

**Transcript for FDA Media Briefing**  
**Salmonella Outbreak Involving Certain Types of Tomatoes**  
**June 16, 2008**

Coordinator: Welcome and thank you for standing by. At this time all parties are in the listen only mode. During the question and answer session, please press star one on your touchtone phone.

Today's conference is being recorded. If you have any objections, you may disconnect at this time. Now I'd like to turn the call over to Mr. Michael Herndon. Thank you. You may begin.

Michael Herndon: Thank you (Cindy). Thank you very much ladies and gentlemen and welcome. I am Michael Herndon with FDA's media relations staff. Thanks and welcome to today's briefing on salmonella in tomatoes investigation.

We have one speaker today from the Food and Drug Administration and one subject expert from the Centers for Disease Control and Prevention. We also have several FDA officials here to answer any questions later in this briefing.

Our speaker this afternoon is Dr. David Acheson, Associate Commissioner for Foods within the FDA. Our subject expert is Dr. Ian Williams of Chief OutbreakNet Team CDC. Our subject experts today are Matthew Eckel, Director Office of the Americas -- and that's in our Office of International Programs -- Faye Feldstein, Acting Director Office of Food Defense Communications and Emergency Response.

We will have a brief question and answer session after the opening remarks, but at this time I'm going to turn it over to Dr. David Acheson.

David Acheson: Thank you Mike. Good afternoon everybody. This is David Acheson, Associate Commissioner for Foods at FDA. (Further) our previous format, I'm going to briefly turn to Dr. Williams of CDC to give you an update from him and then I'll tell you what we've been doing at FDA since Friday. Ian?

Ian Williams: Yes. Hey. This is Ian Williams from CDC. At this point CDC is working on updating our numbers for this afternoon. At this point I don't have numbers to release, but we should within the next several hours.

Our - when the numbers are released, they'll be up on our website that we've been using previously, which is [www.CDC.gov/salmonella/stpaul](http://www.CDC.gov/salmonella/stpaul). So hopefully these will up by close of business today. So no specific updates from CDC at this point.

David Acheson: Okay. Thank you. This is David Acheson again. I want to tell you a little bit about what we're doing on the trace back. The most - probably the most critical news for you all is have we definitively identified a geographic location yet, and the answer to that is no. We have not. And the trace back investigation continues.

I want to say a little bit about what we're doing on that and where some of the focus is around that. As we've discussed last - on the last call last Friday, but I'll repeat it for those who perhaps weren't on that call, is we did become aware of a cluster of cases in one specific geographic location, and we are focusing on that fairly heavily in terms of tracing that back very aggressively.

The reason we're doing that is typically a cluster of cases -- in this case, nine - - are all linked to the same geographic location and all appearing to have consumed similar types tomatoes is essentially a very solid lead to - for us to take back on the trace back.

This is in contrast to single cases, which the other tracks in the trace back has been, in terms of talking to individual patients and asking them to recall what tomatoes they ate several weeks prior. And obviously, as I've explained before, we had one of those situations where the patient told us one type of tomato and then thought a bit longer and changed her mind.

Obviously that's not going to happen in the cluster. We're not there yet on the cluster, but I'm hopeful that this is certainly our most fruitful lead to date on the trace back.

As - again as we discussed on previous calls, at the time of year when this outbreak began, the vast majority of tomatoes were coming into the United States from Mexico, all being domestically grown in Florida. To that end, I want to tell you a little bit about what we're doing in relation to those two areas as opposed to just simply waiting until the trace back is completed definitively.

First of all in Florida there's been a lot of discussion between FDA and the state of Florida. And what we have learned is that if you divide Florida into two parts, there is a part of Florida -- the northern part -- that is currently harvesting tomatoes. Those are coming on to the market with a certificate from the state of Florida essentially guaranteeing that they were harvested from the Northern part of the state.

So there are actually in certain stores - I've been made aware by people that some of these certificates are actually being posted in stores in an attempt to ensure that consumers are aware of these. So you may - some of you may have seen these certificates. That's what they are from Florida. They represent tomatoes that are currently being harvested that were not part of the outbreak.

