

Responding to Emerging Food Safety Threats Policy Statement

POSITION

Food safety is a core public health and health equity issue, and it is a fundamental role of the federal, state, and local government to ensure that all people have access to food that is safe from contamination.

BACKGROUND

The American food safety system is among the safest in the world, but incidents over the past years have undoubtedly resulted in diminished public confidence in the roles of governmental agencies and the farm to fork food supply chain. Recent outbreaks of *Listeria monocytogenes* and *E. coli* linked to packaged salads, acute non-viral hepatitis in alkaline water, and toxic elements in baby food are few examples of multistate foodborne outbreaks that lead to hospitalizations and deaths.^{1,2,3}

Summary of Recommendations:

- Ensure adequate and sustained federal funding.
- Expand key food safety programs
- Leverage technology to enhance food safety/foodborne illness surveillance and build a smarter food safety system.
- Strengthen the food safety workforce.
- Incorporate a One Health Approach to food safety.
- Support the adoption of the FDA Model Food Code and the system-wide use of the Council to Improve Foodborne Outbreak Response (CIFOR) guidelines.

CDC estimates 48 million people get sick, 128,000 are hospitalized, and 3,000 die from foodborne diseases each year in the United States.⁴ This burden of illness demonstrates a serious strain on the food safety system and has led the public health community to call for food safety reform through a One Health Approach. One Health recognizes the interconnection between humans, animals, and the environment, and calls for better coordination between states and federal partners for all hazards.

The Food Safety Modernization Act (FSMA), signed into law in January 2011, enables government agencies to better protect public health by strengthening the food safety system.⁵ FSMA aims to develop a sustainable, better coordinated prevention-oriented infrastructure. However, more needs to be done to support the different rules and guidance documents developed under FSMA. With today's far-reaching and complex food supply chain, there is an increasing need to find more effective solutions to better protect consumers by preventing food contamination.

The challenges that have arisen during the COVID-19 pandemic have increased the need for food protection agencies to leverage new technology for food safety. At nearly every critical juncture in the food safety system, states and territories carry an enormous amount of responsibility with limited resources, either through preventing foodborne illness outbreaks through regulatory actions or by responding to food illness outbreaks through epidemiological and laboratory activities.

RECOMMENDATIONS

ASTHO recommends the following policy considerations for food safety programs to increase capacity to prevent, protect, and respond to emerging food safety threats:

- **Ensure that adequate federal funding is provided to state, territorial, and local health agencies to sustain and expand key food safety programs that increase capacity to prevent, protect, and**

respond to food safety threats. Most of the inspection and enforcement activities at the state and local level are funded by state general funds or licensing fees. FDA programs, such as the Retail Food Protection Program, the Shellfish Sanitation Program, and the Milk Safety Program, need to be sustained and adequately funded to build capacity and enhance capability to inspect facilities, enforce recalls, provide consumer protection, and aid in traceback. FDA funds Rapid Response Teams (RRTs) in 21 states via a cooperative agreement. However, **ASTHO recommends** they be established in all the 50 states and nine insular areas to strengthen state food safety capacity by effectively responding to food emergencies in all states and territories.⁶ States have a central role in foodborne illness surveillance and outbreak response. The CDC Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infections program helps build state and local capacity to improve surveillance and investigations of foodborne illness through PulseNet, the Integrated Food Safety Centers of Excellence, and through trainings and surveillance of environmental causes of foodborne illness outbreaks provided by CDC's Environmental Health Services branch. CDC, along with FDA and the United States Department of Agriculture, must continue to serve as scientific leaders and provide resource support and technical assistance to state and territorial health agencies in order to identify, prevent, and respond to food related outbreaks that impact their communities. **ASTHO also supports** the Food Safety Modernization Act (FSMA) and continued funding for FDA to implement FSMA rules that aim to ensure the U.S. food supply is safe by shifting the focus from responding to foodborne illness to preventing it.

- **Leverage technology to enhance food safety/foodborne illness surveillance and build a smarter food safety system.** ASTHO supports the modernization of the food safety system and the use of new predictive analytical tools like artificial intelligence to assess risks and help trace sources of contaminated foods. *FDA's Blueprint for a New Era of Smarter Food Safety* is a step in the right direction and will help create a digital, traceable, and safer food system that builds on the advances made by FSMA.⁷ State and local public health laboratories play an essential role in preventing foodborne illnesses and **ASTHO supports** CDC's implementation of new laboratory technologies such as whole genome sequencing (WGS) and other [metagenomic-based approaches](#). [Metagenomics](#) allows for the timely detection and identification of a pathogens without pre-cultivation. Application of WGS helps accurately track and classify foodborne illness and must be promoted and implemented across all state and territorial health agencies. **ASTHO also supports** the use of alternate and complimentary food safety inspection tools in instances when traditional food safety inspections cannot be conducted. The rapid implementation of COVID-19 social distancing and stay-at-home orders resulted in multiple state health agencies establishing timely and innovative virtual inspection protocols. The modernization of food safety related inspection and enforcement, surveillance and laboratory infrastructure will help state and territorial health agencies prepare for and effectively respond to foodborne illness outbreaks.
- **Strengthen the food safety workforce.** State/territorial and local food safety professionals are the principal governmental workforce that ensures safe food. State and territorial food safety professionals come from an array of disciplines including inspectors and regulators, epidemiologists, environmental health professionals, laboratorians, and other types of public health practitioners. The development of core competencies, standardized training of new and existing professionals, and integration of food safety practices will lead to a more prepared workforce ready to implement an increasingly science- and risk-based system.
- **Support an integrated, prevention-oriented food safety system that incorporates a One Health Approach.** The food safety system is diverse and spread across multiple agencies with varying

