

Conference for Food Protection 2004-2006  
Executive Board Meeting Committee Update

Council II – Interdisciplinary Food Borne Illness Training Program  
Sub-Committee Report  
(a Workgroup of the Programs Standards Committee)

**Date of Committee Report:** March 9, 2005

**Submitted By:** Frank Ferko and Elizabeth Nutt, Co-Chairs

**Committee Charge:**

**Issue 2004-II-011 (as amended)**

**Charge as listed from**

Chair - Diann Worzalla (Florida Division of Hotels and Restaurants)  
Vice-Chair - Charlene Bruce (Mississippi Department of Health)

- Cataloguing existing food borne illness investigation training programs, optimizing the training and materials used, and developing recommendations to improve sustainability and rapidly broaden dissemination of the program.
- Prepare and publish written reports with recommendations due October 2004 and August 2005, and implement the October 2004 recommendations/plan by October 2005.

**Committee Members:**

<b>Co-Chairs</b>	
Elizabeth Nutt (local regulatory) <i>See contact info below</i>	(Francis) Frank Ferko, RS (industry) <i>See contact info below</i>
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Special Advisors, and Possible Alternates, if Needed (non-voting)	
<i>Special Note: "Epi-Ready" Advisors and members of Epi-Ready Training Teams are de-facto advisors of this committee whether listed below or not. This committee desires input and support to be inclusive not exclusive.</i>	
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### Progress Report/Committee Activities:

The committee had has several conference calls starting with the first being an introduction call on June 28, 2004. In addition to discussion of the CFP charge, the history of the Epi-Ready program was presented by several members who founded and developed the program. The program and issues were discussed at length. A short summary follows:

- "Epi-Ready" started at NEHA AEC in Minneapolis, MN in June 2002, when CDC approached NEHA to "resurrect the basics of Epi training."
- An Ad hoc advisory board met on March 12, 2003 in Decatur, GA. Reviewed several programs and determined that the F.I.R.S.T. (Food Borne Illness Response Strategies) Program used by the State of Michigan was a preferred program. Agreement was reached that this could be used as the backbone of a new, national program. The group wanted a mixture of all disciplines normally involved with an outbreak, including medical (nurses), epidemiological, regulatory, management, etc.
- The first "Epi-Ready" Pilot Program was presented in October 2003 in Atlanta, GA, with funds from CDC under NEHA with strong support by the State of MI.
- Following this pilot session, additional CDC funded, NEHA supported sessions were completed, including St. Louis, MO in January 2004, Cornelius, NC (UNC) in March 2004, and Alaska in May

2004. (Later sessions were held in San Diego, CA in August 2004, South Bend, IN in October 2004, and others.)

- Train-the-Trainer sessions, to create more training teams, were also held, beginning in Alaska.

Additional information was provided to the committee during and after the call including a copy of the class booklet, and the program summary as follows:

**Epi-Ready Team Training (Foodborne Illness Response Strategies)** is a 16 hour, 2 ½ day workshop that combines classroom lectures with interactive classroom exercises. One of the distinguishing characteristics of this workshop is to promote teamwork in an outbreak investigation. To emphasize the importance of such teamwork, applicants for Epi-Ready are encouraged to apply as a team (e.g., environmental health professional, epidemiologist, public health nurse, laboratorian, health educator, etc.) when making application.

Classroom lectures include discussions on Passive Surveillance, Outbreak Determination, Environmental Assessment, Laboratory Guidance, and Concluding Actions/Report Writing.

Interactive group exercises include Case Definition and Hypothesis Exercise, Environmental Assessment Exercise, Interview Exercise, and a Group Outbreak Exercise.

In addition to the workshop activities, the participants are provided (for their keeping):

- (1) Notebook which provides the entire workshop PowerPoint presentation,
- (2) "IAFP Procedures to Investigate Food Borne Illness" booklet,
- (3) "Control of Communicable Diseases Manual", and
- (4) "Diagnosis and Management of Food Borne Illnesses-A Primer for Physicians".]

Members of the committee not already heavily involved with the program were advised to try to attend a session after the first call.

At this and additional conference calls, starting on July 20, 2004, the following key information was identified:

- It was determined that there were "approximately 40,000-50,000 State and local regulatory officials needing training," not including industry professionals.
- It was agreed by the committee that the need was great to better train those handling food borne illness reports, especially considering the potential for bio-terrorism and the use of disease to attack the United States, developing or new diseases that could spread rapidly, and the fact that local and State health departments are first responders. Most members could relate stories of issues with one or more investigations.
- It was agreed that industry, and others, should be trained and play a key role in rapid, accurate response and analysis of potential food borne illness.
- There are now 6 – 90 minute web based courses at FDA's ORA-U available through the internet. These are free to State and local regulatory officials. 7,000+ registered users have been exposed to one or more module. Biggest issue is that this training does not allow them to talk to each other. Not many have finished all the modules.
- CSTE is considering developing a system to certify Epi Programs, and/or certify individuals.
- It was determined that in addition to college programs leading to degrees, there were numerous individual courses, certificate courses (example: The University of North Carolina-Chapel Hill is offering a certificate program in epidemiology), and State and locally created internal courses or O-J-T processes. Based on the lack of standards for such courses and programs, the committee felt that for the committee to just catalogue these courses, per the CFP "charge," would not be the best use of its time.
- Additional groups working on the issues of food borne illness investigation and training existed at CSTE, CDC, Industry Associations.
- It was felt that training in Epidemiology at a local health department needed to be:

For initial training of new employees only assisting with outbreaks:

- simple and basic for new employees,
- not require travel for new employees,
- require some simple proficiency testing, and
- be internet-based to allow for access in rural communities and updated content.

For training of journey-man or more experienced employees (2-10 years) who might lead investigation of potential outbreaks:

- internet-based AND face-to-face in a multi-disciplinary fashion,
- require limited travel to State or major metropolitan sites,
- require completion of more comprehensive proficiency testing, and
- link these "certified" individuals in an on-going process through a "list-serv" or other system to stay current.

For training of State or major metropolitan health departments:

- All of the above plus more advanced training TBD, possibly leading to certificate, degree or designation.

- Finally, the issue of training, and possible certification, of regulatory officials in epidemiology is linked to the requirements of training and certification of regulatory officials as defined in the CFP Program Standards Committee and its other sub-committee working on Certification of Regulatory Officials.

An Ad Hoc Group conference call arranged by Art Liang of CDC, including many of the members of the CFP Committee, was held on March 4, 2005. Additional other groups working on this issue were defined. It was agreed by this group that the CFP Committee, with members in all these groups, has the role, along with CDC and FDA, to work with all these groups as a central focus point. It was agreed that the CFP Committee should facilitate the sharing, collection, and creation of information and materials, along with focusing towards submitting a series of issues for the 2006 Conference. Many in the group desired more rapid development of materials and specific protocols, including instructions for making statements to the media, that would be used as the standard to be followed by Federal, State and local regulatory agencies, and Industry.

The next conference call for the CFP Committee is tentatively scheduled for March 31, 2005. Also, a conference call of the Ad Hoc group will be sponsored by CDC following the CFP Board meeting.

#### **Requested Actions:**

There are no requested actions at this time other than continued funding for conference calls for the CFP Committee.