The central and southern part of Florida are no longer harvesting tomatoes. Their harvesting ended by May 1, so they have not been harvesting tomatoes now for about six weeks. The typical shelf life of a tomato is anywhere between two to four weeks, so it's reasonable to assume that if these tomatoes did originate from Florida they were harvested prior to May 1 and will no longer be in the circulation or in retail stores.

The state of Florida has also been doing a testing program since this outbreak was identified a link to tomatoes. So far all of those tomatoes have been negative in terms of the testing in Florida.

Turning now to Mexico, on the FDA side we have stepped up sampling of tomatoes coming across the borders from all parts of Mexico. Without a specific geographic region to focus on yet, we have increased sampling from all parts of Mexico.

And as I pointed out before, there is one part of Mexico -- Baja -- where they were not harvesting at the time of concern. And they are on the list of exclusions because the tomatoes they're currently harvesting were not being harvested when this outbreak began.

We're continuing to exchange information with Mexico. In fact, both FDA is and CDC is, in terms of the genetic types, the genetic fingerprints of the strain, see whether any of the - that particular strain has been seen in Mexico. There's a lot of dialogue going on with the Mexicans as we're exchanging information with each other around trying to narrow the (unintelligible) here.

As part of our messaging, we continue to work with industry groups in terms of making sure through the trade associations that retailers are aware of the

importance of getting the message out to consumers as to where that tomato is coming from. Consumers are still wanting to know, “Well where did these tomatoes come from,” and that’s a very important part of the messaging so that they’re - consumers are able to get tomatoes that are from the excluded areas and not from the non-excluded areas.

Finally I just want to once again just repeat our consumer message, which remains the same in terms of grape tomatoes, cherry tomatoes, and the tomatoes that are still attached to the vines when you pick them up from the store have not been linked to the outbreak and therefore obviously are okay to consume.

And the other types of tomatoes -- the Roma, the plum, and the red round -- are okay to consume if they are from the area that have been excluded. And as before, that list is on the FDA website -- FDA.gov -- and has been continuously updated and will be continue - we will continue to update that as we get more information in.

So those are the principle messages where - again I don’t want to give you a timeline as to when the trace back is going to be completed. It’s - there’s a lot of aggressive work going on and continued right through the weekend, and all I can say is I’m optimistic that this cluster will help us.

But as we found before, especially with tomatoes, is that things can come disconnected at the point at which you are - which you think you’re almost there. So with that Michael I’ll hand back to you. Thank you.

Michael Herndon: Thank you Dr. Acheson. At this time ladies and gentlemen we’ll take your questions. And please limit yourselves to one question and one follow up. And

please state your name and your affiliation. (Cindy) we'll take the first question.

Coordinator: Thank you. To ask a question please press star one. Please unmute your phone and record your name and affiliation clearly when prompted. Your name is required to introduce your question. To withdraw your request, press star two. One moment please for the first question. Our first question comes from Justin Blum with Bloomberg News. Your line is open.

Justin Blum: Hi. Thanks for taking my call. Dr. Acheson, could you talk a little more about the nine cases that you're focusing on last week? The Chicago Health Department said they were looking at nine cases from a particular restaurant that they didn't identify. Are those the nine cases you're talking about?

David Acheson: As before Justin, I'm not able to discuss anything about the restaurants or the geographic locations. All I can say is that those nine - there are nine cases that are in a cluster that we believe is going to help us with the trace back. I cannot provide more specific information than that, because there's an ongoing investigation, and that sort of information is commercial confidential as far as FDA is concerned until some point in the future when it's deemed okay to release it.

Justin Blum: Can you talk in some specific detail about how a cluster of nine cases like this helps you better work backward?

David Acheson: Now that's a good question. The -one of the difficulties with a trace back is that you are relying on - it - on individual's memories of what they ate and where they ate it.

The specific point here being that if you are going to a single patient who got salmonella and you're asking them two to three weeks after the fact, where did you - what type of tomato did you eat and where did you buy it from, they obviously will - I mean in all good faith will give you as honest an answer as they can provide, but it may be, you know, and I'm picking a scenario put of here based on just to try to illustrate the point, is that if a person always buys their tomatoes from such and such a supermarket, which is right down the street and they do that constantly and they don't change and they always buy red round say, and you go the patient and say what type of tomatoes, and they'll say, "Well I always buy them from such and such a supermarket, and I always buy red round."

