

UNITED STATES DEPARTMENT OF AGRICULTURE

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NATIONAL ADVISORY COMMITTEE ON

MEAT AND POULTRY INSPECTION

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SUBCOMMITTEE 1

ISSUE I: PUBLIC HEALTH ATTRIBUTION AND VOLUME

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February 5, 2008

1:15 p.m.

Key Bridge Marriott
Arlington, VirginiaCHAIR: MR. KEVIN ELFERING
Minnesota Department of Agriculture

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MS. CHERYL D. JONES
DR. EDNA NEGRON-BRAVO
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MR. TONY CORBO
MS. BETH KRUSHINSKIE
MR. CHRIS WALDROP
DR. BUZZ KLOPP

I-N-D-E-X

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1 P-R-O-C-E-E-D-I-N-G-S

2 (1:15 p.m.)

3 MR. ELFERING: We're just getting started.
4 I'm Kevin Elfering.

5 DR. CUTTER: Okay. This is Cathy. I can
6 hear you in the background. I thought maybe we
7 weren't hooked up to anything to hear you.

8 MR. ELFERING: I hadn't said anything
9 important, not like I'm going to at anytime during
10 this meeting.

11 (Laughter.)

12 MR. ELFERING: We were just kind of going
13 on the record right now.

14 DR. CUTTER: Okay.

15 MR. ELFERING: Ms. Foreman, are you there?

16 MS. TUCKER-FOREMAN: I am here.

17 MR. ELFERING: Good. Hopefully this will
18 work out with both of you dialing in, and if you have
19 questions, I'll try to think of coming to you every
20 once in a while, but if you have something that you
21 need to, just interrupt us and feel free to do that
22 as well.

1 Again, industry people, consumer groups,
2 they certainly are welcome to participate in our
3 discussions, and we appreciate any input from anyone,
4 and we're going to try to talk about the issue of
5 public health attribution and volume, and we do have
6 a couple of questions that we're supposed to be
7 answering.

8 And I think that one of the things we may
9 want to do first is discuss the issues and have a
10 little bit of a dialogue on public health attribution
11 and volume, and then if we can come to some sort of
12 an agreement, how we can give recommendations to FSIS
13 and how we can answer the two questions that they're
14 asking.

15 The two questions are, what recommendations
16 does the Committee have regarding enhancing
17 methodology and data sources used by FSIS to
18 calculate and use public health attribution? The
19 second question is what recommendations does the
20 committee have regarding how to better use volume for
21 ranking establishments within the second level of
22 inspection in the Public Health Risk-Based Inspection

1 System?

2 And I know that all of you certainly have
3 opinions on both of these, and I'm going to open it
4 up for discussion first to discuss the public health
5 attribution and volume.

6 MS. TUCKER-FOREMAN: Kevin --

7 MR. ELFERING: Yes.

8 MS. TUCKER-FOREMAN: -- would you tell us
9 who is in the room with you?

10 MR. ELFERING: I'm sorry. Who is in the
11 room? We certainly can. We'll introduce the
12 Subcommittee members and then any of the other people
13 that would like to introduce themselves as well.

14 I'm Kevin Elfering, actually recently
15 retired from the Minnesota Department of Agriculture,
16 now working for the University of Minnesota and also
17 New Mexico State University.

18 MR. SCHAD: I'm Mark Schad. I own and
19 operate Schad Meats.

20 DR. NEGRON-BRAVO: Edna Negron from the
21 University of Puerto Rico, Mayaguez Campus.

22 DR. RYBOLT: Mike Rybolt with the National

1 Turkey Federation.

2 DR. STROMBERG: Stan Stromberg, Oklahoma
3 Department of Agriculture.

4 MS. JONES: Cheryl Jones with Morehouse
5 School of Medicine.

6 MR. ELFERING: And then we also have some
7 industry folks as well and consumer groups. Beth, if
8 you want to start.

9 MS. KRUSHINSKIE: Beth Krushinskie with
10 Mountaire Farms.

11 MS. CUTTER: We can't hear you guys.

12 MS. KRUSHINSKIE: Beth Krushinskie,
13 Mountaire Farms.

14 DR. CUTTER: Thank you.

15 MR. PRETANIK: Steve Pretanik, National
16 Chicken Council.

17 CHRIS WALDROP: Chris Waldrop, Consumer
18 Federation.

19 DR. YANCY: Al Yancy, U.S. Poultry and Egg
20 Association.

21 MR. KLOPP: Buzz Klopp -- Incorporated.

22 MR. CORBO: Tony Corbo, Food and Water

1 Watch.

2 MR. TYNAN: I notice we also have Isabel
3 Arrington is here as well. Isabel, are you here to be
4 our technical expertise from FSIS?

