

**Transcript for FDA Media Briefing**

**July 9, 2008**

**3:30 pm**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During the question-and-answer session, please press star 1 to ask a question. Today's conference is being recorded. If you have any objections, you may disconnect at this time.

Now we'll turn the meeting over to Michael Herndon. You may begin.

Michael Herndon: Thank you very much, ladies and gentlemen, and welcome.

I'm Michael Herndon with FDA's Media Relation Staff.

Thanks and welcome to this briefing on the tomatoes and Salmonella outbreak.

Speaking with us this afternoon is Dr. David Acheson, Associate Commissioner for Food FDA, Dr. Stephen Sundlof, Director of the Center for Food Safety and Applied Nutrition and Dr. Robert Tauxe, Deputy Director, Division of Food borne, Bacterial and Mycotic Diseases with CDC.

Now we also have subject experts, FDA subject experts available today. They are Matthew Eckel, Director, Americas Staff, Office of International Programs and Dr. Steven Solomon, Deputy Director, Office of Regional Operation.

Now we will have a brief question-and-answer segment after the opening remark but at this time I'd like to turn it over to Dr. David Acheson.

David Acheson: Thank you, Mike.

This is David Acheson, Associate Commissioner for Foods at FDA.

Welcome everybody to the media conference today.

We will follow our previously used format in which will allow CDC to give an update and then we'll come back to FDA and we'll then provide you an update with current activities at FDA so with that I'll hand it over to Dr. Tauxe.

Robert Tauxe: Thank you very much, David.

This is Dr. Robert Tauxe at the CDC in Atlanta, Georgia. I'm Deputy Director of Division of Foodborne, Bacterial and Mycotic Diseases.

Thanks for joining us this afternoon.

We continue to get reports of illness every day. The case count today is 1,017 cases all culture confirmed reported from 41 states, the District of Columbia and Canada with 203 hospitalizations. This ongoing outbreak is now one of the largest outbreaks of Salmonellosis

ever in the United States and it's the largest foodborne outbreak of any sort in the last 10 years based on a number of culture confirmed cases.

CDC, state health officials and FDA have been working very hard to find the source of Salmonella illnesses and a large number of people have been doing a great deal of effort and I'm grateful to all of them for everything that has been going on and continues to go on.

We have had an evolving information set around the investigations that have been going on and last week we added to the list of potential candidates in addition to tomatoes which continue to be a prime suspect, we added to that list the jalapeno peppers and cilantro and now based on the most recent information that we're assembling and I should stress we're continuing to gather information, we thought it was important to provide new interim guidance for people at greatest risk for Salmonellosis.

Now those people are those who have impaired immune system or infants or elderly persons and our specific recommendation that until health officials know that the contaminated product or product are no longer on the market, these persons with increased risk of severe infection, infants, elderly persons and those with impaired immune systems should avoid eating raw jalapeno peppers or raw serrano peppers.

Now in addition the previous recommendations about eating raw tomatoes, only those that are on the FDA safety list continue. We are making no change or recommending no change in the consumer guideline concerning tomatoes. We would note that in addition to those of high risk avoid eating raw jalapeno peppers; other persons

who want to reduce their risk of Salmonella infection can take similar precautions.

The - we arrive at this now because of the number of investigations that have been going on and in the accumulated information from a number of these has pointed increasingly to the role that jalapeno peppers and possibly, of course, related peppers may be playing as part of the investigation. We're clear that jalapeno peppers caused some of the illnesses in the outbreak. It is not clear that they explain all the illnesses.

Thank you very much. Let me turn it back to you Dr. Acheson.

David Acheson: Thanks, Rob, I appreciate that.

This is David Acheson again. I would just like to echo what Dr. Tauxe has just said in terms of consumer advice. FDA supports that approach based on the evidence that you just heard from Dr. Tauxe at CDC.

With that I'd like to hand it over to Dr. Sundlof who is going to provide you with an update on what the FDA is currently doing in terms of activities to further pursue the origins of this outbreak.