Now what they may not know is that at one point they were out at a friend's house or they're out having dinner and some fresh chopped tomatoes were being used in one of the dishes. And they may not even be aware of that. And these were, (say) for the sake of this illustration, were Roma tomatoes of a completely different source, and it was those that caused the problems, not the red round that this person habitually bought.

That's going to leave you to the conclusion when you talk to this person, "Okay, we've got a strong link to red round from such and such a supermarket," which in fact is a false lead. And you don't know that.

The - what a cluster tells you is that when you are - when you're talking with nine people and you can link it back to specific geographic locations and you can go in there and you can say to the firm, "Well what kind of tomatoes" - or the restaurant, "What type of tomatoes do you buy," and they say, "Well we only ever buy such and such type a tomato," it's just a much more solid lead because one of the weakest links of all of this is individual patient recall.

Once we've got that information we are then tracking through going to specific retailers, suppliers, distributors, importers, looking at records. So we're actually looking at the physical bits of paper -- the invoices -- to follow it back. So that part, when it connects, is solid, because you've got the invoices. One of the weakest pieces is patient recall.

Justin Blum: And just finally, can you - just so I'm clear, can you say that the cluster of nine cases is at least a restaurant, even if you don't identify the region and the name of the restaurant?

David Acheson: I'm not able to confirm any of that. We just got a cluster which I'm hopefully will be really helpful in helping us track this back.

Justin Blum: Okay. Thank you.

Michael Herndon: Next question please (Cindy).

Coordinator: Our next question come from (Alison Avri) with NPR. Your line is open.

(Alison Avri): Hello. Hi, thanks for taking my call. I - it seems to be that if you've got this certification process in place in Florida now so that the stuff that's making it in the supermarkets is coming from the area which we know is not affiliated with the outbreak, it seems to me that in a way it's sort of an all clear for people to - I'm wondering if the consumer message remains the same.

I know you've already stated that it does, but it seems like they're sort of saying somebody knows that tomato was grown in Florida and there's now this certification in process in place where you have, you know, the - grocery stores are now buying from the places that weren't harvesting then and we



now know have been excluded, then it seems like Florida tomatoes are safe to eat -- the ones that are in stores now.

David Acheson: Yes, this is David Acheson. I'm not quite sure I heard your question in what you said.

(Alison Avri): Okay, let me ask it as a question.

David Acheson: Yes, ask it as a question. (Unintelligible).

(Alison Avri): Yes, yes, yes. Okay. So are you saying that there's sort of an - I guess I'm thinking it from the consumer point of view. I'm in the store, I see the certification saying these were grown in Northern Florida, which we now know is a region which is not affiliated with the outbreak.

I am to assume that you - even if it's not a red round, even if it's not a cherry, grape, or red round, that these tomatoes - I know they're coming from Florida, they have the certification -- are they all safe to eat?

David Acheson: Yes. Yes. Any tomatoes that are coming on the market now from Florida are only coming from the northern part with a certificate that it's safe to eat.

Michael Herndon: All right thank you. Next question please.

Coordinator: Our next question is from Elizabeth Weise with USA Today. Your line is open.

Elizabeth Weise: Okay, thank you for taking my call. I've got two questions. The first is for Dr. Williams and the second is for Dr. Acheson. First, the first case which was

identified in salmonella -- I've heard two things. It was either in Texas, in Houston, or it was in Colorado. Can you clarify?

Ian Williams: That I don't know off the top of my head where the very first case is. The first illness onset was identified at - on 4/10, but I'm not exactly sure exactly what state it was from. I just don't have that paperwork in front of me. Sorry.

Elizabeth Weise: Should I ask (Lola)? Will she know?

Ian Williams: I'm not sure she will know. I can look up that information and get it for you.

Elizabeth Weise: That'd be wonderful. And secondly for Dr. Acheson, in covering these outbreaks over the years, I get the feeling that FDA is feeling a lot more emboldened to act. Is that just my imagination?

David Acheson: Emboldened to act. This is David Acheson. Well we're trying to learn from previous experiences and do these better, faster, communicate more clearly, interact with the media more. You know, our regulatory authorities haven't changed, if that's what you're sort of getting at. We've asked for a - new regulatory authorities around preventative control, but haven't yet got that.

