FROM RIGOROUS SCIENCE

TO IMPACTFUL PRACTICE
The Public Health Grand Rounds is a monthly series created to further strengthen CDC’s common scientific culture and foster discussion and debate on major public health issues. Each session of the Public Health Grand Rounds will focus on key issues and challenges related to a specific health topic, including cutting-edge scientific evidence and potential impact of different interventions. The sessions will also highlight how CDC is already addressing these challenges and discuss the recommendations for future research and practice.

Grand Rounds sessions are typically held on the third Thursday of every month at Roybal’s Global Communications Center, Auditorium A, between 9-10 a.m. For those unable to attend, the sessions will be available on CDC IPTV.

http://intranet.cdc.gov/od/odweb/about/directorGrandRounds.htm
PUBLIC HEALTH GRAND ROUNDS

The Public Health Grand Rounds is a monthly series created to further strengthen CDC’s common scientific culture and foster discussion and debate on major public health issues. Each session of the Public Health Grand Rounds will focus on key issues and challenges related to a specific health topic, including cutting-edge scientific evidence and potential impact of different interventions. The sessions will also highlight how CDC is already addressing these challenges and discuss the recommendations for future research and practice.
IPTV link also available on Grand Rounds intranet site:
http://intranet.cdc.gov/od/odweb/about/directorGrandRounds.htm

For those outside of CDC, a broadband link is available at:
http://www.cdc.gov/about/grand-rounds (Grand Rounds internet site)
Continuing Education Credits

Starting in January 2010
Credit Hours will be available for:

- Physicians (CME)
- Non-Physicians (CME)
- Nurses (CNE)
- Certified Health Education Specialists (CECH)
- Veterinarians (AAVSB/RACE)
- Pharmacist (CPE)
- Other Professionals (CEU)
Selection of food safety articles:
Jeff Jones (NCZVED)
Aron Hall (NCIRD)

Food Safety

50. **Effectiveness of liquid soap and hand sanitizer against norovirus on contaminated hands**
   Liu P, Yuen Y, Htike HM, Jakubus LA, Moe C.
   [-]Show Abstract

51. **Salmonella enterica L. leaf blight harborig cryptococcus neoformans: a potential threat for food safety**
   Macarini D, Bauchan G, Fayer R.
   [-]Show Abstract

52. **Effects of technological processes on the inactivation and inactivation of norovirus GGI in experimentally contaminated foods**
   Mormann D, Diabeh M, Becker D.
   [-]Show Abstract

53. **Attachment and internalization of murine norovirus-1 in murine and biopsids to romaine lettuce**
   Wei J, Jin Y, Sima T, Koel KJ.
   [-]Show Abstract

54. **4-bromophenacyl bromide specifically inhibits mprB secretion during toxoplasma infection**
   Ravindran S, Ludden MB, Verheist SH, Bogoy M, Boottrroyd JC.
   [-]Show Abstract
We Welcome Any Feedback!

The Public Health Grand Rounds email address:
grandrounds@cdc.gov

For information about the Grand Rounds or to suggest future topics, please contact Dr. Tanja Popovic at tpopovic@cdc.gov.

If you have specific questions about the broadband link and other connectivity issues, or if interested in receiving future CDC Public Health Grand Rounds announcements, please contact Mr. Shane Joiner at sjoiner@cdc.gov.
Stay Tuned

Jan 2010
✓ Polio Vaccination Effectiveness in India – Implications for Polio Eradication

Feb – May 2010
- Chlamydia Prevention and Control
- Neural Tube Defects and Folic Acid Fortification
- Preventing Health Effects from Nanotechnology
- Radiological and Nuclear Preparedness
Foodborne Diseases: Better Prevention with Better Public Health Information

Division of Foodborne, Bacterial and Mycotic Diseases
National Center for Zoonotic, Vector-Borne and Enteric Diseases
NCZVED
Outline

- Robert V. Tauxe, MD, MPH, NCZVED
  - Foodborne Diseases and Their Prevention

- Stephen M. Ostroff, MD, MPH
  Pennsylvania Department of Health
  - State Health Department Perspective

