Transcript for FDA Media Briefing
Salmonella Outbreak Involving Certain Type of Tomatoes
June 19, 2008

Coordinator: Good afternoon and thank you for standing by. At this time, all participants are in a listen-only mode. After the presentation, we will conduct a question-and-answer session. To ask a question, please press star 1. Today's conference is being recorded. If you have any objections, you may disconnect at this time. And now I'd like to introduce Ms. Stephanie Kwisnek. Ms. Kwisnek, you may begin.

Stephanie Kwisnek: Thank you very much Tim. Welcome everyone to today's media briefing on the Salmonella outbreak involving certain types of tomatoes. I am Stephanie Kwisnek from FDA's Office of Public Affairs. Our two main speakers this afternoon are Dr. David Acheson, FDA's Associate Commissioner for Foods, and Dr. Ian Williams, (unintelligible) outbreak net team at the Center for Disease Control and Prevention.

Our technical experts on the phone include from the FDA Faye Feldstein, Acting Director of the Office of Food Defense, Communication and Emergency Response and the Center for Food Safety and Applied Nutrition, and Matthew Eckel, Director, America's Staff, Office of International Programs.

We will have a brief question-and-answer segment after the opening remarks. At this time, I'd like to turn it over to Dr. David Acheson.

David Acheson: Thank you Stephanie. Good afternoon or good morning to everybody. This is David Acheson, Associate Commissioner for Foods at FDA. Going off our

normal track, first just ask Ian Williams from CDC to give you a brief update and then I'll provide you an update from FDA, so Dr. Williams?

Ian Williams: Great, thanks. This is Ian Williams from CDC. So CDC is now providing us specific updates and numbers today. We updated numbers yesterday. These are available on our Web site at www.cdc.gov so the numbers from yesterday are the latest. With that, I'll turn it back over to Dr. Acheson.

David Acheson: Thank you. This is David Acheson again. FDA does not have much to report today either but we really thought it was important to hold this call so that if you have any questions for either CDC or FDA, we're here to answer them.

To let you know that the trace-back continues. We have still not identified a specific source of the outbreak yet so that is ongoing. We're continuing to work closely with Florida regulators and the Mexican government.

As I said before, there is a close cooperative interaction with both and this is a good exchange of information. I would like to clarify one point that I made yesterday and specifically that FDA has no information that the outbreak strain linked to tomatoes in the United States have been found in Mexico.

I want to repeat that, that FDA has no information that the outbreak strain linked to tomatoes in the United States has been found in Mexico, and nor does FDA know of any cases of human illness in Mexico linked to this outbreak. I think there was a little confusion yesterday around that so I just want to clarify that.

Our consumer advice remains the same. The grape, cherry, tomatoes that are still attached to the vine are not part of the outbreak. Many places that are producing tomatoes now also were not part of the outbreak and they are listed

on FDA's Web site at fda.gov as part of the areas, production areas that are excluded and we continue to update that list as new information comes in.

That essentially is the end of the comments I wanted to make Stephanie, so we can open it up for questions.

Stephanie Kwisnek: Okay, great. Thank you Dr. Acheson and as Dr. Acheson said, we will take your questions at this time and always please limit yourself to one question and one follow-up question. Also please state your name and affiliation. Operator, we'll take the first question.

Coordinator: Okay, again, if you would like to ask a question, please press star 1. One moment please. Our first question comes from Marilyn McGee from Cox Newspapers.

Marilyn McGee: Hi, actually this is Marilyn McGee with Cox Newspapers and my question, I know you may have answered this yesterday but I just need it for my story today, can you tell us, my editors want to know two things.

How many investigators altogether are trying to get to the source of this and can you just reiterate why is it so difficult to find the source?

David Acheson: This is David Acheson from FDA. I don't actually have a number, the total number of investigators. I can tell you it's a lot, both here in the Washington, D.C. area as well as throughout the country.