Elizabeth Weise: But just be willing to step in and issue statements that kind of stop a certain food dead but also stop and outbreak.

David Acheson: Well the goal is to protect the public health, so, you know, we yes, I mean if there is a consumer message that we can put out there that is going to stop people getting sick, then obviously we're going to consider doing that. And that's what we did - that is what we're doing right now as part of this outbreak.

We're really trying to keep the balance here between not coming out with such a broad message that we know it's tomatoes, we haven't got a clue what type, where they're from. Therefore, don't eat tomatoes. We have stayed away from that because it - we've had better information and we've become more and more and more focused as this has gone on.

But you're right. I mean I think the mission here is to inform consumers if we know there's a problem, and really right up front tell people -- tell consumers what we know and what we don't know so that it really is - as people have likened this to, you know, to a detective novel. We're trying to figure it out. And you folk are all right along there with us as we're figuring it out, and I'm sure many of you get frustrated that we don't have answers and so do we.

But yes, I mean you - we are trying to be more proactive. Big part of food protection plan is preventive controls and prevention. And piece of that is if you've got some information about a contaminated product, tell people.

Michael Herndon: Thank you Elizabeth. (Cindy) next question please.

Coordinator: Our next comes from Louise Schiavone with the - CNN. Your line is open.

Louis Schiavone: Hello. Thank you very much for taking my call. Couple of questions regarding the cluster of nine. Do you have a sense - do you know where the tomatoes served to the nine came from? Is it possible the entire outbreak is related to a restaurant chain?

David Acheson: This is David Acheson. I think I'll ask - I'll partly answer than and then ask Dr. Williams to weigh in. We know from talking to the patients who got sick that this does not link back to a specific restaurant chain. Ian, do you have anything to add to that?

Ian Williams: Yes. One of the unique features about this whole outbreak - again it involved, you know, a number of states is that there is no one chain of restaurants or supermarkets or retail stores that ties this all together. We've seen it from people who consumed it in homes in the restaurants, so there is not one individual restaurant or grocery chain that accounts for all of the cases.

With that said, as Dr. Acheson mentioned, there are - have been some clusters noted and - such as the one we're discussing right now.

Louis Schiavone: So given the fact that you now have this cluster to work from, did the information that you are getting from investigating this cluster, has it sent you to a location? Do you have someone on the ground on any farms or anywhere either in the United States or across the border?

David Acheson: This is David Acheson. What this cluster is doing is sending our investigators from location to location as we track this back. So we start out with the supplier and go to the distributor, and we're working our way back. And these guys were out there all day Saturday. Many of these places were closed on Sunday, but they were back out at 6 am this morning into these places.

And because we haven't got this back yet to a specific farm, we're not on the farm yet. But that's the way this works is you go from place to place across the country as you're working the - these things backwards.

Louis Schiavone: When you say place, is it a particular state? Is it a - do you know where these things came from or the...

David Acheson: No.

Louis Schiavone: Did they come from the United States or from Mexico?

David Acheson: We don't know yet. No. I mean it's - you know, as I've explained before, we know - if we're dealing with a specific retailer or a restaurant, we know okay where did you get them? And it may have been from anyone of four or five suppliers. So the investigators go to those suppliers. That supplier may be in the same state, it may be five states away.

So you go there and you ask for the records and the timeframe and you look at them and you say, "Where did you get them from?" You go the supplier, "Where did you get them from?" And you keep working back. And as you're going from one piece of this trace back to the next piece, physically the FDA inspectors are moving down that discovery lane trying to get the specific invoices from each one of those places.

And then when you look at all of that, certain suppliers will drop out because they weren't supplying in the time frame of concern. So that's the way this works. And my optimism around this cluster is because it's a cluster, as I've explained, it has a high likelihood of giving us the most solid lead. But we're not yet get it back to a specific geographic region either inside or outside the United States.

Michael Herndon: Thank you. Louise.

Louis Schiavone: Thank you.

Michael Herndon: Next question please.

Coordinator: Our next question is from John Wilkerson with FDA Week.

John Wilkerson: Thank you. Last Tuesday, June 10, it took FDA a long time to update its website on the safe sources of tomatoes. Why did it take so long?