- Michael P. Doyle, PhD, University of Georgia
  - A Perspective on the Food Industry
FOODBORNE DISEASES
AND THEIR PREVENTION

Robert V. Tauxe, MD, MPH
Acting Senior Advisor for Surveillance and Epidemiology
National Center for Zoonotic, Vector-Borne and Enteric Diseases
FOODBORNE DISEASES AND THEIR PREVENTION

- The Scope of the Problem

- Prevention Can Be Improved: Scientific Evidence and Lessons Learned

- Strategies for Improving Prevention with Better Public Health Information
Health Burden of Foodborne Diseases in the United States
Annual Estimates

- Estimated 76 million illnesses, 323,000 hospitalizations, 5,000 deaths (1999)
- Most illness appears to be sporadic
- 1,300 foodborne outbreaks reported
- Most severe disease is in the very young, the elderly, and the immunocompromised
- ~Health-related costs of 7 major infections: $9 - $48 billion (2008 $)

Mead, EID 1999
Buzby and Roberts, Food Review 1997
Challenge: Many Different Pathogens and Toxins

- More than 250 pathogens and toxins transmitted by food
- More pathogens continue to be identified
- Many pathogens also spread through water, direct animal or human contact
- The 6 most important pathogens are

<table>
<thead>
<tr>
<th>Pathogen</th>
<th>Illnesses</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listeria</td>
<td>2,500</td>
<td>500</td>
</tr>
<tr>
<td><em>E. coli O157:H7 et alia</em></td>
<td>93,000</td>
<td>75</td>
</tr>
<tr>
<td>Toxoplasma</td>
<td>1,125,000</td>
<td>275</td>
</tr>
<tr>
<td>Salmonella</td>
<td>1,350,000</td>
<td>550</td>
</tr>
<tr>
<td>Campylobacter</td>
<td>1,900,000</td>
<td>100</td>
</tr>
<tr>
<td>Norovirus</td>
<td>9,200,000</td>
<td>124</td>
</tr>
</tbody>
</table>

Mead, EID 1999

*And other Shiga toxin-producing E. coli
Challenge: A Broad Range of Foods Can Be Contaminated

- Prevention often focuses on specific foods
- 2003-2007: Illnesses in 1,355 outbreaks caused by single food

National Foodborne Outbreak Surveillance System
Challenge: A Broad Range of Foods Can Be Contaminated (cont.)

10 new food vehicles identified in multistate outbreaks since 2006

- Bagged spinach
- Carrot juice
- Peanut butter
- Broccoli powder on a snack food
- Dog food
- Pot pies
- Canned chili sauce
- Hot peppers
- White pepper
- Raw cookie dough
Challenge: Major Trends Affecting Food Safety

- **Centralization of food processing**
  - The 4 largest slaughter companies control 56% of broilers and 84% of beef

- **Growing public appetite for fresh, unprocessed foods**
  - Fresh produce availability increased by 28% from 1970 to 2007
  - Raw milk sales permitted in 25 states

- **Globalization of food sources**
  - 11% imported in 1990; 15% in 2005

Challenge: Many Partners and Stakeholders

- On-farm good agricultural practices
- Good manufacturing practices & inspection
  - Designing processes for safety
  - Microbial monitoring
- Restaurant/store codes & inspection
- Consumer education
Challenge: Many Partners and Stakeholders (cont.)

- Disease surveillance
- Outbreak investigation
- Local health departments
- State health departments
- CDC
- Regulatory agencies
Challenge: Many Partners and Stakeholders (cont.)

Limit ongoing disease transmission & address underlying problems & prevent future events
FOODBORNE DISEASES AND THEIR PREVENTION

- The Scope of the Problem
- **Prevention** Can Be Improved: Scientific Evidence and Lessons Learned
- Way Forward: Strategies for Improving Prevention with Better Public Health Information
PulseNet and Molecular Subtyping: the Hubble Telescope of Foodborne Disease Prevention

In 1995, Deep Field Survey by the Hubble Space Telescope found large numbers of distant galaxies and star clusters, never seen before, and transformed the notion of deep space.