These investigators in the field are going through all of the supply chain components of this, gathering records, getting them sent to here in Washington, D.C., and there is a fairly large cadre of individuals from the agency who are analyzing that data and formulating it into trace-back maps.

For the second part of question is why is it so complicated, I'd like to refer you to a chart that is posted on our Web site, on the Salmonella Web site at fda.gov, which is sort of illustrative of the complexities of one of these trace-backs.

But essentially it comes back to the point that these begin with questioning a patient or a group of patients about where they ate the tomatoes, what kind of tomatoes they ate, and if they're linked to the outbreak.

We then go to the restaurant or to the retail store where the tomatoes were purchased and ask the store or the restaurant where did you purchase your tomatoes from in the timeframe when the individual got sick and typically that produces a list of two or three suppliers.

We then go back to each one of those suppliers and ask the same question, where'd you get the tomatoes from in that same timeframe. That often takes us back to three or four distributors each so it's already beginning to fan out.

So each retailer goes to three or four suppliers. Each supplier goes to three or four distributors. We then go to the distributors, ask them the same questions and they may have got it from some other intermediary or from an importer if they're imported products or from a variety of different growers.

So you end-up with a rapidly expanding web of interconnection and this is particularly true of tomatoes, the way they're handled. The other piece that confounds this is that in any one distributor, they may be hand-sorting crates of tomatoes from different growers so they may get three crates in from three different growers and that supplier who's requested a particular type of tomato, i.e., small ripe tomatoes.

So the distributor will hand-pick through crates of tomatoes from three different growers and put them all together in one carton to ship to a specific supplier because that is a specific request.

So not only do you have the complex spider web of interconnections between the retailer, supplier, distributor, importer if they're an imported product, but also even within that you've got a lot of crossover occurring. That in a nutshell is why this is so complicated.

Stephanie Kwisnek: Thank you Marilyn. Next question, please, operator?

Coordinator: Our next question comes from Allison Aubrey.

Allison Aubrey: Hi. A quick question. You reported yesterday with your new numbers that the illnesses all were in I guess April, May or the last was the first week of June and there's a lag time because it takes time for them to confirm the cases and for the state agencies to report them.

So I'm wondering if you expect, when will we know if there were illnesses after June 5th and what I'm getting at here is do we think that the tomatoes that are now out there, even the red, brown, the plum, the roma and the red round are all from after the outbreak, the (unintelligible), the illnesses?

Ian Williams: This is Ian Williams from CDC. I can at least answer part of that, that there is this delay from the time that people consume it until they go see their physician, from their physician collects an (i-slick), the (i-slick) is determined to be Salmonella St. Paul, and then it gets fingerprinted so you know it's part of the outbreak, because we're counting people that have this genetic fingerprint, not just people with Salmonella St. Paul.

So the period from the time where you consume to when you wind-up actually having this confirmation can run between two and three weeks so the challenge is that there's this little lag in delay.

We're still characterizing this outbreak as ongoing because we're hearing about cases of Salmonella St. Paul that are occurring beyond the 5th of June, suggesting that there may be other cases out there.

And again what you said earlier is very much correct. There is, the state public health labs are catching-up with some of this backlog of cases they've had and many of the cases that were reported new yesterday were from back in the middle part and early part of May.

As we update numbers, we'll expect to see this phenomenon to continue as there's sort of this catch-up but again we're watching very closely to see how this outbreak evolves.

Allison Aubrey: Just a quick follow-up. I mean, I remember I guess it was sometime last week when there was some talk that the numbers were flat and I'm wondering if you still think that, given what you've just told me.

Ian Williams: The answer is it's evolving as we're watching the numbers come in on a daily basis and we're expected to see the numbers actually continue to increase but some of this increase will again be to this lag in the system where we're going to continue to hear about cases that are from the early and mid part of May.

And like you were very interested in looking at the recent onsets of illness and we're watching that very, very closely and at this point, the latest one we have

is again up through the 5th of June. That's confirmed genetically fingerprint match.