David Acheson: This is David Acheson. Certainly we've had people say we need to try to get the website updated faster. We paid attention to that, and hopefully it's getting updated more quickly. I know one evening last week there were some technical problems and it wasn't until the early hours of the following morning that the update occurred. That may have been that night. But we've recognized that this information's important and getting the website updated rapidly is important. So...

John Wilkerson: What were the technical...

Michael Herndon: Go ahead, John.

John Wilkerson: What were those technical problems?

David Acheson: Oh, I'd have to talk to our internet guys. I - there was some - I - problem with posting. A server issue of some sort. I don't know what. I'm guessing. I - (unintelligible) it was a technical problem (unintelligible) you have to do the posting.

John Wilkerson: Okay. Thank you.

Michael Herndon: All right John. Next question please.

Coordinator: Our next question is from Lisa Baertlein with Reuters. Your line is open.

Lisa Baertlein: Hi. Thanks for taking my question. I have a question about Mexico. The government has said that they don't have Salmonella Saint Paul. And I'm

wondering if that's something that you agree with and whether - what the situation is with whether that's been seen in Florida.

David Acheson: This is David Acheson. That's part of the discussion with Mexico is have they seen Salmonella Saint Paul. And if they have, does it match with this outbreak strain.

Lisa Baertlein: Yes.

David Acheson: I don't recall whether this particular (PFG -- pathogenetic fingerprint) -- has been seen before from Florida. Maybe Dr. Williams remembers or knows. I don't know the answer to that.

Ian Williams: I - this is Ian Williams from CDC. I know it wasn't seen during the same period last year. I don't know if it's ever been seen before in Florida, but I can find that information.

Lisa Baertlein: That'd be great. Who should I call to get that from you?

Ian Williams: I can go back and look. Lola Russell should be able to help you get in contact with me.

Lisa Baertlein: Okay.

Ian Williams: And just the other thing to mention is that CDC has been in contact with the health authorities in Mexico and collaborating with them and making information available about the - this genetic fingerprint so that they do have the ability to go back and look among their (isolates) to try to determine if they have any matching (isolates).

Lisa Baertlein: Have they had anyone getting sick in Mexico?

Ian Williams: That - we have not heard reports of that, but I think that's a question to be directed at Mexican health authorities.

David Acheson: Yes, this is David Acheson. We're - those are the kinds of questions that we're asking the Mexican government -- whether they're aware of any illness.

Lisa Baertlein: Yes.

Michael Herndon: Okay, Lisa?

Lisa Baertlein: Yes. Great, thank you.

Michael Herndon: Okay. Next question please.

Coordinator: Our next question is from Molly McCray with KPIX in San Francisco.

Molly McCray: Hi. Thank you for taking my call. Wondering what was the date of the latest or the last onset of salmonella, and is the outbreak finished or is it still ongoing?

Ian Williams: This is Ian Williams from CDC. We're updating all those numbers today, so this number may change in the next several hours. But at the end of last week, the last illness onset was 6/1. But based on information I've heard over this weekend, it's very likely may change when we update our numbers later this afternoon. And at this point we're still characterizing the outbreak as ongoing.

Molly McCray: Okay. Thank you.



Michael Herndon: All right, next question please.

Coordinator: Our next question is from Jim Downing with the Sacramento Bee. Your line is open.

Jim Downing: Hi. Thanks for taking my call. Do you have some information on when the - this area of Northern Baja California that was cleared on Saturday -- was it that the harvest hadn't begun yet during the time of concern, or was the harvest already finished?

David Acheson: No, this is David Acheson. It hadn't begun.

Jim Downing: Okay. Do you know when it began?

David Acheson: I don't know when it began. I'll ask if my colleague from Center of Food Safety and Applied Nutrition, Faye Feldstein, knows when it began.

Faye Feldstein: Hi. Yes, hello everyone. It began on April 26.

Jim Downing: Okay.

Michael Herndon: Is that it?

Jim Downing: And - well it - so the harvest began on April 26 but it's - I guess why has it been - can you explain a little bit more about why that area has been cleared, because it seems like there were a lot of illnesses that developed after that time.

David Acheson: Yes, this is David Acheson. I mean the logic there is that if we've got the first illnesses going back to early April...