In 1996, surveillance for foodborne disease was similarly changed by the launch of the molecular fingerprinting network, PulseNet

- A national network of public health and food regulatory agency laboratories
- Coordinated by CDC; members are state health departments, local health departments, and federal agencies (CDC, USDA/FSIS, FDA)

http://www.cdc.gov/pulsenet
Patterns Uploaded to PulseNet by Year, 1996-2008
Molecular Subtype-Based Surveillance

- A routine part of surveillance for some pathogens
- 1996: Implemented in 1 state; 67% increase in number of detected *E. coli* O157 outbreaks
- 2001: Implemented in all states
- Cost-effective: Cost in 1 state covered by preventing 5 *E. coli* O157 infections
- Each year PulseNet identifies
  - ~1,500 clusters at local/state level; ~250 multi-state clusters
  - ~10-15 dispersed multistate outbreaks/year – “new scenario”
  - Most would not have been identified previously

Bender, NEJM 1998
el-Basha, EID 2000
Molecular Subtype-Based Surveillance
“New Scenario” Outbreaks

- Investigating “new scenario” outbreaks
  - System failure contaminating a widely distributed food
  - Can identify unsuspected problems in production/processing
  - Stimulate better practices and new regulations

- 2002: Listeriosis outbreak affected 54, with 13 deaths
  - Detected in 9 states with PulseNet
  - Pre-cooked deli turkey meat
  - 30 million pounds of turkey were recalled
  - Industry introduced a new process after packaging
  - FSIS launched new regulatory requirements for in-plant monitoring
Outbreaks and Incidence of Reported Cases of Listeriosis, 1978-2008, United States

Incidence data from active surveillance systems (FoodNet since 1996)
Outbreaks of confirmed *Listeria monocytogenes* reported to CDC (eFORS)
Since 1996-1998

**Significant decrease:**
- *E. coli O157* - 25%
- *Campylobacter* - 32%
- *Listeria* - 36%

**No significant change:**
- *Salmonella*

**Significant increase:**
- *Vibrio* + 47%

Progress halted:
No significant change in the last 4 years
More Prevention Is Possible Soon

- On-farm measures for fresh produce and eggs
- Reducing contamination of ground beef, other meat, and poultry
- Treatments for raw shellfish
- Educating pregnant women
- Training restaurant managers in food safety
Successful Prevention: Scientific Evidence and Lessons Learned

- Better surveillance and investigation can identify more gaps

- Investigations can lead to
  - Immediate control, halting an outbreak
  - Long-term prevention by changing the system

- Synergy with regulatory agencies and other partners
  - Depend on CDC for information to guide action

- Local, state, and national events are interconnected
  - An event in 1 location can have state and/or national implications
  - Local and state capacity is critical
  - Public health networks, like PulseNet, empower the whole system
The Scope of the Problem

Prevention Can Be Improved: Scientific Evidence and Lessons Learned

Way Forward: Strategies for Improving Prevention with Better Public Health Information
The Way Forward: Strategies for Improving Prevention with Better Public Health Information

- Improving public health surveillance for foodborne infections
- Improving foodborne outbreak investigation and coordination
- Translating lessons learned to drive policy and inform regulatory and industry changes
The Surveillance Process
Reporting Cases Takes Time

1 – 3 days

Contact with health care system: 1 – 5 days

Patient Eats Contaminated Food

Patient Becomes Ill

Stool Sample Collected

Diagnosis: 1 – 3 days

Public Health Laboratory Receives Sample

Shipping: 0 – 7 days

Salmonella Identified

Serotyping & DNA fingerprinting: 2 – 10 days

Case Confirmed as Part of Outbreak
Improving Surveillance for Foodborne Infections: The Challenge

- Routine surveillance is incomplete, slow, and variable
  - Molecular subtyping
    - Only 63% of states require referral of *Salmonella* isolates to the public health laboratory
    - 77% of those referred are subtyped in PulseNet
    - 18 days from onset of illness to posting to PulseNet
  - Case interview
    - 63% routinely interview with a standard state questionnaire
    - Of those, 42% collect a comprehensive food history (content varies by state)
    - 14 days after onset of illness until first interview