Allison Aubrey: Great, thanks, and somewhere either at CDC or FDA Web site, I read...

Stephanie Kwisnek: I'm sorry, you had your follow-up question. Operator, we'll take the next call.

Coordinator: Okay, our next question comes from Chris Murphy from CNN.

Stephanie Kwisnek: Chris?

Louise Schiavone Hi, this is, can you hear me?

Stephanie Kwisnek: Yes.

Louise Schiavone: Hi, this is actually Louise Schiavone at CNN. We called you on two phones because I was not able to make the star 1 feature work so thank you for taking this call. So, Dr. Acheson, you said yesterday that I believe with respect to Mexico, you said I believe that they, Mexico, that they have, they think they have found some cases of Salmonella St. Paul.

I don't believe they've been able to yet determine whether they are the same genetic fingerprint, and so I ask you, just to follow-up, you're saying that Mexico does in fact, the authorities that you're in contact with, those authorities do in fact believe that they may have in Mexico found some cases of Salmonella St. Paul but the laboratory work is still ongoing. Is that correct?

You said yes. That's my understanding of what we know from Mexico and then you went on to say don't jump to conclusions, which we reported

yesterday and you said yesterday the fact that they found Salmonella St. Paul is not that unusual.

The CDC has a press release out on all of the Salmonella St. Paul information. It says this. Only three persons infected with this strain of Salmonella St. Paul were identified in the country during the same period in 2007.

The previous rarity of the strain and the distribution of the illnesses in all regions suggests the implicated tomatoes are distributed throughout much of the country. So sir, my question is this. Why would, using that reasoning, why would this not extend to the suspected cases of Salmonella St. Paul found in Mexico?

Ian Williams: This is Ian Williams. Maybe I can address what the CDC press statement says. I just want to be clear that we're talking about this strain, we're talking about this genetically-fingerprinted strain, so this is the people that are a PFG match.

So during this same period of early, from mid-April through early part of June, we only saw three people with this same genetic fingerprint in the United States last year.

If you look at this genetic fingerprint across the whole year, we saw it about 25 times across the whole year and Salmonella St. Paul, we saw about 400 Salmonella St. Paul altogether, just to clarify that statement.

Louise Schiavone: Okay. So you're not denying, sir, because we have transcribed from yesterday's conference that you did report Dr. Acheson that they have found, the Mexicans think that they have found some cases of Salmonella St. Paul but have not yet been able to determine whether they are the same genetic fingerprint.

Here's my question. Are the Mexicans still working on that? Do you expect to get the science back from Mexico on that? Do they take that seriously?

David Acheson: The Mexicans are taking this very seriously, no question about that. What I said yesterday was that I believed that there were some cases in Mexico.

It appears that I was incorrect, which is why I have issued a corrected statement that FDA has no information that the outbreak strain linked tomatoes have been found in Mexico nor does the FDA know of any cases of human illness in Mexico.

That is the facts as best we understand them today. I did at the time say that I believe and I was basing it on the information that I had and hence the correction today.

Stephanie Kwisnek: Thank you Louise. Operator, we'll take the next call.

Coordinator: Okay. To ask a question, please press star 1. If you are having difficulty getting that feature to work and you are on a speakerphone, go ahead and pick-up the handset and dial star 1. Our next question comes from Justin Blum of Bloomberg News.

Justin Blum: Thanks for taking my call. Dr. Williams, when you look at the number of cases spread over the time period that they've occurred and when the last case has occurred, was does that tell you?

Does it look like from the trend that this is continuing in a significant way or does it look like that the number of illnesses over time is starting to diminish as you get closer to the last case?

Ian Williams: Yeah, it's still too early to say if we've past the peak of this or not due to this lag in PulseNet. We have, we're unable to sort of look very closely in the last two or three weeks but in looking at how the curve is evolving over the last several weeks, it's still too early to say whether we're past the peak or not but it's something we're very much closely watching to see if we're past the midpoint of this or not.

