

Chapter 6

Transparent adverse pet food reporting and investigation

6.1 This chapter considers the evidence presented to the committee in relation to improved communication about adverse pet food events – including to the PetFAST system – as well as the provision of a direct consumer complaints process.

Reporting adverse events

6.2 Evidence to the committee indicated that there is no formal mechanism available to members of the public who want to report an incident or concern in relation to pet food.¹ Indeed, one of the primary lessons emanating from the recent megaesophagus cases, is the need for a direct communication channel for consumers who have concerns about pet food. According to the evidence before the committee, consumers with concerns about megaesophagus were unable to provide information through an official channel. They were therefore, unable to report adverse pet food events in a formalised manner to a professional body that could collect, assess and act upon that information.

6.3 In fact, the committee received a considerable volume of evidence which detailed the efforts of pet owners, who, without any other recourse, contacted manufacturers directly. A number of submitters detailed the steps they undertook in seeking redress from manufacturers after purchasing substandard pet food, and of their attempts to alert other consumers through social media.²

6.4 Ms Dola explained the context in relation to the megaesophagus cases and the consequences for pet owners:

An issue with the public relying on social and media guidance is the vast range of interpretation and muddling of vital information. I watched as many owners joined support groups, and were given inaccurate information around reporting cases to PetFAST, being told that it was no longer required because it was clear that the system had already identified the minimum 3 cases. What if those new cases had slightly varying records of vital information, or if this message was mixed in with different food concerns and so went unreported? Some owners were even confused about who they needed to report to, was it PetFAST? Was it Melbourne U-Vet? Was it the pet food manufacturer? Pet owners in this instance have been publicly ridiculed for their assertion that they suspected the food to be the cause of their pet's condition and were discriminated against for making this public for fear of unsubstantiated legal implications by sharing the information that industry associations delayed in communicating.³

1 Dr Bronwyn Orr, RPSA Australia, *Committee Hansard*, 28 August 2018, p. 22.

2 Ms Ruth Quick, *Submission 8*; Ms Cathy Nesbitt, *Submission 11* and Ms Rach Dola, *Submission 117*.

3 Ms Rach Dola, *Submission 117*, p. 4.

Improving PetFAST

6.5 In 2012, the Pet Food Adverse Event System of Tracking (PetFAST) was launched to keep track of adverse events relating to pets. As a joint initiative of the AVA and the PFIAA, PetFAST enables veterinarians to log health problems associated with pet food and treats, for the purpose of identifying any trends or patterns that might point to a cause. The system is managed and administered by the AVA, and reports generated by the system are provided to the PFIAA for its information. When a pattern is identified, a joint committee of AVA members is convened to discuss what action should be taken.⁴ The individual manufacturer of the pet food product in question is also notified.⁵

6.6 PetFAST can only be used by veterinarians, and access is limited to AVA members. According to the AVA, this is a key aspect of the system's 'integrity and efficiency'.⁶ Pet owners who suspect a problem with pet food or treats are not able to report a concern directly on the PetFAST system but rather, must take their pet to a veterinarian for examination. The veterinarian will then determine whether to log the health problem on PetFAST.

6.7 The PFIAA and AVA informed the committee that the system is well regarded by other countries, with a number of jurisdictions indicating an interest in establishing a similar reporting regime.⁷ While the AVA was of the view that PetFAST has been a 'successful initiative', other witnesses were more circumspect.⁸ RSPCA Australia stated that PetFAST has been 'working well' in the absence of a mandatory recall system, and has contributed to the recall of pet food on a number of occasions, including both the Weruva BFF cat food recall in 2017 and the Mars Advance Dermocare dog food recall in 2018.⁹ However, Professor Caroline Mansfield observed that the system was a 'vast improvement on what was previously there (nothing)'.¹⁰

6.8 There were a range of concerns expressed regarding the management, effectiveness and efficacy of PetFAST.¹¹ Specifically, concerns were raised in relation to matters of accessibility, underutilisation and onerousness. Questions were also raised about the system's ability to facilitate the identification of chronic and long-term illnesses, as well as to trigger and facilitate investigation.