So, Dr. Sundlof, over to you.

Stephen Sundlof: Thank you, David.

This is Steven Sundlof with the Center for Food Safety and Applied Nutrition.

Basically we are following the same game plan as per follow-up inspections as we did with the tomatoes, so we're inspecting - we're going to the source that - that has been identified by the CDC and from there, for instance, if it is a restaurant, we are tracing-back through the chain of distribution to determine as we did with tomatoes where those peppers may have originated from.

If it is through a distribution center then we will trace-forward to see where else products may have gone and so basically it's the same kind of investigation and trace-back and also trace-forward that we initiated with tomatoes and some of those investigations - the tomatoes by the way are still ongoing so we are doing both tomatoes and peppers, serranos and jalapenos.

We are doing extensive sampling along the way so that we are picking up samples and they will be submitted to laboratories for analysis to determine whether or not the Salmonella has contaminated those samples at this point. We have not found any positive either with tomatoes or Salmonella Saintpaul or with the peppers, but the peppers are just starting.

We are working with the states. The states are heavily involved in doing some sampling and inspection for us. Let's see, again we will be continuing to work with CDC. They provide us with the information and we take the strongest cases where we think we have the most solid information that would lead back to a source and work specifically on those and we will go forward in this manner similar to the way we have with the tomatoes and that's pretty much where we are at and I'll turn it back to Mike.

Michael Herndon: Thank you Dr. Sundlof.

At this time, ladies and gentlemen, we will take your questions and as always please limit yourself to one question and one follow-up and also please state your name and affiliation.

Operator, we'll take the first question.

Coordinator: Okay, thank you, we will now begin the question-and-answer session.

If you would like to ask a question, please press star 1.

Please unmute your phone and record your name clearly when prompted. Your name is required to introduce your question.

To withdraw your request, press star 2. Again press star 1 to ask a question.

One moment please for the first question.

First question comes from Justin Blum. Your line is open

Justin Blum: Thanks for taking my call.

I've got a question and a follow-up.

The question is in the announcement put out by CDC today that says, "The accumulated data from all investigations indicate that jalapeno peppers caused some illnesses but they did not explain all illnesses."

Can you say the same of tomatoes? Do you know for certain that tomatoes have caused some illnesses and if not is the evidence now strong - more strongly pointing to peppers than it is towards tomatoes?

Robert Tauxe: This is Robert Tauxe at the CDC.

Thank you for your question Justin.

The information about the tomatoes and the information from the jalapeno peppers come from two different source of study and for tomatoes we have the first case controlled study which strongly indicated a risk associated with tomatoes and our second case control study which I haven't described in any detail, but that showed an association between illness and eating several food items including fresh jalapenos, raw tomatoes and cilantro.

Without implicating one of them as the single source nor eliminating any of them as a possible source, the information about jalapenos comes from the recent cluster investigations particularly of three large clusters of illness that have been investigated and in those illness was linked to item in all three cases the item contained fresh jalapeno peppers.

In one of them the item also included fresh tomatoes and none of them did the item include cilantro. So the information is somewhat different.

We are quite sure that with another tomatoes nor jalapeno explains the entire outbreak at this point and we consider that the evidence implicating tomatoes was earlier in the outbreak was strong and evidence that suggests there is illness associated with jalapeno peppers from the western investigation is also quite strong.

Justin Blum: So just to be clear though are you now - are there any - can you say that there are cases where tomatoes caused illnesses like you are saying that there are cases where jalapenos are linked to illnesses?

Robert Tauxe: We are presuming that both of them have caused illness.

Justin Blum: And so the follow-up question is when people go out to eat and have been later contracted Salmonella is it always Mexican food or are there other type of foods that people have eaten before contracting Salmonella?

Robert Tauxe: It has been a number of different foods. It is not always one ethnic food type.

Michael Herndon: Thank you.

Thanks, (Justin).

