

# Position Statement Template

**Submission Date:** 6/27/2005  
05-ID-02

**Committee:** Infectious Disease

**Title:** National Guidelines for Foodborne Enteric Disease Surveillance and Response

## **Statement of the Problem:**

Foodborne enteric disease surveillance and epidemiologic investigation are a mainstay of public health responsibilities and are a common function of local, territorial and state public health agencies. Historically, these investigations have been conducted on a local level to identify outbreaks or exposure to a health threat requiring direct public health intervention. Increasingly, these investigations can highlight illness due to a food item that has a national distribution. Along with immediate threats to human health, both in-state and multistate outbreak investigations are of importance for national terrorism detection.

Yet despite its familiarity and importance, national standardization of local and state foodborne/enteric disease surveillance, investigation and response has not occurred. This variability and lack of metrics hampers national food safety efforts by reducing the effectiveness of public health actions and the ability to demonstrate efficient use of resources.

In 2002, the federal Centers for Disease Control and Prevention (CDC) funded the Council of State and Territorial Epidemiologists (CSTE) and Association of Public Health Laboratories (APHL) to conduct capacity surveys of foodborne disease epidemiology response<sup>1</sup>. These surveys demonstrated wide variability in epidemiologic and laboratory practices including the diseases that are reported, timeframes for reporting, agency priority, link to laboratory testing, extent of public health follow-up and success in obtaining public health or regulatory action.

PulseNet<sup>2</sup>, the CDC-based national molecular subtyping network for foodborne disease surveillance, has become the cornerstone of a national foodborne disease surveillance system. When paired with epidemiologic investigation at a local or state level, PulseNet provides a critical linking function necessary to detect large or multi-state, and widespread foodborne bioterrorism events. The utility of this program depends on real-time turnaround for laboratory analysis of patient isolates, real-time case interviews, and real-time linkage of results to provide epidemiological context for clusters of illness detected by PulseNet. Despite its central role in disease surveillance and detection of foodborne bioterrorism, PulseNet functions unevenly across the nation. In 2002, at least 20 state public health laboratories (PHL) had only one or fewer full time equivalents funded for molecular subtyping activities. Additionally, CDC's capacity as a reference laboratory and national repository for exchange of PulseNet information is severely strained.

A number of initiatives have information that could serve as the basis of an effective national foodborne enteric illness surveillance program. The most coordinated multi-

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<sup>1</sup> CSTE. National Assessment of Epidemiologic Capacity in Food Safety: Findings and Recommendations, September 2002. Available at <http://www.cste.org>

state food safety epidemiologic system is CDC's FoodNet<sup>2</sup>, a joint federal/state program that has been increasingly involved in evaluating and pilot-testing methods for conducting laboratory-based active surveillance and related epidemiologic programs. Its members have significant anecdotal and research experience with activities and procedures necessary to maximize use of surveillance laboratory methods to improve epidemiologic investigation. Additionally, in 2003, CDC funded CSTE to conduct the Enteric Disease Investigation Timeline Study (EDITS) that for the first time is attempting to determine baseline timeframes for standard enteric disease surveillance activities in a representative sample of both FoodNet and non-FoodNet states. Other CDC-based programs such as several of the TB/HIV/STD and Immunization programs, have established surveillance indicators for state funded programs that regularly provide feedback to states on their success in meeting objectives.

Building on current CDC agency-wide efforts to improve performance measures among all funded public health programs and with the background information, anecdotal experience, and new results from studies mentioned above, CSTE believes that it is time for development and adoption of national guidelines for foodborne enteric disease surveillance and epidemiologic response.

**Statement of the desired action(s) to be taken:**

CDC, in cooperation with CSTE, APHL, NEHA, ASTHO and NACCHO, and using, appropriate data to guide decision-making should:

1. Convene Expert Panels for epidemiology, laboratory and environmental science on food borne diseases to develop state and local, foodborne enteric disease surveillance and investigation program guidelines. These guidelines should prioritize maximizing PulseNet functionality and be linked to state and local response policy and disease reporting requirements. State, local and territorial public health agencies may choose to use these guidelines as performance standards;
2. Define priority bacterial, viral, and parasitic foodborne enteric pathogens for state and local investigation;
3. Guide an assessment of the resources and training needed by states to implement the guidelines; and,
4. Coordinate the guidelines with other enteric disease guidelines and standards, including bioterrorism performance indicators.

**Public Health Impact:**

It is expected that establishing surveillance indicators for epidemiologic and laboratory investigation will assist state, territorial and local public health agencies standardize foodborne enteric illness surveillance and investigations, leading to greater potential for detection of important in-state and multi-state outbreaks. Improvements in routine surveillance activities will also improve national readiness for detection of potential foodborne terrorism threats.

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<sup>2</sup> <http://www.cdc.gov/foodnet/>

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