

elw

ELW

1

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH ADMINISTRATION  
FOOD AND DRUG ADMINISTRATION

FOOD ADVISORY COMMITTEE  
VOLUME I

Thursday, June 24, 1999

8:30 a.m.

Holiday Inn - Ballroom  
4601 North Fairfax Drive  
Arlington, Virginia

## P A R T I C I P A N T S

Committee Members:

Stephen H. Benedict, Ph.D., Acting Chairman  
Thomas J. Montville, Ph.D.  
Madeleine J. Sigman-Grant, Ph.D.  
Joseph H. Hotchkiss, Ph.D.  
Lawrence N. Kuzminski, Ph.D.  
Rhona Applebaum, Ph.D.  
Robert E. Brackett, Ph.D.  
Donna R. Richardson, J.D., R.N.  
Robert M. Russell, M.D.

Executive Secretaries:

Robert Buchanan, Ph.D.  
Cathy DeRoeever

Consultants:

Kenton Harris

FDA Staff:

Alexa Barnett, Esq.  
Alex Berman, Esq.  
Michael Bolger, Ph.D.  
John S. Gecan  
Michael Kashtock, Ph.D.  
Alan R. Olsen, Ph.D.  
Terry Troxell, Ph.D.  
Adam Yasgar  
Vincent Zenger, Ph.D.

C O N T E N T S

Introductory Comments, Stephen H. Benedict, Ph.D.	4
Administrative Matters, Cathy DeRoever	12
Charge to the Committee	13
Enforcement of Filth and Extraneous Materials	
Overview and background, John S. Gecan	15
Revised enforcement strategy, Dr. Alan R. Olsen	34
Committee response to FDA questions	96
Charge to the Committee	106
Patulin	
Introduction, Dr. Michael Kashtock	106
Overview of patulin, Dr. Vincent Zenger	111
Toxicology, Dr. Michael Bolger	115
Exposure, Dr. Vincent Zenger	127
Summarization, Dr. Terry Troxell	134
Open Public Hearing	
Allen W. Matthys, Ph.D., National Food Processors Association	159
Andy Ebert, Ph.D., Keller Associates, representing the Processed Apples Institute	163
Committee response to FDA questions	169

1                                   P R O C E E D I N G S

2                   DR. BENEDICT: Why don't we get started, even  
3 though our sound person will be here soon.

4                   To begin with, my name is Steve Benedict. I'm in  
5 the Department of Microbiology and Molecular Biosciences at  
6 the University of Kansas, and I am not Ed Brandt, whom I'm  
7 temporarily replacing.

8                   For those of you who have known me before, let me  
9 offer my apologies for the fact that you thought you weren't  
10 ever going to see me again, but sadly, here I am. Ed offers  
11 his apologies for not being able to be with us. He's  
12 cheerfully doing other things that he couldn't get out of.  
13 So just to let you know who I am, I was on this committee  
14 for however many years one is on the committee, and I just  
15 cycled off, and I've come back just for this day and for  
16 tomorrow.

17                   What I would like for us to do is do this sort of  
18 the way Ed does it, and when he gets back you'll see that he  
19 does it much better, and he's really the Chair of the  
20 committee and he has tenure for as long as he wants to do  
21 this. If he's the Chair, I guess that makes me the stool.  
22 That's why I offered my apologies at the beginning.

23                   What we're here to do, for those who are just  
24 joining the committee, is to discuss issues that the FDA  
25 finds extremely relevant and that they would like to have

1 help and advice on. And so what we'll do is hear  
2 presentations that will follow pretty closely what's in your  
3 briefing books. At the end of those we'll ask you for  
4 questions, for questions of clarification, for discussion,  
5 and then at the end of the session you'll be asked to  
6 respond individually to some specific questions that the FDA  
7 has posed to you and that we will read to you in just a  
8 moment.

9           The way it has been done in the past is that when  
10 time comes for questions, if you'll raise your hand and just  
11 be acknowledged by one of us here, we'll keep a running list  
12 of who wishes to ask questions or speak and then in turn  
13 we'll recognize you to speak, which will make it a lot more  
14 orderly than a free-for-all discussion. This is the way Ed  
15 does it, and so we'll continue it in that fashion.

16           Secondly, the proceedings are being recorded, and  
17 we are continually reminded, people have been doing their  
18 Master's degrees on what we have to say. And so please,  
19 when the time comes to speak, get thyself to a microphone  
20 and speak into the microphone, and I will state your name  
21 before. But if I mispronounce it, state it more clearly so  
22 that they will know who it is that they're listening to as  
23 they transcribe what you have to say.

24           A favor that I'd like to ask, since I don't know  
25 very many of you, if you could make sure that your name

1 cards are sort of aimed in our direction, I'd be very  
2 grateful, and I apologize for that.

3           So what we will do first is I will introduce Dr.  
4 Bob Buchanan, sitting to my right, who is serving along with  
5 Kathy DeRoever as the Executive Secretary at the moment,  
6 since Lynn Larsen has moved to another position. We will  
7 then go around the room and introduce ourselves. It would  
8 be good, since many of us are new to the committee, to be a  
9 little more expansive about yourself than your name. Tell  
10 us where you're from and sort of what your area of expertise  
11 is. That would be nice.

12           And then when that is done, we'll have some  
13 administrative matters to deal with, and then we'll go right  
14 into this. And so, Dr. Buchanan.

15           DR. BUCHANAN: And I'll start this off correctly.  
16 Bob Buchanan, Food and Drug Administration. I wanted to  
17 take a couple minutes to explain who I am and why I'm here,  
18 and then just to introduce myself. For many of you here at  
19 the table, I already know you. And for the rest, I'm  
20 looking forward to meeting you and working with you on the  
21 committee.

22           I am the senior science advisor for the Center for  
23 Food Safety and Applied Nutrition, and with the  
24 establishment of that position last March, the activities of  
25 scientific advisory committees were transferred over to my

1 office as part of the duties of the new position.

2 I want to up front thank you, and I want to  
3 express Joseph Levitt's thanks for your willingness to serve  
4 on this committee. One of the things that our Commissioner,  
5 Dr. Haney, has strongly emphasized is how important the  
6 science base is to FDA, and we consider our advisory  
7 committees a very important component of our science base.  
8 And we're looking forward to your participation and your  
9 advice on a series of scientific matters that are going to  
10 be facing you in your tenure as committee members.

11 So with that, I'm not going to take any more time,  
12 Steve. I'm going to send you over. I do want to indicate  
13 to you that if there is anything that we need to help you  
14 with, please do not hesitate, and Cathy will explain a  
15 little bit more about that in a minute.

16 DR. BENEDICT: So why don't we continue around the  
17 table and each of us introduce ourselves? Cathy, would you  
18 like to?

19 MS. DeROEVER: Good morning. I'm Cathy DeRoeever.  
20 I work with the Office of Science. My staff, Linda Hayden,  
21 and Sylvia Washington who is outside, I think that you've  
22 all been in contact with them at some point.

23 We're here to make this go as smoothly as we can  
24 for you, and since we got off to such a crackerjack start,  
25 we had said we'd hoped to make an impression, and we did.

1 It's not the impression we wanted to make, but we will  
2 certainly--the only way to go is up.

3           If there's anything we can do to help you, please  
4 let us know, if you have any questions. We'll be giving you  
5 expense vouchers and those sorts of things so you'll have  
6 them, and we'll be talking to you individually on how to get  
7 those things in to us. And as I said, the only way to go is  
8 up, but it's nice to have you here today. Thank you.

9           DR. MONTVILLE: I'm Tom Montville. I'm Professor  
10 of Food Microbiology and Chairman of the Department of Food  
11 Science at Rutgers, the State University of New Jersey. I  
12 guess my primary area of microbiological expertise is Gram-  
13 positive organisms.

14           DR. SIGMAN-GRANT: I am Madeleine Sigman-  
15 Grant from the University of Nevada Cooperative Extension.  
16 I'm a professor, and my area of specialty is maternal and  
17 child health. I'm interested in how consumers make  
18 decisions in their food choices. My training was lab-  
19 benched, just so you all know I do have a science  
20 background, and am a lot interested in lactation and breast-  
21 feeding, in that area.

22           DR. HOTCHKISS: My name is Joe Hotchkiss. I am a  
23 professor at Cornell University with joint appointments in  
24 toxicology and food science. My areas of interest have long  
25 been in food safety, and particularly the effect of

1 processing and additives and ingredients and so forth on  
2 potential risks in foods.

3 DR. KUZMINSKI: My name is Larry Kuzminski. I'm  
4 Vice President of Technology at Ocean Spray. I've been  
5 there just over 10 years, where I've had the technical  
6 responsibilities for the cooperative, including the  
7 operations responsibilities for some of that time. Prior to  
8 that I was with the Kellogg Company for about 15 years,  
9 where I had product development responsibility in the United  
10 States and technical responsibilities in Canada. And prior  
11 to that, I was with the University of Massachusetts at the  
12 associate professor tenured level. My training is in food  
13 science and technology from the University of Massachusetts.

14 MR. HARRIS: Hi. I'm Ken Harris, Food and Drug  
15 for 30-odd years, a consultant for 25 or so years.  
16 Presently I'm retired. I've worked with the government of  
17 Spain, loaned by the administration to the government of  
18 Spain. I've worked with the government of the U.K. on some  
19 problems of contamination and grain losses. Food and Drug  
20 turned me loose once for a week or so with the, in effect,  
21 the filth group of the government of Canada. I've worked  
22 all over the world, 70-odd countries, and I'm here as a  
23 resource on questions of filth and contamination and their  
24 possible role in the field of public health. That's about  
25 it.

1 DR. TROXELL: I'm Terry Troxell, Director of the  
2 Office of Plant and Dairy Foods and Beverages. The two  
3 issues you have before you today, the regulation of filth  
4 and the patulin action level, are issues from my office.

5 MS. BARNETT: I'm Alexa Barnett, and I'm from the  
6 Office of Chief Counsel of FDA.

7 MR. GECAN: I'm John Gecan. I'm Chief of the  
8 Microanalytical Branch in the Office of Plant and Dairy  
9 Foods, and I'm one of the presenters for the filth  
10 enforcement strategy this morning.

11 DR. OLSEN: I'm Al Olsen. I'm the other  
12 presenter. I've been with Food and Drug for 27 years, and  
13 I'm the entomologist, so insects are my business here.

14 DR. APPLEBAUM: Rhona Applebaum. I'm Executive  
15 Vice President for Scientific and Regulatory Affairs at the  
16 National Food Processors Association. In that capacity I  
17 guess I could be categorized as a desk scientist. Our  
18 principal focus at the NFPA is food safety, focused on  
19 microbiology, chemistry, processing and packaging. Prior to  
20 being at NFPA, I was 18 months with Distilled Spirits and 11  
21 years at the Chocolate Manufacturers and the Confectioners  
22 Associations. My background is food microbiology, food  
23 science and nutrition.

24 DR. BRACKETT: I'm Bob Brackett, professor at the  
25 Center for Food Safety and Quality Enhancement at the

1 University of Georgia. My background is food microbiology,  
2 and specialty areas, microbial food safety, most recently  
3 with *Listeria monocytogenes* and *Clostridium botulinum*. I  
4 have been at Georgia for 15 years and was at North Carolina  
5 State University for three years as food safety specialist.

6 MS. RICHARDSON: I'm Donna Richardson, and I'm a  
7 consumer representative on the committee. I am at Howard  
8 University Cancer Center. I am assistant professor for the  
9 College of Medicine and College of Nursing, and my  
10 background is as a registered nurse and a regulatory  
11 attorney, and my focus is on access to care for women,  
12 minorities, and the elderly.

13 DR. RUSSELL: I'm Robert Russell. I'm a  
14 physician. I'm Professor of Medicine and Professor of  
15 Nutrition at Tufts University, and I'm the Associate  
16 Director of the Human Nutrition Research Center at Tufts.  
17 My background and interests, research interests, are in  
18 retinoids and carcinogenesis, and my expertise really is in  
19 human nutrition science, trying to get that into the medical  
20 practice and curriculum, and I'm currently chairing the Food  
21 and Nutrition Board's National Academy of Science panel for  
22 setting the new recommended dietary allowances for  
23 micronutrients.

24 DR. BUCHANAN: Okay. Thank you, and welcome,  
25 everyone, to the committee.

1           At this point we have the dreaded administrative  
2 matters to deal with.

3           MS. DeROEVER: First, can we change the agenda? I  
4 think I need more than 10 minutes.

5           DR. BUCHANAN: Oh, my goodness.

6           MS. DeROEVER: Very briefly, in the portfolio you  
7 have in front of you there is a calendar. If you have an  
8 opportunity before you leave, if you could tell us dates you  
9 are not available through the end of the year, if you could  
10 put your name on it, this will help us with scheduling. If  
11 you have to return to your office, I certainly understand  
12 that, but if you could get that back to us at your  
13 convenience.

14           Also in your packages you have the focus, charge  
15 and questions for the filth discussion and for the patulin  
16 discussion this afternoon. Those are provided just so  
17 you'll have them, but I believe either Dr. Buchanan or Dr.  
18 Benedict will read those into the record before the  
19 discussions begin.

20           And that's all I have. Are you disappointed?

21           DR. BENEDICT: You bore false witness.

22           Okay, let me just say one other thing, that I  
23 realize you've had some accommodation difficulties, and  
24 having served on the committee for a number of years, I can  
25 tell you that that's not normal. Normally, everything runs

1 very smoothly and you're wonderfully accommodated and  
2 treated and it works very well. So you can look forward to  
3 several years of smoothness after this little hiccup.

4 So let's enter into the discussion of filth and  
5 extraneous materials. You've all read the briefing book,  
6 and I would like to point out that Ms. Barnett, the attorney  
7 who is sitting at the end of the table, is here to help us  
8 and guide us and make sure that we do or do not discuss the  
9 correct things. And if we stray into legal areas that we  
10 shouldn't be in, she will pop up and tell us what we should  
11 or should not be doing. And you've heard we have Mr. Harris  
12 as an expert, and we're going to ask him to participate in  
13 our discussions after we've heard our presentations.

14 And so, as I said earlier, we're going to do some  
15 presenting followed by questions. These questions are for  
16 you to understand what you've heard and read. And then at  
17 the end we'll be asking you some questions.

18 And I guess this is a good time to ask Dr.  
19 Buchanan to give us the charge for this section of our  
20 discussion and to alert you as to the questions that we're  
21 going to ask you to deal with. Although they're presented  
22 in front of you, I thought it would be better just to hear  
23 them out loud and get them into the record before we began  
24 our discussion.

25 DR. BUCHANAN: Thank you, Stephen.

1           Bob Buchanan, FDA. I just want to take a moment  
2 to read the charge so that we have it into the record, and  
3 I'll give a little bit of background information and then  
4 turn it over to the group that will be making the  
5 presentations.

