

**Conference for Food Protection  
Executive Board Meeting  
Agency Report: Centers for Disease Control & Prevention**

**DATE OF REPORT:**    **AUGUST 31, 2011**

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- *CDC & Food Safety Modernization Act*

CDC has the following obligations under the new FSMA:

Section 204 –Support FDA’s development of list of “High Risk” foods

Section 205 –Surveillance: CDC, must enhance foodborne illness surveillance systems to improve the collection, analysis, reporting, and usefulness of data

- CDC’s Board of Scientific Counselors met in August 24, 2011.  
Forming a Working Group of diverse experts and stakeholders to provide the Secretary advice and recommendations on the improvement of foodborne illness surveillance

- Assess & build state/local surveillance capacity; co-lead with FDA

Section 210 –CDC shall designate at least 5 Integrated Food Safety Centers of Excellence (COE) to serve as resources for Federal, State, and local public health professionals to respond to foodborne illness outbreaks.

- Convene a diverse advisory group, November 7-8, 2011
- COE is to be a state health department with an academic partner with knowledge, expertise, & meaningful experience with regional or national food production, processing, & distribution, as well as leadership in the laboratory, epidemiological, & environmental detection & investigation of foodborne illness.
- Centers accomplish specified activities (e.g., Training, Research, Program) evaluation.

Section 112(b)(1) Establishment of Voluntary Food Allergy and Anaphylaxis Management Guidelines to manage the risk of food allergy and anaphylaxis in schools and early childhood education programs

Timeline:

- Solicit working group comments of draft review of Section one of food allergy guidance (August-September 2011)
- Solicit authors’ content for Section two of food allergy guidance (November 1).
- Submit complete draft of food allergy guidance for working group members’ review. (December 1)
- Complete final draft of food allergy guidance for CDC and Ed agency review (January 1, 2012)
- Complete final draft for HHS agency review and clearance (March 1012)

- *CDC FSMA Supporting Activities*

Participating on Produce Safety Guidance and Prevention Controls Guidance

Supporting FDA as it implements provisions of the bill on hazard analysis and preventive measures, produce standards, food safety training for state and local officials, etc.

Development and completion of the review of state and local capacity in food safety and food defense

Development of the national strategy on food safety

Working with DHS on the integrated consortium of laboratory networks

- *Burden of Illness*

CDC estimates that each year roughly 1 in 6 Americans (or 48 million people) gets sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases.

<http://www.cdc.gov/foodborneburden/2011-foodborne-estimates.html>

In April 2011, CDC published the first-ever surveillance summary for cyclosporiasis, an enteric disease which is caused by a parasite and transmitted by ingestion of contaminated food or water. <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6002a1.htm>

- *Vital Signs*

CDC's new *Vital Signs* is a monthly report on a single, important public health topic. In June, 2011 the *Vital Signs* report focused on Food Safety. The report was led by CDC's Foodborne Diseases Active Surveillance Network (FoodNet) program and was a coordinated effort with FDA and USDA. The data highlights the success in reducing *E. coli* O157 infections, while pointing out that *Salmonella* infections have not declined in 15 years. The report takes consumers through the steps along the farm-to-table continuum and shows what needs to be targeted for action everywhere food is grown (production), made (manufactured), moved (transportation), prepared (in restaurants, grocery stores, and homes), and consumed. The report ends with an important Call to Action for everyone who is involved in food safety and points to FoodSafty.gov as a gateway to information for consumers, including a blog on *Salmonella*. The report was released in the midst of the *E. coli* O104 outbreak in Europe, calling even more attention to this important public health concern, and reached over 684 million people within 48 hours.

- *FoodCORE: Foodborne Disease Centers for Outbreak Response Enhancement (formerly OutbreakNet Sentinel Sites)*

Activity intended to shorten the time needed to pinpoint how and where contamination occurred during foodborne outbreak. Provides funding to selected states to improve the three areas of public health response critical for foodborne disease outbreak detection, investigation, and control:

- *Public health laboratory surveillance*
- *Epidemiological interviews and investigations*
- *Environmental health assessment*

Meeting in September 2011

- *Council to Improve Foodborne Outbreak Response Guidelines Toolkit, Feb 2011*  
[www.cste.org/dnn/ProgramsandActivities/InfectiousDiseases/CIFORToolkitandGuidelines/tabid/207/Default.aspx](http://www.cste.org/dnn/ProgramsandActivities/InfectiousDiseases/CIFORToolkitandGuidelines/tabid/207/Default.aspx)

- Council for State & Territorial Epidemiologists (CSTE) funding 19 sites: 14 states, 2 county/regional areas, & 3 cities.

