

Enclosure 9: AVA advice to PIMC Working Group on Pet Food Controls

Disease in domestic pets linked to contaminants in, or treatments of, pet foods is a substantial welfare issue for pets and of great concern to Australian veterinarians treating pets.

BACKGROUND AND CONTEXT

1. Australia

a. Last 30 years.

Thiamine deficiency in Australian cats and dogs is usually caused by the addition of sulphites to various pet meat and pet food products. This is a long-standing problem that is almost unique to Australia and has resulted in severe neurological disease and death in numerous dogs and cats despite repeated publications by Australian veterinarians to report and raise awareness of this issue (1-4). It is legal to add sulphites to pet food and pet meat. There are no requirements for specific labeling of sulphites albeit foods containing sulphites that are produced by members of PFIAA cannot be labeled as complete foods. Much pet meat and packaged pet food is not produced by PFIAA members. Some packaged foods produced by non-members are labeled as being complete even though sulphites have been added. It is important to note that any food that has sulphite present can result in thiamine deficiency in animals fed complete foods at the same time: that is, sulphites added to one food can result in thiamine depletion of all foods fed concurrently. Additionally, sulphite-treated meat, even at WHO acceptable levels for human consumption, can cause lethal thiamine deficiency in dogs and cats.

Self-regulation of the pet food industry is primarily managed by the PFIAA, whereas there is currently no industry body representing the pet meat industry. Therefore improved industry practices regarding the use of sulphite preservatives as well as communication with and education on this issue is more readily achieved for pet food via the PFIAA than for pet meat. If industry self-regulation is the preferred outcome, then it is recommended that an association is established to represent the pet meat industry. This role could be performed by the PFIAA.

b. Since 2007

In the last 2-3 years, Australian veterinarians have documented increased numbers and types of cases of pet-food associated diseases. Examples include:

1. Leukoencephalomyelopathy in more than 90 Australian cats associated with feeding imported cat food that had been irradiated in Australia (5). There was a high mortality rate in affected cats. Irradiation has been identified as the cause of the problem and the disease can be produced experimentally. Despite the identification of the cause of disease and the fact that the disease was directly attributable to the requirements for importation set by an Australian government organisation, it was initially very difficult for the clinicians dealing with the cases to access someone within the regulatory bodies (AQIS, DAFF, Biosecurity Australia) to address this issue. Media exposure resulted in a “voluntary” recall of the product by the manufacturer who was not a member of PFIAA.
2. Proximal renal tubulopathy in over 100 Australian dogs associated with feeding of treats and dental chews (6). Morbidity rate was very high and mortality occurred. Initial recognition of the association between this disease and the feeding of a popular brand of dried chicken treat relied on direct one-on-one communication between veterinarians for many months before a more efficient reporting system was established by individuals acting in an unofficial and voluntary capacity. Broader communication of the problem through veterinary networks, including ad hoc ones, as well as the Centre for Veterinary Education and the AVA eventually led to media exposure of the problem which forced a “voluntary” recall of the product. This was not enforced and it is believed that some retailers may have still sold the product at reduced prices to decrease their stocks.
3. Hypervitaminosis D. A number of cats on commercial supermarket-obtained cat food have developed clinical hypercalcaemia due to hypervitaminosis D (7). The hypercalcaemia has resolved relatively rapidly on withdrawal of the commercial cat food in each case. The high serum Vitamin D concentrations have decreased slowly over months. In addition, a number of cats being fed commercially sourced “cat-grass” have developed hypervitaminosis D due probably to the high vitamin D content of *Dactylis glomerata*.

2. Worldwide

Numerous pet-food- associated diseases have been reported worldwide including proximal renal tubulopathy, aflatoxicosis, ionophor toxicity, melamine-cyanuric acid toxicity, and hypervitaminosis D. Some of these have affected large numbers of pets. For example, in the 1990s in the Netherlands, more than 800 cats were paralysed by ionophor- contaminated cat food (8). This number was relatively insignificant when compared to the number of dogs and cats that developed pet-food associated renal failure due to melamine and cyanuric acid: more than 6,000 dogs and cats in Asia in 2004 and an estimated 39,000 dogs and cats in North America in 2007 (9). The same toxicity was ultimately responsible for considerable human mortality in Asia, particularly China.

In summary:

1. Pet-food related disease has been occurring for a long time in Australia.
2. The number of documented cases of pet-food related diseases has been increasing in Australia and overseas in recent times.
3. Significant numbers of pets can be affected by these diseases.
4. Pets may well act as sentinel populations for identification of ingredients toxic to humans as individual foods tend to comprise a greater proportion of the diets of dogs and cats than is typical for human diets.
5. There is no official regulatory body for the pet meat industry in Australia.
6. There is no central reporting body for pet food-related diseases in Australia.

GENERAL RECOMMENDATIONS

1. The PIMC Pet Foods Controls Working Group should have appropriate representation of veterinarians working with dogs and cats, particularly those with expertise in clinical nutrition.
2. Safety of pet meats and pet foods would be improved with more stringent manufacturing and labelling requirements. The 'Australian Standard for the Manufacturing & Marketing of Pet Food (AS5812:2011)' provides comprehensive guidelines that should be applied to all pet meats and pet foods retailed in Australia.
3. The addition of sulphites should be banned from all pet meats and pet foods as consumers cannot be expected to understand the consequences of feeding sulphite-treated pet food as either a sole food source or as complementary food to a complete diet. If addition of sulphites continues, then all products that contain sulphite

preservatives must be clearly labelled as directed in the 'Australian Standard for the Manufacturing & Marketing of Pet Food (AS5812:2011).

4. 'Pet meat' is not recognised as a separate food category anywhere else in the world and there is currently no industry body representing pet meat manufacturers and retailers. It seems reasonable to take this opportunity to align Australia with international standards by discontinuing the separate category of 'pet meat' and instead go forward with the one category of 'pet foods'. This would provide improved products for feeding of dogs and cats in Australia and have a very positive impact on food safety for dogs and cats. If pet meat remains as a separate food category, it is strongly recommended that pet meat manufacturers and retailers have a central representative body. If industry self-regulation is the preferred outcome, then it is recommended that this role be performed by the PFIAA.
5. That the Pet Food Industry work with the AVA and the veterinary community to establish tools for veterinarians to identify the potential for contaminated pet food related disease, to aid in more rapid diagnosis, and appropriate analysis to rapidly identify incidents. The AVA work with other providers of continuing education to communicate this information to the veterinary community.

MAJOR RECOMMENDATIONS

1. That in the medium to long term stringent and mandatory standards for pet meats and pet foods be established. The 'Australian Standard for the Manufacturing & Marketing of Pet Food (AS5812:2011)' is recognised as an important regulatory tool in the short term. However, a voluntary code of practice produced by an association with non-compulsory membership is likely to be inadequate to deal with continuing and emerging pet-food related diseases.
2. That there be an effective mechanism for reporting adverse effects. The 'Pet Food Adverse Event System of Tracking (PetFAST)' might fulfil this requirement and it is recommended that its success and overall progress be reviewed after 3-5 years.
3. That there are adequate mechanisms in place for ensuring compulsory and rapid recall of any pet food that is causing adverse effects even if the exact aetiology of the adverse effect cannot be identified.

CONCLUSION

Currently Australian pets are not adequately protected from pet-food associated diseases. It is essential that this situation be rectified. It is also an opportunity for Australia to lead the way in the international community so that pets worldwide can benefit.

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