

FoodBytes

Indiana State Health Improvement Plan Food Safety Priority

I was asked to co-chair a workgroup this spring with Deborah McMahan, MD, Health Commissioner, Ft. Wayne Allen County Health Department and to develop a five year plan for improving food safety in Indiana. The plan was meant to be more than just our agency plan and is intended to be broad in scope. This workgroup reported to a larger committee with a wide variety of interested parties that eventually reviewed and approved the current Indiana State Health Improvement Plan or I-SHIP. As a basis, we decided that we could start with objectives developed from an earlier project called the CDC 6 Winnable Battles, with food safety being one of the battles.

We quickly involved many stakeholders, such as the Indiana State Department of Agriculture, Indiana State Egg Board, Indiana Office of the State Chemist and the Indiana Board of Animal Health and began the development of the proposed activities, outcomes and responsible parties. This is the first time in my experience that food safety has been elevated to this level with an opportunity to provide input in state planning. The I-SHIP consists of six focus areas with Food Safety being one and is a complex document that has measurable goals

and outcomes. The outcomes are based in the Healthy People 2020 and the Food and Drug Association (FDA) Retail and Manufactured Food Regulatory Program Standards. The new FDA Food Safety Modernization Act passed in January 2011, is also a driving force behind improving food safety and defense through prevention. The Local Health Department (LHD) Baseline Survey conducted last year by our field staff with the cooperation of the local health departments is posted on the LHD SharePoint site and was also a basis for several of the recommendations in the I-SHIP.

The I-SHIP should be viewed as a tool departments engaged in food safety can use to direct resources and initiatives. I hope that you will take some time and review the I-SHIP which is posted on our agency website at:

[http://www.in.gov/isdh/files/Indiana State Health Plan FINAL 6 23 1 1.pdf](http://www.in.gov/isdh/files/Indiana%20State%20Health%20Plan%20FINAL%206%2023%201.pdf)

It is important that you contemplate how this plan can be incorporated into your short term and long term department plans. As always feel free to discuss with your area field representative or myself if I can be of any assistance.

Scott Gilliam, ISDH

New Foodborne Illness Estimates from CDC

Over the past 10 years, the Centers for Disease Control and Prevention (CDC) has used better testing methods and data to make more precise estimates of foodborne illness in the United States. Current estimates say that each year approximately 48 million people get sick, 128,000 are hospitalized, and 3,000 die each year

from foodborne disease (1).

According to CDC Director Thomas Frieden, MD, MPH “We’ve made progress in better understanding the burden of foodborne illness and unfortunately, far too many people continue to get sick from the food they eat (1).”

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Salmonella Trends

In 2010 Salmonella was the most common infection in the United States. According to the FoodNet 2010 data and the incidence of Salmonella was nearly three times the 2010 national health objective target (1). Thousands of foodborne infections are reported in FoodNet every year and in 2010 Salmonella infection was the most common, resulting in not only the highest amount of hospitalizations reported, but also the largest number of deaths at 29 people (2). In addition it is estimated that infections from Salmonella result in an estimated \$365 million in direct medical costs annually (2).

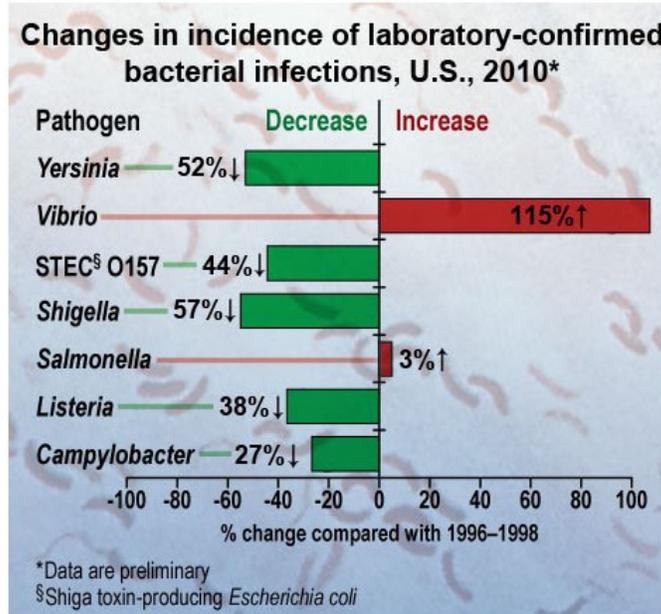
In the past 15 years many of the incidents of infection from foodborne pathogens, such as Listeria and Shigella, have decreased, but the infection rate of Salmonella has in-

creased as well as Vibrio (Vibrio infections are rare, but often serious, and are caused by eating contaminated seafood or exposing an open wound to seawater). Con-

tinued Vibrio illnesses highlight the lack of implementation of available control measures[2]).