6           The charge is, the working group is asked to  
7 consider whether the revised enforcement strategy for filth  
8 and extraneous materials will provide an adequate and  
9 reasonable basis for a clear, science-based Compliance  
10 Policy Guide for regulating filth and extraneous materials  
11 in food.

12           And I'm not going to give much explanation. Our  
13 two speakers are going to go into detail, and we have the  
14 resources of Terry and Alexa here to help through any  
15 policy-related issue.

16           But what I did want to remind the members of the  
17 committee is that while we tend to focus on issues related  
18 to things like food safety and other compliance-related  
19 issues, we also have a requirement in our food law to  
20 regulate in terms of filth and extraneous material, and  
21 we're trying to bring the best science we can bear to doing  
22 that effectively, both in terms of assuring public health  
23 and also to make sure that we're doing it in what for the  
24 agency is a cost-effective manner. So we're looking forward  
25 to your advice and thoughts on this whole issue of filth.

1           And with that, Steve, I'll turn it back to you and  
2 we can start the presentations.

3           DR. BENEDICT: We'll now have Mr. John Gecan, who  
4 is Chief of Microanalytical Branch, CFSAN, who will start us  
5 off.

6           MR. GECAN: Thank you. Let me turn this projector  
7 on here.

8           Good morning again, ladies and gentlemen. Again,  
9 I am--my name is John Gecan, and my co-presenter on this  
10 subject is Mr. Alan Olsen, seated next to me. We both work  
11 for the Microanalytical Branch in the Center for Food Safety  
12 and Applied Nutrition. I work with Dr. Troxell.

13           This morning Mr. Olsen and I will present the  
14 details of FDA's revised enforcement strategy for filth and  
15 extraneous matter. Mr. Olsen will cover the two components  
16 that represent the most significant revisions of the  
17 enforcement strategy. I will provide a general overview on  
18 the subject of filth and extraneous matter and a more  
19 detailed background on the origin and development of Defect  
20 Action Levels.

21           I have worked for the--in the area of filth and  
22 foreign matter for the past 36 years for the Microanalytical  
23 Branch. I started as a bench analyst, and spending about 10  
24 years as a project manager to update the science base for  
25 Defect Action Levels, and hope to end my career working on

1 the development of this revised enforcement strategy.

2           What changed the way FDA has regulated filth and  
3 extraneous matter for more than 50 years? Primarily, we  
4 initiated the development of this strategy in part in  
5 response to the juice and seafood HACCP regulations. The  
6 revised strategy provides both the science base and the  
7 action criteria that are critical for the development of  
8 HACCP critical control points, critical control limits, and  
9 standard operating procedures. And also, in response to the  
10 Food Safety Initiative, this strategy also provides an  
11 appropriate food safety focus on food contaminants.

12           What do we want to accomplish with the revision of  
13 the filth enforcement strategy? The purpose of the  
14 provision was threefold: to provide a transparent science  
15 base for each of the three components of the enforcement  
16 strategy to regulate filth and extraneous matter. Those  
17 components include the health hazards, insanitation filth,  
18 and aesthetic filth, and you'll be hearing those terms a  
19 great deal this morning, and they will be explained in  
20 detail.

21           Secondly, to focus on food safety and emerging  
22 health issues related to filth.

23           And, lastly, to clearly define the action criteria  
24 for the different categories of filth: the health hazards,  
25 insanitation, and aesthetics.

1           What benefits will be derived from the revised  
2 strategy? For consumers, certainly improved protection by  
3 focusing on the health aspects of filth.

4           The FDA will operate more efficiently, with  
5 reduced case referrals from the field to headquarters. We  
6 currently receive better than 400 referrals every year from  
7 our field offices for subject matter review, and with  
8 generally a one- to five-day turn-around time on these  
9 referrals. Once the enforcement strategy is formalized and  
10 out in the hands of the field compliance offices, many of  
11 those decisions will be made on-site in the district offices  
12 and not require the subject matter expert review at  
13 headquarters.

14           Industry will realize a turn-around time, a  
15 reduced turn-around time for our FDA regulatory decisions,  
16 and the related reduced storage costs for goods on hold.

17           Everyone will benefit from clearly defined action  
18 criteria that will result in uniform regulatory decisions  
19 worldwide. Transparency of both our action criteria and the  
20 science base will enable industry, both here and abroad, to  
21 fully understand FDA's approach to regulating filth and  
22 foreign matter.

23           Now, to touch upon the sections of the Act very  
24 briefly that apply to filth and foreign matter, the sections  
25 of the Food, Drug and Cosmetic Act that are relevant to

1 regulating filth and extraneous matter are Sections  
2 402(a)(1), (a)(3) and (a)(4).

3           Section 402(a)(1) states that a food is  
4 adulterated when it bears or contains any poisonous  
5 substance which may render the product injurious to health.  
6 In the area of filth and extraneous matter, this section  
7 generally applies to direct hazards such as contamination by  
8 hard or sharp objects such as glass or metal which might  
9 cause injury.

10           Section 402(a)(3) states that a food is  
11 adulterated if it consists in whole or in part of a filthy,  
12 putrid or decomposed substance. This section applies  
13 specifically to contaminants found in the product. An  
14 example might be rodent excreta pellets in wheat.

15           402(a)(4) states that a food is adulterated when  
16 it is prepared, packed, or held under insanitary conditions,  
17 whereby the product may have become contaminated with filth,  
18 or whereby it may have been rendered injurious to health.  
19 This section applies to insanitary conditions that are  
20 reasonably likely to result in contamination of the  
21 products, even if adulteration of the food cannot be  
22 demonstrated.

23           A good example would be unshielded lighting over a  
24 production line which could result in product contamination,  
25 for example, if a bulb would shatter. This is a condition

1 that would render the likelihood of contamination.

2           What do we mean by filth? A lay person's  
3 definition of filth is contaminants which, because of their  
4 repulsiveness, would not normally be eaten. Filth can be a  
5 health hazard, but even if no hazard can be shown, its mere  
6 presence in a product will render that product adulterated.

7           Now, in the case of filth in foods, I believe a  
8 picture is worth a thousand words. The following series of  
9 slides will show examples of contaminants from the three  
10 major contaminant categories of filth.

11           Rodent contamination comes in many shapes, sizes  
12 and forms. The most repulsive form of rodent contamination  
13 or other mammalian contamination is the presence of a whole  
14 or partial animal in a product, such as a rabbit's foot in  
15 frozen greens or a mangled mouse from a custard pie or a  
16 tuft of rodent hair attached to a piece of skin, as we see  
17 in this slide. These are examples that have passed through  
18 our laboratory over the last few years. They are uncommon  
19 but they do occur from time to time.

20           The next slide shows the type of damage and  
21 contamination that a nest of baby rats can inflict on stored  
22 foods. Common damage from rodents is gnawing of the outer  
23 cardboard cartons, frequently into the immediate food  
24 package, and quite often in gnawed products.

25           Rodents also leave behind their excreta pellets

1 along with the attached rodent hairs. You will note in the  
2 lower right-hand pellet the hairs protruding from the  
3 pellet.

4 Foods may become contaminated by digested hairs.  
5 The attached hair that I pointed out in the previous slide  
6 was digested by passage through the animal's gut. I don't  
7 need to say any more about the significance of hairs.  
8 Undigested hairs may also be present due to rodent  
9 visitations to the raw materials or processing environments  
10 or through airborne contamination.

11 Rodent urine stains, as seen in this slide under  
12 ultraviolet light, they fluoresce, indicates rodent  
13 visitation to stored food. This happens to be burlap  
14 bagging with urine stains.

15 Evidence of bird activity includes everything from  
16 a pigeon roosting on stored products in a warehouse. One  
17 consequence of bird visitation is their excreta and  
18 feathers, as shown here on a burlap bag. Now, the open  
19 weave of this burlap would permit the liquid excreta  
20 components, particularly at the time of deposition, to pass  
21 through the weave and contact any food that might be  
22 contained in the burlap sack. As the excreta dries out and  
23 the bag is handled, the particles of the bird excreta will  
24 break up and pass through the weave into the product.

25 Birds also contaminate foods with microscopic

1 feather barbs, which is a subcomponent of a larger feather,  
2 and even smaller microscopic feather barbules, which was one  
3 of the strands on the barb.

4           Insects are also found in consumer products.  
5 These insects can generally be separated into field and  
6 storage insects. Insect contaminants of field origin  
7 include the Bruchid weevils on beans; corn earworm larvae--  
8 you can see that right there--on an ear of corn in the  
9 field. The pecan weevil larvae from pecans, on the left we  
10 have the weevil larvae and in the center of the slide we  
11 have the larvae commingled with pieces of pecans. These  
12 coffee beans have been bored by the coffee berry borer; they  
13 could show up in the gourmet coffee bin in the supermarket,  
14 but the industry does quite a good job in removing bored and  
15 contaminated materials like this.

16           Examples of storage contamination includes an  
17 Indian meal moth larva entering peanut butter candy after  
18 depositing its excreta on the surface of the candy. This  
19 slide shows moth excreta in webbing among stored peanuts.  
20 Weevils in wheat; and even a predacious mite that attacks  
21 storage insects that are infesting stored products.

22           Mold contaminants can generally be separated into  
23 two groups, avoidable and unavoidable. Unavoidable molds of  
24 field origin are shown on the tomatoes as they arrive from  
25 the field. These types of moldy tomatoes are generally

1 removed from the lot prior to entering the processing line.  
2 If perhaps some of the rotted tomato does enter the line,  
3 evidence of this material will show up in the finished  
4 product, such as catsup or other fruits and vegetables, as  
5 mold hyphae can be seen here. These are microscopic in  
6 size.

7           Avoidable mold such as *Giaticum* is also known as  
8 machinery mold or slime mold. *Giaticum* grows on food  
9 contact surfaces such as in certain processing environments,  
10 particularly those environments that are warm and moist,  
11 like canning factories, fruit and vegetable processors. The  
12 paddle in this slide illustrates the growth of the white  
13 *Giaticum* mold along the center of the paddle.

14           *Giaticum* mold can also be seen on this belt in a  
15 production line, a food contact surface. The belt is almost  
16 entirely coated with *Giaticum* slime mold. The *Giaticum*  
17 mold being scraped from that belt illustrates why this  
18 contaminant is quite frequently called slime mold, and  
19 products passing along this belt can dislodge pieces of this  
20 mold, and upon analysis the finished product will show  
21 clumps of the *Giaticum* mold that were growing on the  
22 equipment or food contact surfaces.

23           A few examples of extraneous material include  
24 fragments of glass, stones, pits in pitted olives, and shell  
25 from canned clams and oysters.

1           As I mentioned earlier, the revised enforcement  
2 strategy categorizes filth into three major types: health  
3 hazards, insanitation filth, and aesthetic filth. Previous  
4 slides showed the universe of filth and included examples  
5 from all of these categories.

6           Mr. Olsen will cover filth that presents a health  
7 hazard and filth resulting from poor sanitation. The  
8 remainder of my presentation this morning will focus on  
9 aesthetic filth.

10           For purposes of perspective it is important to  
11 understand how filth has been regulated up to this point in  
12 time. The early regulation of aesthetic filth relied  
13 primarily upon FDA's scientific knowledge and case  
14 precedents that were generally not available to the public.  
15 Over the years, the regulation of aesthetic filth evolved to  
16 identifying action criteria in Compliance Policy Guides and  
17 later the Defect Action Levels, both of which are publicly  
18 available at this time.

19           In the event you are unfamiliar with the term  
20 Compliance Policy Guides, which will also be referred to as  
21 CPGs throughout our discussion, this slide provides a  
22 definition. CPGs are guidance to our field inspection and  
23 compliance staffs. They explain policy and procedures to be  
24 applied when determining industry compliance. CPGs came  
25 into existence around 1968, and prior to that they were

1 called the Administrative Guidelines.

2 Over the years the FDA has issued a number of  
3 action criteria for natural and unavoidable aesthetic filth  
4 that were included in these CPGs. In 1972 the FDA extracted  
5 the action criteria for aesthetic filth from the CPGs and  
6 issued them to the public as Defect Action Levels. The  
7 cover of the booklet is shown in this slide.

8 Upon their release to the public, the Commissioner  
9 of the FDA specified that the science base for the DALs or  
10 D-A-L-s should be updated as appropriate. A multiyear  
11 effort was initiated to accomplish the development of this  
12 science base. Science base for the DALs consists of retail  
13 market and port-of-entry surveys that developed filth  
14 contamination profiles for a large number of products.

15 The results of all these surveys upon which the  
16 DALs are based are published in the Journal of Food  
17 Protection. A few examples of these publications of the  
18 contamination profiles are shown in this slide. An example  
19 of the type of data that was published in these journal  
20 articles to support the DALs is shown here.

21 This is an example of rodent hair counts from  
22 ground oregano. That was one of the analytes that were  
23 selected for the regulation of filth in ground oregano. The  
24 rodent hair counts ranged from zero to nine, and the number  
25 of samples that contained the respective counts is shown in

1 the right-hand column.

2           Defect Action Levels were selected for each  
3 analyte at the upper 99th confidence interval of the 95th  
4 percentile on a frequency distribution. Looking at the  
5 cumulative percent column, that point corresponds to around  
6 97.6, and as you look across to the far left column, that  
7 corresponds to five rodent hairs, which is the Defect Action  
8 Level for rodent hair fragments in ground oregano at this  
9 time. All Defect Action Levels are set following the same  
10 approach for all products, for all analytes.

11           Where do we go from here? I previously said there  
12 are three major types of filth covered in the revised  
13 strategy: health hazards, insanitation filth, and aesthetic  
14 filth which I've just talked about. Up to this point we've  
15 gone through the development of FDA's enforcement policy for  
16 the regulation of aesthetic filth. We do not intend to  
17 revise our approach to regulating aesthetic filth.

18           We do, however, intend to include in the  
19 Compliance Policy Guides revisions of our regulatory  
20 approach for the other major types of filth, specifically,  
21 health hazards and insanitation filth. Alan Olsen will  
22 present the details of the health hazards and insanitation  
23 components of the revised enforcement strategy.

24           At this time I can entertain questions, if that's  
25 appropriate.

1 DR. BENEDICT: Yes, that's appropriate. We're  
2 well ahead of schedule, and this would be a good time, if we  
3 could have the lights, and if the committee would like to  
4 ask questions of Mr. Gecan, this would be an appropriate  
5 time. Dr. Hotchkiss?

6 DR. HOTCHKISS: My question really is generally  
7 will--

8 DR. BENEDICT: The microphone.

9 DR. HOTCHKISS: Will someone tell us roughly what  
10 is the recent past enforcement action level or number of  
11 enforcement actions taken for reasons of filth over some  
12 period of time, over the last year or two years, somewhere  
13 along there? What's the field, what's the incidence in the  
14 field?