4 Australian Veterinary Association, *PetFAST shows pet food problems exist*, <https://www.ava.com.au/12072> (accessed 6 September 2018).

5 Ms Michelle Lang, Nestlé Australia Ltd, *Committee Hansard*, 29 August 2018, p. 37.

6 Australian Veterinary Association, *Submission 68*, p. 4.

7 Pet Food Industry Association of Australia, *Submission 130*, pp. 8–9 and Australian Veterinary Association, *Submission 68*, p. 5.

8 Australian Veterinary Association, *Submission 68*, p. 5.

9 RSPCA Australia, *Submission 59*, pp. 6–7.

10 Associate Professor Caroline Mansfield, *Submission 88*, [p. 2].

11 RSPCA Australia, *Submission 59*, pp. 6–7 and Dr Andrew Spanner, *Submission 63*, [p. 2].

Accessibility

6.9 A key issue for submitters was the fact that PetFAST is only accessible to registered veterinarians. The AVA website states:

Only veterinarians can use this system. If you are a pet owner and suspect a problem with pet food or treats, you need to ask your vet to examine your pet and lodge a report if they too suspect an adverse event associated with pet food.¹²

6.10 The AVA indicated that exclusive veterinarian access to PetFAST had ensured that the data is 'cleaned'.¹³ Indeed, the AVA suggested that the restriction of accessibility and reporting is a key part of the system's 'integrity and efficiency'. Furthermore:

As only veterinarians can use this system, a pet owner who suspects a problem needs to engage a veterinarian to first examine the pet, and then lodge a report if they suspect an adverse event associated with the food. In this way all, the data obtained is relatively "clean data" with reports that incorporate a veterinarian's opinion before a report is made.¹⁴

6.11 Pet food manufacturer, Nestlé Purina Petcare, noted that the 'veterinarian-to-veterinarian' aspect of PetFAST ensures that there is a level of professional expertise provided when assessing the health of an animal, and identifying a link to pet food.¹⁵ Mars Petcare held the view that the existing system in the US allows consumers to report adverse events without first visiting a veterinarian, which 'can increase the quantity of information collected, while undermining the quality of the data collected'.¹⁶

6.12 However, concerns were raised by RSPCA Australia, that there are 'several thousand veterinarians' who are neither members of an associated organisation, nor receive communications regarding the PetFAST system.¹⁷ Ms Jodi Burnett also pointed out that many veterinarians are unaware of the existence of the PetFAST

12 Australian Veterinary Association, *PetFAST – Pet Food Adverse Event System of Tracking*, <https://www.ava.com.au/petfast> (accessed 13 September 2018).

13 Dr Linda Fleeman, Australian Veterinary Association, *Committee Hansard*, 28 August 2018, p. 32.

14 Australian Veterinary Association, *Submission 68*, pp. 4–5.

15 Nestlé Australia Ltd, *Submission 119*, p. 5.

16 Mars Petcare Australia, *Submission 106*, p. 4.

17 RSPCA Australia, *Submission 59*, p. 7. Also see: Ms Rach Dola, *Committee Hansard*, 28 August 2018, p. 7; Ms Stephanie Shaw, *Submission 102*, [p. 3] and Ms Teresa Tassone, *Submission 89*, [p. 4].

system.¹⁸ This was corroborated by a number of veterinarians who appeared before the committee, including the ex-president of the AVA.¹⁹

6.13 As PetFAST is reliant upon registered veterinarians and is not accessible to pet owners, it requires owners to seek professional advice for a matter to be reported. It was argued that this factor, as well as the lack of an appropriate communication channel for consumers, has led to a proliferation of online commentary amongst pet owners groups; which in turn has increased the level misinformation and confusion.²⁰

6.14 The point was also made that the costs involved in seeking professional help from a veterinarian were cost-prohibitive for low-income households. The 2016 AMA report into pet ownership revealed that the owners who don't take their pet to the vet at all are likely to be those living in lower-income households (earning less than \$30 000).²¹ Noting this evidence, Ms Stephanie Shaw concluded that PetFAST was 'biased towards low income families' for whom a veterinarian examination of their sick pet is cost-prohibitive.²²

Underutilisation and onerousness

6.15 In addition to accessibility concerns, RSPCA Australia noted that PetFAST relies on veterinarians to be both 'aware and empowered' to report incidents.²³ However, the discretionary nature of the reporting system can contribute to lower numbers of veterinarians utilising the system and logging reports.