Jim Downing: Yes.

David Acheson: ...April 10 I think. Ian isn't it the first case?

Ian Williams: That's the first PFG matched case.

David Acheson: Yes. So obviously there were tomatoes in the US market with the PFG - with a genetic fingerprint match...

Jim Downing: Yes.

David Acheson: ...making people sick before this part of California came online for harvesting.

Jim Downing: (Thank you).

Michael Herndon: Does that help?

Jim Downing: We're talking - just first of all to clarify, I was talking about Baja, California, correct?

David Acheson: No, Baja, Mexico.

Jim Downing: Yes, Baja California/Mexico. Or...

David Acheson: Yes.

Jim Downing: Yes, Baja. And - but I mean there were -- people still got sick after April 26.

David Acheson: Right. No, and I mean the point here is it gets down to - if we've got people getting sick from this genetic type...

Jim Downing: Yes.

David Acheson: ...before April 26...

Jim Downing: Yes.

David Acheson: ...and after April 26, and some of the ones that - some of the tomatoes making people sick you're speculation were from Baja, Mexico, that would have to mean that the same genetic type was coming out of two places. It would be coming out of Baja now, according to your idea...

Jim Downing: Yes.

David Acheson: ...and it was coming out of some other place...

Jim Downing: Before that.

David Acheson: ...determined before that. And...

Jim Downing: Okay.

David Acheson: ...the probably of getting exactly the same genetic type of out of two geographic locations is really, really remote.

Jim Downing: Okay. So it - and we're - so that sort of presumes that all of the illnesses are from like a single pulp of salmonella on these tomatoes coming into the US market from somewhere, including from possibly from some place in the US.

David Acheson: That's the hypothesis that...

Jim Downing: Okay.

David Acheson: ...we're at work on here. And it doesn't necessarily mean that the problem occurred on a farm. It may have occurred in a packing shed or a washing - tomato washing facility -- some point where all of these tomatoes came together. That's - it's called a point source.

Jim Downing: Yes. Okay.

David Acheson: That's what - that's the working hypothesis based on years of experience of these kinds of outbreaks.

Jim Downing: Okay. Thanks, but I really appreciate the explanation.

David Acheson: Sure.

Michael Herndon: All right next question please.

Coordinator: Our next comes from Tiffany Hsu with Los Angeles Times.

Tiffany Hsu: Hi. Thanks for taking my question. Just one quick question. Is there any kind of a cost estimate of how much this investigation is costing the FDA in terms of, you know, laboratory work or paying personnel?

David Acheson: This is David Acheson. No is the short answer to that. We don't do what needs to be done. We don't typically track what's happening to the bill as we're doing it. So I couldn't tell you.

Tiffany Hsu: Okay. Thanks.

Michael Herndon: All right thanks Tiffany. Next question please.

Coordinator: Our next question comes from Marla Dickerson with LA Times.

Marla Dickerson: Hi. Thanks for taking my call. Can you please explain how American consumers can be sure that tomatoes from areas of Mexico that are not - have not been cleared or not on the all clear list are not getting to stores? Are they being physically stopped at the border? Is Customs taking care of that? Can you please explain the process?

David Acheson: Yes, this is David Acheson. Because we don't know where these tomatoes have come from, we're not in a position to be able to stop them. Now it may be that they've already stopped, because the harvest has ended. So I think your question is getting at could these tomatoes still coming on - come back on - coming on the market.

Marla Dickerson: Yes.

David Acheson: We can't rule that possibility out. And as you heard from Dr. Williams, the outbreak is ongoing. So the approach that we've taken is to say because we don't exactly know where these tomatoes are - came from that were making people sick, and because there is a possibility, as you point out, that they are still coming on to the market, we don't want people to eat any red round, Roma, or plum tomatoes from places other than those - that the FDA has said are cleared through the exclusion criteria.

Marla Dickerson: So doctor can I just get this straight? Essentially there is no one authority either on the Mexican side or the American side saying, "That tomato from," for example, "Sinaloa cannot come in." That is being - I guess - let me rephrase this. That is being left up to the distributors or perhaps the retail purchasers of these tomatoes to decide whether to buy them or not?

David Acheson: Well...