The reasons for the increase in infections are that Salmonella can contaminate a wide range of foods (1). It was traditionally thought that eggs and raw chicken were the primary sources but now we are seeing trending toward fresh produce, dry spices, high fat foods and raw milk. In 2009 an outbreak of Salmonella (S. Newport), was found in beef produced in Fresno, California resulting in over 800,000 pounds of meat recalled (3). Cheap transportation and cheap labor transformed how we receive our food. Travel between countries with food being harvested in one country, processed in another country and then the food is sent back for retail sale brings a whole

Changes in incidence of laboratory-confirmed bacterial infections, United States, 2010 compared with 1996–1998



<http://www.cdc.gov/foodborneburden/trends-in-foodborne-illness.html>

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New Map Identifies Contacts in Your County

The Indiana State Department of Health (ISDH) Food Protection Program has a new area representation map. The map is easy to use giving you access to contact information for a particular county just by simply clicking on the county of choice.

Click your county of interest and a list of contacts is available with complete with names, phone numbers, emails and available, websites. The local health department, ISDH food safety contacts, ISDH food defense contacts, district representative contacts, State Egg Board and the Indiana State Board of Animal Health are listed.

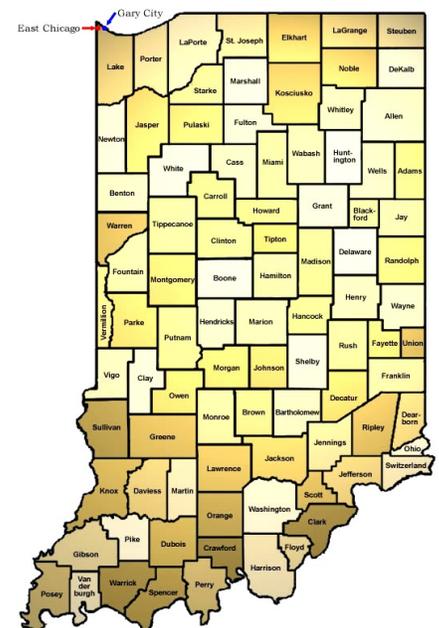
This helpful tool that can be used by consumers, industry and

local health departments searching for the answers to questions regarding issues of food safety and defense. Food Safety Inspection Officers (FSIO's) will find this map incredibly useful when they need to contact someone quickly.

You are encouraged to go to the ISDH Food Protection Program website at:

<http://www.in.gov/isdh/23962.htm> to look at the new map. If you have any questions concern-

ing the map information please call ISDH at 317-233-7360.



Super Bowl Training

Food Safety Inspection Officers (FSIO's) in counties directly affected by Super Bowl 2012 received some special attention from FDA and Homeland Security. The Super Bowl may not be an event with the biggest attendance but it is the most highly profiled event in recent Indiana history. To assist with preparation of the event, November 15-17, experts from the FDA will teach a recently developed course covering both inspection management of temporary events and national special

events. Indiana is the first to receive this training. Homeland Security will follow up, November 29-30, with "A Coordinated Re-



sponse to Food Emergencies: Practice & Execution" course to provide responders with training for all hazards related to food emergency procedures with an emphasis on enhancing communication to facilitate the response effort.

The courses are limited in scope and designed to aid with the events of the Super Bowl but with so many large event in Indiana this training is sure to be valuable at any venue.

Sharon Farrell, ISDH

Food Protection Pays Tribute to Colleagues

On July 27, Scott Gilliam and George Jones traveled to the Johnson County Health department in Franklin to present a recognition certificate to Terry Bayless. Terry retired after 37 years at the helm as an Environmental Health Specialist. Scott noted that Terry has been very supportive of the Food Protection Program over the years. He participated on a number of committees and special projects and has been a true "friend to foods." Terry

covered all aspects of public health while serving the citizens of Johnson County and will be sorely missed.

On August 9, Food Protection Program Director Scott Gilliam traveled to Purdue University to present a Commissioner's Recognition certificate to Richard H. Linton, PhD, Professor of the Food Science Department. Dr. Linton left his post to assume the reigns of The Ohio State University Food Science Program. Dr. Linton has

been a valuable resource to the Food Protection Program and local health departments since joining Purdue in 1994 assisting with multiple issues and providing much needed training for regulators and the food industry. His expertise will be missed by many and we wish him the very best.

