that this can happen, and that risk must be managed.

I understand that the restaurant was visited by the council in August this year. Were there any findings that caused concern or issues raised at that time about how staff were managing their processes? As I asked last week, are they in the council's accreditation scheme? If so, at that time, were you satisfied that the procedures and processes in place met the necessary requirements? Was the building up to standard and the establishment a proper one, as such?

Mr Connolly: Obviously, I cannot go into the specifics, but, in general terms, the case that came to light in August was a very serious matter for our department. It is an unusual event. E. coli food poisoning is not common, nor is linking it to food premises. I reviewed the inspection notes and spoke to the officers involved. We sent some of our most thorough officers to conduct what was a very thorough inspection of the premises. That assessment is obviously based on their observations on the day, and that is all that they can do.

Mr Dunne: Is it a risk-based assessment?

Mr Connolly: It is a risk-based assessment that looked at all the main risks of E. coli coming into the premises and cross-contamination. Based on their observations on the day and discussions with staff, the inspectors were satisfied with the practices and procedures that they came across. They considered the premises to be broadly compliant with all the necessary controls that should be in place. That having been said, there were some issues of improvement opportunities for the premises, and those were highlighted to its management. Subsequent visits were carried out to check how they were progressing in improving standards. We are satisfied that the premises made significant improvements as a result of the association in August. From August until the current date, they brought in new equipment, retrained their staff, and reviewed and tightened up all their practices and procedures.

Mr Dunne: Since August?

Mr Connolly: Since August, and that was monitored and done in collaboration with, and on the advice of, our officers.

Mr Dunne: Was there evidence that there had been an improvement?

Mr Connolly: There had been improvement. The premises was not bad. The findings on inspection in August were not untypical of what would be expected in any food business. However, because of the situation that we were in, we were particularly anxious that the premises reviewed their procedures

and improved them where possible. They were encouraged and co-operated with us in making improvements to further improve safety.

Mr Dunne: If the processes and procedures are right, surely the risk of recurrence would be at a minimum.

Mr Connolly: Those improvements should reduce the overall risk from the premises, yes.

Mr Dunne: So, it is somewhat disappointing to learn of the seriousness of this outbreak.

Ms Jennings: We need to be very clear here. Food business operators have the responsibility to produce safe food at all time. We have a very robust enforcement regime in Northern Ireland. District council officers across Northern Ireland visit premises day and daily.

Mr Dunne: Have they enough resources to meet the demand? I know that there is substantial demand. I am a local councillor myself, and I am very much aware of it. A lot of premises are serving food to the public. Have we enough resources out there to carry out surveillance on those premises?

Ms Jennings: With the best will in the world, we can never be everywhere watching everything, and that is why we need to rely on the systems and procedures within food businesses. We must make sure that they are robust and stand up but also that they are supervised and followed. Everybody must follow the rules and regulations that are in place, and there must be documentation and paperwork to back that up. The local authorities will go in and base their risk-based inspection on that. However, we need to control the hazards and make sure that the risk is kept under control.

Mr Dunne: I take it that you are looking at all those areas in the ongoing follow-up investigation.

Mr Connolly: We are looking at all the evidence together with the Food Standards Agency and the outbreak control team. We are continually re-evaluating the information that we are receiving, identifying lines of inquiry and pursuing those to try to find out as much as we can about how this might have been caused, and we continue to do that.

Mr Dunne: In the circumstances, is it possible that it is contaminated food or contamination of food by the basic washing of hands? Is there any evidence to substantiate either of those?

Dr Harper: Those are all part of the investigation. I cannot comment any further. However, we are looking at all the practices in the restaurant.

Mr Dunne: Finally, on the point about the health implications for those who have been affected by E. coli, are they long-lasting or likely to be resolved fairly shortly? Are there serious implications?

Dr Harper: Certainly, in this outbreak, we have not seen the most serious complications that can occur with E. coli 0157, and that is very reassuring. Rare complications are unusual, and they tend to affect young children in particular. However, we have not seen that in this outbreak.

Mr Dunne: Thank you very much.

Mr Beggs: Thank you for your update. It appears that your organisations have been diligent, and I am glad that that is what we are hearing today. With regard to the outbreak, in your press release, the date that you have asked people to report on was after 24 September. Have you come across probable cases before that date? If people have experienced illness during that interim period, should they come forward at this stage? It appears that this is much more widespread than originally thought.

Dr Harper: We have not seen probable cases from before that period. Some people who ate before that period have come forward but have been excluded.

Mr Beggs: Bacteria are on all foods, and it is easy for people not to appreciate that. It is a matter of having good processes and good handling to manage that. How would E. coli type 54 normally be killed? Is it 50°C or 80°C? What temperature is required to kill it?

Ms Jennings: Cooking will kill E. coli 0157, as it will other bacteria, such as salmonella, clostridium and campylobacter. Good, thorough cooking will kill those bacteria. So, you have to look at post-cooking contamination. There are lines of inquiry in that area as well.

