



Your reference
Our reference BSEFOODd

DIS 650 D

DEPARTMENT OF HEALTH AND SOCIAL SECURITY
ALEXANDER FLEMING HOUSE
ELEPHANT AND CASTLE LONDON SE1 6BY
TELEPHONE 01-407 5522 EXT 7174
GTN (2915)

Mr C A Cockbill
Food Standards Division
Ministry of Agriculture, Fisheries
and Food
Ergon House c/o Nobel House
17 Smith Square
LONDON
SW1P 3HX

13 April 1989

Dear Mr Cockbill

THE BABY FOOD (PROHIBITED OFFAL) REGULATIONS

You wrote to me on 28 March about organs that might be banned from baby food because of concern about BSE.

I have now had a chance to discuss with outside experts but have not consulted CMO. However, I am not persuaded this is something we need concern him with.

There is no evidence about infectivity of offal in BSE so assumptions must be made that it will behave like scrapie. On that basis, parts of the body most likely to be infected in natural disease are (1) the central nervous system and (2) the lympho reticular system. For practical purposes and considering those parts of the animal that may be eaten, those organs that may be infected are the brains and spinal cord, thymus (true sweetbread) and intestines (tripe), the last because lymphoid tissue is closely associated with intestines. The ban you propose then needs to involve "offal" and also thymus, since this is not classified as offal.

There are other parts of the body where experimental data are sparse but if infection has been looked for it has been found infrequently and at low titres. The evidence against these tissues seems so scanty and indirect that a ban would be difficult to justify. The evidence is scanty because on first principles one would not expect to find much infection if any, so researchers have rarely bothered to look. To pick out some of these tissues but not others would be difficult to justify. Within this group I would include pancreas (sweetbread) and peripheral nerves (which brings in oxtail) and possibly liver too. I would not recommend including these in any ban at present, but

DIS 650 D

it should perhaps be recognised that the level of suspicion is somewhat higher than with other tissues such as muscle mass (steaks etc).

Rennet should be of no concern since it is an extract of stomach and should have no risk of contamination with lymphoid or nervous tissue.

I am not in a position to advise about at what stage in processing a product derived from offal ceases to become offal. It seems to me from the regulations that "broth" could be made from prohibited offal and this does not have to be disclosed at present. If this is true, ^{and} beef broth might contain undisclosed brains or indeed be largely brains for example, I would be concerned. So I would like to see the regulations extended to cover products derived from offal although appreciating the difficulties of policing regulations that exclude those inevitably contaminated by offal (such as the spinal cord in a chop). Also clearly some derived products, such as rennet, are of no concern but this is because the primary offal, in this case stomach, would be acceptable. Are there any other derived products that cause difficulties in practice?

The justification for exclusion of these tissues from baby food and not all food is also based on uncertain data. There is a suspicion that the young of a species are more susceptible to spongiform encephalopathies than adults, but it is difficult to separate out the confounding factors of differential relative exposure and life expectancy from true susceptibility. Baby food can be treated alone since it is usually prepared and eaten by babies only, whilst older children tend to eat smaller portions of food prepared for the whole family. There is of course also a feeling everything possible must be done to protect the very young, whilst older people are able to make their own decisions about risks. I think you have no alternative but to restrict the regulations to food promoted for use by babies. If we were persuaded that the risk was appreciable, then more rigorous steps would have been taken to promulgate advice against feeding of offal to babies. Whilst we are being low key on this, extension of regulations - say to label other offal-containing food as unsuitable for babies - might be seen as overkill. Nevertheless, I would favour full disclosure about offal and thymus content on all food and gentle persuasion to food manufacturers to look to other ingredients. So if public pressure, or new scientific evidence, means this position needs to be modified in future, manufacturers are well prepared.

I hope this is the type of response you expected from me and regret that the inadequacy of the data means that it is difficult to be precise. No estimate of risk can be given since there is still much doubt whether there is any risk at all to man from

DIS 650 D

BSE, let alone any risk by the oral route. But it is right to be overcautious at this stage and I have heard no counter arguments to what is being proposed at present, say because of special nutritional properties attributed to the ingredients now to be banned.

Yours sincerely

H Pickles

Dr Hilary Pickles
Principal Medical Officer

cc: Mr L Weir HS4
Dr M Woolfe FSc)
Mr A Lawrence AH) MAFF
Mr K Millar FStan)✓