Scott Gilliam & George Jones, ISDH



George Jones, ISDH, Southern Supervisor, Scott Gilliam, ISDH Food Program Director Terry Bayless, Johnson County Health Department



Scott Gilliam, ISDH Food Program Director and Richard H. Linton, PhD, Ohio State University Food Science Program

New Foodborne Illness Estimates from CDC

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Though the 1999 CDC data estimation of 76 million foodborne illness per year is higher than the current estimates of 48 million, it still means a lot of people are getting sick from the very food they expect to be free from contamination. CDC estimates come from two groups of foodborne illness data. Thirty one known foodborne pathogens and other unspecified agents are broken down on Table 1 to show the relationship of the 2 groups to the overall estimation numbers for number of illnesses, hospitalizations, and deaths.

Known foodborne pathogens are tracked by public health systems that monitor disease and

outbreaks (2). Unspecified agents either don't have enough data to estimate cause, or it has not been identified as foodborne illness causing, or the agent has not yet been identified (2).

The 1999 data, as well as the current estimates, target unspecified agents as being responsible for approximately 80 percent of the illnesses (1) and current data has the unspecified agents responsible for approximately 56 percent of the hospitalizations and 56 percent of the deaths (2).

Norovirus accounts for approximately 60 percent of the estimated illnesses but Salmonella is the leading cause of hospitalizations at 35 percent and deaths at

28 percent (2).

These estimates give valuable information on foodborne illness trends so that the CDC, Food and Drug Administration (FDA) and other partners can work to further reduce foodborne illness. We should all continue to encourage consumers to take an active role by following safe food-handling methods.

Source 1:

<http://cdc.gov/media/pressrel/2010/r101215.html>

Source 2:

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

Table 1. Estimated annual number of domestically acquired, foodborne illnesses, hospitalizations, and deaths due to 31 pathogens and unspecified agents transmitted through food, United States

Foodborne Agents	Estimated annual number of illnesses (90% credible interval)	%	Estimated annual number of hospitalizations (90% credible interval)	%	Estimated annual number of deaths (90% credible interval)	%
31 known pathogens	9.4 million (6.6–12.7 million)	20	55,961 (39,534–75,741)	44	1,351 (712–2,268)	44
Unspecified agents	38.4 million (19.8–61.2 million)	80	71,878 (9,924–157,340)	56	1,686 (369–3,338)	56
Total	47.8 million (28.7–71.1 million)	100	127,839 (62,529–215,562)	100	3,037 (1,492–4,983)	100

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

Office of Regulatory Affairs University

Every professional needs additional training to meet the demands of the ever changing responsibilities. In the field Public and Environmental Health, rapid change just goes with the territory, as well as the lack of funding to get the training needed. The need to travel across the United

States to receive valuable training opportunities is not necessary because training is available close to home with a click of the mouse.

The Food and Drug Administration (FDA) provides training from experts in food safety through the Office of Regulatory Affairs University (ORAU). The

goal of FDA ORAU is to provide cost-effective training to state and local regulatory officials. An online module gives you flexibility to learn at your own pace and provides your agency with quality training without the cost. ORAU can be found at:

<http://www.fda.gov/Training/ForStateLocalTribalRegulators/ucm121831.htm>

Safe Cider & Juice Production

It is that time of the year again when people use apple cider in recipes, at family gatherings, and holiday parties. Cider is a natural apple product which relies on its acidity and refrigeration to control the potential for bacterial growth. Despite cider's acidity, foodborne illnesses have been linked to contaminated cider therefore cider has become a high risk food. To reduce the potential for serious illnesses, Since Jan. 20, 2004 the Food & Drug Administration (FDA) has required apple cider processors to provide a Hazard Analysis Critical Control Point (HACCP) plan for all wholesale juice production. The HACCP plan must demonstrate a 5-log patho-

gen reduction (99.999%) treatment of the cider. Retail producers of cider or juice are exempt from the HACCP regulation, but are required to have a warning statement as part of the labeling. The warning statement information is in 21 Code of Federal Regulations (CFR), Part 101 Food



Labeling. It states that “any beverage containing juice that has not been processed in a manner that will produce a 5-log reduction of the pertinent microorganism shall have a warning statement. This does not preclude a retail juice operation from having a HACCP plan and treating the cider by pasteurization, ultraviolet light or ozonation (1).”