Mr Beggs: I want to stay away from the particulars of this instance, because I appreciate that your investigation is still going on. Generally, am I right in saying that the particular need for hygiene is to avoid the potential for infection crossover between cooked and uncooked foods? Difficulties in that area can occur in the home just as easily as they can in cooking establishments. It is important that that message gets out to the public. There is a danger of this outbreak being spread by some of those affected and others who may have had symptoms but were not in touch with you. Do you agree that it is essential that everyone exercises particular care in the management of food that is cooked and food that is uncooked and avoids cross-contamination?

Dr Mitchell: You make a very important general point. I emphasise that every press release from the Public Health Agency and the information on its website emphasises those very points, as well as the importance of hand-washing, particularly after going to the toilet and before preparing or eating food. The Food Standards Agency has led a lot of work nationally on the issue of cross-contamination and how to minimise the risk and how to educate and inform people about it.

Ms Jennings: It is one of our core messages. We see temperature control in cooking, chilling food properly, avoiding cross-contamination, as you say, and hand-washing as critical to food safety. Certainly, we have plenty of information on our website, and we get information out through every means that we can in order to get those messages across. We will be looking at that again in light of this outbreak to make sure that the public are made aware of those critical messages.

The Chairperson: In fairness, you have had some good advertisements over the past year or so on some of that stuff, but it is good to remind people.

Mr McCarthy: Thanks very much for your presentation. The establishment was closed last Thursday. Is that right?

Dr Harper: Yes, that is right.

Mr McCarthy: Are you disappointed that you have not yet pinpointed the cause of the outbreak? Secondly, somebody mentioned half a dozen new cases this week. How can that be? If the place was closed last Thursday, any new cases must have surely come from some other establishment.

The Chairperson: For the record, it was not last Thursday. It was the Thursday before that.

Mr McCarthy: Really? You must be very disappointed that you have not pinpointed the reason for the outbreak after a fortnight.

Dr Harper: Some outbreaks are straightforward in that the source is clear from the initial information. Other outbreaks are more complex than that. Obviously, in this outbreak, a large number of people were affected, so a large number of histories have to be taken, collated and analysed. The histories change the picture from time to time. So, rather than drawing early conclusions on partial information, we are waiting for full information and full analysis of all of that. By its nature, with almost 300 people affected, this is inevitably a more complex investigation than one that affects a small number of people and has a very straightforward cause.

In relation to the question about new cases, if the restaurant closed on 11 October and there is an incubation period of up to 10 days, that would take you up to 21 October. If someone takes a few days before they go to their GP and submits a sample, which is sent to the lab, and the results come back, it could add another three or four days. That is why there are still small numbers of people coming through. Equally, there are some people who maybe ate in the affected restaurant in early October and had symptoms that settled, and they have decided to contact us. Those people do not have any more symptoms and are fully recovered, but they are still coming forward. Those are the types of —

Mr McCarthy: So, they are all associated with that one eating establishment. That is what I am getting at.

Dr Harper: Yes. It is all associated with that. We have seen no other unusual increase or patterns in other E. coli cases. It is just normal background numbers.

Mr McCarthy: This is a silly question, but I will ask it anyway. You will be very anxious to get to the bottom of this as quickly as possible. After a fortnight, you must be disappointed that you have not pinpointed the cause.

Dr Mitchell: The investigation, as Carolyn said, is complex. Often in investigations of food poisoning outbreaks, you do not get an immediate answer. It takes time to pull together the environmental, the microbiological and the epidemiological, the food histories and the analysis of that and the questionnaire, and, sometimes, you go down a wrong track. I am not saying that that is what happened in this case, but sometimes they may go down a wrong track, like in Germany where they thought that it was from one food item and, subsequently, it turned out to be a different one. Clearly, it is important to get to the answer as quickly as possible, but it is also important that it is the right answer.

Ms Jennings: Please be assured that we have very definite lines of inquiry. We are confident, based on the information that we have in front of us at this moment in time, that there are not implications for the wider food chain.

Mr McCarthy: Yes, that is important.

The Chairperson: When do you hope to have the investigation finalised? Can you give me any idea?

Dr Harper: To be honest, Sue, it is difficult to put a figure on that. We are progressing as steadily, as carefully and as quickly as we can.

The Chairperson: I suggest that we continue to get regular updates on it, and, when the investigation is finalised, we come back and have a briefing on it. Again, if there is anything that you need us to do, either through our constituency offices or through our parties, let us know. We could even ask our colleagues to raise things at council level. We all have a part to play to ensure that the right information gets out. Thank you very much. Sorry, Maeve, did you want to ask a question?

Ms Maeve McLaughlin: With regard to the point about communication around this, I was conscious that, in some of the reports that the BBC ran over the past week, the numbers were completely inaccurate. The local media said that there were 90 confirmed cases from Saturday onwards, when, at that stage, it was 29. I do not know what the Department is doing about that, but I suggest that that needs to be clarified and that the work that is ongoing needs to be communicated properly. It is important that the figures are accurate.

Dr Harper: Yes; we have been issuing a daily press release with the definitive figures. Obviously, what the media outlets do with that and how quickly they update their websites is a matter —

Ms Maeve McLaughlin: Sorry, Chair. It was a huge differential from 29 to 90. It did not make sense at all. I think that it is worth noting that that information needs to get out.

The Chairperson: OK. Thank you very much. Liz, you are staying for the next session. Keep up the good work. I should have declared an interest as an ex-chef.