15 MR. GECAN: Okay. I guess a figure for filth  
16 actions a year or so ago was roughly 5,000 samples were  
17 collected and analyzed for filth, and my branch saw roughly,  
18 as I said, a little less than 10 percent of those samples.  
19 It fluctuates from year to year. So about 5,000 samples  
20 just a few years ago were collected for filth analysis. I  
21 can't reflect on the findings of those analyses, whether  
22 they were violative or non-violative. I don't have that  
23 information.

24 DR. HOTCHKISS: I assume that those 5,000 are  
25 collected because the inspector has reason to believe that

1 there may be a filth issue with them. Is that right?

2 MR. GECAN: Yes, yes.

3 DR. BENEDICT: While we're paused, let's take a  
4 moment. Janice Oliver slipped in while it was dark and I  
5 didn't notice. Let's allow her to introduce herself to us.

6 MS. OLIVER: Thanks, Steve. Good morning. I'm  
7 Janice Oliver. I'm Deputy Director from the Center. I'd  
8 like to welcome you here, and sorry for being late. I went  
9 in to the office first before I came here, always a mistake.  
10 And I came in during the last presentation, so if we  
11 continue on, that would be good. I'll see you all around  
12 lunchtime and at break time.

13 DR. BENEDICT: Okay. Are there additional  
14 questions? Dr. Applebaum?

15 DR. APPLEBAUM: And this might be a very naive  
16 question, but if you could help me figure this out in my  
17 mind, I'd greatly appreciate it. I guess my major question  
18 regards, is there a problem, you know, in terms of the  
19 current regulatory framework and the flexibility currently  
20 available to not only FDA Federal but also the district  
21 offices?

22 I guess I'm just wondering exactly or I need to  
23 get a better handle of the problem. Okay, we talked about  
24 filth, you went through the Act, we have GMPs. I guess I'm  
25 just wondering what exactly the problem is that's not

1 enabling FDA to do its job to the extent that you feel it's  
2 necessary.

3 I might be missing something. It might be as  
4 transparent as the nose on my face, but I--when I reviewed  
5 the information, it's--you know, you talk about the  
6 benefits, the resource savings, but I'm just wondering why,  
7 again, in the current regulatory framework that's currently  
8 available, what's--you know, why is this issue being brought  
9 to our attention.

10 Now, the health hazards are a different one.  
11 We'll get into that, I realize that. But, you know, because  
12 I also have concerns in terms of the focus being placed on  
13 HACCP, but can you just briefly outline that for me? And I  
14 apologize to my colleagues. If you have this clear, I  
15 apologize for being so dense.

16 MR. GECAN: I believe I understand your question.  
17 You addressed the or mentioned the health hazards, and that  
18 is one reason that we undertook this revision, was to  
19 identify any health hazards associated with filth. And, as  
20 I said, the aesthetic filth issue has a sound science base  
21 that was developed in the form of industry surveys, retail  
22 market surveys and port of entry surveys.

23 The other types of filth, that filth resulting  
24 from insanitation, needed to have the science base clarified  
25 and developed to more clearly define what was insanitation

1 filth and to develop action criteria, clearly defined and  
2 transparent action criteria for that type of filth, so that  
3 we present a level playing field for everyone here and  
4 abroad.

5 Does that answer your question, or are we--

6 MR. HARRIS: May I try and answer it?

7 MR. GECAN: Yes. This is Mr. Harris.

8 MR. HARRIS: I have worked both sides of the  
9 street. In the industry side, what Food and Drug does and  
10 has been doing sometimes is really confusing to the industry  
11 on the basis of are you going to seize, prosecute, or what  
12 are you going to do on this particular--after this  
13 particular analysis?

14 The other day I met with Food and Drug, John and  
15 his people, and the way--what they said to me was, they are  
16 trying to now provide a scientific basis so that the  
17 industry can, in effect, get inside of their heads and know  
18 how they came to a scientific conclusion and not just a  
19 will-o-the-wisp, "I don't have to like the results of this  
20 analysis" conclusion. They're trying to put this on a  
21 scientific basis, black and white, written down, so that the  
22 industry can come to the same conclusions that the Food and  
23 Drug Administration is coming to.

24 MR. GECAN: That's correct, Kenton.

25 DR. BENEDICT: Dr. Kuzminski?

1 DR. KUZMINSKI: Just to build on the points, just  
2 from the perspective that I've had in reading the material,  
3 I would agree with the comments in the material that much of  
4 the objective quantification of these kinds of parameters in  
5 the past--and others may agree or disagree with this--has  
6 generally been from a particular product or product grouping  
7 evolution of knowledge. And the benefits I see here in what  
8 the agency is trying to do is to bring objective measures to  
9 the entire field.

10 MR. GECAN: Entirely correct.

11 DR. KUZMINSKI: I think you may debate the  
12 numbers, you may debate the levels, but at least this is an  
13 effort to bring objectivity to the evaluation, and that's  
14 been my conclusion as I read through this. And I would add  
15 that there might be other benefits to various of the  
16 constituencies that the agency has described. For industry  
17 it would mean higher quality products and fewer consumer  
18 complaints to deal with, and hence fewer reworks, et cetera.  
19 So I think that might help Dr. Applebaum's question, and I  
20 would endorse what Mr. Harris has said, also.

21 DR. BENEDICT: Thank you. Anyone else?

22 [No response.]

23 DR. BENEDICT: Well, let me just ask one small  
24 question. Do you foresee any negative effects from  
25 introducing this sort of a concept, negative effects with

1 respect to industry, small companies, anyone, consumers?

2 MR. GECAN: We don't believe so. We've looked at  
3 and tried to analyze the benefits to be derived, and to us,  
4 you know, from our perspective, we only see positive from  
5 this enforcement strategy.

6 DR. BENEDICT: Okay. One more time, are there any  
7 more questions from the committee? Yes? It's Dr. Brackett.

8 DR. BRACKETT: In the materials you address that  
9 one of the advantages or impacts globally is internal--I  
10 mean, excuse me, international harmonization. How does this  
11 affect what Codex and some of the--which deal with some of  
12 this sort of thing, and other countries are doing as far as  
13 import-export?

14 MR. GECAN: Well, this strategy will be taken to  
15 Codex by some of our people in the agency. You know, right  
16 now it's in its developmental stages and we're in the  
17 process of trying to have it accepted as an enforcement  
18 policy. We do intend to address this to the international  
19 community, and it certainly will--I've talked to  
20 representatives from the Philippine government and generally  
21 presented this strategy in very general terms, and they were  
22 quite excited about the possibilities of knowing basically  
23 what it will take to get their commodities into the country  
24 from a sanitation and field standpoint.

25 But yes, we do intend to address this to Codex.

1 Dr. Hoskin used to work in my branch, and he's quite  
2 familiar with the enforcement strategy, and he will more  
3 than likely be our spokesperson for the enforcement strategy  
4 to Codex.

5 DR. BENEDICT: Dr. Applebaum?

6 DR. APPLEBAUM: And just one more question. In  
7 putting together these objective criteria, and again I  
8 understand very nicely now--and I appreciate that, Dr.  
9 Kuzminski, as well as Mr. Harris, for bringing it, making it  
10 clearer for me--but are these going to be commodity-  
11 specific, product-specific, or are you talking about as it  
12 relates to this some type of general, comma, objective  
13 criteria?

14 MR. GECAN: DALs, or the Defect Action Levels, are  
15 product-specific. The action criteria as it relates to  
16 insanitation and health hazards will be hazard-specific, as  
17 Mr. Olsen will explain to you. He'll define how that will  
18 work.

19 DR. BENEDICT: Okay. Could the FDA address the  
20 possibility that the phrase "aesthetic filth" is an  
21 oxymoron? Never mind.

22 MR. GECAN: I'm not sure where that came from.

23 DR. BENEDICT: Okay, so the schedule calls for  
24 us--for this to be 10 o'clock, and it isn't. Dr. Olsen, I  
25 assume that your presentation is 30 or 40 minutes in length,

1 and I suggest that we just go ahead and take our break now,  
2 and then when we return--it will be a 15-minute break only--  
3 and when we return, we'll press this through and we'll have  
4 a little extra time for luncheon.

5           So let's go away, but not too far away, for 15  
6 minutes. I would ask you to use the time to reflect on the  
7 questions that you'll be asked. They were in the folder  
8 that we passed out.

9           And there's a break room for the committee to use,  
10 which is the Fairfax Room, and it's on the other side of  
11 this building, wandering through the hallway past the gift  
12 shop. There you will be provided with refreshment and a  
13 quiet place to reflect on the soberness of the issues.

14           So it's 9:33. We will reconvene 15 minutes from  
15 now at 9:48. Thank you.

16           [Recess.]

17           DR. BENEDICT: Okay, let's take our seats and get  
18 cracking, in the words of Ed Brandt. All right, let's get  
19 started. And before we ask Dr. Olsen to speak, Ms. Barnett  
20 has a clarification that she's like to render unto us.

21           MS. BARNETT: Thank you. I just wanted to clarify  
22 that this is a Compliance Policy Guide, so the things that  
23 we are discussing are going to be guidance to the field and  
24 industry, and there will still be a level of discretion in  
25 the agency when deciding whether or not to bring enforcement

1 actions. That's it.

2 DR. BENEDICT: Great. Thank you.

3 All right, we'll move to a discussion of the  
4 revised enforcement strategy. Dr. Alan Olsen, an  
5 entomologist in the Microanalytical Branch of CFSAN, will  
6 now speak to us on that subject.

7 DR. OLSEN: Hi. Okay, I'm Al Olsen, and I'm the  
8 insect guy, and you've probably heard that more than once  
9 now. I'm going to turn the discussion into the components,  
10 towards the components of the regulatory strategy that deal  
11 with health hazards and with sanitation. Basically we'll be  
12 dealing with contaminants that are collectively called  
13 avoidable filth. The aesthetic levels that John discussed  
14 were unavoidable, and I'm doing the second half now, the  
15 avoidable filth.

16 As John pointed out, FDA has a statistical market  
17 survey approach to regulating aesthetic filth. Statistical  
18 approaches work for the aesthetic types of filth because  
19 these types of filth by and large reflect conditions in  
20 agricultural fields, and the aesthetic types of contaminants  
21 are more or less randomly distributed throughout a product.  
22 As a result, we end up with things like Compliance Policy  
23 Guides, Defect Action Levels, that are product-specific. If  
24 you'll notice, they talk about levels for a particular spice  
25 or for flour. They're keyed in on the products.

1           Now we're going into a realm, the avoidable filth,  
2 where it's attributable to insanitation. In other words,  
3 somewhere along the line a human act happened. These are  
4 attributable to a human act such as failing to follow a GMP  
5 or failing to follow your HACCP plan or things like that.  
6 We're not talking about acts of nature anymore. We're  
7 talking about things either that somebody committed or  
8 omitted to do, and so we have to take a different approach.

9           We take a forensic type approach, where we not  
10 only try to find out, characterize the cause of the  
11 contamination, but also who's responsible for it. So you  
12 have to keep that in the back of your mind, that we've got a  
13 different priority, a different set of goals here.

14           To begin with, FDA will rely on what we are  
15 calling a transparent science base. The science base that  
16 we have in mind, that we're developing, focuses on types of  
17 contaminants again, I have to stress that, instead of types  
18 of products. So we'll be talking about things such as sharp  
19 objects, not sharp objects in a particular product, just  
20 sharp objects.

21           The first challenge that we had was to develop a  
22 contaminant-specific science base, little different  
23 direction. These are examples of the first three  
24 developments that we've had in our transparent science base.  
25 These are papers that we've published recently in the area

1 of health hazards.

2 To establish this science base, we thoroughly  
3 reviewed the literature, and what I'll be talking about from  
4 here on in is based on a pretty exhaustive review of the  
5 scientific literature. In the case of health hazards, we've  
6 already published three review articles. These articles  
7 fully review the literature in each of the subject areas.  
8 The first one is on hard or sharp foreign objects. We have  
9 one on allergenic mites and another one on disease-carrying  
10 flies.

11 Now, in addition to reviewing the literature, we  
12 have also, in these papers and in subsequent reviews, are  
13 developing what we call profiles of the contaminants. How  
14 do you recognize a thing as a physical hazard or as an  
15 indicator of insanitation? That's included in these  
16 publications.

17 This is an example of what I'm talking about for a  
18 profile. What we're trying to do is, with a good science  
19 background, rather define what attributes can be used to  
20 recognize a particular type of contaminant. The profiles  
21 are basically--they are based on things that are held in  
22 common by a particular kind of contaminant.

23 This profile here states basically what it takes  
24 for FDA to categorize a contaminant as a physical hazard.  
25 And in putting this out, then everybody knows what factors

1 we're considering when we say, "Oh, we have this kind of  
2 contaminant or that." Basically for physical hazards we're  
3 looking in the science base, in the literature, for evidence  
4 that physical injury can occur from eating this particular--  
5 a particular type of contaminant.

6 We also rely heavily in the physical--in the  
7 hazards area on our Health Hazard Evaluation Board. This is  
8 a body of FDA scientists that review reports of potentially  
9 hazardous types of contamination. Their primary focus is  
10 for classifying recalls, giving a health hazard  
11 classification to recalls, but any health hazard really  
12 needs the imprimatur of the Health Hazard Evaluation Board  
13 before you can go any further.

14 And in this age of HACCP, the hazard is not a  
15 hazard if it's removed before it reaches a consumer's table,  
16 and that's item three on the profile.

17 If appropriate, FDA can develop the specific  
18 guidance from these profiles. An example is a recently  
19 issued Compliance Policy Guide. We put a policy guide out  
20 for hard or sharp foreign objects in food, and the guide is  
21 included in your handouts and it's publicly available. It's  
22 up on the web and all over the place.

23 And basically what it has is not only how do you  
24 recognize the hazard, but there was enough data in the  
25 scientific base to define in this term measurements,

1 actually, of how small a thing, a sharp object could be,  
2 basically drawing a line of 7 millimeters for most people as  
3 to whether it's a hazard or not.

4           That's kind of an overview of the process we're  
5 going through. Okay? We do this same sort of thing,  
6 develop the science base, develop the profiles, and if  
7 appropriate, a Compliance Policy Guide, for the other kinds  
8 of filth. And we've basically divided, as John said, the  
9 filth into two categories that we're approaching with this  
10 forensic, contaminant-specific approach. The two categories  
11 are the health hazards and the indicators of insanitation or  
12 the sanitation section.

13           The science base and profiles and eventual CPGs,  
14 Compliance Policy Guides, for the first category which is  
15 health hazards, really have to answer this basic question:  
16 Is the contaminant or insanitary condition an indication of  
17 a potential and reasonably likely hazard to the health of  
18 the consumer?

19           And what we're saying is, if the science and  
20 literature base says people are hurt by it, and the Health  
21 Hazard Board says yes, it's a potential hazard, and it's not  
22 removed by processing or intended use of the product, then  
23 it is indeed a potential and reasonably likely hazard.  
24 You've always wondered how we decided that, right?