Marla Dickerson: ...(unintelligible) technically no one's stopping them.

David Acheson: Well until we have the evidence that the tomatoes from a certain area are a problem, we don't have the legal authority to stop them.

Marla Dickerson: Okay.

David Acheson: You know, typically when we've seen these situations in the past, when we know we've got a problem from a specific growing area -- hopefully a farm -- we - the typical thing that we would do is to issue an import alert...

Marla Dickerson: Yes.

David Acheson: ...which means that they are stopped and that they are tested. And usually in tomatoes and these kinds of things, it's not just a matter of testing your way out of it; it's a matter of demonstrating that the problems back on the farm or wherever has been addressed and fixed.

So because we don't have a specific source, we don't have the authority to stop them, so they are still coming in. Hence, the importance of the consumer message.

Marla Dickerson: Got you. It - I was just want to be clear, because a lot of the Mexican press is calling this a ban, and I guess what your terminology is an import alert. And you're saying that that is not true.

David Acheson: That...

Marla Dickerson: These Mexican tomatoes are perfectly capable of coming into the market.

David Acheson: As far as we're concerned and Customs are concerned, yes. There is no ban, there's no import alert, because we don't have any focus to do either yet.

Michael Herndon: Okay.

Marla Dickerson: Thanks.

Michael Herndon: Okay.

Michael Herndon: Next question please.

Coordinator: Our next question comes from Amy Burkholder with CNN.

Amy Burkholder: Hi. Yes, thank you. Quick question. This far into the investigation, how significant is it that all your tomato testing in central and southern Florida has come up negative? Would you have expected if that - if those areas were indeed the source of the contamination that you would have seen something by now?

David Acheson: This is David Acheson. Not necessarily, because I think Florida started to step up its testing. And I certainly invite other FDA'ers on the call, if they can add

more data on this. But they started stepping up their testing pretty much after the harvest was over in the area of concern.

Just - the harvest for Florida ended May 1 is what I said. We didn't make the connection to tomatoes definitively until May 31. So that's a whole month later. And the shelf life of a tomato is two to four weeks, so by the time Florida was stepping up its testing program, that - the tomatoes from the central and southern part of Florida had largely gone through the system, so they were most likely focused on testing from the current growing areas, which have come up clear. I don't know whether Faye or anybody else the FDA side wants to add more to that.

Faye Feldstein: David I think you captured it.

David Acheson: Okay.

Amy Burkholder: We had one other quick question. We are getting a lot of questions about salsa. Can you help us give the proper message regarding fresh salsa or even jarred salsa?

David Acheson: I think with regarding the question to ask is what kind of tomatoes was the salsa made from and where did they come from? And if the place that's selling the salsa can - has information to say that they come from one of the areas where we don't have concern, then fine. If they - if they're from an area where we still have concern, then that's not fine and it shouldn't be consumed. The salsa shouldn't be consumed.

If the salsa obviously made with grape, cherry, or tomatoes that are still on the vine, which is probably unlikely, then that's okay too. But it's the usual



message that if a consumer is in doubt, it's better to play on the side of safety and not eat the salsa.

David Acheson: I - but that's one of the reasons why we're emphasizing to retailers and restaurateurs -- know where your tomatoes are coming from and tell your consumers. Tell your customers, because you're right -- it's about an information flow and how's a customer going to know.

Faye Feldstein: This is Faye Feldstein if I can just clarify a little bit. All of David's - I believe that all of your remarks are referring to fresh salsa versus something that would be processed in a commercial processing facility.

David Acheson: That is correct. We've certainly got - had no indication that this outbreak is linked to a commercially processed product. Thank you, Faye.

Michael Herndon: Thanks, Faye. Thank you. Next question please. (Cindy) we'll take the last few questions.

Coordinator: Okay. Our next question is from Melinda Hemmelgarn with Columbia Daily Tribune.

Melinda Hemmelgarn: Yes, hi. Thanks for taking my call. I was looking over the good manufacturing and good agricultural practices that the FDA has, and I notice that there's a wording that the practices are voluntary. Is there any move to shift this policy to mandatory to help, you know, prevent the problem?