Justin Blum: Thank you.

Michael Herndon: Next question, please.

Coordinator: Next question is from (Allison Aubrey). Your line is open.

Allison Aubrey: Oh, hi, thanks, so in the first case controlled study you said that about 80% of people reported eating tomatoes versus the controlled group where it would be less than half.

Can you give me some similar numbers on what you found with the cased controlled with the jalapenos?



I know separately you have the cluster, but going to the controlled study, what percentage of the people then reported eating jalapenos compared to control?

Robert Tauxe: Let me - thank you very much. Let me explain that the recent CDC case control study interviewed over 400 persons including 144 who were ill since June 1 and 287 healthy control.

Healthy control is somebody who lives near the ill person but did not experience any recent foodborne illness and each of them would be interviewed surrounding a number of different food items that they ate and different places that they might have eaten it. And in the second case controlled study tomatoes were quite popular among both the people who were ill; not quite as popular among popular who were well.

And also there were detailed questions about different sorts of other people that they might have eaten and for those as I indicated both the hot peppers particularly jalapenos were more reported by the cases than by the control as was cilantro, but neither of them were reported by more than half of the cases and we recognize that it's often the case that someone might eat something that might have a spice or an item like jalapeno or cilantro mixed in with it without really recognizing that that's what they were eating.

I believe the associations were strong; that is, there was a difference between what ill people reported eating and what the healthy people reported eating, but neither for jalapenos nor for cilantro was it over half.

Allison Aubrey: Not over half of the sick group?

Robert Tauxe: Yes, for the sick group.

Allison Aubrey: Okay...

Robert Tauxe: That's right.

Allison Aubrey: Right and then the healthy group but it is still statistically significant because presumably in the controlled group it was much less than half? I mean how big -

Robert Tauxe: That's right, there was - it was substantial - whether it was in the ill it was substantially less in the well.

Allison Aubrey: Okay.

Robert Tauxe: That's right.

Allison Aubrey: Okay, thank you.

Michael Herndon: All right, thanks (Allison).

Next question, please.

Coordinator: Next question comes from (Lauran Neergaard). Your line is open.

Lauran Neergaard: Thank you, this question is for FDA.

I'm wondering if you can tell us where these type of peppers would have been coming into the country or coming into distribution at

different points in time during this outbreak and also if you know if there are distribution points where tomatoes and peppers and cilantro would all intersect.

David Acheson: This is David Acheson at FDA.

That's part of what we're trying to investigate right now is what are the potential sources for these peppers. Certainly there are imported peppers coming into U.S. at this point and there are domestically grown peppers so at this point we've got no indication to suggest that it's one or the other. That's what the trace-back will tell us.

As you've heard there is evidence from the case control studies and the investigation CDC that tomatoes cause illness and now more recently the jalapeno peppers cause illness and your point is what is the possibility of a crossover where they were both in the same place or posture the same facility at the same time.

There is a number of the possibilities there that will be part of the investigation. Number 1, were they potentially grown on the same farm. Not necessarily at the same time but if, for example, it was a contaminated processing system in a farm or a farm was using contaminated water without adequate filtration and they were growing tomatoes in the April, May time frame and then they switched to jalapenos or hot peppers in the later time frame the same problem persisted.

That's the sort of question we would need to address and likewise if there is any single distribution center where these would have passed through sequentially or together so that really is as before as we work the trace-back down from the point where the product was consumed

either in the restaurant or bought from a store as we work back through the trace-back looking at those, we'll be looking for those points that intersect to try to answer your question, but at this point that's potentially where the investigation is taking us and we don't know yet.

Lauran Neergaard: Okay, thank you.

Michael Herndon: All right, thanks (Lauren).

Next question, please.

Coordinator: Your next question is from (John Rockoff). Your line is open.

John Rockoff: Thanks, I'm wondering about the difference in the warnings.

With tomatoes when you guys accumulated this evidence, you issued this nationwide warning for all sorts of consumers but for jalapenos you issued a more - a narrower warning.