25           I remind everybody that we're basing a lot of this

1 on the newer HACCP regulations or philosophy which divides  
2 hazards into three groups, physical, chemical and  
3 biological. And I reiterate we rely, especially for  
4 hazards, on decisions by the FDA Health Hazard Board.

5 For example, the paper on physical hazards, we  
6 reviewed the Health Hazard Board decisions from 1972 on.  
7 There was almost 200 decisions that they rendered on sharp  
8 objects in food, and we reviewed all those and included that  
9 review in the publication, and that in large part was used  
10 to derive the Compliance Policy Guide. So we rely, in the  
11 hazard area, on the Health Hazard Board.

12 Here again is the health hazard profile, and I  
13 just want to reiterate again that it's a profile that tells  
14 everybody what I am thinking and what the FDA is thinking  
15 when they classify something as a physical hazard. They are  
16 saying it takes reports, good, reliable reports of physical  
17 injury from ingestion; Health Hazard Board; and we have to  
18 always be in mind that if it's removed before--by  
19 processing, before it reaches the consumer's table, it's not  
20 a real hazard.

21 An example is baby food in glass--glass in baby  
22 food. Okay, glass in baby food. This is apple juice, and  
23 it's turned on end, and here's a piece of glass inside.  
24 that is a physical hazard.

25 Now, I also mentioned chemical hazards. The

1 profile is pretty much the same: evidence of toxicity or  
2 allergenicity--allergens are also classified as chemical  
3 hazards--from eating. We are also dependent on the Health  
4 Hazard Board to declare it a hazard, and also the condition  
5 that subsequent processing and intended use does not remove  
6 the hazard.

7           You may ask yourself, what are the chemical  
8 hazards associated with filth? Well, we asked the same  
9 question, of course. The chief hazard in this area is an  
10 emerging hazard and it involves these little critters.

11           This is a house dust mite. The house dust mites  
12 and certain other mites are widely recognized as a cause of  
13 respiratory allergy, but these little critters also infest  
14 things like flour, baked goods, and seafood. This  
15 particular one is Dermatophagoides, I believe it's farinae.  
16 Anyway, we pulled it out of shrimp in a sample we ran a few  
17 years ago.

18           Recently, however, these allergenic mites have  
19 emerged in the literature as a cause of food allergy by  
20 ingestion. People have turned up in the emergency rooms of  
21 hospitals with varying degrees of reactions, up to and  
22 including anaphylactic shock, from eating food that's  
23 contaminated with these mites, and the clinical workups for  
24 these cases clearly isolate the mite allergens as the cause  
25 of the allergic reaction.

1           As I said, this is an emerging issue. These  
2 reports only started coming out in 1995 and '96, so we're  
3 still watching the situation.

4           Of greater concern to me and to most of us is this  
5 mite. This is the mold mite, which is also allergenic, and  
6 it's been reported to cause severe allergic reactions when  
7 it's eaten in infested food.

8           The cause for concern is that this particular mite  
9 occurs in about 20 percent of the mite-infested samples that  
10 we analyze in Food and Drug Administration. It is by far  
11 the most common food-contaminating mite, and it infests a  
12 broad range of products. It's not limited to flour-type  
13 products or any particular type of product. It is a general  
14 feeder. And it's covered in one of the reprints that's in  
15 your handout.

16           A quick reminder. The physical and chemical  
17 hazards I just talked about are subject to regulation under  
18 all three of these sections of the Act: the (a)(1) section,  
19 which is the direct hazard; and of course the general  
20 sanitation sections, (a)(3) and (a)(4).

21           Now, the stuff that I'm going to talk about next,  
22 the contaminants I'm going to discuss next, are not direct  
23 health hazards, so they will only be subject to regulation  
24 under 402(a)(3) and (a)(4). The only ones that are really  
25 subject to regulation under (a)(1) section are the physical

1 hazards, the chemical hazards that I've discussed.

2 The HACCP categories, and in general we have  
3 biological hazards, and filth is associated with biological  
4 hazards. Now, I'll emphasize this clearly and I'll repeat  
5 myself. The actual biological hazard is the pathogen, such  
6 as Salmonella, E. coli 015787, those are the hazards. The  
7 contaminants we're talking about are pests that can serve as  
8 passive vectors for the hazard.

9 I'm going to say that again. The hazard is the  
10 pathogen. We are dealing not with the pathogen but with the  
11 pests that can carry the pathogen. Therefore, they are only  
12 regulated under those 402(a)(3) and (a)(4) sections, and  
13 they are a contributing factor to the hazard but they are  
14 not the hazard itself. Is everybody clear? Okay, I wanted  
15 to get that clear.

16 A prime example of a contributing factor to  
17 biological hazards from pathogens is this beast. This is  
18 the Oriental latrine fly. I've collected this fly over  
19 quite a few localities. There are specimens in there from  
20 Samoa and from America and from Mexico and from everywhere.

21 The interesting thing about the Oriental latrine  
22 fly, in addition to its ability to act as a little dump  
23 truck for Salmonella--it picks up Salmonella really nice and  
24 carries it all over the place--is that it's an invader  
25 species. Now, what I mean by that is, this fly's home range

1 is in the Asian continent. In India it's known as the  
2 bazaar fly. But in the past--bazaar, not bizarre, bazaar as  
3 in food market--over the past 10 years this fly has spread  
4 around the world.

5 It showed up in Africa, and was transported from  
6 Angola in Africa over to South America, has moved northward,  
7 and we discovered it in California and Arizona, and it  
8 occasionally is intercepted in Florida. It's strictly  
9 living in urban environments and it is very fond of food,  
10 human food, and very fond of some very unsavory places like  
11 sewers and other things like that. It's a much better  
12 carrier of pathogens than our native flies, which is also a  
13 cause for concern.

14 So you say, "That's fine. You're the  
15 entomologist. You know all about these guys, right? How  
16 are our inspectors and our sanitarians and our QC people  
17 supposed to know this fly from the 230,000 other species of  
18 flies in the world?" Well, to help out we're going back to  
19 the profiles, and this is in the paper on the flies, also.

20 Disease-carrying pets have certain attributes in  
21 common, and this is generally agreed in the scientific  
22 literature, that these attributes are the ones that they  
23 have in common, that help them act out--we can say help--  
24 help them act in their role as a disease carrier. So what  
25 we've put together is a profile that can be used to

1 recognize a disease-carrying pest.

2           If the pest exhibits these attributes and there is  
3 no intervening biocidal process--remember, we're talking  
4 about they are contributing factors to a hazard from  
5 pathogens. If the pathogens are eliminated, then they are  
6 not--they have failed to contribute to that hazard.

7           The attributes or characteristics are synanthropy,  
8 endophily, communicative behavior, attraction to filth and  
9 human food, and a good scientific literature base that  
10 natural populations are known to harbor pathogens. So we're  
11 not talking about insects that aren't associated with  
12 pathogens, and we're talking about insects or other pests  
13 that have behaviors, basically, that make them excellent  
14 contributors to the biological hazard. And I'll explain  
15 these big words now.

16           Synanthropy is--and it's a big word--synanthropy  
17 means basically living around where people live. It  
18 thrives, these synanthropic pests differentially survive in  
19 urban, suburban, and rural environments. In other words,  
20 they're our companions in civilization. Endophily is  
21 willingness to enter indoors, goes inside.

22           The point of the profile is, if a pest does not  
23 live around people and does not live near us, it is not  
24 going to be a contributing factor to any pathogen spread.  
25 It's not going to be a threat. And from the Food and Drug

1 viewpoint, if a pest is not willing to enter a factory, it  
2 will not carry germs into the factory. So the pest has to  
3 have these characters for us to even consider it as a  
4 contributing factor.

5           Now, the inspector out in the field or the  
6 sanitarian can look around their environment--and these are  
7 green bottle blow flies--they can look around, and if they  
8 see a large number of the same kind of pest--these are all  
9 the same kind of fly. They were caught within about two or  
10 three hours' time at the same location in a suburban  
11 setting. They are definitely associated with carrying  
12 disease, too.

13           The point being, the inspector can observe a large  
14 number of flies and they all look the same and they're  
15 around human settlement, and can conclude that it's a  
16 synanthropic species. Don't need a textbook or an expert to  
17 tell you. Then, if we see the fly inside the processing  
18 plant, we say, "Ah, ha, this is an endophylic synanthropic  
19 species." Two of the five profile attributes are already  
20 accounted for, and it's not rocket science.

21           Communicative behavior means oscillating between  
22 contaminated environments and human surroundings.  
23 Basically, it has to be a pest that moves back and forth  
24 between places where people are and environmental areas  
25 where it could pick up contamination. And the attraction

1 behavior is, a pest has to be strongly attracted to sources  
2 or reservoirs of pathogens, commonly feces, sewage, garbage,  
3 and also has to be attracted to human food.

4           Now, this again borders on common sense. If you  
5 have a beast that is not attracted to human food, it's not  
6 going to contaminate it. If you have a beast that's not  
7 attracted to a pathogen source, it's unlikely that it's  
8 going to pick up a pathogen to carry to a food. And if it's  
9 not in the habit of flying back and forth between the two,  
10 it's not going to be a very good dump truck for hauling  
11 pathogens into the food supply.

12           Once again, the inspector or anybody out in the  
13 field can look around and say, "Ah, ha, here we have a bunch  
14 of flies at a garbage bin, and there they are again at a  
15 food contact surface. This looks suspiciously like  
16 communicative behavior." That's three out of five.

17           They can look out in a pasture next door and find  
18 the beast on animal droppings, shall we say, and lo and  
19 behold, the same one on the food. "Oh, oh, oh. We have  
20 attraction to food and attraction to a source of a  
21 pathogen." That is four out of five on the profile, and  
22 that's how the profile is supposed to work out in the real  
23 world.

24           Now the fifth element is wild populations  
25 harboring the pathogens. Okay. These are the insects that

1 are reported in the literature as harboring either  
2 Salmonella, E. coli, or Shigella, and most of them harbor  
3 all of those, by the way, in wild populations, not being  
4 inoculated in laboratory studies, but you go out and catch  
5 them in the wild and they have found these pathogens are  
6 existing. Populations of these insects are actually  
7 harboring the pathogens in the real world.

8           It's important to note that the number of pests  
9 that are reliably associated with the spread of food-borne  
10 disease is currently limited to these. It is a short list.  
11 We're not talking about 750,000 species of insects. We're  
12 talking about four species of cockroach, estimate maybe a  
13 dozen species of flies, a couple of species of ants.

14           You saw flies. Now I'll give you a cockroach.  
15 Nobody really thinks that these aren't dirty little beasts,  
16 but I just thought I'd reinforce that with you.

17           Also, the commensal rodents, the rodents that  
18 share our houses and tables with us, such as the roof rat  
19 and the Norway rat and the house mouse, fit the same  
20 profile. And in some cases, some of the birds, the pigeons  
21 and those types of things that are pest birds will fit the  
22 profile for a contributing factor to a biological hazard.

23           So there you have one of the essential components  
24 of how we are revising the strategy. Now, to my knowledge  
25 nobody has come forth and assembled the science base and put

1 together a profile. This is sort of--put your Quincy hat  
2 on--this is sort of, this is forensic types of things.  
3 We're profiling what it takes to recognize something as a  
4 possible disease-carrying insect.

5           Okay. It has to meet all five of these  
6 attributes. Now, I've shown you one through four and I've  
7 said, gee, in the literature, number five. Okay? The  
8 question is, how does an FDA case reviewer or an inspector  
9 or a sanitarian determine whether the bug they saw or the  
10 pest they saw do one, two, three and four, actually  
11 qualifies as actually one of the insects that carries these  
12 pathogens in natural populations.

13           One way is to go to the literature, and we've done  
14 that. We're in the process of preparing a review paper that  
15 gathers all of this information at one place, so there will  
16 be only--there will be a single source for people to look  
17 at, to find out whether it's a pathogen--as a matter of  
18 fact, there's going to be a single source for all of these.  
19 We're publishing them in Regulatory Toxicology and  
20 Pharmacology, and that is the same journal as the reprints  
21 that you have.

22           So we have consulted the literature, and wild  
23 populations of those insects do indeed carry everything from  
24 Salmonella to Shigella to emerging pathogens such as E. coli  
25 015787. The review will be published by the end of the

1 year, so case reviewers and others need only consult that  
2 one source, and it will be available publicly.

3 Another way to find out if natural wild  
4 populations carry pathogens is to directly observe. These  
5 are house flies that I collected at an egg farm that was  
6 implicated as the source of eggs that caused a Salmonella  
7 outbreak. At the time I collected these flies, I saw them  
8 do one, two, three and four. They were inside/outside; they  
9 were going over to the pastures; they were doing all those  
10 things. And when I collected some and we brought them into  
11 the lab, we found that indeed those flies were harboring  
12 Salmonella enteritidis, so they fit the profile all the way  
13 down to number five.

14 That still leaves us with the problem of how can  
15 the inspector of sanitation, sanitarian, complete the  
16 profile without waiting for lab results. Well, we're  
17 working on that one, too. What we're doing, a colleague and  
18 I are developing a field guide. Now, remember this is a  
19 small list. It's a short list of pests. And as it turns  
20 out, they can be recognized in the field if the proper  
21 information is given to the people in the field.

22 What we're doing is, we're in the process of  
23 identifying--preparing single sheet Field Identification  
24 Guides for all of the pests that I showed you before, that  
25 are known to harbor food-borne pathogens in natural

1 populations. The identification guide is designed to be  
2 used in the field. The identifications can be confirmed  
3 with a decent quality hand lens; it's going to be designed  
4 that way. And it will cover all of the contributing factor  
5 pests, insect pests, to allow people to recognize at least.

6 Now, that is a key factor in preventing diseases,  
7 to be able to recognize a situation quickly and react to it.  
8 And I think what--we're approaching a point where we've  
9 taken a lot of the guesswork out of it. These will also be  
10 publicly available, so anybody can do them.

11 And this is our little friend, the Oriental  
12 latrine fly, kind of a showcase. That was the first one I  
13 put in there.

14 Now we get down to, okay, what's Food and Drug  
15 going to do about it? We are recommending that in the case  
16 of health hazards, immediate action, immediate corrective  
17 action if you're under a HACCP plan, or appropriate  
18 regulatory action, is the appropriate response; unless, of  
19 course, the hazard is removed by subsequent processing or  
20 intended use of the product.

21 In some cases, such as the hard or sharp objects,  
22 the body of knowledge is large enough and definitive enough  
23 that we can actually compose a compliance policy guide for a  
24 specific contaminant. In other cases such as the allergenic  
25 mites, we are not there yet.

