

13-07

STATEMENT OF POLICY

Foodborne Disease Outbreak Response

Policy

The National Association of County and City Health Officials (NACCHO) supports building local health department foodborne disease surveillance, investigation, and control capacities to promote and improve evidence-based public health practice that reduces the impact of foodborne disease.

Foodborne Disease Outbreak Response

NACCHO supports the following:

- Ongoing interaction and involvement among local health departments and state and federal agencies to respond rapidly and effectively to multi-jurisdictional and multi-state outbreaks and recalls.
- A team approach to foodborne outbreak response that fully engages epidemiology, environmental health, laboratory, agriculture departments and other food regulatory agencies and allows for participation from emergency response and industry, as appropriate.
- Continued and enhanced local health department workforce training around surveillance, investigation, and response activities.
- Policies that enhance federal, state, and local laboratory capacity for testing to identify and respond quickly to foodborne disease outbreaks.
- Local health department representation on national food safety and response initiatives that enhance or impact the ability of local health departments to conduct food safety response activities, such as the Council to Improve Foodborne Outbreak Response and the Partnership for Food Protection.
- Training for public health students to fulfill surge capacity needs during an outbreak.
- Policies and training that enhance healthcare providers' ability to properly diagnose and report incidents of foodborne disease.
- A coordinated communication response for keeping the public well-informed and the message consistent in the event of a multijurisdictional outbreak.
- Paid sick leave, because it promotes health by encouraging sick employees to stay home and limit the spread of foodborne disease (see NACCHO's policy statement on Paid Sick Leave Policies).
- Preventive action along the farm-to-fork continuum aimed at improving the safety of the food system (see NACCHO's policy statement on Safety in the Food System and the Role of Local Health Departments).
- Federal efforts to phase out the non-therapeutic use of critical antimicrobial drugs and growth hormones in food-producing animals (see NACCHO's policy statement on the Preservation of Antimicrobials for Medical Treatment of Animals).¹



Foodborne Disease Response Funding

In regards to foodborne disease response funding, NACCHO:

- Supports the development of methods for reimbursement from federal and state governments to local health departments for special requests and assistance during foodborne disease outbreaks and recalls.
- Supports enhanced federal, state, and local funding for local health departments' food safety capacity and infrastructure and for routine public health activities related to foodborne-illness surveillance, investigation, and control.
- Supports additional federal, state, and local funding to build and improve communication, coordination, and partnerships to improve foodborne disease outbreak response (for example federal agencies, state and local health departments, emergency preparedness programs, food industry, consumers, and public health professional organizations).
- Urges Congress to appropriate funds authorized in the Food Safety Modernization Act for activities related to foodborne disease outbreak response.

Justification

Foodborne illness in the United States is estimated to cause 48 million cases of illness, over 128,000 hospitalizations, and 3,000 deaths each year.¹ Salmonella alone costs \$325 million annually in direct medical expenses.² Foodborne illness remains a major threat to public health and local health departments serve as the frontline defense against foodborne disease outbreaks.

Foodborne illness is defined as “any disease or infection caused by or thought to be caused by consumption of food or water.”³ While single cases of foodborne illness are common, the true number of foodborne outbreaks is not known because of underreporting and or misdiagnosis. The proportion of cases of foodborne illness reported to public health authorities can depend on the severity of the case, medical provider and consumer reporting rates to health officials, and surveillance capacity at the state and local levels.⁴ Improving consumer education, strengthening reporting requirements, and building local health department capacity to respond to foodborne disease outbreaks will continue to be critical to reducing the impact of foodborne illness.

Each reported case of foodborne illness is identified, investigated, and controlled primarily at the local and state levels. State and local governments investigate the majority of foodborne illnesses and are responsible for the sampling of food products for contamination during an outbreak investigation.⁵ According to the CDC, “Of the 4,924 foodborne outbreaks in 2006–2010, 84 (or about 2%) were multistate, 186 (or about 4%) were multicounty, and the remainder (or 94%) were single county outbreaks.”⁶ The first steps taken by local and state health departments are critical to preventing and responding to foodborne illness in the United States. Furthermore, coordinating foodborne surveillance, investigations, and control efforts between the local, state, and federal levels is crucial because the CDC reports that “although multistate outbreaks were only about 2% of the reported outbreaks during this period, they contributed about 7% of outbreak-related illnesses, 31% of outbreak hospitalizations, and about 34% of outbreak deaths.”⁶

According to a 2010 survey of local health departments conducted by NACCHO, 77 percent of local health departments conduct environmental health surveillance. Between January 2009 and

the spring of 2010, 21 percent of local health departments responded to a major foodborne disease outbreak.⁷ Expanding resources at the local level may prevent potential foodborne outbreaks and control the spread of illness. In 2011, 10 percent of local health departments reduced or eliminated their food safety programs and nine percent reduced or eliminated their epidemiology and surveillance programs.⁸ Federal funds allocated to local health departments for food safety have been modest. Increased financial support is necessary to help local health departments to continue and further enhance their surveillance, investigation, and control of foodborne disease outbreaks.

References

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7. National Association of County Health Officials. (2011). *2010 National profile of local health departments*. Washington, DC: National Association of County and City Health Officials.
8. National Association of County Health Officials. (2012). *Local health department job losses and program cuts: Findings from the January 2012 survey*. Retrieved November 1, 2012 from <http://www.naccho.org/topics/infrastructure/lhdbudget/upload/Research-Brief-Final.pdf>.

Record of Action

Proposed by NACCHO Food Safety Workgroup

Adopted by NACCHO Board of Directors

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