5 DR. ARRINGTON: Yes and no. We also have
6 Erin Dreyling and Curtis Travis.

7 MR. ELFERING: They're not here now?

8 DR. DREYLING: Yes, we're here.

9 MR. ELFERING: Okay.

10 DR. ARRINGTON: Yes, they are.

11 MR. ELFERING: Erin, if you could just
12 introduce yourself as one of the subject matter
13 expertise from FSIS?

14 DR. DREYLING: I'm Erin Dreyling. I work in
15 the Data Analysis and Integration Group.

16 MR. ELFERING: And Isabel?

17 DR. ARRINGTON: I'm Isabel Arrington, and I
18 work in the Policy Development Division, Office of
19 Policy and Program Development.

20 DR. CUTTER: You're going to have to put
21 them on a speaker, because we can't hear them.

22 DR. ARRINGTON: I'm sorry. We didn't have

1 our microphone on.

2 DR. CUTTER: Okay. Thanks.

3 MR. ELFERING: I think one of the things,
4 and I don't know if everybody has a copy of this, but
5 I think I'll just read the issue first and the problem
6 definition and then we'll get back to the questions.

7 The problem definition is FSIS uses
8 estimates of public health attribution for FSIS
9 regulated products and estimates of establishment
10 production volume, to rank establishments within
11 inspection Level 2 in the proposed public health risk-
12 based inspection algorithm, and attribution to
13 establish performance objectives for *Salmonella*,
14 *Listeria monocytogenes* and *E. coli* O157:H7.

15 FSIS would like the National Advisory
16 Committee to comment on the use of public health
17 attribution and production volume in the proposed
18 Public Health Risk-Based Inspection System and
19 attribution in the Agency's performance objectives.
20 Specifically, the Committee should consider the
21 following questions in its discussions.

22 And again, the questions are, what

1 recommendations does the Committee have regarding
2 enhancing methodology and data sources used by FSIS to
3 calculate and use public health attribution? The
4 second question is what recommendations does the
5 Committee have regarding how to better use volume for
6 ranking establishments within the second level of
7 inspection in the Public Health Risk-Based Inspection
8 System?

9 Again, I think we should probably discuss
10 these issues before we try to formulate the answers,
11 and I will open it up for discussion. This may be an
12 easy Committee. We're not going to discuss anything.

13 MS. TUCKER-FOREMAN: Well, if nobody else
14 wants to start it off, I will.

15 MR. ELFERING: You can go right ahead.

16 MS. TUCKER-FOREMAN: Okay. Everybody's
17 already heard what I have to say about the inadequacy
18 of the -- particularly the absence of -- data or --
19 establishment performance objectives for
20 *Campylobacter*. The Agency defines the problem without
21 mentioning *Campylobacter*. I think it's just not
22 acceptable. So I would like to, as I mentioned in the

1 plenary session, -- that the Agency before it launches
2 a whole new inspection system, acquire more robust
3 data on the relationship between specific -- pathogen
4 and that the Agency have some data on the occurrence
5 of *Campylobacter* and its contribution to foodborne
6 illness.

7 I think that maybe the best way to go about
8 this would be to direct the Agency to ask the National
9 Advisory Committee on Microbiological Criteria for
10 Food, to review the attribution data to determine
11 whether or not the methodology used is adequate, and
12 make recommendations to FSIS -- existing *Campylobacter*
13 data, implement establishment performance objectives
14 for *Campylobacter*.

15 MR. ELFERING: Carol, you broke up a lot,
16 and I'm going to try and at least give my thoughts of
17 what I think that you're trying to get across, and
18 then maybe you can agree or disagree. But one of the
19 concerns that you have is that *Campylobacter* is not
20 really being focused on enough by FSIS as far as
21 attributing to public health illnesses, and that the
22 National Advisory Committee for Microbiological

1 Criteria for Foods should have this issue in front of
2 them and discuss it and be including *Campy* data into
3 the attribution data. Is that correct?