1           Now, the other category is the indicators of  
2   insanitation. The science base and profiles that we're  
3   developing for these have to answer the question, is the  
4   contaminant or insanitary condition an indication of failure  
5   to observe Good Manufacturing Practices or other types, that  
6   type of guidance, specifically things in a firm's sanitation  
7   standard operating plan if they're under a HACCP plan, that  
8   kind of thing. The good sanitation practices. We're  
9   talking now about things that indicate a lapse in  
10  sanitation, indicate poor sanitation.

11           We're basing our profiles and our regulatory  
12  action criteria on the scientific literature, again, which  
13  we are preparing the manuscript now, and believe me, there's  
14  a lot of literature out there; and also on Good  
15  Manufacturing Practices and related regulations, and there  
16  are a couple of existing FDA Compliance Policy Guides  
17  already in place, notably the warehouse guides which define  
18  how many insects or how much rodent damage is reasonable or  
19  unreasonable in a storage situation.

20           I want to emphasize that the strategy will not  
21  change existing regulations and guides. What we're doing is  
22  providing an updated science base that is reasonably  
23  oriented to new developments in HACCP and action criteria  
24  profiles for enforcing an existing body of regulation.

25           Moving on, indicators of insanitation, there are

1 three major groups. I'll be focusing on the center group  
2 because that's the most complex, but we basically have  
3 things that are very large and visible and just about  
4 everybody in this room, if they saw one in their soup, would  
5 say, "Ugh, what's wrong with Food and Drug that they don't  
6 fix that?" And they are also indicators, really, of a major  
7 lapse in sanitation somewhere along the line.

8           The second group in this category are the  
9 commensal pests. These are the animals, the insects and the  
10 rats and the mice, that basically share our table, that seem  
11 more or less dependent on us, even though they come in and  
12 steal our food, that we don't keep them as pets, but they  
13 are the common pests: the flour beetles, the cockroaches,  
14 those kinds of things.

15           And when you look into the natural history of  
16 these animals, they fall out into three natural groups, what  
17 we call--and I'll explain these in detail--the  
18 opportunistic, the obligatory, and the inadvertent, and I've  
19 listed examples of what types of pests fall into each of  
20 these groups.

21           The other major indicator of insanitation we deal  
22 with is machinery mold, the Giatricum mold that John talked  
23 about in more detail, and I won't get--I won't reiterate  
24 that discussion.

25           Now, when we get into what kind of action levels

1 for these pests, we are basing--we will base our  
2 recommendation on samples for right now, because that's what  
3 we're working with, of six analytical portions, and  
4 somebody's going to ask where the number six came from.  
5 That's the minimum number of portions that FDA inspectors  
6 normally collect, so we are just expressing it in terms of  
7 six.

8 For the highly visible contaminants which are  
9 evidence of egregious breach of sanitation, it's recommended  
10 that FDA consider taking appropriate legal action based on  
11 finding one of them in a sample, if there's additional  
12 evidence of insanitation. In other words, if the inspector  
13 has seen something that would contribute to that type of  
14 contamination, and you do indeed find the contamination,  
15 it's time to consider some sort of legal action, or if you  
16 find the same thing twice.

17 Basically, there have been a number of surveys of  
18 public attitudes that show that consumers react strongly to  
19 one or two of these large, egregious things. I mean, one  
20 roach is enough for most people to want to do something  
21 about it.

22 So we're basing this in part on those public  
23 surveys also, that show that one or two incidents of this  
24 large, visible, egregious type contamination is just about  
25 the limit for most consumers. And a typical reaction is to

1 discard the contaminated product, spray, try to get rid of  
2 the pest, or call Food and Drug Administration and complain,  
3 and that's a legitimate reaction.

4           These large things include large foreign objects  
5 of any kind, big bugs, big pieces of anything; live  
6 infestations; visible evidence of a lot of insect activity  
7 or pest activity, such as nesting, webbing, excreta, that  
8 kind of thing; or other visible or egregious contaminants  
9 that are not classified as unavoidable natural defects. In  
10 other words, we're not--we're separating this out from the  
11 Defect Action Level types of contaminants.

12           And this is an example. For anybody who was  
13 planning to have a hamburger for lunch today, you might want  
14 to leave the pickle out because sometimes you get pickle  
15 worms in there. I love to spoil people's lunches with some  
16 of these. Here we go.

17           And there are also smaller things, and for the  
18 smaller things we're saying we should consider taking legal  
19 action or corrective action based on finding any of this,  
20 any combination of this in three of the six analytical  
21 portions. And I'll shortly get into defining the stored  
22 product, filth, insects.

23           We're basically saying if you find some of these  
24 commensal pests or if you find large pieces of them,  
25 sometimes they get broken in half; a few hairs from

1 commensal pests, now we're not talking about field mice; or  
2 machinery mold exceeding 2,200 mold fragments in 500 grams  
3 of product. We're talking about over 600 species of insect  
4 pests. There's a large number of stored product insects and  
5 that type of thing. And we're talking about disarticulated  
6 body regions, head, thorax, abdomen, the same bugs; or hairs  
7 or other evidence, mainly hairs, from the Norway rat, roof  
8 rat, house mouse, and two Asian commensals, the bandicoot  
9 rat and the commensal Asian shrew. And of course excessive  
10 slime from that machinery mold.

11           Okay, you say, fine, you're talking about  
12 opportunistic and obligatory, what do you mean by that?

13 Well, we developed the profiles based on the science  
14 literature, and I put them up here comparing them with the  
15 disease-carrying. We've already gone through this one, the  
16 one, two, three, four, five of disease-carrying pests.

17           The next group is the opportunistic. These are  
18 the rats and the mice and the roaches that basically what  
19 we're saying is, when you eliminate number five, the guys up  
20 in this category become--naturally fit into the  
21 opportunistic pests. In other words, a roach devoid of the  
22 pathogen hazard is still an indicator of insanitation. The  
23 difference is, the pathogen hazard is either absent or  
24 eliminated.

25           And I've tacked another one on here which will

1 make sense from the next slide. These pests are  
2 opportunistic in the sense that they come into places and  
3 steal food, but they don't live or breed in the food. They  
4 carry it away. A mouse will take something and carry it  
5 away somewhere else. Or they come, eat, and then leave.

6           The inadvertent pests are the pigeons, bats,  
7 spiders, things like that that end up in buildings because  
8 they are synanthropic like the other pests, and they are  
9 endophylic, they will go indoors, usually to nest, though,  
10 but they lack communicative behavior and they aren't  
11 particularly attracted to the food that is in the building.  
12 They're more attracted to the building itself than to the  
13 food.

14           Again, with the inadvertent pests, the pathogen  
15 hazard is either absent or eliminated. If it's not, we will  
16 consider it--we should try to match it to the profile for  
17 the contributing factors. And they again are not found  
18 living in the food product itself. They're roosting  
19 somewhere or building a web or nesting or doing something  
20 else in the building.

21           The obligatory pests are the true storage insects.  
22 These are the flour beetles and the Indian meal moths and  
23 those types of things that are earmarked. They're very  
24 obvious because they normally live and breed in the food.  
25 In other words, when you have flour beetles you're going to

1 find larvae, eggs, pupae, adults. You'll see the life  
2 cycle. You will see little babies and moms and pops and  
3 everything. They're making their home inside the bag of  
4 flour or whatever food it is.

5           And because they remain in the food, they are not  
6 particularly associated with any pathogen hazard. They're  
7 an indicator of poor sanitation, somebody is not paying  
8 attention to cleaning up, but they are not particularly  
9 known as the types of pests that would spread disease. And  
10 they are not particularly communicative. They tend to stay  
11 at home in the box of cereal, wherever they are, but they  
12 are definitely attracted to human food, big time.

13           And there you have category one, health hazards;  
14 category two, indicators of insanitation; and the profiles  
15 that we've developed for the major groups within those  
16 categories. The reason we're doing this, of course, is so  
17 that even though I know what I'm doing and I can go out and  
18 do this, we wanted it to be able to be open so that  
19 everybody knows what I might be doing, and in fact can  
20 second-guess me, which is fine; and they can apply them on  
21 the job, in the factory, in the home, wherever they want to.  
22 It is transparent, in a word.

23           John went through category three, which is the  
24 aesthetic filth, and covered it very well. I just remind  
25 you that the regulatory action criteria, Compliance Policy

1 Guides, Defect Action Levels, for aesthetic filth were  
2 established literally decades ago.

3           And I remind you that these were based, had a  
4 different basis than the indicators of insanitation and  
5 health hazards that I talked about. The aesthetic filth  
6 criteria are based on science but also on statistical  
7 marketplace surveys, and not on forensic type of  
8 information. But this is an example of a transparent  
9 strategy that has been successful for decades.

10           These are just examples of the DALs, but what I  
11 want to say is that while the DALs are successful and  
12 they're in place and they've been used for quite a long  
13 time, our task is to develop a parallel science base,  
14 parallel profiles that are forensic in nature rather than  
15 statistical, and where appropriate, Compliance Policy Guides  
16 or other guidance that is contaminant-specific, not product-  
17 specific. The profiles and guidance that we're developing  
18 will be similar to those already in effect for the aesthetic  
19 filth, except they're forensic in nature, they're  
20 contaminant-specific.

21           Who can use the strategy? As I've said, if we're  
22 successful and if we are transparent and we are making this  
23 all available to the general public, the strategy can be  
24 used by anybody in the industry and by consumers. And this  
25 is just a partial list of the people that have actually

1 expressed interest to me in getting this done because  
2 they're waiting for it.

3           Review time. There'll be a test in five minutes.  
4 Never mind. In summary, this is an outline. What we're  
5 doing here is, first we're assembling a science base. We're  
6 reviewing the literature, seeing what conclusions can be  
7 drawn from the science that is known about a particular type  
8 of contaminant.

9           Then we're developing these profiles so that  
10 everybody can recognize that type of contaminant when they  
11 come across it. They're organizing, they've organized the  
12 profiles, we've organized them into three major categories:  
13 health hazard, insanitation, and the aesthetic, which was  
14 there to begin with.

15           And, finally, where it's appropriate, where there  
16 is sufficient science and where it is fully supported by the  
17 science base, we can establish action criteria such as  
18 Compliance Policy Guides.

19           Down the road, we'll publish the remaining science  
20 base. That should be out to the public by the end of the  
21 year. We have been directed to develop a Compliance Policy  
22 Guide for category one and two, and we're in the process of  
23 doing that.

24           That's why we're here today. We presented all  
25 this to the committee, and we're really asking the committee

1 if they agree that the transparent science base that we're  
2 putting together with all these reviews, and going through  
3 all the literature and the profiling procedure, if you agree  
4 that this is an appropriate and proper approach for  
5 developing the Compliance Policy Guide that we've been told  
6 we have to develop for filth and extraneous materials.

7           And of course we're also asking if you think it's  
8 appropriate to expand this beyond sample analyses. products,  
9 collecting samples of products and analyzing, into the areas  
10 of investigations and inspections. One of the things that I  
11 really try to aim for is to put tools out there that  
12 sanitarians, HACCP planners, inspectors can use to make the  
13 decisions that they have to make in the modern world about  
14 food safety.

15           They have to be able to decide quickly whether to  
16 take a corrective action, whether to consider a corrective  
17 action, or whether to conclude that there is no imminent  
18 hazard, that it's a sanitation clean-up action that has to  
19 be done, or nothing has to be done. They have to be able to  
20 decide these things.

21           And as much information as we can put out to them,  
22 and as much structure as we can give into our thinking so  
23 that we are predictable, I think we will all have done what  
24 we intend to do as far as food safety comes, is assure that  
25 the really hazardous and really egregious and really poor

1 sanitation types of contamination are prevented, and that we  
2 focus ourselves in those areas.

3 Thank you very much.

4 DR. BENEDICT: Thank you, Dr. Olsen. If we could  
5 have lights, this is now the time for us to question Dr.  
6 Olsen, and if we have additional questions for anyone else  
7 who spoke, I think that would be appropriate as well.

8 Let me encourage the committee to be as analytical  
9 and critical as we can. This is how the FDA gets as much as  
10 they can get out of our appearance here. So even if you  
11 agree with what they're saying, if you can think of  
12 something, ask it anyway.

13 So let's open the floor for questions. Dr.  
14 Russell?

15 DR. RUSSELL: Yes, I have two questions. And this  
16 probably reflects my ignorance of the area, but one of the  
17 questions is, if an investigator, a lot of insect parts are  
18 found in a product, will the investigator through the field  
19 guide or through some other way know whether or not those  
20 insect parts are from one of these bad insects that transmit  
21 disease such as Salmonella? In other words, will there be  
22 sort of a way that they can tell whether the legs that  
23 they're seeing are from one of these bad insects or not?

24 DR. OLSEN: Right now, no. You'll have to deal  
25 with the whole insect. Once it becomes disarticulated past

1 the major body regions, you really need a laboratory and a  
2 microscope in a laboratory setting to make those  
3 determinations, because they are very, very small. So  
4 fragments are still a matter for--we will need laboratories  
5 to do the fragments, definitely.

6 DR. RUSSELL: So just seeing a certain number of  
7 fragments would tick off possibly some--without knowing what  
8 the fragments were from--would tick off some kind of action,  
9 possibly, if there were--

10 DR. OLSEN: No, you have to know what the  
11 fragments are from, and the fragments are identifiable. In  
12 other words, the short list there of insects that are a  
13 potential health hazard, we can identify those fragments and  
14 people with training can do that. If it's a nondescript  
15 fragment that isn't identifiable, then it becomes a category  
16 three aesthetic type of contaminant.

17 DR. RUSSELL: Thank you. And my second question  
18 has to--I just came back from Belgium during this food  
19 crisis they had, and I became quite aware about the problems  
20 of packaging and that some people can become sick by the--  
21 not from the food product itself but from touching the  
22 packaging. I suppose this is possible with at least a  
23 biologic hazard, if the packaging is contaminated with a lot  
24 of insect excreta itself.

25 And I was wondering, do these guidelines cover not

1 just the food, what's in the food, but also the packaging?  
2 Realizing that, you know, a lot can happen to packaging  
3 after it leaves the manufacturing plant, but are there some  
4 kind of guidelines for packaging, at least to the point  
5 where it leaves the plant?

6 DR. OLSEN: Right now we're at the--in the food  
7 stage of development, and the packaging question is--I'm not  
8 too sure there's a whole lot of science behind that. I'm  
9 not exactly--there are--you know, if the--I'm trying to  
10 visualize a situation where the contamination would be in  
11 the packaging and not the product, and I'm having a  
12 difficult time there.

13 DR. RUSSELL: Well, in Belgium, you know, it was a  
14 fungicidal or thought to be, part of it was a fungicidal  
15 agent, so this is different from what you're talking about,  
16 about insect parts.

17 DR. OLSEN: Right, that's totally different, yes.

18 DR. RUSSELL: But I'm wondering, I suppose if you  
19 had a lot of flies around the packaging plant, it would be  
20 possible, probably not as likely to get into the food, but  
21 be possible that you could have Salmonella contamination of  
22 the packaging.