responsibilities and authority. Improving communications and delineating roles and responsibilities will assist in facilitating more robust and effective communication and coordination among the various agencies and private entities involved in food safety, including the food production, distribution, and service industry. The convergence of people, animals, and the environment has also created a new dynamic in which the health of each domain is inextricably interconnected. Outbreaks of viral diseases (H5N1, H1N1, COVID-19) in humans, originating in or spreading through farm animals or wildlife has caused major global outbreaks in the last decade. Policy efforts should focus on the One Health Approach, encourage information sharing, such as recalled product distribution lists, standardizing data collection, and ensuring open and timely communication among all agencies. **ASTHO also supports** funding for an integrated food safety system, such as the Laboratory Flexible Funding Model (LFFM), which helps enhance testing of contamination for human and animal food sources.⁸

- **Support the adoption of the latest FDA Model Food Code and system-wide use of the Council to Improve Foodborne Outbreak Response (CIFOR) Guidelines for Foodborne Disease Outbreak Response.** Federal agencies should work collaboratively with the states and territories to develop uniform food safety standards to ensure a consistent, science-based level of public health protection nationwide. This would build on the work of FDA’s Model Food Code that ensures consistency and integration of food safety inspection activities across the states and territories. The use of the CIFOR guidelines by all food protection/outbreak response agencies should also be considered. Resources and funding should also be allocated to aid states and territories in the adoption, implementation, and improvement of the CIFOR guidelines. The CIFOR guidelines help to enhance coordination of federal, state/territorial, and local agencies to better prevent, detect, and respond to foodborne disease outbreaks.⁹

APPROVAL DATES

Environmental Health Policy Committee Approval: April 26, 2022

Board of Directors Approval: December 4, 2022

Policy Expires: December 31, 2025

ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

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¹ Centers for Disease Control and Prevention (CDC). List of Selected Multistate Foodborne Outbreak Investigations <https://www.cdc.gov/foodsafety/outbreaks/multistate-outbreaks/outbreaks-list.html>. Accessed 3-15-2022.

² Food and Drug Administration (FDA). Investigation of Acute Non-viral Hepatitis Illnesses – “Real Water” Brand Alkaline Water. <https://www.fda.gov/food/outbreaks-foodborne-illness/investigation-acute-non-viral-hepatitis-illnesses-real-water-brand-alkaline-water-march-2021>. Accessed 3-15-2022.

³ FDA. Action Plan for Reducing Exposure to Toxic Elements from Foods for Babies, Young Children. <https://www.fda.gov/news-events/press-announcements/fda-releases-action-plan-reducing-exposure-toxic-elements-foods-babies-young-children>. Accessed 4-05-2022.

⁴ CDC. Estimates of Foodborne Illness in the United States. <https://www.cdc.gov/foodborneburden/2011-foodborne-estimates.html>. Accessed 3-15-2022.

⁵ FDA. Food Safety Modernization Act (FSMA). <https://www.fda.gov/food/guidance-regulation-food-and-dietary-supplements/food-safety-modernization-act-fsma>. Accessed 3-15-2022.

⁶ FDA. Rapid Response Teams (RRTs). <https://www.fda.gov/federal-state-local-tribal-and-territorial-officials/national-integrated-food-safety-system-ifss-programs-and-initiatives/rapid-response-teams-rrts>. Accessed 4-05-2022.

⁷ FDA. New Era of Smarter Food Safety. <https://www.fda.gov/food/new-era-smarter-food-safety>. Accessed 3-15-2022.

⁸ FDA. Laboratory Flexible Funding Model Cooperative Agreement Program <https://www.fda.gov/federal-state-local-tribal-and-territorial-officials/grants-and-cooperative-agreements/laboratory-flexible-funding-model-cooperative-agreement-program>. Accessed 4-05-2022.

⁹ Council to Improve Foodborne Outbreak Response (CIFOR). CIFOR Guidelines. <https://cifor.us/products/guidelines>. Accessed 3-15-2022.