4 Carol, are you still there?

5 MS. TUCKER-FOREMAN: Can you hear me?

6 Hello.

7 MR. ELFERING: We can't hear her now.

8 DR. CUTTER: Can you hear me? This is

9 Cathy.

10 MR. ELFERING: Yeah, we can hear you.

11 MS. TUCKER-FOREMAN: Hello. Can you hear

12 me now?

13 MR. ELFERING: Yes.

14 MS. TUCKER-FOREMAN: I don't know what's

15 happened here. How is my voice right now?

16 MR. ELFERING: Now that's much better.

17 MS. TUCKER-FOREMAN: Okay. Maybe I just

18 got too far from the handset. My first concern is

19 that the food attribution data that the Agency is

20 relying on has been challenged by us and we don't

21 think it's adequate. I would like to have the Micro

22 Advisory Committee, which is the scientific advisory

1 committee, look at FSIS' attribution data and
2 determine whether or not it's appropriate to use for
3 this purpose and what the limitations of it are.

4 Then *Campylobacter* is the second issue.

5 MR. ELFERING: Okay. I think I got all of
6 that now. Anybody else? Beth Pershinsky?

7 MS. KRUSHINSKIE: I was wondering where we
8 are with the attribution studies and work done by
9 CDC. I know there's been quite a bit of work done in
10 the last few years.

11 MR. ELFERING: In relationship to
12 *Campylobacter*?

13 MS. KRUSHINSKIE: *Salmonella* and
14 *Campylobacter*.

15 MR. ELFERING: *Campylobacter* and
16 *Salmonella*.

17 MS. KRUSHINSKIE: Foodborne illness and why
18 the attribution, the data presented today, was really
19 the tip of the iceberg of the work that's been done
20 through CDC and other universities, you know,
21 universities that have been studying attribution and
22 some models, Denmark and -- models.

1 MR. ELFERING: My understanding is
2 *Campylobacter* is typically associated, one, as a
3 sporadic type of outbreak rather than, you know, the
4 bigger outbreaks associated especially with
5 *Salmonella*. So I would think that that data is easy
6 to gather.

7 MS. KRUSHINSKIE: I think there was already
8 attribution work being done on sporadic outbreaks and
9 a model for determining the portion of input or -- I
10 think CDC -- but we had an attribution seminar a
11 couple of years ago that brought in speakers --
12 current ongoing projects that probably had -- would
13 have some conclusions drawn by now. That was probably
14 2005 or 6.

15 MR. TYNAN: I hate to interrupt the
16 discussion, but the folks that are on the Committee,
17 identify yourselves for purposes of the transcript. I
18 would appreciate that.

19 MR. ELFERING: Can anybody from the Agency
20 respond to that as far as if they're using any of
21 those data, sporadic outbreak data, either for
22 *Salmonella* or *Campylobacter*?

1 DR. DREYLING: Right now, I mean, all that's
2 being used in attribution -- today is the data that is
3 from CDC or in the Center for Science in the Public
4 Interest database. So that would just be the outbreak
5 data. There's been no adjustments or anything for
6 sporadic illnesses that would not be captured in that,
7 but I heard you say earlier today he feels that the
8 experts that were participating in the expert
9 elicitation would take into account all of the
10 illnesses that were attributable to products. So we
11 felt that that would be a representation of not just
12 the sporadic but also -- I mean not just the outbreak
13 data but the sporadic data.

14 Now other things that are being done by CDC,
15 we've considered different models that are out there,
16 and I do want to have CDC review the methodology and
17 give us their comments on that. So I think we look at
18 those comments through them, and certainly if the
19 Committee feels strongly that we should be doing that,
20 I think that would be a very good recommendation for
21 you all to make and also that NACMCF as was mentioned,
22 I certainly agree with that and think that should be

1 put down on the record.

2 And another thing we are considering also is
3 we have the National Academy of Science to review --
4 methodology. So we definitely want to get input on
5 this method and want to have CDC and FDA input also.
6 We have talked about having them review this.