Why the difference?

David Acheson: Rob, would you like to take that?

Robert Tauxe: Sure this is Rob Tauxe at CDC. Thank you for the question.

I think there was a great deal of information about the specificity of the type of tomato and the origin of the tomato in that recommendation. We don't have that information for the jalapenos now and are trying to use the information that we have, the latest information to protect those at greatest risk and it may be that this information evolves as for information becomes available about

jalapenos that this will also evolve but we thought this was our way of protecting those at greatest risk as more information develops about jalapeno.

John Rockoff: And why keep the tomato warning from all the industry folks that I've spoken to, you know, totally different fields are being harvested for tomatoes than were in April.

Why keep the tomatoes warning around?

Robert Tauxe: Well we have - we do not have epidemiologic information or evidence that takes tomatoes off the list.

Michael Herndon: Thanks, John.

Next question, please.

Coordinator: Next question comes from (Tiffany Shoe). Your line is open

Tiffany Hsu: Okay, great, thanks for taking my call.

Is there going to be a separate list of clear states for the peppers like the one that was put out for the tomatoes and is it still being updated?

David Acheson: This is David Acheson at FDA.

At this time we have no plans for doing that. As you know that's not what we have typically done in the past with outbreaks and I think the strategy here is to aggressively pursue the trace-backs of the peppers which we're doing right now in the hope that we can identify a common source, get the testing done and then essentially figure out the

source quickly which would exonerate the other places so that's the strategy that we're pursuing at this point.

Tiffany Hsu: Okay.

And then the follow-up is just I had heard there were investigators in Mexico over the weekend looking at tomatoes; I mean what about the jalapenos? Are you sending investigators to any specific place right now for the peppers?

David Acheson: This is David Acheson again.

You're right; we have had inspectors in Mexico and we talked about that before. Those inspectors are all now back home so we don't have anybody in Mexico right now. We are continuing to talk to the Mexicans as this moves forward.

We have as before started to dispatch inspectors to the point on the trace-back where these peppers have passed through, to gather records, to look to see if there may be problems and then I think it is going to be dependent on where this trace-back takes us as to where those inspectors will go.

And certainly if there is good cause for inspectors go back to the potential growing areas, then we would do that.

Tiffany Hsu: Okay, thanks.

Michael Herndon: Next question, please.

Coordinator: Next question comes from (Elizabeth Weis). Your line is open.

Elizabeth Weise: Hi, thanks for taking my call.

A question on the tomato states, if you cross-reference it with the exception of a few counties in Florida none of the states that haven't been cleared actually have any kind of a commercial tomato production. They don't commercially produce tomatoes; is that correct?

Robert Tauxe: Dave, do you want to address that?

David Acheson: I'm sorry, so the question was is it the states that have been cleared are they safe to produce tomatoes or don't produce tomatoes?

(Elizabeth Weise): No, I just went through and figured out which states haven't been cleared and...

David Acheson: Oh.

Elizabeth Weise: And it is a very short list and none of them with the possible exception of Oregon looked to me like they could possibly be producing tomatoes.

David Acheson: Yeah, I think that - hang on.

The - let me focus on those states that were actually producing tomatoes and the ones that weren't producing tomatoes, my guess is they didn't ask specifically for us to clear them.

Elizabeth Weise: It's Arizona, Montana, North Dakota, Oregon, South Dakota and Wyoming.

David Acheson: Let me try to - this is David Acheson again - let me try to clarify the process that evolved here.

It's essentially when the outbreaks started there was a question about growing areas that were not in production when this outbreak kicked off in April and the early part of May and that was the criteria that the list began with was those growing areas that were coming on line as the outbreak was well under way and because of that they weren't part of the - of a possible pool where these contaminated tomatoes could have come from or they were producing tomatoes that weren't following the distribution pattern we were seeing, i.e., they were producing in one state and ship to one neighboring state or they were producing completely different types of tomatoes.