23 DR. OLSEN: Oh, yes, definitely the packaging.  
24 The food contact surfaces, yes. In that sense, yes, food  
25 contact surfaces will be covered by the strategy.

1 DR. RUSSELL: But not if it's on the outside of  
2 the packaging--

3 DR. BENEDICT: Why don't we--let me just interrupt  
4 for a minute--why don't we ask Dr. Troxell to clarify if you  
5 could, please.

6 DR. TROXELL: Well, if I can here. I mean, we  
7 have a whole set of indirect additive regulations that  
8 assure the safety of packaging. Now, if a packaging were  
9 contaminated by a fungicide, gasoline, or some other  
10 contaminant, say if somebody tried to recycle an  
11 inappropriate material, then that recycled material probably  
12 would not comply with our regulations. But also, if even we  
13 had another situation of, say, a fungicide contaminant  
14 whereby it would contaminate food, it would adulterate the  
15 food per se under 402(a)(1).

16 DR. BENEDICT: So do you feel, has your question  
17 been answered? Or at least addressed?

18 DR. RUSSELL: I think so.

19 DR. BENEDICT: Okay, we have Dr. Hotchkiss.

20 DR. HOTCHKISS: Thank you. A couple of questions.  
21 One, I wasn't quite clear, did you say that a Compliance  
22 Policy Guide has been written, a proposed one, in this area?  
23 I thought you had said that there was one and that we had  
24 it, but I don't recall--

25 DR. OLSEN: The only guide we have is, we've

1 published the Compliance Policy Guide for hard or sharp  
2 foreign objects.

3 DR. HOTCHKISS: I see.

4 DR. OLSEN: And I believe that was in the handout.

5 DR. HOTCHKISS: I don't think we did have that,  
6 but I assume that your thinking, you have given us these  
7 action categories, one, two, three, and so forth, that's  
8 your thinking towards the--towards a potential compliance  
9 policy?

10 DR. OLSEN: Yes. A potential Compliance Policy  
11 Guide will focus on one and two, because three is already  
12 pretty much covered.

13 DR. HOTCHKISS: Good, because I just wanted--  
14 because I thought you said we had it, but I don't think we  
15 do.

16 DR. OLSEN: No, we only have one small part. In  
17 some cases, and this is important to realize, in some cases  
18 the science and the other information, such as with health  
19 hazards, the Health Hazard Evaluation Boards and the  
20 clinical literature, clearly support a contaminant-specific  
21 Compliance Policy Guide. I mean, in other cases the science  
22 is not that developed.

23 In the case of the hard or sharp objects, it is  
24 very clear from the clinical literature, from the surgical  
25 textbooks and from the Health Hazard Board that, for

1 example, an object 7 millimeters or longer was a definite  
2 hazard to anybody. Objects 2 to 7 millimeters could be a  
3 hazard to special risk groups. And it was so convincing  
4 that we just could not fail to publish that out.

5 In other cases, such as the allergenic mites or  
6 that, there is no dose response data available yet so it's  
7 impossible to formulate a compliance policy guide at this  
8 time.

9 DR. HOTCHKISS: No, I understand. I just wanted  
10 to make sure that the committee is not able to comment on a  
11 proposed policy guide because--

12 DR. OLSEN: Right. We're asking for comment on  
13 the strategy for making guides.

14 DR. HOTCHKISS: Okay. I just wanted to make sure  
15 I was clear about that. More substantive, at least to me,  
16 you've laid out five criteria for action or proposed  
17 criteria for health hazards. They seem very logical to me,  
18 having been actually involved with this a little bit  
19 throughout my career.

20 The only one that I wondered is, my real question  
21 is, in practice, do you feel confident that this is not  
22 going to overly burden the field people at FDA? I can see  
23 the situation where you have these five criteria, you  
24 inspected my plant and you got down to the first four  
25 criteria and you found flies on my food, and I said, "Yes,

1 but these are not disease-carrying flies, these are non-  
2 disease-carrying flies."

3           And I guess your answer to that is, you're going  
4 to give the inspector a field guide and that's going to be  
5 the difference. He's going to look at these flies and  
6 compare them to the field guide, and make a decision whether  
7 or not they are disease-carrying flies. That's going to be  
8 a very critical decision, in my view, because that's going  
9 to take you from a category one to a category two kind of  
10 thing.

11           DR. OLSEN: Exactly.

12           DR. HOTCHKISS: And I just wonder if you think  
13 that--are you confident that the field people who have to  
14 make that very critical decision at that point will be, even  
15 with a field guide in hand, will be capable of making that  
16 decision?

17           DR. OLSEN: Yes. We've tried it out with a few  
18 inspectors already, and it's not rocket science. It's  
19 doable. Of course we have to realize that for any legal  
20 action, the inspectors would normally collect what we call  
21 an investigational sample, not a product sample but a sample  
22 of essentially forensic evidence showing or to confirm.

23           A good example is the rodent urine that John  
24 showed. They would normally black light it and say, "Ah,  
25 ha, this glows under the black light like rodent urine." We

1 will collect a sample as part of our forensic evidence, and  
2 then we confirm it in the laboratory.

3 A lot of the decisions they'll be making is,  
4 should we swat that fly and collect it? Or it doesn't look  
5 like one of the ones we swat and collect; we'll just list it  
6 on the list of observations. So the mechanics of it will  
7 not overburden our investigators by any means.

8 DR. HOTCHKISS: Let me make sure I understand what  
9 you told me a second ago. You have tested this, field-  
10 tested this?

11 DR. OLSEN: Yes, we've taken it out in the  
12 warehouses with--out in California.

13 DR. HOTCHKISS: And my third question is related  
14 to that. This seems to me to be a fairly significant  
15 departure from past practices in this area. I assume we all  
16 agree to that; probably wouldn't be here if it weren't. We  
17 wouldn't be talking about it if it weren't.

18 I wonder if you have or someone in the agency has  
19 taken the proposed criteria and retrospectively looked at  
20 inspection reports or incidences over some last period of  
21 time and made a decision how this would or would not affect  
22 the outcome of inspections. In other words, how many of  
23 incidences of filth over the last year would now have been  
24 categorized as category one, compared over some historical  
25 period.

1 DR. OLSEN: Yes, yes. We have been doing that for  
2 the last year. All of the case referrals that come into our  
3 office have been getting a double evaluation by the  
4 traditional precedents, where we would look it up in  
5 product-specific files and see how it was going, and by this  
6 process. And we're talking a couple hundred samples here  
7 over the past year.

8 The agreement is over 90 percent. In other words,  
9 regardless of which system we used, the outcome, the  
10 decision would have been the same. And with the other 10  
11 percent, we've used those to fine-tune, so they would now be  
12 in agreement. They were out of agreement. We just had to  
13 fine-tune the strategy.

14 So basically we are not--this will not cause more  
15 or fewer decisions in a violative or non-violative category.  
16 In other words, it will not change the mix. How else can I  
17 say it? If a sample that came in five years ago was  
18 violative, and it comes in next year under this strategy, it  
19 will still be violative. We have not changed that mix at  
20 all. It's fairly consistent.

21 DR. HOTCHKISS: So the net effect in terms of  
22 protection of health generally will not change.

23 DR. OLSEN: The same, remain the same.

24 DR. HOTCHKISS: It's essentially--

25 DR. OLSEN: The difference will be, we will have

1 the tools to approach the HACCP needs that we're in, where  
2 we have to define critical control points and that. This is  
3 information that those people need.

4 And the other difference will be that we will have  
5 it out there in front so that these decisions, a large  
6 number of them at least, can be made without sending them in  
7 to our office, with confidence, by district offices. And  
8 there's an element of predictability in there from the  
9 industry's viewpoint.

10 DR. BENEDICT: Let's have a comment from Dr.  
11 Troxell.

12 DR. TROXELL: Yes, I'd just like to add one thing.  
13 The health impact would be to enhance the public health  
14 here, because we're setting up a system for prioritizing our  
15 focus. And with that prioritization of focusing of  
16 resources on the most important areas, then we'll get a  
17 greater health impact. And we'll have also, because we'll  
18 have better guidance out for industry, they'll be able to  
19 focus on things that have the greatest health impact.

20 DR. HOTCHKISS: Thank you very much.

21 DR. BENEDICT: Okay. Next on the list is Dr.  
22 Kuzminski. The microphone, please.

23 DR. KUZMINSKI: Thank you very much. I'm sorry. I  
24 have some general comments and some specific comments or  
25 questions, and I'll start with the specifics and go to the

1 general.

2 Help me understand the use, your use of the word  
3 "transparent," please.

4 DR. OLSEN: Okay. My use of the word  
5 "transparent" is, first, it's published. Everything is out  
6 to the public. And, second, it is revealing so that I am  
7 predictable or whoever makes the regulatory decisions is  
8 predictable. You can take this information and, with a fair  
9 degree of confidence, say that, "Well, Food and Drug is  
10 going to be very concerned about this, or moderately  
11 concerned, and I should also be."

12 DR. KUZMINSKI: Thank you. That's helpful.

13 What has been the peer review reaction to the  
14 three papers that have been published? I've read them. I  
15 found them interesting. I thought they would probably be  
16 very difficult to write.

17 DR. OLSEN: Thank you.

18 DR. KUZMINSKI: What has been the reaction there?

19 DR. OLSEN: The reaction among my peers has been  
20 overwhelming support, honestly. And before I sent it to the  
21 Journal, I shared it with some pretty high-up colleagues,  
22 Bernie Greenberg out in Chicago, who is the dean of  
23 dipterists, of fly people. He wrote "Flies and Disease,"  
24 which I've cited quite extensively. And he was very much in  
25 support of it. And a few of the universities.

1                   And the reprint requests are all voluminous.  
2 We're running out of reprints already. And the comments  
3 I've been getting back from just about every sector is  
4 support: Yes, this is good science, it's logical science,  
5 and it's--it hits the mark, yes. I've been getting very  
6 little negative at all.

7                   DR. KUZMINSKI: That's very good. You mention and  
8 the materials mention--

9                   DR. BENEDICT: Could you get just a little closer  
10 to the microphone?

11                   DR. KUZMINSKI: I'm sorry. Thank you, Dr.  
12 Benedict. I'm sorry.

13                   You mention and the materials mention intentions  
14 to write two more later this year.

15                   DR. OLSEN: Yes.

16                   DR. KUZMINSKI: And what topics might--could you  
17 share the topics?

18                   DR. OLSEN: The one will be on--will be a study  
19 of--it's called an organoleptic panel, where we took large  
20 objects, in this case hairs, and had a bunch of, a number of  
21 people see if it was objectionable, if they could discern it  
22 or not. We were basically determining how large is large.

23                   DR. KUZMINSKI: Yes.

24                   DR. OLSEN: And the other one will be a  
25 comprehensive review of the indicators of insanitation--the

1 rats, the mice, the roaches, the ants, those things--  
2 basically putting together the science base of why a  
3 particular contaminant should be in category two and which  
4 group of pests, is it opportunistic or not, opportunistic,  
5 inadvertent? Why would the major types of pests fit into  
6 one of those profiles, and why the profiles are developed to  
7 begin with. So it's basically the science base for the  
8 profiles, and then putting all the little critters in their  
9 proper bins, as it were.

10 DR. KUZMINSKI: Thank you. So this compendium of  
11 five papers, then, in the agency's view would provide the  
12 science base for the entire horizon, of the area that's  
13 trying to be regulated

14 DR. OLSEN: Science base and the profiles, yes,  
15 and the profiles.

16 DR. KUZMINSKI: I guess it's related to a question  
17 that Dr. Hotchkiss asked. The new strategy, in the material  
18 there's comment made on decreasing the number of referrals  
19 to the Center.

20 DR. OLSEN: Yes.

21 DR. KUZMINSKI: Might there be a rerouting of  
22 costs in the strategy from the Center to the field, and  
23 hence no net decrease?

24 DR. OLSEN: Probably not, because the compliance  
25 officers in the field district offices are already doing

1 extensive reviews of these cases before they send them to  
2 us, and the conventional wisdom in the field has been, if we  
3 can make the decision out here, it's more efficient for us.

4 DR. KUZMINSKI: Overall--those are the specific  
5 comments, a couple more but I can cover them off line--  
6 overall I think the whole strategy going back to, Mr.  
7 Chairman, if you're addressing the question, address it to  
8 the committee--Does the strategy provide an appropriate  
9 scientific base for an enforcement strategy?--I think it's a  
10 good start. It's trying to quantify and bring out--

11 DR. BENEDICT: We're actually going to ask you to  
12 say that a little bit later, if that's okay.

13 DR. KUZMINSKI: Oh, all right. But I see some--  
14 and this relates to some questions--there are potential  
15 overlaps between these priority sections. Dr. Hotchkiss has  
16 referred to it. I believe the speakers have referred to it.  
17 between category one, where there is health hazards, and  
18 category two, where there are not so.

19 But there are potential overlaps, and this is  
20 where I see the implementation of this strategy, especially  
21 when I hear it combined with HACCP implications, where the  
22 implication there is clearly hazard. The first letter of  
23 HACCP is Hazard Analysis, hazard.

24 And I feel the--there could be implementation  
25 challenges for both training and education in the field, not

1 just for the agency and the agency personnel but by those  
2 that the agency is dealing with, the industry people, to  
3 deal with this new information. So I think overall the  
4 initiative brings objectivity, but there should be a  
5 recognition of real potential overlap between a very key  
6 area, category one, and a less key area perhaps, category  
7 two.

8 DR. BENEDICT: Thank you.

9 Dr. Montville?

10 DR. MONTVILLE: I have two questions that are--I  
11 don't know if they're very specific or very trivial. One  
12 is, we go back to the question of category one versus  
13 category two, and the fifth criteria, is it a disease-  
14 carrying type insect or not? There's quite a bit of  
15 coverage in the documentation on recognizing versus  
16 identifying and the qualifications you need to identify an  
17 insect versus recognize an insect.

18 I thought I understood until we started thinking  
19 about field guides, where if you use the analogy to field  
20 guides for identification of birds, I think we're talking  
21 about a field guide for recognition of insects.

22 DR. OLSEN: Recognition, yes.

23 DR. MONTVILLE: Can you speak to that? I mean,  
24 what is the real objective difference between "recognize"  
25 and "identify" and what people would have to be trained in

1 to do that?

2 DR. OLSEN: Yes, you're exactly right. The field  
3 guides are by and large tools for recognizing something  
4 rather than making a definitive taxonomic identification.  
5 From the field standpoint of the sanitarian or the inspector  
6 or the HACCP planner or those people, recognition is an  
7 important skill to have, because that is information we use  
8 to make decisions out in the field. From a regulatory  
9 standpoint, however, as far as taking a regulatory action,  
10 identification will still be required.