Justin Blum: Okay, thanks, and one question for Dr. Acheson just to follow-up on the Mexico issue. Is Mexico is being forthcoming with the FDA about whether there are any cases and what was the source of the confusion at the FDA yesterday?

David Acheson: This is David Acheson. Yeah, they're being very cooperative and very forthcoming so I don't have any concerns there. The confusion yesterday was, sort of relates to part of Dr. Williams said in terms of what we know from past history around Salmonella St. Paul.

And I was certainly aware that FDA had found Salmonella St. Paul in the past going back four or five years and that was what I had in the back of my mind in terms of Salmonella St. Paul as a type of Salmonella being present in Mexico.

And I think the confusion came through the appearance that I was linking that with the current outbreak and I was not, so, and that was essentially where I think the confusion came and I was wanting to clarify today that any previous indications of Salmonella St. Paul being present in Mexico are not connected as far the FDA knows with the current outbreak.

Justin Blum: Okay. Thank you.

Stephanie Kwisnek: Thank you Justin. Operator, we'll take the next call.

Coordinator: Okay. If you're still having difficulty with the star 1 feature, press star 0 and an operator will assist you. Our next call comes from (Chrissa Hoylin) from USRWeb.com.

Chrissa Hoylin: Yes, this is Chrissa Hoylin, it's QSRWeb.com, and we're looking at some pieces that say the response was an overreaction. What is your response to that?

David Acheson: This is David Acheson. Can you clarify a little bit who's response and response to what?

Chrissa Hoylin: The FDA's response to the Salmonella outbreak that in light of, you know, there are no fatal cases to this point, there were illnesses but no fatal cases, so did the ban need to be as extensive as it was?

David Acheson: Well, FDA hasn't issued a ban. FDA had issued consumer advice based on the information that we have and we've been updating that in terms of tomatoes that are not part of the outbreak on a regular basis.

This response from FDA is a typical response that we undertake when we have a large outbreak. Even a small outbreak, we will put out consumer messages.

They don't necessarily attract a lot of attention if there are not many illnesses, but I don't believe for one moment that the FDA overreacted here. We've got Salmonella. It is potentially fatal in certain subpopulations, the elderly, the young and immune-compromised.

So, you know, our job is to protect public health and if we know there's a problem with items of food, we need to tell people and we need to trace it back and to the greatest extent possible, find out how to get it off the market.

Ian Williams: And this is Ian Williams from CDC. I might also add that for every case that we see in our surveillance system, it's estimated that there's 30 or more cases that actually occur, so this outbreak likely represents many thousands of people, several thousands of people.

And I also want to remind folks that at least 48 people have been hospitalized as part of this outbreak so far so while this illness can be mild for some people, it can be severe in others as Dr. Acheson has mentioned.

Chrissa Hoylin: Okay. As a follow-up question, is Salmonella St. Paul less virulent than other strains of Salmonella?

David Acheson: There is not a lot of data at this point to suggest in this outbreak that this is a more virulent strain of Salmonella St. Paul. The rate to hospitalization are a little bit higher than we typically see in some of these outbreaks but they're not out of the range of the unusual so there isn't data to suggest that this specific strain of Salmonella St. Paul is more virulent.

Chrissa Hoylin: But is it less than other strains?

David Acheson: No.

Chrissa Hoylin: Okay.

Stephanie Kwisnek: Thank you, (Chrissa). Again, everyone on the call, this is your time to ask Dr. Williams or Dr. Acheson questions about the investigation. You can do so by pressing star 1. Operator, we'll go ahead and take the next call.

Coordinator: Our next call comes from Ernesto Lugo of El Sabate.

Ernesto Lugo: Okay, my name is Ernesto Lugo.. What, our public here wants to know is which aspects are taken in account to liberate producing or (a stone) that produces tomatoes?

David Acheson: Thank you. This is David Acheson. I'm going to refer that question to Faye Feldstein in the Center for Food Safety and Applied Nutrition. Faye?

