ADDENDUM:
Remaining Questions from Q & A Session with Responses

Due to the time constraints during the live webinar, we were unable to answer all questions posed by the attendees at that time. However, we wanted to make sure the remaining questions were addressed now. Below are the remaining questions (RQ) with corresponding answers.

RQ1: “Are stillborn accounted for in the 1st quintile for Listeria?”
The first quintile of reported age for the Listeria analysis included isolates from persons <1 through 38 years old, which includes Listeria isolates obtained from stillbirths. It also includes isolates obtained from pregnant women 38 years or less who had a stillborn birth outcome. Consequently, this age group accounts for more than 90% of stillborn births.

RQ2: “Very interesting new work. What are your next steps in terms of food attribution?”
Thank you for your question and for attending the webinar! IFSAC is engaged in a number of different projects to continue our efforts to improve our understanding and use of foodborne illness attribution. We are currently working on a number of projects that address different facets of foodborne illness attribution, such as the following: a project to evaluate a pathogen subtype model to better estimate the number of Salmonella illnesses associated with different food sources; a project to estimate foodborne illness source attribution for illnesses caused by Salmonella, E. coli O157:H7, Listeria, and Campylobacter; and a project to explore statistical modeling approaches to evaluate temporal trends in attribution estimates. IFSAC plans to hold a public meeting in the Fall/Winter of 2014/2015 to share results from an on-going project to develop tri-agency approved, harmonized attribution estimates. We also plan to launch an IFSAC webpage, which will be hosted by the Centers for Disease Control and Prevention (CDC), in the next several months that will provide more information about our activities.

RQ3: “Do you see food testing becoming common place with farms, produce distributors, retail stores? If not, where do you see food safety testing being conducted?”
Thank you for your question and for attending the webinar! In fact, the two federal regulatory food safety agencies—the Food and Drug Administration (FDA) and the Food Safety and Inspection Service (FSIS) within the US Department of Agriculture (USDA)—conduct food testing in a variety of settings on a variety of food products. For more information about food testing conducted by FSIS, which regulates meat, poultry, and processed egg products, please visit the following website: http://www.fsis.usda.gov/wps/portal/fsis/topics/data-collection-and-reports/microbiology. For more information on the role of testing as a verification measure in a food safety system, please visit the FDA Food Safety Modernization Act (FSMA) proposed rule on preventive controls for human food: http://www.regulations.gov/#/docketDetail?D=FDA-2011-N-0920

RQ4: “Might these findings indicate some value to changing current standard practice to partially investigating foodborne illness complaints involving just one person?”
Outbreak data are very useful for attribution studies because the source of illness can often be confirmed through an investigation. Most ill persons can’t determine the source of their infection, and it is very rare that an investigation of a single illness caused by Campylobacter, Shiga toxin-producing E. coli O157, Listeria monocytogenes or Salmonella can determine the source. Many health departments partially investigate lab-confirmed illnesses involving just one person by interviewing the patient. Further investigation is generally warranted when epidemiologists identify a highly suspect source that can be tested or, more commonly, when these interviews of several patients or information about their isolates suggest a common source.