Hedberg, EID 2008
Keene and Kanwat, 3rd Annual Meeting for OutbreakNet, 2007
CSTE survey, 2002
APHL surveys, 2007, 2009
Annual PulseNet Upload Rates
Per 100,000 Population, by State, 2004-2008
Improving Public Health Surveillance for Foodborne Infections: Short-Term

- Create network for methods assessment (OutbreakNet Sentinel Sites)
  - 3 pilot sites this year, (UT, WI, NYC)
  - Assessing case interview methods

- Strengthen and build on successful model of PulseNet
  - Subtype more pathogens in public health laboratories

- Share lessons learned in annual meeting

- Provide laboratory and epidemiology training

- Build global capacity with WHO
Improving Public Health Surveillance for Foodborne Infections: Longer-Term

- Expand OutbreakNet Sentinel Sites
  - Refine faster standardized approaches to surveillance
  - Assess faster laboratory processes to speed up subtyping
  - Measure costs and impact

- Implement best practices and methods in many states and large local health departments
  - Example: telediagnosis for parasitic infections can reduce time from 48 hours to 30 minutes and costs by 80%

- Combine information from monitoring food and animals

- Make surveillance more global
Improving Foodborne Outbreak Investigation and Coordination: Challenges

- **Outbreak investigations are often limited**
  - For outbreaks reported in 2006, 32% had no determined etiology and 58% had no specific food identified

- **Multistate outbreaks demand faster, better, and more standardized approaches to**
  - Triage clusters - prioritize among hundreds detected
  - Generate and test hypotheses
  - Collect, combine, and share multistate data

- **Integrating product traceback and environmental assessment into investigations**

- **Rapid data sharing and communication protocols**
Foodborne Outbreaks Reported Annually Per 100,000 Population, by State, 2003-2007

- CDC, National Foodborne Outbreak Reporting System
Improving Foodborne Outbreak Investigation and Coordination: Short-Term

- Improve methods and build capacity
- Implement 2009 Guidelines by CIFOR (a multiagency group)
- OutbreakNet Sentinel Sites can evaluate methods to
  - Conduct rapid and coordinated investigation
  - Optimize laboratory processes
  - Integrate environmental health
  - Refine templates for communication
- Engage regulatory partners early in investigations
Improving Foodborne Outbreak Investigation and Coordination: Longer-Term

- Improved methods are used more widely
- OutbreakNet Sentinel Sites expand to more diverse settings

Document effectiveness in

- Reducing time to subtype pathogens and interview ill persons in detail
- Increasing proportion of outbreaks with defined etiology and specific food source
- Identifying new food vehicles or intervention points on which prevention can be focused

Collaborate with other countries
Translating Lessons Learned to Drive Policy and Inform Regulatory and Industry Changes

- **Improving the knowledge base for**
  - Burden of illness (including chronic sequelae)
  - Trends (including population subgroups)
  - Attribution of illness to particular foods, reservoirs, and venues

- **Enhancing the dialogue with partners**
  - Online surveillance data and searchable databases
  - After outbreaks: Joint assessment of procedures, findings, and implications
  - Focus research on new issues identified
Foodborne Disease Prevention

- Further reductions are possible
  - Stronger public health infrastructure
  - Regulatory changes at FDA and USDA/FSIS
  - Industry recognizes role
- Anticipate the unexpected
- Learn more from affected persons
STATE HEALTH DEPARTMENT PERSPECTIVE

Stephen M. Ostroff, MD, MPH
Director, Bureau of Epidemiology
Pennsylvania Department of Health
Agriculture is the #1 industry in Pennsylvania

Major food processing and production (e.g., Hershey, Heinz)

Legacy of *Salmonella* Enteritidis and egg industry

Substantial public concern around food safety and foodborne disease

Foodborne outbreaks are the most commonly reported outbreak type
Recent Pennsylvania-Centric Foodborne Outbreaks