As different growers were coming on-line in the United States, well, they were saying, well, hey, you know, our tomatoes around part of this outbreak. How could they be? We weren't producing and that was really the origin of trying to develop this exclusion list as we call it and some places were either not producing enough tomatoes or didn't feel the need to get on this list so that's why you don't have every single state listed.

Does that make sense to you?

Elizabeth Weise: Yes, so effectively what you're saying from the looks of this list, there really aren't any major tomatoes production areas in the U.S. still producing tomatoes that are on the list of areas of concern?

David Acheson: That's an absolute, that's an accurate statement.



Elizabeth Weise: Great, thank you.

Michael Herndon: Next question, please.

Coordinator: Your next question comes from (Tom Kurst). Your line is open.

(Tom Kurst): Yes, thanks for taking my question.

I had a question as far as, you know, what is the reason for the extended investigation? What's the breakdown? Has it been industry traceability standards or is it more so the wrong theories and hypothesis about a single source contamination? Which is more at play here?

David Acheson: This is David Acheson here.

I think the answer to that is joint FDA, CDC in terms of the length of this investigation. Clearly as Dr. Tauxe said this is a very large outbreak. It has certainly been one of the most complex that I've ever had any part of and frankly people have continued to get sick. We followed the usual trails. CDC where the states and local did case control studies, they implicated tomatoes.

We followed the usual track that we would do that, begin the trace-backs. We talked about that extensively. The complexity of the tracing-back tomatoes is one of the reasons those take so long we covered before is the complexity of the tomatoes distribution system and the re-packing and that simply as we were going out with the consumer advice the outbreak didn't stop and people were still getting sick so CDC did their second case control study and we've already talked about that and the implication of other product and so we are

continuing now to pursue the trace-backs on those and the assignments of - to try to find any positive samples.

So it just being a spectacularly complicated and prolonged outbreak. I don't have an explanation for it but we have put as many probably more people working on this.

We pursued all the unusual angles that we would pursue. We've used all the tools multiple times with a lot of collaboration with the state, the locals, with CDC and with industry to try and figure this out and then we were visiting Mexico; again the Mexican government were very cooperative working with us so this is just basically very complicated.

And we're not there yet but there's a lot of hard work to pursue it down to the point of trying to understand now where these jalapenos may have come from. I'm done somewhat.

Rob, do you have anything to add on that?

Robert Tauxe: Well I agree very much with what you just said.

Yes, I would also add that one of the most powerful tools that we have for identifying the specific source of an infection is the investigation of a cluster, investigation of a whole group of people who were exposed on the same day or in the same place and one of the striking things about this outbreak was that early on there were very, very few clusters. There were none at all early on.

In fact, there are entire states where we still do not have any cluster at all despite the number of cases and it was really with the continuation

of the outbreak as cases to occur just as Dr. Acheson mentioned and the identification then of specific clusters that meant that a whole group of people had been exposed to something in one place at one time.

That's when it really we began to develop new information about this, both the outbreak itself continuing and as far as we can tell it is still continuing now and the identification of clusters which did not happen early on and it's an interesting and open question where clusters might be and why they began to be - to occur and be recognized later in the investigation.

Michael Herndon: Thank you.

Next question, please.

Coordinator: Next question comes from (Vicky Vargas). Your line is open.

Vicki Vargas: Hi, thanks for taking this.

A little rumbling on the West Coast from growers using words like collateral damage when they talk about your inability to pinpoint the source. Their concern, of course, is that this will affect all avenues of produce in the long run.

Reaction to that and to their call this week for agricultural investigation.

David Acheson: This is David Acheson, FDA, clearly our mission as is CDC is the mission of HHS is to protect public health. Those agencies acted with the best information that they had at their disposal through the

scientific tools that were used to implicate a product, a complicated case control study and that simply by going out with the consumer advice on the tomatoes, the outbreak didn't stop as we're all well aware.

