September is Food Safety Month. Given that many of our members work in the area of food safety, I thought I would devote this month’s column to the importance of food safety in our daily lives and communities.

Occasionally we hear that our food in the U.S. is the safest in the world. Is our food the safest in the world? Maybe, maybe not. There are many unknowns in trying to answer that question. As someone who has worked on food safety issues for decades, I am not sure our food is the safest in the world. I do know, however, that it could be safer.

The Centers for Disease Control and Prevention (CDC) estimates every year in the U.S. that approximately 48 million people come down with a foodborne illness, 128,000 are hospitalized, and 3,000 die. The U.S. Department of Agriculture’s Economic Research Service puts the estimated cost of foodborne illness at $15.6 billion annually. These numbers taken together are a tremendous burden to our nation and the communities where we live and work. Therefore, what are you—or better yet, what are we—doing about it?

Back in 2006, I wrote a column in this journal about the importance of partnership in reducing the burden of foodborne illness in the U.S. and our communities (www.cdc.gov/nceh/ehs/docs/jeh/2006/sept_2006_radke.pdf). As members of the food production/manufacturing/service industry, as members of a regulatory agency, as members of an academic/science institute, and as members of consumer groups involved in food safety, we must gather our resources and collective wit to reduce foodborne illness. The folks in our communities expect nothing less.

We have made progress in some areas of food safety. Illness caused by Shiga toxin-producing E. coli O157:H7 have decreased over the past 10 years. Illness caused by certain serotypes of Salmonella have been reduced through the efforts of regulatory and industry working together to make food safer.

The Food and Drug Administration’s Food Code (the 9th edition was just released) has language that states all restaurants must have a certified food protection manager (CFPM). A study conducted by CDC’s Environmental Health Specialist Network (EHS-Net) found that restaurants with a CFPM had less foodborne disease outbreaks than restaurants without a CFPM. Another EHS-Net study showed that restaurants with a CFPM had less major violations than restaurants without a CFPM.

The National Environmental Health Association, along with a number of organizations including the Conference for Food Protection, National Association of County and City Health Officials, Association of Food and Drug Officials, National Restaurant Association, International Association of Food Protection, and many others, is working with federal, state, local, and territorial food safety professionals to reduce the burden of foodborne illness.

From an environmental health perspective, we need to understand the underlying causes of foodborne illness. From our laboratory and epidemiology colleagues we can potentially discover the pathogen or chemical that made people sick. As an environmental health specialist or sanitarian, we ask questions to determine the underlying causes: How did the pathogen or chemical get in the food? Who handled the food? When was the food eaten? Why did the food safety system fail to prevent the foodborne illness?

Today, we have some new and powerful tools to help us understand why foodborne illness occurs. Once we understand the why, we can reduce and prevent foodborne illness. One of the new tools is whole genome sequencing. This laboratory tool can determine the complete DNA sequence of a pathogen in a relatively short period of time. In order to take advantage of this new tool, food and environmental samples should be collected when foodborne illness is identified, particularly during foodborne outbreak investigations.

Another tool that environmental health specialist or sanitarians can use is the National Environmental Assessment Reporting System (NEARS). NEARS was developed at CDC to aid environmental health professionals at state and local health departments during foodborne illness outbreak investigations. Combined, these tools can help deter-
mine why foodborne illness occurs. Once we understand the why, all partners can use this knowledge to reduce and prevent foodborne illness.

From my years of working on food safety issues and foodborne illness outbreak investigations, I’ve seen the importance of understanding how food worker behavior, farm and kitchen structure and operation, and food safety management can contribute to decreasing the risk of foodborne illness. It is not an easy task. Industry deals with the issues of high turnover rates, communication barriers, cultural differences, nonuniform regulations, increased imports, and many others. Consumers have the challenges of cooking temperatures, storage and handling of foodstuffs, and properly cleaning hands and work surfaces. Regulators have concerns about adequate training, enough staff to handle all the food safety activities, and inadequate surveillance and data.

Unless we, as partners, pull together in our communities and throughout the U.S., we will not achieve the food safety goal of Healthy People 2020 to reduce foodborne illness in the U.S. by improving food safety related behaviors and practices (www.healthypeople.gov/2020/topics-objectives/topic/food-safety).

In a documentary about antibiotic resistance, Resistance: Not All Germs Are Created Equal, a scientist makes the following statement, “It is their genes against our wit.” To paraphrase that statement, it is our partnership against foodborne illness.

All the best,

[Signature]

President@neha.org

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