<table>
<thead>
<tr>
<th>Pathogen</th>
<th>Contaminant</th>
<th>Year(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>Green onions</td>
<td>2003</td>
</tr>
<tr>
<td><em>Salmonella</em></td>
<td>Convenience store tomatoes</td>
<td>2004*</td>
</tr>
<tr>
<td><em>E. coli</em> O157</td>
<td>Mexican-style fast food</td>
<td>shredded lettuce 2006*</td>
</tr>
<tr>
<td><em>E. coli</em> O157</td>
<td>Pre-packed spinach</td>
<td>2006*</td>
</tr>
<tr>
<td><em>Salmonella</em></td>
<td>Dry dog food</td>
<td>2007*</td>
</tr>
<tr>
<td><em>Salmonella</em></td>
<td>Raw milk</td>
<td>2007</td>
</tr>
<tr>
<td><em>Campylobacter</em></td>
<td>Raw milk</td>
<td>2007 and 2008</td>
</tr>
</tbody>
</table>

*Multistate
Laboratory-Confirmed Case Reports
Pennsylvania, 2002-2008

HP 2010 Objective: *Salmonella* 6.8, *Campylobacter* 12.3
Incidence Per 100,000 Population

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>9.9</td>
</tr>
<tr>
<td>2003</td>
<td>12.5</td>
</tr>
<tr>
<td>2004</td>
<td>14.9</td>
</tr>
<tr>
<td>2005</td>
<td>13.8</td>
</tr>
<tr>
<td>2006</td>
<td>12.5</td>
</tr>
<tr>
<td>2007</td>
<td>13.8</td>
</tr>
<tr>
<td>2008</td>
<td>12.5</td>
</tr>
</tbody>
</table>
Gastrointestinal Outbreaks
Pennsylvania 2005-2008

115 outbreaks/year
43 reported to CDC in 2008

No. of outbreaks

No. of cases

2005 2006 2007 2008
# Gastrointestinal Outbreaks
Pennsylvania 2005-2008

<table>
<thead>
<tr>
<th>Pathogen</th>
<th>Number of Outbreaks</th>
<th>Number of Cases</th>
<th>Cases/Outbreak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salmonella</td>
<td>226</td>
<td>649</td>
<td>2.9</td>
</tr>
<tr>
<td>Campylobacter</td>
<td>29</td>
<td>210</td>
<td>7.2</td>
</tr>
<tr>
<td>E. Coli O157</td>
<td>14</td>
<td>139</td>
<td>10.0</td>
</tr>
<tr>
<td>Norovirus</td>
<td>219</td>
<td>7516</td>
<td>34.3</td>
</tr>
</tbody>
</table>
Foodborne Diseases in Pennsylvania: Challenges

- **Number of cases and clusters**
  - At any time, 5-15 PFGE “clusters” active
  - Insufficient capacity to investigate them all
  - How to prioritize which clusters get investigated?

- **National multistate investigations**

- **Staff/Expertise**
  - Foodborne epidemiologists at State level: 0
  - Foodborne epidemiologists at local level: 0
  - State laboratorians: 1.5 FTE
The capacity of state and territorial health departments to investigate foodborne diseases was assessed by the Council of State and Territorial Epidemiologists from 2001 to 2002 with a self-administered, Web-based survey. Forty-eight health departments responded (47 states and 1 territory). The primary reason for not conducting more active case surveillance of enteric disease is lack of staff, while the primary reasons for not investigating foodborne disease outbreaks are limited staff and delayed notification of the outbreak. Sixty-four percent of respondents have the capacity to conduct analytic epidemiologic investigations. States receiving Emerging Infections Program (EIP) funding from the Centers for Disease Control and Prevention more often reported having a dedicated foodborne disease epidemiologist and the capability to perform analytic studies than non-EIP states. We conclude that by addressing shortages in the number of dedicated personnel and reducing delays in reporting, the capacity of state health departments to respond to foodborne disease can be improved.
## Barriers to Foodborne Disease Investigations in State and Territorial Health Departments

Of the outbreaks that are not investigated, which factors most limit your ability to investigate? (list all that apply)

