

APHL Position/Policy Statement

Contribution of State and Local Laboratories in Development of Federal Food Safety Policy

A. Statement of Position

Federal agencies with food safety responsibilities should appoint APHL members in an advisory capacity to national laboratory advisory groups as a way to communicate best practices and future changes regarding food-related test methods, laboratory accreditation, and electronic information exchange. Since state laboratories form the backbone of national food safety capacity, it is critical that food safety coordinating groups have APHL representation.

B. Background/Data Supporting Position

The Centers for Disease Control and Prevention (CDC), through active surveillance in FoodNet sites, estimates that 76 million cases of illness, 300,000 hospitalizations, and 5,000 deaths due to foodborne microorganisms occur in the United States annually (1). National public health targets for food safety identified in Healthy People 2010 (Goal 10) and current surveillance data indicate that some important progress has been made in reducing the burden of disease due to four major causes of foodborne infection (2). However, increased efforts to reduce the incidence of foodborne diseases to target levels are necessary and will require intense resources from federal, state and local public health agencies, the food production and processing industry, the medical community and the public.

The public health laboratories represented by APHL play an essential role in meeting food safety objectives and in evaluating progress toward these objectives. APHL members bring the training and perspective of state and local public health agencies to foodborne disease control. Most public health laboratory personnel have formal and professional education in microbiology and chemistry. Their expertise is grounded in sound scientific training, experience, and quality assurance practices that ensure the accuracy and relevance of all testing.

Food safety is a core function of state and local public health agencies (3). Public health laboratories at the state and local levels are responsible for some level of testing for virtually all reported cases of foodborne illnesses. Public health laboratories perform front line testing for surveillance of human illnesses, and public health and other state laboratories are responsible for food testing during both biological outbreak investigations and incidents involving suspect chemical contaminants of food products. Additionally, some APHL member-agricultural laboratories perform regulatory activities, testing registered retail entities for contaminants in the food supply. Contaminated food and foodborne illness surveillance as well as outbreak recognition and investigation are facilitated by serotyping, advanced microbiological methods, and molecular epidemiological techniques (e.g., PFGE), as well as electronic data transfer performed at state and local laboratories. These

laboratories also participate in PulseNet and FoodNet. The success of PulseNet in identifying regional and national outbreaks would be impossible without laboratory submission of standardized images of microbial isolates to the PulseNet National Database at CDC.

APHL members have developed relationships and networks that are vital in sharing laboratory resources. An APHL representative on federal committees with food safety responsibilities will provide needed, bi-directional communication. APHL is aware of several food safety related groups that will benefit from having an APHL member-representative. These include: ICLN; CIFOR; the US Department of Agriculture (USDA) National Advisory Committee on the Microbiological Criteria for Foods (NACMCF); Food Emergency Response Network (FERN) advisory groups on biological, chemical, and radiological method development/validation, surveillance, training, electronic communication, and proficiency testing; the USDA National Advisory Committee on Meat and Poultry Inspection; the Food and Drug Administration (FDA) Food Advisory Committee Additives and Ingredients Subcommittee and Contaminants and Natural Toxicants Subcommittee. Such advisory groups would benefit by receiving critical input from both state and local perspectives.

C. References

1. Mead, P.S., Slutsker, L., et al. Food-related illness and death in the United States. Emerging Infectious Diseases. 1999. Sept-Oct; 5(5): 607-25. <<http://www.cdc.gov/ncidod/EID/vol5no5/mead.htm>>
2. U.S. Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000. <<http://www.healthypeople.gov/>>
3. Witt-Kushner, J., Astles, J.R., et al. Core Functions and Capabilities of State Public Health Laboratories. A report of the Association of Public Health Laboratories. MMWR Recommended Reports. 2002. Sept 20; 51(RR-14): 1-8. <<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5114a1.htm>>.

D. Implementation

APHL will:

1. Send this position statement to the US Department of Health and Human Services (HHS), the Department of Homeland Security (DHS), the US Department of Agriculture, and other agencies and departments as appropriate.
2. Educate federal departments and agencies on the role of public health laboratories in order to promote the value of including APHL members on their committees.

3. Nominate APHL member-representatives to NACMF, FERN advisory groups, and other relevant advisory groups created by HHS, DHS, USDA and other federal agencies and departments.

Recommended by: APHL Food Safety Committee
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