

Attributing Illness to Food

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Value of Food Attribution Data

- Objective, quantifiable data
- Better understanding of food/pathogen combination and associated risks
- Prioritize and allocate limited resources
- Scientifically justify assumptions

The Need for Food Attribution Data is Not New

IOM/NRC, “Scientific Criteria to Ensure Safe Food,”
2003:

- “Science-based food safety criteria must be clearly linked to the public health problem that they are designed to address. To accomplish this, **a cause/effect relationship needs to be established** between contaminants in foods and human disease; that is, **to allocate the burden of foodborne disease among foods and food groups**. Knowing the contribution of each food or food group to this burden would allow the selection (or promote the development) of appropriate interventions and set the basis for establishing criteria such as performance standards.”

The Need for Food Attribution Data is Not New

Food Safety Research Consortium, Food
Attribution Data Workshop, 2003:

- “To design and prioritize effective food safety interventions, **we must be able to perform food attribution** – that is, identify which foods are vehicles for specific cases of illness.”
- “To make informed science- and risk-based decisions about food safety interventions, we need to be able to **associate foodborne illnesses to specific food vehicles.**”

The Need for Food Attribution Data is Not New

Under Secretary for Food Safety Catherine
Woteki, before House Ag Approps
Subcommittee, 2000:

- “Among the work that CDC has underway right now is further work to better understand those [foodborne illness] estimates and **the different types of food products that are contributing to these illnesses.**”

The Need for Food Attribution Data is Not New

USDA, “Fulfilling the Vision,” 2004:

- “Data that **links foodborne illness outbreaks with specific foods** needs to be connected with prevalence data of specific pathogens in specific foods.”
- CDC and University of Minnesota project
 - Ready by Fall 2004

The Need for Food Attribution Data is Not New

FSIS response to question from House Ag
Approps Subcommittee, 2005:

- **“Significant progress has been made** in efforts to improve foodborne illness data so that illness and product type can be determined.”
- CDC “point-of-consumption” attribution study
 - Ready by Fall 2005

The Need for Food Attribution Data is Not New

FSIS response to question from House Ag Approps
Subcommittee, 2006:

- **“Progress has been made** in efforts to improve human illness data so that illness and product type can be determined...”
- FoodNet project with University of Minnesota
 - Ready by July 2006.
- CDC “point-of-consumption” attribution study
 - Ready by June 2006.
- “Mathematical modeling project” with FoodNet partners
 - Ready by May 2006.

The Need for Food Attribution Data is Not New

- Where are the results of these promises?
- Why is food attribution data now not necessary?

Concerted Efforts Should Be Made to Collect Food Attribution Data

- Good public health programs should be data driven
- Agencies need to make collecting food attribution data a priority
- No compelling reason to rush ahead on RBI
- Past precedent – PR/HACCP
- Expert elicitation not sufficient for RBI

Expert Elicitation in RBI

- FSIS determination of product risk is driven solely by expert elicitation
- No mention of other data sources
- 2005 elicitation roundly criticized
- 2007 instrument almost complete

Expert Elicitation

- Useful in identifying areas in which further effort is needed
- Based on opinions, rather than on observable data.
- Supplement to primary data collection, not substitute

Recommendations

- Dedicated effort to collect food attribution data
- FSIS needs to base its programs on data, not opinion
- FSIS should not move forward on RBI until efforts are made to collect food attribution data