7 MS. TUCKER-FOREMAN: I really object to the
8 notion that the current model is the -- model and --
9 the other organizations to comment on its model. Beth
10 has just pointed out that CDC does have sporadic case
11 research underway. There's got to be some data there
12 on sporadic cases that can be used in helping to
13 develop this program further. As long as you're
14 dealing with outbreak data, you will not have anything
15 on *Campylobacter*. CSPI acknowledges that they do not
16 consider *Campylobacter* because there aren't enough
17 outbreaks of *Campylobacter* to get into their database.
18 You've got to look at sporadic cases, and I am just
19 really shocked that FSIS would gather this data
20 without going to the CDC and saying how can you help
21 us deal with sporadic cases so we're not relying just
22 on outbreak data.

1 MR. ELFERING: So one of the things that we
2 want to put in our response is the importance of
3 including sporadic cases, data that includes sporadic
4 cases and not just be looking at outbreak data. So
5 that will be a really important part of it.

6 MS. TUCKER-FOREMAN: Yes, thank you.

7 MS. KRUSHINSKIE: I think sporadic cases of
8 *Salmonella* is appropriate also. *Salmonella enteritis*
9 probably more in my expert view, is more frequently
10 associated with outbreaks and the other *Salmonella*
11 serotypes more often are isolated cases that have been
12 pulled together in kind of a pseudo outbreak base on,
13 false magella (ph.) -- footprint data, and they're not
14 true outbreaks either.

15 MR. ELFERING: But I think the cases of
16 *Salmonella enteritis* are more typically associated
17 with eggs and --

18 MS. TUCKER-FOREMAN: Which is why we
19 shouldn't be relying too heavily on them in this.

20 MS. KRUSHINSKIE: There are more
21 sophisticated methods of attributing foodborne
22 illnesses to specific products than simply using

1 expert elicitation, although that's an important rule.
2 Part of the concern I've got is that it's sort of a
3 self-iterating process. You read in the media, you
4 talk to each other, and you just reinforce the same
5 paradigm, and the fact that all of these studies
6 basically reinforce -- you ask the general public,
7 they'd say eggs, hamburger, I mean it would be
8 whatever the news report tells them. So I'm not sure
9 that that's a very scientific process and it's
10 compounded by the fact that people repeat what they
11 hear from others.

12 MR. ELFERING: One of the nice things about
13 being the Chair of the Committee is that I get to
14 delegate for someone to take notes and kind of start
15 formulating an answer and, Michael, would you be
16 willing to start thinking of some of the answers
17 that --

18 DR. RYBOLT: Do you think you can read my
19 writing?

20 (Laughter.)

21 MR. ELFERING: That's Ellyn's job. Ellyn
22 Blumberg is a FSIS staff person that's helping us as

1 well. So she gets to do all of the interpretation of
2 that data.

3 Any other discussion on this issue then we
4 should continue?

5 MS. TUCKER-FOREMAN: Kevin, this is Carol
6 again. Chris Waldrop is in the room and Chris had the
7 names of some people at CDC that were working on this.
8 So somewhere, I'm not sure he has them with him but
9 I'm looking for my piece of paper that he gave me on
10 it.

11 MR. ELFERING: I don't think we want to name
12 anybody in particular.

13 MS. TUCKER-FOREMAN: Okay. You're
14 absolutely right. You're right.

15 MR. ELFERING: But we'll make sure that we
16 still get that information to FSIS on who those
17 contact people could be. If you could identify
18 yourself.

19 DR. KLOPP: Yeah. My name is Buzz Klopp.
20 I'm a veterinarian with Townsend Incorporated (ph.),
21 and on the issue of attribution, we discussed
22 *Salmonella* and admit that it's a particular pet peeve

1 of mine but the data from plants is still recorded as
2 a positive and negative, and also the fact that there
3 is talk but no real work being done on identification
4 and correlation of specific serotypes, covered from
5 plants and then specific serotypes involved in
6 disease. And my point on this is that there's one
7 particular strain, *Salmonella* Kentucky, that's largely
8 endemic in chicken operations and probably accounts
9 for I know in our operation probably 70 percent of the
10 positive carcass rinses that we have, but yet that
11 positive carcass rinse counts the same as a positive
12 carcass rinse for *Salmonella* type -- and I think if
13 we're really going to carry attribution forward,
14 there's got to be some linkage on what *Salmonella* is
15 identified and reported on the carcass rinse and not
16 just *Salmonella* 2500.