6.16 Another matter seen by submitters as problematic is the system's dependence on veterinarians to voluntarily report matters. This was raised as a concern for a number of reasons including a reliance on individual veterinarians (often in small or isolated practices) to make an association between a condition and a pet food. Professor Mansfield continued:

When there is acute onset of disease associated with feeding something this is an easier association to make. But with more chronic disease this is not so intuitive. The system also relies on vets physically entering in detail on a web-site, and volunteers that man this responding, logging and when necessary mobilising an investigation.²⁴

6.17 This concern was exemplified by the number of megaesophagus cases reported in 2018. Mr Duncan Hall, Executive Manager of the PFIAA indicated that 46 of the 52 cases reported in PetFAST in the last 12 months occurred only *after* the

18 Ms Jodi Burnett, *Committee Hansard*, 28 August 2018, p. 7.

19 Dr Joanne Sillince, Pets Australia, *Committee Hansard*, 28 August 2018, p. 13. Also see: Dr Bronwyn Orr, RSPCA Australia, *Committee Hansard*, 28 August 2018, p. 22.

20 Dr Joanne Sillince, Pets Australia, *Committee Hansard*, 28 August 2018, p. 14.

21 Animal Medicines Australia, *Pet Ownership in Australia*, 2016, p. 41.

22 Ms Stephanie Shaw, *Submission 102*, [p. 3]. Also see: Animal Medicines Australia, *Pet Ownership in Australia*, 2016, p. 42.

23 RSPCA Australia, *Submission 59*, p. 7.

24 Associate Professor Caroline Mansfield, *Submission 88*, [p. 2].

Advance Dermocare recall announcement, rather than before.²⁵ According to Dr Sue Foster of the AVA, only one report relating to megaesophagus was logged in PetFAST prior to the recall, and this was from a 'very, very top specialist...dealing with a highly confidential group of dogs'.²⁶ Witnesses attributed this to both the underutilisation and lack of awareness of the PetFAST system, as well as the rarity of the condition.²⁷

6.18 The committee was also told that veterinarians may choose not to report at all because the process of logging a report on PetFAST was 'extremely onerous'.²⁸ When logging such a report, veterinarians are required to provide the following information:

- detailed medical records of affected animals;
- detailed diet history of affected animals;
- product consumptions details and documents;
- product name, type, and manufacturing information;
- food samples for analysis; and
- serum and tissue samples (if pertaining to a deceased animal).²⁹

6.19 Ms Karin Strehlow argued that the amount of data required for each report, coupled with the potential costs and time associated with obtaining, preparing and sorting tissue samples, means that many vets may not be inclined to lodge a report.³⁰

6.20 Similarly, in noting the detail required by the system, Ms Jodi Burnett questioned the inclination of veterinarians to submit a report without prompting from clients:

The other thing with PetFAST is that it's up to the vets' discretion as to whether they log a report through PetFAST. In my case, I went back after my dog was officially diagnosed by Melbourne uni and requested that the vet log with PetFAST, and I was there while she did that. Had I not done that, it probably would not have been logged.³¹

25 Mr Duncan Hall, Pet Food Industry Association of Australia Inc., *Committee Hansard*, 28 August 2018, p. 30.

26 Dr Sue Foster, Australian Veterinary Association, *Committee Hansard*, 28 August 2018, p. 31.

27 See, for example: Associate Professor Caroline Mansfield, *Committee Hansard*, 29 August 2018, p. 10 and Mr Duncan Hall, Pet Food Industry Association of Australia, *Committee Hansard*, 28 August 2018, p. 31.