David Acheson: This is David Acheson. The short answer is yes. The food protection plan has got a legislative proposal in it requiring preventative controls for high risk foods, which would - which is defined in the plan as foods that have been repeatedly associated with serious illness. Salmonella's a serious illness.

Tomatoes have been repeatedly associated, as have other types of fresh produce.

So yes, we have requested authority to require preventative controls for certain types of food, which with this - tomatoes would fall under. So yes, there is a - an initiative to change that.

Melinda Hemmelgarn: I have a follow up, and that has to do with cooking the tomatoes. On one of the FDA websites it says that you can kill salmonella with 145 degrees for at least 16 seconds.

David Acheson: Yes.

Melinda Hemmelgarn: So I'm wondering, you know, I think consumers are getting some mixed messages. So if they go to the website, they see oh look I can cook it for 145 degrees, but the message that I'm getting from the calls is that no, throw them all away. Don't take any chances.

David Acheson: Right. No, and it is, you know, the science behind this - this is David Acheson again. The science behind this is yes you can kill salmonella if you cook it. That's why you cook chicken.

Melinda Hemmelgarn: Right.

David Acheson: There's no question that you can kill salmonella if you cook it. If you take a tomato that's contaminated with salmonella and you cook it adequately -- emphasis adequately -- you'll kill the salmonella. It's a question of what's the simplest consumer message. And we felt that the simplest consumer message is to say that cooking it really isn't the way around this.

It's better to just throw them out because when you cook a tomato there's a couple of issues that could come up. One is did you cook it adequately? Is it okay if you microwave them for short period or do you need to put a - bake them with a thermometer in them to check if they've reached a certain temperature? You also have frankly the danger of cross-contamination as well...

Melinda Hemmelgarn: Yes.

David Acheson: ...in terms of a contaminated product.

You know, the bottom line is, is that if you've got - if you're determined to eat a tomato that you're not sure about - and it's not our advice, but if you're determined to do that, then cook it and cook it following the instructions that you cited off our website.

But it just adds another of potential confusion to consumers. Well yes you can cook it, but the immediate next question is for how long and how and does it matter if I boil it, roast it, bake it, microwave it, barbecue it? You know what I mean? So we try to stick with the - throw it out message as being simpler.

Michael Herndon: Okay, thanks Melinda. Next question please.

Coordinator: Our next question comes from (Chris Murphy) with CNN.

(Chris Murphy): Hello. Good afternoon. With regard to specifically tomatoes from Mexico, have any of the FDA tests returned a positive salmonella test result? And if so, were any specifically the St. Paul strain or virus.

David Acheson: Yes, this is David Acheson. That's a good question. The answer's no. They haven't. We've not found any positive salmonellas of any sort with our testing to date, but we're continuing to test.

(Chris Murphy): Is there anything that could potentially be contaminating them at all?

David Acheson: What...

(Chris Murphy): Has there been a test result of anything positive I should say?

David Acheson: No, not so far. Not on the tomatoes we've been testing.

(Chris Murphy): And no other source of these diseases either.

David Acheson: No, no, no. No.

(Chris Murphy): Thank you.

Michael Herndon: All right Chris. (Cindy) we'll take the last question.

Coordinator: Okay. Our next question comes from Mark Bloom with Med Page Today.

Mark Bloom: Hi. Good afternoon. This may have been answered in previous calls, but has there been any recommended from the FDA or the CDC that hospitals, strictly as a precautionary measure, refrain from serving tomatoes to their patients?

David Acheson: FDA -- this is David Acheson -- FDA has not differentiated between high risk groups like hospitals and nursing homes, to general consumers. The advice would be the same. Ian, I don't know whether you want to respond from the CDC side.

Ian Williams: Yes. I think the CDC would say exactly the same thing. I mean our recommendations apply to everyone, including hospitals and other facilities that might treat people with compromised immune systems.

Michael Herndon: Okay. Sir, did you have a follow up?

(Chris Murphy): No, that's fine. Thank you.

Michael Herndon: Okay. Thank you ladies and gentlemen this concludes today's media teleconference and thank you for your participation. We will continue to make every effort to provide you with updates regarding this outbreak, and we continue to encourage you to visit both the FDA and the CDC websites for updates. Now, if you have any follow up questions please don't hesitate to call the respective agencies. And thank you and have a great day.

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