If you have questions concerning production of apple cider please get a copy of “Guide to Producing Safe Cider” is available on the Indiana State Department of Health (ISDH) website at <http://www.in.gov/isdh/21054.htm>

Source 1:
<http://www.in.gov/isdh/21054.htm>

Salmonella Trends

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new element, cross-contamination from location to location. It has become very difficult to track the food supply chain to all the locations the food has been and where contamination could have come from. In addition, one ingredient brought in from multiple locations may be responsible for illness and the recalls in thousands of items. In 2009 the Peanut Corporation of America in Georgia had contaminated peanut butter resulting in approximately 22,500 sickened people and resulting in a recall of hundreds of food items.

Many outbreaks related to Salmonella have already happened in 2011. On Aug. 3, 2011, 36,000,000 pounds of turkey products produced in Springdale, Arizona were recalled because of Salmonella Heidelberg(3), and Salmonella Panama was recently responsible for illness associated with cantaloupes.

Michael Osterholm, former Minnesota State Epidemiologist said, “The globalization of the food supply has meant that we do not have to leave home to suffer gastrointestinal illness caused by an unusual or emerging pathogen.” “We can experience the charms of traveler’s diarrhea simply by visiting the local supermarket or fruit and vegetable stand...” There are still people who will get ill from eating food and even though great work has been done to reduce the amount of infections related to many of the foodborne pathogens, Salmonella is still one that shows no immediate sign of slowing. The work is never done, so with increased surveillance, diligence from industry and fair government standards, the work will continue on Salmonella. In addition, increased awareness in the retail food establishment to the concerns of Salmonella with consumers understanding the risks asso-

ciated with consuming undercooked raw meats, not washing fruits and vegetables, and getting foods from un-approved sources will increase their chances of being infected with Salmonella as well as other foodborne pathogens.

Let’s hope that the next comparison in data will show a strong decrease in Salmonella.

Lisa Harrison, ISDH

Source 1:
<http://www.cdc.gov/foodborneburden/trends-in-foodborne-illness.html>

Source 2:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6022a5.htm?s_cid=mm6022a5_w

Source 3:
http://en.wikipedia.org/wiki/List_of_foodborne_illness_outbreaks_in_the_United_States#2009

Food Protection **Program**

Indiana State Department
of Health
2 N. Meridian St., 5C
Indianapolis, IN 46204

Phone: 317-233-7360
Fax: 317-233-7334



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<http://www.in.gov/isdh/23285.htm>

or at www.foods.isdh.in.gov



Indiana State Department of Health

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Gregory N. Larkin, MD, FAAFP
State Health Commissioner

Sean Keefer
Chief of Staff

James Howell, DVM,
MPH, DACVPM
Assistant Commissioner,
Public Health and Preparedness
Commission

Editorial Staff
Lisa Harrison, BS
FoodBytes Editor

Scott Gilliam, MBA, CP-FS
Food Program Director

Email
food@isdh.in.gov

Send your questions and comments to the e-mail
or postal address on this page.

Did You Know?

The Center for Science in the Public Interest has published a report titled, *The 10 Riskiest Foods Regulated by the U.S. Food and Drug Administration*. This report was mentioned on Fox News, MSNBC, as well as other news outlets and it draws attention to the top ten foods that have had outbreaks associated with them since 1990. The ten foods listed account for 40 percent of the outbreaks linked to FDA inspected foods (1).

1. **Leafy Greens** · 363 outbreaks and 13,568 reported illnesses
2. **Eggs** · 353 outbreaks and 11,163 reported illnesses
3. **Tuna** · 268 outbreaks and 2,341 reported illnesses
4. **Oysters** · 132 outbreaks and 3,409 reported illnesses
5. **Potatoes** · 108 outbreaks and 2,659 reported illnesses

6. **Cheese** · 83 outbreaks and 2,761 reported illnesses
7. **Ice Cream** · 74 outbreaks and 2,594 reported illnesses
8. **Tomatoes** · 31 outbreaks and 3,292 reported illnesses
9. **Sprouts** · 31 outbreaks and 2,022 reported illnesses
10. **Berries** · 25 outbreaks and 3,397 reported illnesses

It should be no surprise that Salmonella was identified as the cause of the outbreak 33 percent of the time (1). This report was written before the passage of the Food Safety Modernization Act, signed in to law in 2011, therefore the number of outbreaks related to some of these food items is higher than what was reported. If interested the whole report is available at, http://www.cspinet.org/new/pdf/cspi_top_10_fda.pdf

Source 1:

http://www.cspinet.org/new/pdf/cspi_top_10_fda.pdf



One Last Thing...

We are pleased to announce the newest members of the ISDH Food Protection Program. David Schmidt, new field staff member for the South West part of the state based in Evansville and Dawn McDevitt, new field staff member based in the North East part of the state based in Whitley County. We are all excited to learn more about what they will bring to the program.