



PROGRESS REVIEW

Food and Drug Safety

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ September 1, 1999

The Assistant Secretary for Health and Surgeon General chaired the third and final review of progress in achieving Healthy People 2000 objectives for Food and Drug Safety. The review was organized by the HHS Food and Drug Administration (FDA) and the USDA Food Safety Inspection Service (FSIS). Through a satellite broadcast, participants were linked with viewers at remote sites, who were able to submit questions by telephone and fax. Of the 8 objectives in this priority area, one has met the year 2000 target, six have made progress, and one has regressed. The progress review drew attention to the following objectives:

12.1 Infections Caused By Key Foodborne Pathogens. The year 2000 target of no more than 16 cases of infection per 100,000 caused by *Salmonella* species was achieved every year since 1990. In 1997, the incidence of infection was 14. The incidence of infection per 100,000 caused by *Campylobacter jejuni* decreased from 50 in 1987 to 25 in 1997, meeting its year 2000 target. Incidence of *Escherichia coli* O157:H7 infection decreased from 8 in 1987 to 2 in 1997, and surpassed its year 2000 target of 4. The incidence of *Listeria monocytogenes* decreased from 0.7 in 1987 to 0.5 in 1996, also meeting the year 2000 target.

12.2 Outbreaks of Salmonella Enteritidis. The number of outbreaks of infections due to *Salmonella Enteritidis* decreased from 77 outbreaks in 1989 to 45 in 1998. Year to year surveillance of *Salmonella Enteritidis* outbreaks from 1989 to 1998 reveal a steadily declining total number of outbreaks. The year 2000 target is 25 outbreaks.

12.3 Refrigeration and Cutting Board Practices. The proportion of households in which the principal food preparers routinely refrigerate perishable foods in less than 2 hours increased from the 1988 baseline of 70% to 72% in 1993. The proportion of households in which the principal food preparer routinely washed the cutting board with soap increased from the 1988 baseline of 66% to 71% in 1998. The year 2000 target is 75% for all food preparation practices.

12.4 States' and Territories' Adoption of the Model Food Code. The proportion of states, the District of Columbia, and U.S. Commonwealth of Puerto Rico that adopted the FDA's Food Code increased from the 1994 baseline of 2% to 31% in 1999. The year 2000 target is 70%.

12.5 Linked Pharmacy Systems. There was an increase from 95% in 1993 to 98%, in 1995, in the proportion of pharmacies and other dispensers of prescription medications that use computer systems for individual patients. Unfortunately, while the computer capabilities may be in place in individual pharmacies, specific data to assess the extent to which linked systems are in place to inform pharmacists and protect patients are not available. The year 2000 target is 75%.

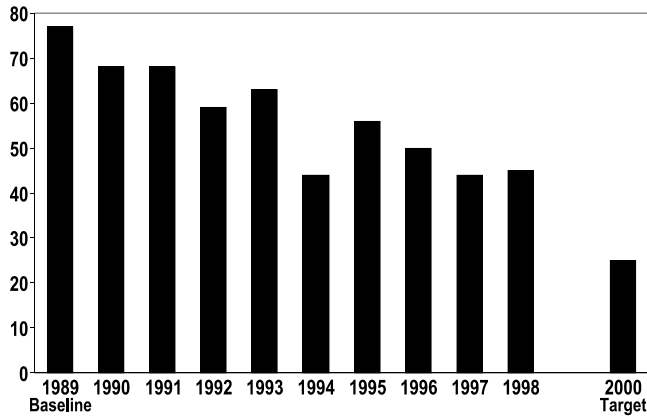
12.6 Medication Review for Patients Aged 65 and Older. In 1992, internists already had met their targets but for other health providers only about 50 to 60% were conducting this important medication review. Since that time, new data show an increase from 55% in 1992 to 68% in 1997-1998 in the proportion of nurse practitioners who routinely review with their patients 65 years and

older all prescribed and over-the-counter medicines each time a new medication is prescribed. The proportion of nurse practitioners who routinely maintain current medication lists for patients aged 65 and older increased from 63% in 1992 to 71% in 1997. The year 2000 target is 75%. Assessment of the proportions of physicians reviewing medication was not possible due to low response rates of the 1997-1998 Prevention in Primary Care Study.