28 Ms Erin Turner, CHOICE, *Committee Hansard*, 29 August 2018, p. 8 and Associate Professor Caroline Mansfield, *Committee Hansard*, 29 August 2018, p. 10. Also see: Mrs Melanie Christie, *Submission 62*, [p. 5].

29 Australian Veterinary Association, *PetFAST checklist for veterinarians*, <https://www.ava.com.au/veterinarians/technical-information/petfast> (accessed 13 September 2018).

30 Ms Karin Strehlow, *Submission 57*, p. [3].

31 Ms Jodi Burnett, *Committee Hansard*, 28 August 2018, p. 9.

6.21 To 'strengthen' the utilisation of the PetFAST system, Mars Petcare suggested that a communication campaign be developed to target all Australian veterinarians. The campaign could educate veterinarians, particularly those that are not members of the AVA, about when and how to access the PetFAST system, what information to provide, and how the data is managed by the AVA. According to Mars Petcare, this would ensure that PetFAST 'continues to provide the most robust foundation to underpin decisions made by industry and government' regarding pet food safety and sale.³²

Identifying chronic and long-term illness

6.22 Another issue raised in relation to the PetFAST system was the difficulty that it poses in reporting chronic and long-term illness associated with pet foods. Some submitters argued that the PetFAST system focuses on single events or outbreaks, and does not capture relevant long-term data.³³ In light of the megaesophagus cases, Ms Jodi Burnett noted that it is unclear whether the PetFAST system can retain sufficient data to identify trends or patterns over just a six month period.³⁴

6.23 Professor Caroline Mansfield raised a similar concern, noting that:

A contemporary association between eating a food and being sick within 30 to 60 minutes is a fairly apparent one and quite easy to notify, but, when we're talking about more chronic disease, particularly with a food that's not widespread in use, one clinic, one veterinarian, is unable to make that connection.³⁵

6.24 Indeed, Ms Christine Wattle submitted that the system 'does nothing' to address chronic ill-health caused by unsuitable pet foods.³⁶ At the same time, however, Professor Mansfield also indicated that PetFAST was not equipped to detect sporadic problems in a timely fashion or to identify emerging new conditions.³⁷ She suggested that there are better options including databases that could be developed to provide a better suited monitoring tool to detect trends in conditions that are typically unusual, but are increasing in incidence over time.³⁸

32 Mars Petcare Australia, *Submission 106*, p. 4. Also see: Royal Canin Australia, *Submission 97*, [p. 3]; Dr Anne Fawcett, *Submission 140*, [p. 2]; Mrs Tara Bonitz, *Submission 79*, p. 1 and Canine Welfare Alliance of Australia, *Submission 100*, p. 2.

33 See, for example: Mrs Melanie Christie, *Submission 62*, [p. 5]; Mrs Tracey Jackson, *Submission 75*, p. 5 and Dr Ilze Matise-VanHoutan, *Submission 95*, [pp. 2–3].

34 Ms Jodi Burnett, *Committee Hansard*, 28 August 2018, p. 9.

35 Associate Professor Caroline Mansfield, *Committee Hansard*, 29 August 2018, p. 10. Also see: Professor Caroline Mansfield, *Submission 88*, [p. 2].

36 Ms Christine Wattle, *Submission 136*, [p. 2]. Also see: Tom Lonsdale, *Submission 132*, p. 7.

37 Associate Professor Caroline Mansfield, *Submission 88*, [p. 2].

38 Associate Professor Caroline Mansfield, *Submission 88*, p. 2.

Efficacy, management and investigation

6.25 The point was made that once veterinarians had logged a report, the system relies on volunteers to respond, and where necessary, mobilise an investigation. However, as Professor Mansfield noted, there are no independent or 'sufficiently resourced groups' affiliated with PetFAST to investigate any potential food toxicity. She noted in this regard that investigations of potential pet food issues are expensive:

They require a lot of expertise. They require statistical assessment, toxicological and nutritional assessment and bacteriological assessment, all of which cost money and all of which take a significant amount of time and expertise to put together. It is probably therefore only the very large pet food companies that have the capacity to finance that—and, again, if they are financing that, it's not a truly independent investigation.³⁹

6.26 Dr Andrew Spanner suggested that the PetFAST system was ineffective in improving pet food safety for various reasons; including the lack of reporting of submissions on the system, the voluntary nature of adverse findings, or the recommendations made to pet food manufacturers.⁴⁰ Similarly, Ms Karin Strehlow argued that under the current arrangements, lodged reports are viewed by AVA and PFIAA and that these bodies then determine whether to make recommendations and initiate discussions.⁴¹

Inability to mandate or enforce recalls

6.27 Under the current system, where a problem is 'obvious and severe enough and very likely to be associated with a pet food', the AVA can seek the agreement of PFIAA to request from a manufacturer, the recall of a product.⁴² The fact that the PetFAST system cannot mandate or enforce a pet food recall was a primary concern for many submitters.⁴³

6.28 Submitters questioned the efficacy of the system, which is only able to prompt voluntary recalls on the basis of negotiations between the AVA, PFIAA, and manufacturers, with no legislated authority to mandate them.⁴⁴ Ms Karin Strehlow argued that for this reason, PetFAST is a 'toothless voluntary tiger'.⁴⁵

6.29 Despite criticisms of the PetFAST system, some witnesses cautioned that the system was never designed to pick up 'every single adverse event' relating to pet

39 Associate Professor Caroline Mansfield, *Committee Hansard*, 29 August 2018, p. 10.

40 Dr Andrew Spanner, *Submission 63*, [p. 2].

41 Ms Karin Strehlow, *Submission 57*, [p. 3].

42 Dr Sue Foster, Australian Veterinary Association, *Committee Hansard*, 28 August 2018, p. 33.

43 Associate Professor Caroline Mansfield, *Submission 88*, p. 2.

44 See, for example: Dr Andrew Spanner, *Submission 63*, [p. 2]; RSPCA Australia, *Submission 59*, p. 6; Ms Rach Dola, *Submission 117 – Attachment 3*, p. 1; Animal Welfare Coalition WA, *Submission 94*, p. 2.

45 Ms Karin Strehlow, *Submission 57*, [p. 3].

food.⁴⁶ Dr Sue Foster of the AVA noted that it 'depends on the type of problem' as to whether PetFAST is likely to detect it. However, she reiterated submitters' views that, while the PetFAST system is useful, 'it is certainly not the same as having regulation for mandatory recall'.⁴⁷

Direct consumer reporting mechanism

6.30 A large volume of evidence to the inquiry supported a direct consumer reporting system, which would allow pet owners to log pet food related issues on a central register. As Dr Malik indicated, the 'first people who are going to see something wrong are the public'.⁴⁸

6.31 A clear and direct consumer reporting mechanism was supported by a range of submitters for a number of reasons, including the fact that it would provide a reporting mechanism for pet owners who rarely visit the vet (or who visit a veterinarian that is not a member of the AVA).⁴⁹

6.32 Ms Kristina Vesk of The Cat Protection Society of NSW highlighted the importance of a direct consumer reporting system:

There needs to be capacity for consumer input into surveillance. We're not suggesting that people do their own veterinary diagnosis at home. Obviously, if your pet's sick you need to take them to see the vet. But if you open a tin of food and you see that it's spoiled or mouldy or you find foreign objects in it, there's no reason for you to go to the vet. You can take a photo, upload it and put it in some kind of portal. I made a complaint the other day about a water leak. Sydney Water has this fantastic reporting system you can do online. In terms of surveillance and gathering epidemiological data, we need to have consumer input and I think it's very limited by restricting it only to veterinarians.⁵⁰

6.33 RSPCA Australia noted that as a large percentage of pet owners 'either never or rarely' visit a veterinarian, there is no outlet for them to report pet food safety concerns other than through a direct complaint to a manufacturer.⁵¹ According to Miss Jasmine Erhard, this is problematic as many pet owners 'can't afford to individually

46 Dr Linda Fleeman, Australian Veterinary Association, *Committee Hansard*, 28 August 2018, p. 32.

47 Dr Sue Foster, Australian Veterinary Association, *Committee Hansard*, 28 August 2018, p. 33. Also see: Dr Linda Fleeman, Australian Veterinary Association, *Committee Hansard*, 28 August 2018, p. 32.