11 In other words, recognition is also a component  
12 of, "Should I collect it for identification or not?"  
13 Because you cannot walk in with partially developed  
14 evidence, especially since, as I've stressed, this is a  
15 forensic endeavor, you definitely need to take the latent  
16 prints and identify them and match them up and do the more  
17 complex science before you take any legal action.

18 DR. MONTVILLE: The second question again may be  
19 trivial. When we're talking about three out of six samples  
20 having indicators of insanitation, do they have to be the  
21 same indicator or could it be different indicators?

22 DR. OLSEN: Very good question. We debated this  
23 one around, whether it had to be same or not, and one would  
24 think--your intellect and logic tells you that if it is the  
25 same pest throughout, then this is a larger lapse somehow.

1 But in reality, neglecting a population of say, for example,  
2 flour beetles to the point where it spreads into three bags  
3 or four bags of flour, how much different is that than  
4 allowing flour beetles access to one bag and flat grain  
5 beetles access to another? In a sense, the difference  
6 between the two situations, at least in our estimation right  
7 now, is sort of trivial. They are parallel in importance.

8 DR. MONTVILLE: Thank you.

9 DR. BUCHANAN: Dr. Applebaum, and then we'll do  
10 Dr. Brackett.

11 DR. APPLEBAUM: Just a few comments and a  
12 question, and again this is echoing off of Dr. Hotchkiss's  
13 point in regards to don't think training is going to be--  
14 just a warning, you know, training is not as easy as one  
15 might think, and we have had our experiences just with HACCP  
16 issues. So I'm hoping that there are resources available to  
17 ensure that that training is going to be done, not only with  
18 FDA, but as you know, a lot of your guidance documents are  
19 also used by the States, and any effort that you can have or  
20 plan for as it relates to providing education for the  
21 States, that would be I think very beneficial for everyone  
22 across the board, not only the agencies, both Federal, State  
23 and local, but also for the industry.

24 A question I have in terms of--and it gets back to  
25 something that's probably near and dear to all of your

1 hearts, and that's the integrated approach that everyone  
2 hears about and the need for communication, collaboration,  
3 and coordination, and I was just wondering if you could  
4 perhaps share with us some of the efforts in that regard as  
5 it relates to your sister agencies responsible for food  
6 inspection and food safety?

7 DR. OLSEN: Oh, yes. Actually that's a very good  
8 question. We have had a number of conferences with U.S.  
9 Department of Agriculture Food Safety Inspection Service,  
10 Dan Engeljohn's office and also their recall people, and  
11 they have been on line with this. And we also are working  
12 with them to, as much as possible, align what we're doing  
13 here with their instructions to their inspectors out there,  
14 and we are pretty much in line. The last meeting they had  
15 was a rather large one, and they in fact are supportive.

16 DR. BENEDICT: Okay. Dr. Brackett?

17 DR. BRACKETT: Thank you.

18 DR. OLSEN: Can I make a quick comment about the  
19 training and your comment there? This field guide concept  
20 that I flashed up here is not a new thing. This is tried  
21 and true. Basically it's the way CDC has done things for  
22 many, many years, and it's modeled after that. So, yes,  
23 people need a little bit of training there, but it's not  
24 like we're saying, "Oh, this is a great idea, let's try it  
25 out." It's been tried before in many different venues.

1 I'm sorry, go ahead.

2 DR. BRACKETT: Okay. Your talk was quite  
3 interesting, I think--

4 DR. OLSEN: Thank you.

5 DR. BRACKETT: --and generated a lot of questions  
6 in my mind, and really too many. So what I'm going to do is  
7 actually lump them into two separate areas, one dealing with  
8 policy and one dealing with science, and I'll deal with  
9 science because I think it's the easiest ones to answer at  
10 this point.

11 And I wonder if I could ask you a little bit more  
12 about the state of the science for identification of these.  
13 Specifically the guides and everything are relying on field  
14 guides and on more art and traditional ways of identifying.  
15 Is there not a more quantitative or more objective way of  
16 identifying, first of all, allergens, allergenistic insects?  
17 And also perhaps rapid methods or something a little more  
18 objective for disease-causing insects, something that would  
19 be less subject to error by the field inspectors, and also  
20 more unequivocal in court?

21 DR. OLSEN: Yes. Very good question. We'll take  
22 the allergens first. The jury is still out as to whether we  
23 should measure the mites or directly measure the allergen,  
24 both of which are possible. As I mentioned, there is no  
25 dose response data for either one, and I won't predict the

1 outcome, but we are working currently--as a matter of fact,  
2 George Ziobro is in the room here--on developing a method  
3 for measuring the allergens in a product from mites. So in  
4 some cases, yes, there definitely are good signs, there are  
5 quantitative methods we can apply.

6           When you get into insect taxonomy and live, moving  
7 animals such as large flies and roaches, there have been a  
8 number of attempts to get away from the physical morphology  
9 of these beasts as far as identification, and there are no  
10 applications that I know of right now that are that  
11 definitive, that get that level of precision when applied to  
12 a food product or the food matrix.

13           There has been some work on trying to sort out the  
14 protein mix in the exoskeleton, and in some cases--well, the  
15 good example is the Asian roach, where they did quite a bit  
16 of GC work. The Asian roach is a dead ringer for one of our  
17 native roaches, and it's an invading species. The big  
18 difference between it and the local roaches is, it flies a  
19 lot.

20           And originally when it invaded this country, into  
21 Florida, they started doing some GC work on trying to  
22 identify them out because it's an invading pest and you have  
23 to tell. And it was good work, but it turns out that it's  
24 much easier to say, "If it flies, it's an Asian roach," than  
25 to go through all that. In addition to which, one of our

1 people in Baltimore recently published a paper that said  
2 they're not dead ringers, there are some pretty obvious  
3 physical characters that you can use to separate the two.

4           So in many cases with--what I'm trying to say is,  
5 with the whole animal, the morphology is pretty generally  
6 keying out to be the easiest way to accurately identify  
7 them. With the Oriental latrine fly they're doing some  
8 interesting DNA work and sorting out strains. They're  
9 trying to sort out the migration patterns. They asked the  
10 question, "It showed up in California. Did it come from  
11 Hawaii, did it come from Mexico, or did it come from Japan?"  
12 And the answer is being sorted out at U.C. Berkeley by  
13 comparing DNA from the different populations.

14           So these things are possible, but still insect  
15 morphology is the quickest way.

16           DR. BRACKETT: I'm just wondering if some of that  
17 isn't just because there hasn't been a need to look for  
18 something to do that.

19           DR. OLSEN: That, too.

20           DR. BRACKETT: And you touched on a little bit,  
21 which is the next issue that I had, which are some of the  
22 policy issues, one of which is again measuring mite parts  
23 versus the allergen and coming up with action levels. I see  
24 an issue emerging with these sorts of things, not unlike  
25 *Listeria monocytogenes*, that you have a latent problem that

1 you may not see early on, but through storage you may end up  
2 having a bigger and bigger problem, where one might need to  
3 take a risk assessment approach in order to find out exactly  
4 what the risk is to a sensitive population. And I don't  
5 know if you've got plans to do that or how that's going to  
6 fit in with what the policy is going to be.

7 DR. OLSEN: Well, with the case of the allergenic  
8 mites, it's such a new issue that, no, we don't have firm  
9 plans laid yet. But you're absolutely correct, that's a  
10 good direction to consider, because this is something brand  
11 new that's just coming out, so there obviously will be more  
12 activity in that area, and that is--we just haven't had the  
13 time to decide which direction to go. The scientific  
14 community actually hasn't figured out which direction to go  
15 on that. But risk assessment types of approaches are  
16 definitely something we should consider with those,  
17 especially with the allergenic mites.

18 DR. BENEDICT: Dr. Buchanan has a question.

19 DR. BUCHANAN: To ensure that we get a full  
20 consideration of the issues before the committee, what I did  
21 want to ask and bring out on the table is, in your  
22 description of your criteria, much of this was based on  
23 observations in the actual processing environment, the  
24 identification of species that fulfill your profile.

25 What I didn't hear was any kind of quantitation of

1 how many of these insects would be needed to have a hazard.  
2 Would you be concerned if you had one fly, one Oriental  
3 latrine fly, or would your concern only be when you had more  
4 than 100 in that environment?

5           Likewise, when you get into the second category,  
6 ones that were not particularly associated with transmission  
7 of disease but examples of insanitation, where is the  
8 criteria, what is the criteria before you would elicit an  
9 action? Certainly one house fly could come in with an open  
10 door; a hundred might be indicative of someone's broken  
11 screen. Do we have any consideration of quantitation?

12           DR. OLSEN: Well, at this point we have thoughts  
13 of doing research in that area, as far as deciding how many  
14 flies is too many, how many roaches is too many from a  
15 pathogen transmission point of view. On the other hand, in  
16 the meantime it's not like we're unprotected, because the  
17 fact that we're taking a forensic rather than a statistical  
18 approach to food sanitation means that we're not relying  
19 strictly on numbers of flies, we are relying on the bulk of  
20 the evidence and whether the evidence shows that there was  
21 indeed a lapse of good sanitation.

22           What we really are doing here is deciding whether  
23 in fact the Food, Drug and Cosmetic Act, Sections (a)(3) and  
24 (a)(4), have been followed. So we have the protection in  
25 place, and it would be nice to have the quantitation so we

1 can draw that line a little finer, and we'll be working  
2 towards that.

3 DR. BENEDICT: Dr. Applebaum?

4 DR. APPLEBAUM: But then I have a concern, because  
5 you're--and, again, this probably goes back to the training  
6 --because how are you going to control the subjectivity of  
7 current inspectors as well as new inspectors who are geared  
8 towards the protection of public health, and we applaud  
9 that, I applaud that, but for qualitative reasons they're  
10 going to err on the side of safety when a hazard in this  
11 regard, or even a strong indication of sanitation, doesn't  
12 exist? So if you could just share with us, how would you  
13 control an inspector's subjectivity if you don't have, if  
14 you will, those quantitative indicators in place?

15 DR. OLSEN: I think a Food and Drug inspection, a  
16 sanitation inspection, is not a numbers generating type of  
17 activity. It's an investigational type of activity, and  
18 that's where we're at today, where the combination of  
19 observations of the inspector make the case for or against a  
20 significant violation of sanitary laws.

21 And when an inspector, for example, goes into a  
22 plant to do a sanitation inspection, they walk through the  
23 entire operation, they make their observations, and at the  
24 end they give the plant manager a list of those  
25 observations. That same list goes back to the office to

1 evaluate as to whether it is enough to justify some sort of  
2 legal action.

3           At the same time, the dynamic working there is  
4 that the manager of the plant at the same time will take  
5 that list and do some corrective actions. And when you get  
6 into that sort of dynamic, they are already putting screens  
7 on the windows, regardless of whether it's one fly or a  
8 hundred flies, because in essence they realize that if you  
9 see one fly and the window is open, you could see more, and  
10 let's not count the flies, let's shut the window.

11           And I think that's the attitude or that is the  
12 approach that most of our inspectors in fact do take, is  
13 this indicates a problem, and can we correct it before it  
14 becomes a big problem? And if it is not corrected, then the  
15 dynamic has to be evaluated again to see if we require legal  
16 action to get the desired behavior that will shut the  
17 window.

18           DR. BENEDICT: Mr. Harris, is your comment  
19 pertinent to--

20           MR. HARRIS: Just to this point.

21           DR. BENEDICT: So please address that.

22           MR. HARRIS: Yes. As a practical matter, you  
23 should never turn the Food and Drug inspector loose in your  
24 plant. You should accompany him as an adjunct inspector.

25           DR. BENEDICT: Thank you.

1 Dr. Hotchkiss?

2 DR. HOTCHKISS: I'm trying to understand how this  
3 science base policy then gets turned into regulatory policy.  
4 You've given us these action categories, one, two, three, in  
5 our handouts, but they didn't quite match what you had said  
6 up there. For example, you had one that said "if three or  
7 more," and I can't find that in here. And it says, "If the  
8 above criteria are not met, proceed to step six of the  
9 strategy flow chart." We don't have that strategy--

10 DR. OLSEN: We don't, no.

11 DR. HOTCHKISS: --so there are some parts of this  
12 I assume that we don't have.

13 DR. OLSEN: Actually, yes. The flow chart, we got  
14 caught up in some graphics difficulties with it, but it is  
15 no more than a decision tree for arriving at category one,  
16 two or three. And basically it's a logical progression,  
17 where it's the flow of the decision.

18 You ask yourself first, is there a HACCP plan in  
19 place or some other overriding document or agreement or  
20 plan, and check those records out first, then decide whether  
21 or not it's appropriate to collect a sample. If a sample is  
22 collected and analyzed, then go into the decision tree of  
23 the analysis. Is it a potential hazard? And if so, is it a  
24 situation where the hazard is not removed, neutralized or  
25 eliminated?

1           If the answer is yes, it's a potential hazard and  
2 it's not removed, neutralized or eliminated, go to category  
3 one. If it is not a hazard, go to the next decision tree  
4 that says, is it an indicator of insanitation or is it an  
5 aesthetic type, and for those answers it just directs down  
6 to category two and category three. So it's basically just  
7 a decision tree, and those are the questions that you have  
8 to ask yourself every time you inspect a plant or analyze a  
9 sample.

10           DR. HOTCHKISS: Yes. My real question--

11           DR. OLSEN: Just putting them in priority type of  
12 order.

13           DR. HOTCHKISS: So this is really still an  
14 evolving policy?

15           DR. OLSEN: Yes.

16           DR. BENEDICT: Okay. Are there other questions?  
17 Dr. Kuzminski?

18           DR. KUZMINSKI: I just have one.

19           DR. BENEDICT: Microphone.

20           DR. KUZMINSKI: Thank you. Help me understand.

21 Under action category one in the provided materials, and it  
22 goes back to my point on potential overlap between the  
23 categories--

24           DR. OLSEN: Yes.

25           DR. KUZMINSKI: --reference is made to, under

1 action, HACCP corrective action or seizure, detention, et  
2 cetera, for either one of the two options described in the  
3 provided material.

4 Mindful of the fact that there could be an  
5 overlap, mainly in the area of pests and the potential of  
6 pests to carry disease, I go to the area on frequently asked  
7 questions, responses to frequently asked questions, and the  
8 question that addresses what are the HACCP applications.  
9 And the last statement made in that section is that the  
10 strategy clearly enforces the concept that under normal  
11 conditions, CCPs, critical control points, are not an  
12 appropriate means of controlling pests in a HACCP  
13 environment, including pests that carry pathogens.

14 While I agree with that statement, I find a little  
15 bit of confusion in my mind, trying to correlate and clarify  
16 that statement with the action as described in Section 1 an  
17 the potential overlap of some material in Section 1 with  
18 Section 2, which may not be HACCP-related.