DEVELOPMENTS

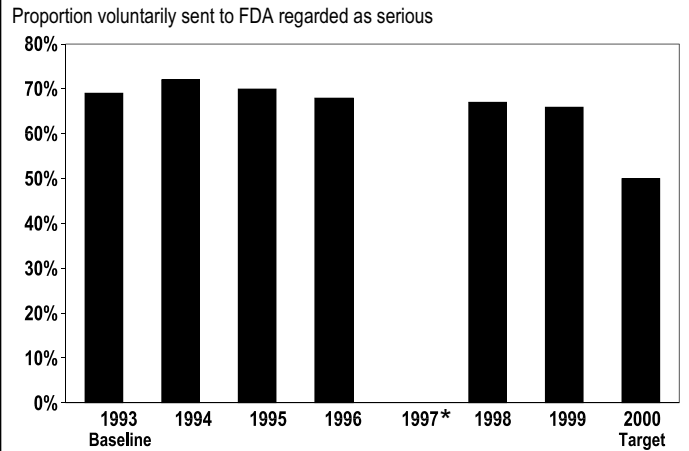
- Annually, an estimated 5,000 people die as the result of microorganisms in food. The annual cost of foodborne illness in the United States is estimated to be between \$7.7 and \$23 billion.
- Only 11% of health care organizations have fully functional computer-based patient records, according to a 1999 survey. In 1998, only 27% of pharmacy computer systems in hospital settings allowed for the transfer of information between inpatient and ambulatory care settings.
- Since 1996, the Foodborne Diseases Active Surveillance Network (FoodNet) has produced national estimates of the burden and sources of specific diseases in the United States through active surveillance and other studies.
- Since October 1997, the Fight BAC!™ Campaign has used the BAC!™ character to put a "face" on microscopic foodborne bacteria and focus national attention on the four basic food safety messages: Clean, Separate, Cook, and Chill.
- Since 1993, PulseNet computer networking, enabling rapid comparison of bacterial pathogens at the CDC, has expanded to include FDA, FSIS, and public health labs in all but 16 states.

Salmonella Enteritidis Outbreaks, 1989-1998



Baseline and 1990-95 data: *Salmonella* Surveillance System, CDC, NCID
1996-98 data: Foodborne Disease Outbreak Surveillance System, CDC, NCID

Adverse Event Drug Reports, 1993-1999



Source: FDA, MedWatch
*Data not available for 1997.

12.7 Voluntary Reports of Adverse Drug Events. The proportion of adverse drug event reports that are sent voluntarily to the FDA and that are regarded as serious decreased from its high of 72% in 1994 to 66% in 1999. Data collected from 1993 to 1999 show a decline in the proportions of adverse drug event reports voluntarily sent to the FDA that are regarded as serious. The year 2000 target is 75%.

12.8 Written and Verbal Information About New Prescriptions. Since 1992, there has been a significant increase in the sharing of written information for prescribed medicines. The proportion of patients receiving written information for new prescriptions from dispensers increased from 32% in 1992 to 59% in 1994. The proportion of patients who received verbal information from prescribers increased from 61% in 1992 to 69% in 1998; from pharmacists, verbal information increased from 37% in 1992 to 43% in 1998. The year 2000 target is 75% for both prescribers and dispensers.

- Develop food safety messages appropriate for food retailers, food transporters, and food producers.
- Expand FoodNet's active surveillance among additional selected States and FDA and pilot electronic reporting for outbreaks.
- Develop methods for predicting the risk associated with foodborne pathogens.

DEVELOPMENTS (Cont.)

- Since 1993, MedWatch, an FDA Medical Reporting and Safety Information Program, has instructed health professionals about monitoring suspected adverse drug and device reactions and has facilitated systematic reporting by these health professionals to the FDA and the manufacturer.
- For Healthy People 2010, the USDA's FSIS joins the FDA as a co-lead for the Food Safety focus area. Drug Safety will be included in a separate focus area entitled Medical Product Safety.

FOLLOW-UP

- Improve the exchange of information at the point of prescribing and at the point of dispensing medications.
- Collect specific data to assess the extent to which linked computer systems are in place to inform pharmacists and protect patients from adverse drug events.

PARTICIPANTS

- American Medical Association
- American Nurses Association
- American Society for Health System Pharmacists
- Centers for Disease Control and Prevention
- Conference for Food Protection
- Council of State and Territorial Epidemiologists
- Food and Drug Administration
- Food Safety and Inspection Service, U.S. Department of Agriculture
- Food Safety Training and Educational Alliance
- Hadassah
- National Association of County and City Health Officials
- National Consumers League
- National Council on Patient Information and Education
- National Restaurant Association Educational Foundation
- Office of Disease Prevention and Health Promotion
- Office of Public Health and Science
- Rhode Island Department of Health



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