48 Dr Richard Malik, *Committee Hansard*, 28 August 2018, p. 15.

49 RSPCA Australia, *Submission 59*.

50 Ms Kristina Vesk, The Cat Protection Society of NSW Inc., *Committee Hansard*, 28 August 2018, p. 12.

51 RSPCA Australia, *Submission 59*, p. 7. Also see: Mr Barry O'Sullivan, Mars Petcare Australia, *Committee Hansard*, 29 August 2018, p. 30 and Dr Camilla Forss, *Submission 129*, [p. 2].

fight big companies'. She added that pet owners are further disadvantaged by the fact that the standards are not mandatory.⁵²

6.34 CHOICE noted that another disadvantage of reporting directly to manufacturers was that complaints, and how they are handled, are not made public.⁵³ Reflecting on these arrangements, CHOICE's Ms Erin Turner stated that there 'doesn't seem to be a strong, transparent connection between complaints and any activity or recalls' because the information is not held on a central, publically available register. Ms Turner considered this to be particularly shocking as pet owners 'know their pets best' and want to alert others when incidents with pet food occur.⁵⁴

6.35 Indeed, Mrs Jenny Kent of Pets Australia noted that there is no facilitated communication mechanism which allows veterinarians who have observed pet food related issues to share this information with pet owners. As such, 'the only person who knows it is not working is the person who it is not working for'.⁵⁵

6.36 In comparison, the USFDA maintains the Safety Reporting Portal, which allows consumers to log or report complaints about any food product intended for human or animal consumption.⁵⁶ CHOICE noted that the USFDA's reporting portal is both clear and accessible and allows consumers, vets, and other interested parties to make complaints.⁵⁷ The effectiveness of this system was also highlighted by The Cat Protection Society of NSW and Australian National Cats Inc.⁵⁸

6.37 Dr Andrew Spanner expressed the view that a direct reporting system would 'get the right stuff off the market' through relying on statistics and data rather than social media scare campaigns.⁵⁹ Another veterinarian, Dr Camilla Forss, stated that a simple reporting process could increase the likelihood of detecting pet food related disease early, and contribute to saving the lives of pets that would otherwise be at risk.⁶⁰ She suggested that all pet food labels be required to include information about how to report a complaint. According to Dr Forss:

This would simplify the reporting process and improve the monitoring system, increasing the likelihood that food-related disease outbreaks were

52 Miss Jasmine Erhard, *Submission 73*, [p. 3].

53 Ms Erin Turner, CHOICE, *Committee Hansard*, 29 August 2018, p. 8.

54 Ms Erin Turner, CHOICE, *Committee Hansard*, 29 August 2018, pp. 7–8. Also see: Miss Jasmine Erhard, *Submission 73*, [p. 3].

55 Mrs Jenny Kent, Pets Australia, *Committee Hansard*, 28 August 2018, p. 13.

56 US Food and Drug Administration, *Safety Reporting Portal*, <https://www.safetyreporting.hhs.gov/SRP2/en/Home.aspx?sid=47daf619-3c01-47e6-ad36-ca3dc0dcc83b> (accessed 16 September 2018).

57 CHOICE, *Submission 143*, [p. 4].

58 Australian National Cats Inc., *Submission 101*, [p. 2] and The Cat Protection Society of NSW Inc., *Submission 29*, [p. 2].

59 Dr Andrew Spanner, *Committee Hansard*, 28 August 2018, p. 20.

60 Dr Camilla Forss, *Submission 129*, [p. 2].

detected earlier, saving the lives and improving the health outcomes of many animals.⁶¹

61 Dr Camilla Forss, *Submission 129*, [p. 2].