Faye Feldstein: Faye Feldstein, everyone. We have criteria posted on our Web site that we have been utilizing to establish those sources of tomatoes that are not associated with the outbreak.

It's a combination of evaluation of criteria that is submitted here to the Center for Food Safety and Applied Nutrition and might include such information as dates and times of harvest cycles, types of tomatoes, distribution patterns of tomatoes from specific geographic origins, information that we have received from other public data sources such as USDA and any other specific information that the regulatory agency in a state or international entity has provided to us.

So that any state or international entity who is interested in working with us to provide that information needs to send an e-mail and there's two e-mail addresses on our Web site to send that to with site information or to begin the dialogue to establish that.

Ernesto Lugo: I wanted to know, who is trying to contact you and give you information about this outbreak?

David Acheson: This is David Acheson. I didn't quite understand what you were asking us.

Ernesto Lugo: In Sinaloa, the state of Sinaloa in Mexico, have tried to contact the FDA and trying to liberate this zone of Mexico from the Salmonella outbreak.

David Acheson: Okay. Faye, do you want to keep going?

Faye Feldstein: Sure. If I can beg everybody's indulgence, there's an e-mail address that I can provide to you to send information and you will get a response. That e-mail is roberta.wagner@fda.hhs.gov and if the regulatory agency and the state of Sinaloa would like to establish that dialogue, please e-mail to Roberta Wagner and she will follow-up with you.

Stephanie Kwisnek: And you can also e-mail to anyone of us here in the press office and we will make sure it gets to the appropriate people.

Faye Feldstein: That's fine, and the purposes of this e-mail, what Roberta is handling as I specify again, is the exchange of information to be able to be put on the listing of tomato sources not associated with this outbreak.

Stephanie Kwisnek: Okay, thank you. Operator, we'll take the next question.

Coordinator: Our next question comes from Garrets Burke of the Associated Press.

Garrets Burke: Hi, good afternoon, thanks for taking my question. I wanted to ask either Faye or Dr. Acheson about the specific (economies) that are still under

investigation in Florida, what the conditions are that the FDA is looking into there that make them feel such that, at this point?

David Acheson: This is David Acheson. Essentially, what we know is that the southern and central parts of Florida were producing tomatoes that fit with the timeframe of the outbreak, that the distribution patterns from Florida were likewise fit with where we're seeing the cases.

So that essentially means that they're in the mix of being a potential source of these tomatoes. Trace-backs are ongoing and to date we have not been able to rule out Florida as a source of these tomatoes or rule them in and so for that reason, the areas that were growing at the time, the south and the central areas, are still under question in terms of whether they were the source.

In contrast, the northern part of Florida which was not producing at the time went through the certification process that Faye talked about and have been added to the exclusion list so obviously the goal of the trace-back is to find the geographic region and ultimately the farm that these came from and then we will be in a better place.

Stephanie Kwisnek: Any follow-up question?

Garrets Burke: I guess I'm wondering, you know, how the government is going about the investigation in Florida, particularly if you have investigators on the ground on every single farm in all of the counties that were growing tomatoes in the timeframe and also I wonder if you can clarify exactly what that timeframe is for having grown tomatoes that could have been the source of this outbreak.

David Acheson: This is David Acheson again. The answer to your question of what the investigators are doing in Florida, at this point the investigators are focusing

on getting all of the information around the trace-back so the suppliers and the distributors and so on.

Because we haven't identified a specific farm, then no, FDA investigators are not yet out on farms in Florida or anywhere else looking for where something may have gone wrong because we don't know yet where to send them.

We're certainly poised to do that as soon as we know where to send them, but at this point our field resources are being used to gather the data so we can get the trace-back completed as quickly as possible.

In terms of the date, what we do know is that Florida were producing tomatoes in the timeframe when this outbreak began and that fit in with the curve that we've seen to date.

Our understanding is that that harvest has now passed but we don't know that for absolute certain. I couldn't tell you when Florida tomatoes come online initially and being produced. That would be a question to ask the government in Florida.