17 MR. ELFERING: And I think that the Agency
18 has kind of alluded to looking at doing more
19 serotyping, and I think one of the things that we have
20 to try to look at is -- most people would associate
21 *Salmonella* with poultry, but I think serotyping can
22 also be of benefit just in the other commodities that

1 are, are typically associated with *Salmonella* cases,
2 for example, in swine that just aren't seen in the
3 poultry industry. I think that most likely outbreak
4 cases from poultry are probably going to be enteritis,
5 Heidelberg and -- and so maybe there is some value in
6 doing the survey.

7 DR. KLOPP: I think you're correct, and
8 that's a good word that FSIS has alluded to this, but
9 that's about all they've done with is.

10 MR. ELFERING: So I think that's something
11 we can put in our response as well, is that serotyping
12 really needs to be looked at as part of gathering this
13 data.

14 MS. KRUSHINSKIE: This is Beth Krushinskie
15 with Mountaire Farms. Just to follow up on Buzz's
16 comment, I think the concern we've got right now is if
17 you have *Salmonella* positive at all, you have a strike
18 against you for having *Salmonella*. If you also have a
19 serotype of public health concern, you get two strikes
20 against you, but there's really not any credit given
21 for serotypes that are not a public health concern
22 such as Kentucky. It can be a predominant finding --

1 MR. ELFERING: But not normally associated
2 with outbreaks.

3 MS. KRUSHINSKIE: Right, not associated with
4 outbreaks or sporadic disease in humans.

5 MR. ELFERING: Okay. So, Michael, were you
6 able to gather all that?

7 Any other discussions?

8 MS. TUCKER-FOREMAN: I've got some language
9 that I would propose if you all can hear me well
10 enough for me to propose it.

11 MR. ELFERING: Go ahead, Carol. If you
12 break up a little bit, we'll just have to have you
13 repeat it.

14 MS. TUCKER-FOREMAN: Okay. Am I coming in
15 any better or worse now than I was before?

16 MR. ELFERING: A little bit worse.

17 MS. TUCKER-FOREMAN: Okay. I'm going to
18 turn off the headset and go back to the handset.

19 MR. ELFERING: Another thing, Carol, if you
20 wanted, if you have a computer, if you wanted to
21 e-mail it to Robert Tynan, he has his BlackBerry here,
22 and we would be able to get it right off of his

1 BlackBerry. You can always tell the FSIS people at
2 the meeting. All their heads are going like this.

3 (Laughter.)

4 MR. TYNAN: BlackBerry prayer.

5 MS. TUCKER-FOREMAN: I'm e-mailing it to
6 Robert right now. Did you hear me?

7 MR. ELFERING: Yes. Why don't you e-mail it
8 to Robert, and then we'll have it.

9 MS. TUCKER-FOREMAN: Okay.

10 MR. ELFERING: We're going to continue the
11 conversation from there.

12 DR. KLOPP: I've got another one then that
13 I'd like to throw out for discussion. Is FSIS really
14 actively pursuing the advancing of I'll call it
15 diagnostic technologies? Are they really doing this
16 or it seems to me that they're sticking more with
17 methodologies that are I'm going to call them 5, 10,
18 15 years old.

19 MR. ELFERING: So you're looking at more --

20 DR. KLOPP: Yeah, even things -- I'll just
21 throw that *Campylobacter* out. I don't know a whole
22 lot about it but, you know, there are molecular

1 techniques for differentiating the species and for
2 doing counts and we don't hear anything about this.
3 Maybe you all do on a research level. I don't know.
4 But is FSIS really pursuing all this?

5 MR. ELFERING: Would anyone from FSIS like
6 to respond to that?

7 DR. ARRINGTON: I know on the molecular
8 subtyping they are considering it. We're not to the
9 point where we do it, and I don't know the technical
10 details of why we're not doing that, but I know it is
11 being considered. For one thing, it's going to be
12 more cost effective. I know we're not to that point.