It was all done using the scientific approaches that we typically used based on most likely, most probable and I think it's very important recognize which is really part of the theme of today's new consumer messages is that if we feel we've got strong enough evidence to warn consumers about a product that may be contaminated with Salmonella, it's our job to do that; not to go out too soon; we have to be sure; not to point the finger so to speak at different products without good evidence, but I can assure you there was good evidence and that's why we went down that road.

Now I recognize that there are consequences to this, but as your heard, tomatoes are still part of the investigation and there's plausible investigations why this could have been two products shifting from one to the other.

With regard to inquiries, I said the other day on the conference call that we would certainly be initiating a task force to look at lessons learned from this going into the future, what can we do better, what can we reduce the likelihood of an outbreak being so protracted and so complicated and in the future so unquestionably there needs to be questions and we welcome that in terms of trying to improve the system which is what we're all about.

Michael Herndon: Okay.

Vicki Vargas: Thank you.

Michael Herndon: Next question, please.

Coordinator: Next question comes from Jim Downing with the Sacramento Bee.

Your line is open.

Jim Downing: Hi, thanks for taking my call.

I have a question about timing. Is it - when you look back from the date of the first investigation from the people who got sick in May, is there any sign of jalapenos back in that first investigation or does the data really show kind of a shift from tomatoes to this multiple products in the later illnesses?

Robert Tauxe: I'll be glad to tackle that one, David.

The early cases were investigated in the southwest, the investigation in New Mexico and Texas.

Our usual style which is exactly what they did is to talk to people in great detail about all of the sorts of things that they might have eaten and then pick out the ones that appear to be common, the ones that are named most frequently by people who are ill and use that to conduct a case control study.

A group of people in early cases were interviewed in great detail and there was a striking number of them that reported eating the raw tomatoes and that became the primary hypothesis, a much smaller number, substantially less than half flagged cilantro or other peppers on those initial interviews and so the judgment at that time was that

they were unlikely to be able to explain the outbreak and it wasn't that they were ignored. It wasn't that they were not considered. It was that they were not reported frequently by people who were ill at the time of the very initial interviews

Jim Downing: Okay.

Robert Tauxe: Yeah.

Jim Downing: And they reported more frequently in the later interviews?

Robert Tauxe: Well the different people and different times. Cilantro was reported much more frequently recently than they were in that initial group and peppers are - have been focused on and are reported more frequently than in the initial group but the questions were asked in different ways and in different groups of people.

The - so it's very hard for us to say that peppers were absolutely not part of the problem initially. They may have been part of the problem initially but not large enough to catch the attention of the investigators who were doing these initial phase of the investigation and likewise tomatoes have not disappeared now and they still continue to be reported more - significantly more frequently by ill people than by their healthy neighbors.

Michael Herndon: Thanks, Dr. Tauxe.

Thanks, Jim.

Jim Downing: Thank you.

Michael Herndon: Next question, please.

Coordinator: Your next question comes from (Anna Shen) with Washington Post.  
Your line is open.

Annys Shinn: Hi, thanks for taking my question. I've got a question and a follow-up.

When you say jalapenos - when you're extrapolating I guess from the - what you found in the cluster and you're now saying that some illnesses are explained by jalapenos, can you give any more precise proportion like, I don't know, a third of the cases, half of the cases?

Robert Tauxe: Thank you for that question.

No, we really have not attempted to parse it out in those terms yet. We're at the phase of trying to establish whether they are sort of in or out as being an important part of the outbreak not at phase of actually attributing a specific fraction to them.

Annys Shinn: Okay and my follow-up is this, as you mentioned there have been questioned interviews for different groups of people by different investigators and I understand that tomatoes jumped out in the initial case control but I also understand that New Mexico saw a high correlation of salsa as did Chicago with their cases there.

How confident are you that the early case control studies -- I mean how confident are you that jalapenos don't also explain the early study and maybe just the early studies maybe they just didn't ask? I don't know if they asked the right question or as you said maybe people just didn't realize they were eating jalapenos.