19 DR. OLSEN: Yes, that's a long question. When we  
20 get into the pests that are disease-carrying pests, the  
21 most--the normally--normally the appropriate control points  
22 for those are in the sanitation standard operating  
23 procedure, but the control point for the pathogen must be  
24 present there also. If the control point--if the control  
25 for the pathogen is being circumvented by the insect, then

1 you still do not make a critical control point for the  
2 insect. In other words, you do not put "fly control" as a  
3 critical control point. It still remains in the sanitation  
4 standard operating procedure.

5 I don't know how responsive that is, or did I--

6 DR. KUZMINSKI: I'm not sure I've done a good job  
7 in asking the question.

8 DR. OLSEN: Okay, let's do the question.

9 DR. KUZMINSKI: Enough for now. I just see a  
10 potential conflict there in terms of how do you resolve  
11 action level in two where it may overlap with an issue  
12 that's in action level one, category one.

13 DR. OLSEN: Okay. Yes. And the confusion comes,  
14 yes, exactly there, because I think basically what you're  
15 saying is, a roach can be in either category, and how do you  
16 decide which category it goes into? And the key factor  
17 there is whether or not there's a reasonable likelihood of  
18 that roach transmitting the pathogen. If there is, it  
19 belongs in category one. If the HACCP control point is  
20 going to intervene and the roach doesn't get past it, then  
21 it's an indicator of insanitation and it falls--it sort of  
22 is demoted into category two.

23 DR. KUZMINSKI: My point--

24 DR. OLSEN: The key is that we have to make sure  
25 that we understand that we're focusing on the contaminant,

1 and the critical control point is not controlling the  
2 contaminant, it's controlling the pathogen.

3 DR. KUZMINSKI: Yes, and that reflects my  
4 fundamental concern, also: Is that the appropriate use of  
5 the HACCP concept?

6 DR. OLSEN: Right. Yes, yes.

7 DR. BENEDICT: Dr. Buchanan has a comment on this,  
8 I think.

9 DR. BENEDICT: Just one point of clarification in  
10 terms of HACCP concepts. Typically these types of  
11 activities would be handled under a prerequisite program,  
12 Good Manufacturing Practices, et cetera.

13 However, in those instances where the hazard  
14 analysis has indicated that a higher level of control is  
15 necessary because insects have been identified as an  
16 important source of microbiological contamination in this  
17 instance, and there are no subsequent controls that would  
18 take care of this problem, then it might elevate insect  
19 control up to the point where it would be a critical control  
20 point and treat it as such. But this would be highly  
21 dependent on a very detailed hazard analysis before, in most  
22 instances, this would be considered a critical control  
23 point.

24 DR. BENEDICT: Mr. Harris?

25 MR. HARRIS: I'm an importer of dried nectarines

1 from Iraq. Food and Drug has never had an inspector--well,  
2 someplace where Food and Drug has never had an inspector.  
3 An analysis shows up in a Food and Drug laboratory with some  
4 rodent hairs on it. Are you still going to go, as in the  
5 past, on the types and numbers of hairs, or are you going to  
6 say we don't know the significance of these materials being  
7 imported from this particular country?

8 DR. OLSEN: The rodent hairs example is an  
9 interesting one. If it is a Norway rat, roof rat, one of--  
10 pretty much Norway rat, roof rat and house mouse, that are  
11 known to be indicators of insanitation, then it would be a  
12 category two problem. If it's not one of those specific  
13 fit-the-profile pests, then it becomes an aesthetic issue.

14 MR. HARRIS: Thank you.

15 DR. BENEDICT: The Chair will just ask a couple of  
16 questions. The first one is almost trivial, and that is,  
17 with respect to the allergenic substances in these mites, is  
18 this similar to respiratory things where fecal material has  
19 the bulk of the allergenic--

20 DR. OLSEN: In the case of the mites there are  
21 three separate allergens involved, and chemical identities  
22 there; and of those three, one is known to concentrate in  
23 the feces, the other is known to concentrate in the bodies,  
24 and the third one, they're still trying to figure out where  
25 it's coming from.

1 DR. BENEDICT: So that means that identification  
2 of the presence of a mite gives you a probability of finding  
3 two out of the three. And if the mite has visited, in your  
4 words, and left, the mite dung might not be identifiable and  
5 you still might have a difficulty. Is that--

6 DR. OLSEN: Exactly. That's why we're looking  
7 into direct testing of the allergens, because in fact the  
8 feces of the mites have the highest concentrations, also.  
9 Yes, exactly.

10 DR. BENEDICT: And then the second thing that I  
11 wanted to ask was with respect to the field guides, which I  
12 think are an exciting thing to provide, but one begins to  
13 wonder how far these things will be driven, in the sense  
14 that you can publish a very nice field guide to distinguish  
15 the 15 organisms or so that you have, and then that may  
16 become inadvertently some kind of regulation, in the sense  
17 that now people must be trained to use the field guides. At  
18 what level will FDA insist that the field guides, helpful  
19 though I'm sure they are, at what level will the FDA insist  
20 that these field guides be used? That everybody has to buy  
21 them, the suppliers--

22 DR. OLSEN: No, no.

23 DR. BENEDICT: --the producers. Who?

24 DR. OLSEN: No. If there's another way to--as a  
25 matter of fact, they're put out as a help. There's other

1 materials available already. They're just not as user-  
2 friendly as what we've designed these for. As a matter--  
3 actually, Bernard Greenberg's book has excellent keys and  
4 excellent identification aids, and CDC has put out some  
5 material that can be applied to the same purpose, even  
6 though you have to realize that you're also dealing with  
7 some of the carriers of blood diseases in there and you have  
8 to sort those out.

9 DR. BENEDICT: Okay. Are there additional  
10 questions? Dr. Applebaum?

11 DR. APPLEBAUM: Just one more question, if I  
12 could, and this goes back to the allergenic mites. Because  
13 the field of allergy is continuing to evolve, and at this  
14 point in time answers regarding thresholds are nonexistent,  
15 and when I'm considering, you know, the potential for  
16 regulatory control of a mite, and at this point in time,  
17 because we don't know what that threshold is, you have to  
18 consider that if you see a mite or a piece of a mite,  
19 there's a potential for anaphylaxis to occur in a person who  
20 is sensitive.

21 So I guess I was just reading the paper, Mr.  
22 Olsen, in terms of this avoidable contaminant, as you called  
23 it. And then I started thinking, okay, the methods that  
24 might be proposed for control, and then getting back to risk  
25 assessments that have to be considered, because you have to

1 address concerns regarding risk substitutions and risk  
2 comparisons, I was wondering if you can share with us some  
3 of the agency's discussions or considerations on this  
4 particular issue?

5 DR. OLSEN: It's really such a new issue, we  
6 haven't had extensive discussions in that area. I mean,  
7 quite honestly, we just became aware of it in delving into  
8 the literature for this strategy. It's just coming out now.

9 The only thing I can say that's reassuring is  
10 that, you know, as far as allergenic mites, it will take a  
11 decision by the Health Hazard Evaluation Board. It's not  
12 going to be let out to anybody to say, "Ah, ha, a tenth of a  
13 mite and you've got a problem." There will have to be  
14 careful consideration if that issue comes up.

15 There is a lot of--there is a volume of literature  
16 regarding the respiratory allergies, and people have  
17 proposed thresholds in that area, but they are expressed in  
18 terms of square meters of bedding or things like that. But  
19 they give you a feel for that it's a very small number of  
20 mites that can actually invoke an allergic reaction in  
21 sensitive people.

22 The only other thing we have for comparison is  
23 carmine dye, which is also allergenic, and there has been  
24 research done in that with published levels that are  
25 threshold levels for carmine dye. I can't bring them out of

1 my head right now. But for right now it would take a board  
2 of experts, really, to decide that.

3 DR. APPLEBAUM: I guess my concern is, you know,  
4 the food industry has been dealing with the issue of  
5 allergens as it relates to it being essentially impossible  
6 to guarantee with 100 percent certainty any type of cross-  
7 contact that might occur, and the agency has realized this,  
8 and the issue regarding labeling is something that we are--  
9 you know, is very much on the screens of industry. And I'm  
10 just wondering that perhaps if these mites, the prevalence  
11 of these mite allergies continues to increase or increases,  
12 that that might just be another means of looking at this  
13 particular issue.

14 DR. OLSEN: Yes, yes.

15 DR. APPLEBAUM: Because the last thing you would  
16 want to do is to use perhaps some type of a control that  
17 raises a bigger risk than perhaps--

18 DR. OLSEN: Right.

19 DR. APPLEBAUM: --to more of the population than  
20 perhaps these mites do. Okay.

21 DR. BENEDICT: Okay, so we reach the point where  
22 we asked for your opinions, and perhaps before we do, we'll  
23 ask Mr. Harris if he'd like to make a comment about--or  
24 maybe not, if you don't wish to.

25 MR. HARRIS: No, I was--there's really nothing I

1 should add at this point. Thank you.

2 DR. BENEDICT: Okay, so I'm going to look over to  
3 the boss here and make sure I'm doing this right.  
4 Customarily, we will ask you a question, and the appropriate  
5 response would be yes or no, and we'll collect everyone's  
6 responses at one place on the tape. And then we will ask  
7 you for comments, if you wish to elaborate on that question,  
8 and then--in other words, to state your reasons why you  
9 voted yes or no--and then we will move to the second  
10 question. And so we will ask members of the Food Advisory  
11 Committee for their responses to the questions.

12 And question one: Based on what you have heard at  
13 this meeting, and on your expertise, knowledge and  
14 experience, do you believe that the approach described  
15 provides an appropriate scientific basis for an enforcement  
16 strategy that would include a Compliance Policy Guide for  
17 filth and extraneous materials?

18 And why don't we start with Dr. Applebaum?

19 DR. APPLEBAUM: The benefits of having a last name  
20 with an "A".

21 DR. BENEDICT: And being a senior member.

22 DR. APPLEBAUM: Thank you, Mr. Chairman. My short  
23 answer, because you could have qualifications from now until  
24 the end of the day if not tomorrow, my short answer is yes.

25 DR. BENEDICT: Thank you. Nicely done.

1 Dr. Brackett?  
2 DR. BRACKETT: Yes.  
3 DR. BENEDICT: Ms. Richardson?  
4 MS. RICHARDSON: Yes.  
5 DR. BENEDICT: Dr. Russell?  
6 DR. RUSSELL: Yes.  
7 DR. BENEDICT: Dr. Montville?  
8 DR. MONTVILLE: Yes.  
9 DR. BENEDICT: Dr. Sigman-Grant?  
10 DR. SIGMAN-GRANT: Yes.  
11 DR. BENEDICT: Dr. Hotchkiss?  
12 DR. HOTCHKISS: Yes.  
13 DR. BENEDICT: And Dr. Kuzminski?  
14 DR. KUZMINSKI: Yes.  
15 DR. BENEDICT: Thank you. Now, if anyone would  
16 like to elaborate on your enthusiasm for your "yes," this  
17 would be an appropriate time. If not, we can move--yes, Dr.  
18 Hotchkiss?  
19 DR. HOTCHKISS: First of all, one of the questions  
20 was, does this move towards establishing a scientific basis  
21 for this, and particularly the papers that Dr. Olsen has  
22 read, he should be congratulated for. They I think very  
23 nicely summarize the science currently.  
24 Dr. Brackett's point, though, about the science  
25 needing advancement I think is very well taken, that reading

1 those papers, I came to the conclusion--and having started  
2 out in this area actually 25 years ago or more, having to  
3 set up such a procedure for a grain products company--that  
4 the science has not advanced very far and does need  
5 advancing and the use of some more modern techniques for  
6 identifying biological materials is probably very  
7 appropriately applied here. So--and I also agree that it's  
8 time for FDA to revise its policy in this area, probably  
9 past time for that.

10 In my mind, then, the question becomes, how well  
11 has the agency to date translated the science into policy?  
12 And I've got to point out, as I've already said, that we  
13 really haven't seen the policy. The policy is still being  
14 formulated, and we really don't know, and so any responses,  
15 at least that I have, have to be formulated in the light of  
16 not really understanding for sure how the science is being  
17 translated into policy.

18 Certainly I think setting three levels of concern  
19 is appropriate. I would point out to the agency that  
20 consumers don't make such differentiations, though, and that  
21 last category is exquisitely important to consumers, and--

22 DR. BENEDICT: I haven't asked you about question  
23 two yet.

24 DR. HOTCHKISS: --and I would hope that the agency  
25 does not sacrifice concerns or interests about the

1 aesthetics, if you will.

2           The question in my mind is how well these three  
3 levels then translate into policy, both from the standpoint  
4 of protecting consumers and operating in the agency, but I  
5 think the agency should be encouraged to move forward with  
6 this and see what works.

7           DR. BENEDICT: Does anyone else have a comment on  
8 question one? Dr. Kuzminski?

9           DR. KUZMINSKI: Thank you. I've been involved  
10 with food processing for about 25 years now, and I think  
11 this is, for those of you who haven't been that close to  
12 that area of the food chain, I think this is huge. I think  
13 it's a good start. It's a difficult area to bring science  
14 to, out of which policy can form. It has traditionally been  
15 based on experience and knowledge of those people involved.

16           I do believe it takes the agency approach in this  
17 area to a new level. I would encourage the agency to use  
18 the terms "public" and "predictable" rather than  
19 "transparent," because of the need for collaboration,  
20 especially in this area, as has been pointed out. And I  
21 can't over-emphasize, I think, the challenge of  
22 implementation that will be and the training requirement to  
23 fulfill that, and I dearly hope that the resources for that  
24 training will be provided.

25           DR. BENEDICT: Dr. Applebaum?

1 DR. APPLEBAUM: And you--this is just a little bit  
2 of forewarning, I guess, for lack of a better term. But  
3 what will constitute scientific basis will be probably  
4 debated at some point in time, similar to what we have all  
5 gone through as it relates to what constitutes "significant  
6 scientific agreement," tomorrow's discussion. But just as a  
7 little bit of a heads up, there is the strong potential that  
8 the scientific basis, whatever is identified, whether you're  
9 on the side of the angels or not, will still be an issue.  
10 So I'm just preparing counsel for that one, because that's  
11 surely to arise.

12 But I agree with everything Dr. Kuzminski has  
13 said, that this is an excellent example of a new--of the new  
14 millennium for the agency, if I could use those words.  
15 We've always been a strong critic, as many of you know, in  
16 terms of the need for FDA to prioritize and the FDA to be  
17 scientifically based as it relates to regulation, so I  
18 personally applaud this effort.

19 DR. BENEDICT: Anyone else? Just as a brief  
20 interjection, it would appear certain members of the  
21 committee are suggesting that more funds, more resources,  
22 are necessary. In case Congress reads this transcript, and  
23 I'm sure they will be pouring over it this weekend, I just  
24 thought we'd put that in.

25 Question number two: From a public health point