APIC
ASSOCIATION FOR PROFESSIONALS IN
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Dear Sir or Madam:

On behalf of the Association for Professionals in Infection Control and Epidemiology (APIC), I would like to thank you for this opportunity to offer comment on the Food Safety Initiative Strategic Plan and the National Academy of Sciences report. APIC has been a steadfast supporter of this initiative and we commend the work of all agencies involved in its development. Below, you will find comments that correspond to the questions posed in the September 29, 1998 *Federal Register* notice.

Question #1 – Does the vision statement accurately depict an achievable food safety system vision? What modifications, if any, would you make?

The draft vision statement appropriately addresses preventive strategies, integrated research, emerging pathogens, vulnerable populations, and the use of a science-based approach to food safety. APIC is a strong advocate in each of these areas. Two elements that may also be worthy of inclusion are the utilization of measurable outcomes and public and professional education. We suggest that the agencies consider changing the title of the initiative to "From *Source* to Table," to denote the fact that seafood-borne and waterborne illnesses also exist.

Question #2 – What are the barriers to pursuing this vision? What gaps currently exist in the food safety system that impede achievement of this vision?

Serious barriers exist in the state and local public health infrastructure which is underfunded, has surveillance definitions that vary between jursidictions and has to rely upon state labs which also have suffered budgetary challenges.

Education may prove to be a barrier to meeting this vision. Naturally, medical personnel must be educated and trained to diagnose and report foodborne illness. Equally important, the public must be educated on proper food handling and storage techniques. This is somewhat addressed in the report but a stronger emphasis on voluntary participation by organizations such as APIC in educational efforts would be even more effective.

APIC has significant concerns about the multitude of agencies responsible for the regulation of the food industry. The report emphasizes cooperation and a centralized effort, but this will still pose tremendous challenges. We hope you will continue to consider the establishment of one central agency to handle food safety.

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Question #3 – To make the vision a reality, what changes are needed for (a) government agencies at the Federal, State and local levels; (b) industry; (c) public health professionals; (d) consumers; and (e) others?

There is a need for governmental involvement at the international level, to better regulate food quality and to control contamination from international sources. Although this issue is addressed, the scope of this effort will require cooperation from other countries. With resources already lacking, perhaps we should consider asking foreign countries to help absorb the cost of this endeavor.

State and local governments should conduct more frequent inspections of food establishments and strive to educate consumers about signs of food poisoning and proper response. Publishing results of inspections (in newspapers or the establishments themselves) would encourage compliance to regulations.

Industry should help to underwrite the costs of the educational undertaking and should participate by providing better labeling information and expiration dates that are easily understandable and not encoded. Public health professionals should be involved in educational efforts, as well, since they offer a direct link to the Centers for Disease Control and Prevention (CDC). Furthermore, public health professionals should encourage testing for individuals who enter physicians' offices and other health care settings with suspected foodborne illnesses.

The public school system offers an outstanding opportunity to educate children who can in turn educate their parents. This may be especially helpful where language barriers are an impediment to learning. Consumers also need to be educated regarding the reporting of foodborne illness.

Surveillance is another important area for consideration. As you may realize, incident reporting requirements vary from state to state. CDC may in fact not be able to produce a running list of foodborne disease investigations easily and consistently. However, the inability to accurately assess the problem definitely poses a challenge to meeting the stated vision. To make the vision a reality, it will be imperative to develop standard surveillance systems for monitoring foodborne illness, for investigating outbreaks, and for consistent use of laboratory testing to provide scientifically sound data upon which decisions can be made.

Question #4 – What should be the short-term goals and critical steps to realize this vision? What should be the long-term goals and steps?

Overall, the goals in this report are well thought out. One suggestion for an additional short-term goal for the initiative would be to assess foodborne illness problems and to set up consistent national surveillance systems. Long-term goals should include the implementation of specific outcome measurements.

Question #5 – What is the best way to involve the public in development of a long-term food safety strategic plan? What additional steps besides public meetings would be beneficial?

The public should be educated through cooperative efforts using the mass media, grocery stores, churches, school systems, restaurants and fast food providers, health care facilities, physicians' offices, community health fairs, and public-private partnerships.

Question #6 – What are your comments on the conclusions and recommendations of the NAS report "Ensuring Safe Food from Production to Consumption?"

The focus on interagency cooperation, research and identification of pathogens, and antimicrobial resistance to food processing methods and preservatives were adequately addressed. Animal manure, however, should be considered solid waste, given its potential to contaminate water. The lack of funding for inspections is perhaps one of the most formidable barriers to achieving these goals. Furthermore, the sharing of timely information is essential. Information could be shared effectively via the World Wide Web and/or via a listserve that could also be established for health care providers and other interested parties.

Overall, the NAS report is comprehensive and well-written. APIC contends, however, that a centralized agency (with adequate representation from other relevant agencies) may be most effective to carry out the goals. It will be important to streamline as much as possible in order to most efficiently implement the goals of the plan and take corrective action when necessary, without duplication of efforts across agencies.

We look forward to continuing our public-private partnership with all agencies involved in this effort and wish you much continued success in your work to improve the health of our nation. If you should need further information, please contact Jennifer Thomas, Director of Government and Public Affairs, APIC, 1275 K St., NW, Suite 1000, Washington, DC 20005; telephone: 202-789-1890; email: <jthomas@apic.org>.

Sincerely,

Fran Slater, RN

Frances M. Slater
APIC President

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