Robert Tauxe: Right, there are several layers of uncertainty there that you just mentioned and, you know, talking to control studies is always a problem because they never are 100% confident of anything, but I think that, you know, the - an attempt was made to capture information. Whether it succeeded or not, you know, is part of the question.

Specifically about salsa, it's not unusual to find people in the southwestern United States are eating salsa and slightly over half of the cases reported eating salsa in initial case control study but that was far more than that in tomatoes and we actually analyzed specifically if you - in a multi-variable model which is a statistical method of comparing these things one against each other in a model comparing salsa with tomatoes. The tomatoes remain significant and the salsa was not significant.

So a lot of people cases and their healthy neighbors ate salsa and the risk that we were measuring in our case control study appeared to relate to the tomatoes rather than to salsa.

Michael Herndon: Thanks, Annys.

Next question, please.

Coordinator: Next question is from Jane Zhang with Wall Street Journal. Your line is open.

Jane Zhang: Hi, thanks for taking my call.

I have two questions. The first one is for Dr. Tauxe. I wonder if you could specify what you meant when you said that jalapenos caused



some illnesses but they do not explain all illnesses. Was that because people do not remember what they ate a few weeks ago?

Robert Tauxe: That's particularly coming from the information we have from clusters. The analysis of the clusters and detailed investigation of the largest clusters do indicate to us that illnesses in those clusters is strongly associated with jalapenos, but we are aware of other clusters in which it is very difficult to implicate or even suggest jalapenos were part of it because they were simply not on the menu.

Jane Zhang: Okay, thank you. The second question is for Dr. Acheson.

Are you telling the industry to pull jalapeno peppers, cilantro, anything at all based on the new information?

David Acheson: This is David Acheson.

No, we're not. The information as Dr. Tauxe said in the introductory comments is it's targeted to the higher risk population those who may be vulnerable so there has not been a specific instruction or request from FDA to the industry to take any action.

Clearly as with any investigation as we pursue it, if we were to identify a product that was incriminated very clearly or obviously if a sampling shows up that the product in the food supply is contaminated with Salmonella, we would be requesting that industry to recalling the product, but we're not there yet.

Jane Zhang: Right, so is it still your assessment that it's highly unlikely for the FDA to detect the source of the outbreak?

David Acheson: This is David again.

I would keep an open mind on that. We've got a lot of horses working this. We're very actively pursuing the pepper trace-backs and, you know, I always try to remain optimistic, but we guarded in terms of, yeah, there is always a possibility that we won't know the answer to this because history with outbreaks linked to fresh produce have been notoriously difficult to figure out likely because you know what the product is, it's been consumed or thrown out or got rotten so it is really difficult, but we're optimistic and we're pursuing it as if we will find this.

It's not like we are beginning to pull back at all.

Michael Herndon: Thanks, Dr. Acheson.

Jane Zhang: Thank you.

Michael Herndon: Thanks, Jane.

Next question, please.

Coordinator: Next question comes from (Steve Hedges) from Chicago Tribune.  
Your line is open.

Steve Hedges: Yes, I had a question about the differences in the outbreak. Some states have a number of outbreaks in restaurants and others don't even though they have a number of Salmonella cases.

Does that tell you anything about the distribution chain as the food involved?

David Acheson: This is David Acheson.

The issue around the distribution chain is a really interesting one and we have spent a lot of time interacting with industry and we're continuing to do that and we will continue to do that into the future. Trying to understand there is something in the distribution problems will help us figure this out because not only do we have your point about restaurants versus sporadics but there are also pieces of the U.S. where there aren't many cases.

If you look at the distribution map up in some of the northern - northwestern states and some of the south - southeastern states there are not as many cases as you see in other places.

That begs the question is there something about distribution of the product that is contributing to that. We've been trying to tease that apart but so far haven't come up with a lot that has really helped us figure out what it might be or where it may have come from.

Michael Herndon: Did you have a follow-up?