Garrets Burke: Okay, I'm just trying to understand like if people were getting sick in April, would those necessarily be from, you know, could those potentially be from Florida tomatoes grown in March? I'm trying to get a sense as to how you're determining the possible timeline for source tomatoes that you see.

David Acheson: Yes, I mean obviously if you think about the time it takes for a tomato to go through the processing system and it's shelf life which is two to four weeks depending on how ripe it is when it's picked and as Dr. Williams has said, the first cases the CDC are linking with this go back to mid-April.

And if you just backtrack from there, that gives you the limitations of the zones of interest, because of time of harvest.

Stephanie Kwisnek: Thank you very much for your call, and just a reminder for everyone out there, if you'd like to ask Dr. Williams or Dr. Acheson a question, please press star 1. Operator, we'll take the next question.

Coordinator: Okay, our next question comes from (Marilyn Gewax). Ma'am?

Marilyn McGee: Hi, I'm sorry to keep beating this to death, but I'm just wondering if in my story I said hundreds of state and local investigators are involved or should I say scores or thousands or can you just give me some sense of like how big of a project is this in numbers? I'll take anything, dozens, scores, hundreds.

Ian Williams: A lot. I guess that's not going to do it is it.

Marilyn McGee: Yeah, I keep pressing star 1.

David Acheson: The truth is we don't spend our time going out and counting how many inspectors are on the job. We've got a lot out there doing it and you know, we're not able, I just couldn't tell you at any one time how many are on it.

But what we did determine was when we were doing melamine last year, we at one point had several hundred working on it and I wouldn't be surprised at the end of the day that this doesn't fall in the same vein.

But in terms of an absolute number, I mean it is a lot and we are dedicating all our resources to getting on top of this as quickly as possible. Maybe at some point in the future, we'll stop and count up the numbers but frankly that's not a priority at this point.

Marilyn McGee: Okay, thank you.

Stephanie Kwisnek: And operator, we have time for one more question.

Coordinator: Okay, our final question comes from, I hope I pronounce this correct, Lauren Neergaard from the Associated Press.

Lauren Neergaard: Hi, thanks. I know that much of your effort is traditional epidemiological trace-backs, but I wonder if you have also looked at sort of as a parallel track at the other 13 outbreaks in tomatoes and said scientifically are there some clues here that might lead us in the right direction?

David Acheson: This is David Acheson. The short answer to that is yes we have. We have looked at the distribution patterns in the previous tomatoes, sources of the previous tomatoes, tried to draw conclusions between where the states where we saw illness in the past from previous outbreaks to the states that we're seeing illness on this outbreak.

And we really haven't been able to draw any definitive conclusions, but yeah we did look. I mean it's a good idea and we have the same one and it didn't help us a whole lot.

Lauren Neergaard: And just as a follow-up, does the fact that you can't really find any smoking gun by looking at the other outbreaks say look, there are these perhaps top three or four scientific questions about how Salmonella gets into tomatoes that we need to answer, and if so, what are they?

David Acheson: Yeah, this is David Acheson. There are a number of things that come out of these sorts of situations. One of them that you've just pointed to is what are

the preventative controls that need to be put in place to prevent these outbreaks?

That was the mission of the tomato initiative which is still being wrapped-up and you're exactly correct, understanding what the preventative controls are and then working with growers, processors, packers to put those in place is key.

I think the other important lesson from this is what do we need to do further to improve our ability to trace these situations more quickly? Tomatoes are notoriously difficult to trace as we've talked about exhaustively on these calls.

And as part of the food protection plan, FDA is committed to take a very serious look at how can we approach traceability in a different way, trying to build an interoperable system working with industry and those who have the technology to make these sorts of things go much quicker.

Stephanie Kwisnek: Thank you (Lauren) and thank you to everyone who joined in today's call. The replay will be available in about an hour. If you have any follow-up questions, please contact me or any of my colleagues. Have a good afternoon.

Coordinator: The call has ended. You may disconnect at this time.

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