<table>
<thead>
<tr>
<th>Factor</th>
<th>% yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed notification</td>
<td>83</td>
</tr>
<tr>
<td>Limited staff</td>
<td>67</td>
</tr>
<tr>
<td>Lack of apparent importance</td>
<td>46</td>
</tr>
<tr>
<td>Laboratory capacity</td>
<td>21</td>
</tr>
<tr>
<td>Jurisdictional issue</td>
<td>19</td>
</tr>
<tr>
<td>Political consideration</td>
<td>13</td>
</tr>
<tr>
<td>Expertise</td>
<td>13</td>
</tr>
</tbody>
</table>
Frequency of Identification of Two *Salmonella* Enteritidis PFGE Patterns

Preliminary data as of Oct 2009
Resource Limitations at State and Local Level

- **Surveillance**
  - 2002 – 27% of states insufficient staff to review surveillance data

- **Investigation**
  - 2002 – 30% of states lacked sufficient staff to investigate outbreaks
  - 2007 – 53% of states indicate local health departments unable to perform complex investigations

MMWR
Morbidity and Mortality Weekly Report
Assessment of Epidemiology Capacity in State Health Departments – United States, 2009
Resource Limitations at State and Local Level (cont.)

- CSTE Epidemiologic Capacity Assessment (N = 51)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Epidemiologists</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>2498</td>
<td>-</td>
</tr>
<tr>
<td>2006</td>
<td>2436</td>
<td>- 62 (-3%)</td>
</tr>
<tr>
<td>2009</td>
<td>2193</td>
<td>- 243 (-10%)</td>
</tr>
</tbody>
</table>

- State laboratories report 10% decrease 2004-2007 with major budget cuts since then
Outbreak detection is improving
State and local investigative capacity eroding

The result is missed opportunities to prevent foodborne diseases and promptly identify emerging trends
There is clear need for dedicated personnel to conduct state and local foodborne disease surveillance, analysis, and investigation
Michael P. Doyle, PhD
Director, Center for Food Safety
University of Georgia
Contributing factors to ensuring safe food production and processing

Role of public health: Importance of foodborne disease surveillance for the food industry

Imported foods: An impending food safety crisis?
Contributing Factors to Ensuring Safe Food Production and Processing

- Structure of the U.S. food industry
- Federal food oversight and inspection
- Industry influences adversely affecting the safety of foods
- Public health
Structure of the United States Food Industry

- 2.1 Million U.S. Farms
- 30,000 U.S. Processing Sites
- 94,000 Foreign Processing Sites
- 19,000 Domestic Packers/Repackers
- 87,000 Foreign Packers/Repackers
- 224,000 Retail Food Stores
- 935,000 Retail Food Outlets

Courtesy of Shawn Kennedy, National Center for Food Defense and Protection
Federal Food Oversight and Inspection

- **USDA/Food Safety and Inspection Service**
  - Oversight of ~ 20% of foods consumed in the United States (meat, poultry, and processed eggs)
  - In 2006, 7,500 food safety inspectors at ~ 6,000 plants

- **FDA**
  - Oversight of ~ 80% of foods consumed in the United States (everything that is not under the USDA purview)
  - In 2006, 640 full-time food safety inspectors for ~ 57,000 plants
Industry Influences Adversely Affecting the Safety of Foods

- Not all food producers and food processors are equally committed to producing safe foods
  - Largely depends on a company’s culture, which is frequently determined by administrative leadership (CEO and senior management)

- Primary driver is economics/low cost
  - Major retailers are influential in cost cutting
  - Cost of ensuring safety of food is at risk
  - Major cost to manufacturing food is labor (~ 40%); developing countries have low labor costs
Contributing factors to ensuring safe food production and processing

Role of public health: Importance of foodborne disease surveillance for the food industry

Imported foods: An impending food safety crisis?
Role of Public Health

Foodborne disease surveillance and outbreak investigations have been the primary driver to prompting foodborne disease prevention by the industry by

- Identifying new foodborne pathogens
  - Example: *E. coli* O157 and hamburgers, 1982, 2 outbreaks, 43 cases

- Identifying new risky practices
  - Example: Chopped garlic-in-oil and botulism, 3 cases in NY, unrefrigerated product, research determined need to acidify

- Identifying foods not previously recognized as high risk
  - Examples: peanut butter, peanut paste, dried dog food, bagged fresh-cut spinach, bagged fresh-cut lettuce, cookie dough flour, imported pepper, and Chinese dried vegetable flavoring
Role of Public Health (cont.)