- Over 750 people have participated in trainings across 15 sites. The majority of those trained were epidemiologists, environmental health specialists, and public health nurses (71.5%).

Several overarching themes emerged of improvements that need to be made:

- 1) Improved/enhanced communication,
- 2) Creation and use of standardized investigation/questionnaire forms,
- 3) Clarifying outbreak response team members' roles, and
- 4) Creation and use of standard procedures and policies during outbreak response.

- *Interagency Food Safety Analytics Collaboration (IFSAC)*

IFSAC the FSIS, FDA and CDC have established the Interagency Food Safety Analytics Collaboration (IFSAC) group to develop and share analytical methods, common terminology, and standards of practice. The IFSAC will address key issues such as foodborne illness attribution.

- *Listeria Contamination in Retail Facilities*

A joint interagency risk assessment involving FSIS, FDA and CDC on *Listeria monocytogenes* contamination in retail facilities is underway through the application of a cross contamination model. This risk assessment will inform decision-making about how to best address this pathogen in the retail setting, such as in deli counters at supermarkets. Moreover, there is significant scientific research sponsored by the food safety agencies that will help elucidate how to best prevent *Listeria* contamination at retail.

- *Epi-Ready Foodborne Disease Outbreak Team Training funding to end*

Since 2004, CDC has funded the National Environmental Health Association to conduct four Epi-Ready Foodborne Disease Outbreak Team Training courses per year for local and state environmental health specialists, laboratorians, and epidemiologists. USDA has provided funding for live, interactive broadcasts of several of these Epi-Ready courses to remote sites that greatly increased the reach of the training. FDA staff have served as trainers as well as helping to guide the course content. The food safety agencies have also promoted a more highly trained environmental health workforce, which is skilled in properly conducting an environmental assessment during foodborne illness investigations.

- *EHS-NET*

Highlights from EHS-Net vision meeting Aug 24-26, 2011:

- Attendance by grantees (CA, MN, NY, NYC, RI, TN), industry (Yum, FMI, Publix, U.S. Food Service), FDA (Glenda Lewis and Thomas Hill), USDA (Kristin Holt), CDC NCEZID staff
- CDC EHS-Net staff along with both food and water EHS-Net grantees will be leading a major food and water service program evaluation project over this 5-year cycle. . We are looking for non-EHS-Net sites to participate in the evaluation. No additional funding is available to support non-EHS-Net participation but CDC will provide staff support to those who are interested. Contact Carol Selman [zxg4@cdc.gov](mailto:zxg4@cdc.gov)

Overarching goal:

- a) Explore how local food and water safety programs affect the burden of food and waterborne illness
- b) Evaluate the relationship between local food and water safety program infrastructure in EHS-Net states and the incidence of food and waterborne illness at the state and local level
- c) Use as a tool that can be used to track trends and be able to answer questions as changes in budgets and priorities are occurring

- d) Develop a model that can be used by all state, local, territorial and tribal environmental health programs to evaluate food and water safety programs

Short Term Objectives:

- a) To answer agency and other questions we have about service programs.
  - a. What is the capacity of food and water programs?
  - b. What food and water services are currently being provided?

Intermediate Objectives:

- a) To answer agency and other questions we have about service programs.
  - a. How does capacity affect service delivery and quality?
  - b. What food and water services are being lost?
  - c. How have changes in food and water programs affected the number of services provided?

Will be measuring:

- Capacity
- Gaps
- Needs
- Changes over time
- Impact

- *e-Learning*: How to Conduct a Foodborne Outbreak Environmental Assessment

Our e-Learning program will be launched in October. A column regarding the training by Carol Selman will be published in the September issue of *Journal of Environmental Health*.

Web site discusses the training and environmental assessment is now live at [www.cdc.gov/nceh/ehs/](http://www.cdc.gov/nceh/ehs/)

You can go there now and register your interest in being notified as soon as the training is on line and ready to go.