Steve Hedges: No, thank you.

Michael Herndon: Okay, thanks.

Operator, we'll take two more questions.

Coordinator: Okay, our next question comes from Elizabeth Lee with Atlanta Journal. Your line is open.

Elizabeth Lee: Hi, thanks for taking my question.

I'll still not real clear on - what I seem to be hearing is jalapenos are suspected in the most recent illnesses so why there isn't a warning to industry here or a broader consumer warning as there were with tomatoes which I think we're hearing that they perhaps are not a suspect in these most recent cases and maybe they were associated with an early phase of the outbreak.

((Crosstalk))

Robert Tauxe: Oh, sorry.

David Acheson: No, I was just going to ask you to take that about you're - the vulnerable population advice, but you're already on it.

Robert Tauxe: You bet, Dave.

Thank you for the question.

Yes, I think we are assembling all of the available information and concentrated our efforts on the clusters that have occurred in the last month and on the cases that have occurred in the last month to understand what is the current sources of the investigation and we're quite confident in this information, but it is rapidly accumulating.

I would say also that in the very first notice that CDC issued about the tomatoes which was back at the beginning of this whole outbreak, we issued very similar recommendations regarding tomatoes in high risk population, the very first recommendation that we made and that was subsequently modified and modulated as more information became

available, but this is not unlike our first recommendation was concerning tomatoes.

Michael Herndon: Do you have a follow-up, Elizabeth?

Elizabeth Lee: I guess I was really looking more from the FDA because you had done that broader reaching out to industry, reaching out to restaurants saying don't serve these items and it seems that we're in a similar situation that you've identified jalapeno pepper as a source of some of these illnesses and yet you're not asking restaurants or industry to hold back and I just wanted you to walk me through again why that was. I just wasn't real clear on that and why it's different this time than it was with tomatoes.

David Acheson: Well - this is David Acheson.

It comes down to the point that Dr. Tauxe has been making that this is evolving and that tomatoes began with a warning to vulnerable populations and then expanded to a more general consumer warning as we learned more as the evidence that tomatoes were the cause initially strengthened.

It is very evolving. We are Step 1 of this with the peppers and as with the tomatoes it may well evolve. You know, my hope is that the investigation unfolds we will narrow it and that's the purpose of all of the activity that has been going on through the sampling and the inspections, the trace-back focuses very heavily on the clusters trying to understand that is that we will narrow this down to a particular type of pepper coming from a particular place then it becomes a very clear piece of advice to consumers.

At this stage we're just not there yet but it is a day-by-day hour-by-hour investigation and it could change. Speaking to that I just want to let people know that we will be updating our Web site tonight with the new information

Michael Herndon: Thank you, Dr. Acheson.

Thank you, Elizabeth.

Operator, we'll take a final call.

Coordinator: Okay, our last question comes from Miranda Hitti with WebMD. Your line is open.

Miranda Hitti: Thank you, I know that we were talking a lot on the question and answer about jalapeno peppers but just to confirm the guidance is also for the raw serrano peppers, right, and then also with would this guidance apply to fresh salsa that someone might buy at ready-made in the store?

Robert Tauxe: This is Dr. Tauxe with CDC.

No, it would not. This is focusing on the fresh jalapeno pepper itself and on serrano pepper which may be confused with the jalapeno in a number of setting. It is not - it is not salsa-specific and it's not about commercial salsas or things that come in jars or that are prepared in stores.

Michael Herndon: All right. Miranda, do you have a follow-up?

Miranda Hitti: No, that's it. I think everyone else covered it.

Michael Herndon: Thank you.

Ladies and gentlemen, that concludes today's media teleconference.  
Thanks for your participation.

A re-play will be available in about an hour and will be up for about 3 days.

If you have any follow-up questions, please don't hesitate to call the respective agency.

Thank you and have a great day.

Coordinator: This concludes today's conference. We thank you for your participation. At this time you may disconnect your line.

END