Foodborne disease surveillance and outbreak investigations can further promote prevention efforts by the food industry by

- Identifying “problem” suppliers and food processors
- Identifying high-risk ingredients and foods to place greater emphasis on contamination prevention
- Providing impetus to change company’s perspective and commitment to ensuring the safety of foods
The foodborne disease surveillance system is to the food industry what radar is to automobile drivers – it is the “threat” of being caught that helps drive compliance with best safety practices.
A PERSPECTIVE ON THE FOOD INDUSTRY TO ENSURING SAFE FOODS

- Contributing factors to ensuring safe food production and processing
- Role of public health: Importance of foodborne disease surveillance for the food industry
- **Imported foods**: An impending food safety crisis?
Imported Foods: An Impending Food Safety Crisis?

- Food imports to United States are increasing at an unprecedented rate: >15% of foods consumed in United States are imported
- Low cost is largely driving food industry to developing countries as sources of ingredients and consumer-ready foods
- Foods in many developing countries are not produced and prepared under acceptable sanitary practices
- Building adequate oversight to ensure safe imported foods is a major future challenge
Imported Foods: An Impending Food Safety Crisis?
Moving Processing to Other Countries to Save Labor Costs

- Labor cost-saving is greater than shipping product across the Pacific twice

- Fruit cups
  - Fruit canned in the United States
  - Shipped in large #10 cans to China or Thailand
  - Repacked into little plastic cups
  - Shipped back to the United States for sale as ready-to-eat
### Examples of Pathogen or Toxin Contamination of Foods Imported into the United States
FDA Refusals, March 2008

<table>
<thead>
<tr>
<th>Country of Origin</th>
<th>Product</th>
<th>Contaminant</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>Melon Seeds</td>
<td>Aflatoxin</td>
</tr>
<tr>
<td>China</td>
<td>Frozen Dried Croaker</td>
<td>Salmonella</td>
</tr>
<tr>
<td>Honduras</td>
<td>Soft Cheese</td>
<td>Salmonella</td>
</tr>
<tr>
<td>India</td>
<td>Cumin Seed</td>
<td>Salmonella</td>
</tr>
<tr>
<td>India</td>
<td>Sesame Seed</td>
<td>Salmonella</td>
</tr>
<tr>
<td>India</td>
<td>Black Pepper</td>
<td>Salmonella</td>
</tr>
<tr>
<td>India</td>
<td>Curry Powder</td>
<td>Salmonella</td>
</tr>
<tr>
<td>India</td>
<td>Frozen Raw Peeled Shrimp</td>
<td>Salmonella</td>
</tr>
<tr>
<td>Mexico</td>
<td>Marshmallow Sandwich Cookies</td>
<td>Salmonella</td>
</tr>
<tr>
<td>Mexico</td>
<td>Chocolate Nuggets</td>
<td>Aflatoxin</td>
</tr>
<tr>
<td>Mexico</td>
<td>Chili Powder</td>
<td>Salmonella</td>
</tr>
<tr>
<td>Vietnam</td>
<td>Roasted Melon Seeds</td>
<td>Aflatoxin</td>
</tr>
</tbody>
</table>

FDA Import Program (www.fda.gov/ora/import/ora_import_program.html)
Food Safety and the Food Industry
Concluding Thoughts

- Foodborne outbreak investigations are a major influence on a company’s commitment to best practices.
- There are many ways to make foods safer; targeted research can provide answers.
- Regulation can help level the playing field.
- Growing international sourcing of foods and pressures to reduce food costs means industry needs to upgrade prevention and oversight programs.
- A strong foodborne disease surveillance and outbreak investigation system is essential to help ensure the safety of foods.
Office of the Director

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