13 We do have a group that is working on
14 subtyping to bring that as a program into FSIS and
15 they do plan to do a pilot in several months, and some
16 of the things they're doing is we're setting up the
17 mechanisms for working with the ARS and CDC so that we
18 can get the serotype information and the subtyping
19 into a VetNet database and compare that to PulseNet.
20 So that is being worked on but it's not complete at
21 this point.

22 MR. ELFERING: I think one of the things and

1 a little bit of a shortcoming is some of the public
2 health departments, not every public health department
3 does molecular subtyping. Those that are involved in
4 PulseNet do but not all of them are subtyping even in
5 outbreak cases but --

6 DR. KLOPP: Sure this committee at this
7 level could encourage development at the upper levels
8 within FSIS to be evaluating and exploring these new
9 technologies.

10 MR. ELFERING: Maybe we even want to frame
11 it as using the most recent technologies rather than
12 limiting it to just molecular subtyping, just looking
13 at more of using, you know, the most current and
14 valiant methodologies for identifying and tracking --

15 DR. KLOPP: I'm going to take it a step
16 further. Even coming from an old man like me, to
17 explore new, not become stagnant in the methods of the
18 past. That's what I'm afraid of.

19 MR. ELFERING: I don't know if FSIS' role is
20 to establish new methodology. Do we rely on other
21 parts of USDA for that or your laboratories? Do you
22 do work with new methodologies?

1 DR. ARRINGTON: No, you're right that we are
2 relying on others within the USDA, and that's part of
3 the coordination that we have to have with those
4 agencies. We are going to be talking a lot about how
5 we could get an isolate to a subtype. We're planning
6 on having a meeting in mid March. We're going to have
7 ARS, and with our laboratories and FSIS, and at that
8 meeting, our goal will be to set out strategies of how
9 we're going to, as I said, get an isolate out of a
10 plant and take the steps to get the information on
11 subtyping and to do comparisons in PulseNet and then
12 to feed that back into our program.

13 DR. RYBOLT: This is Michael Rybolt --

14 DR. ARRINGTON: No, this is an internal
15 meeting to say, I mean some of the things you're
16 bringing up, yeah, we need to discuss how we get that
17 carried out because we're not just talking about FSIS.
18 We're talking about ARS has to do, what kind of power
19 needs they have, their programs, what can be done and
20 if we start adding in additional samples. So that's
21 what we're talking about doing. We're having
22 additional samples. Can they handle that? Will they?

1 If they won't, you know, what can we do? It's more
2 than that.

3 MR. ELFERING: I think one thing is that I
4 think this Committee would certainly be interested in
5 -- and that as all.

6 DR. RYBOLT: Kevin, I want to go back to
7 what Buzz was talking about -- FSIS development
8 policy, but as far as trying to advance attribution,
9 and getting the best attribution, some of that may
10 include -- technologies and we would encourage the
11 Agency to look into the new technology, even work with
12 ARS in developing new technology -- baseline studies
13 and things like that. So I mean obviously we could
14 include that as part of our comment or recommendation
15 or answer to the question to look at new methodology.

16 MR. ELFERING: I think that's a very good
17 point, as a matter of fact, to know that there are
18 some state agencies, state laboratories that are
19 developing methodology including the Food and Drug
20 Administration developing new methodology and even
21 some of the universities. I know Michael Blaille
22 (ph.) is probably one working with *Salmonella*, and his

1 methods have really be proven to be able to find
2 *Salmonella* --

3 DR. RYBOLT: --

4 MR. ELFERING: Carol, just for your
5 information, Robert got the e-mail. I asked him to
6 hand his BlackBerry over to the FSIS staff person and
7 have her type it up into the computer, and then we'll
8 work on it from there. So thanks for sending that
9 out.

10 MS. TUCKER-FOREMAN: It has a couple of
11 awkward sentences because I was writing fast, and I'm
12 sure you'll want to rearrange a couple of them. It
13 has some of my special abbreviations --

14 MR. ELFERING: The wonders of technology,
15 only if the telephone would work. Any other
16 discussion?

17 MR. WALDROP: I have a question more
18 about --

19 MR. ELFERING: Could you just identify
20 yourself?

21 MR. WALDROP: I'm sorry. Chris Waldrop,
22 Consumer Federation of America. I have a question

1 more about towards the end of Dr. Travis'
2 presentation, and how the FSIS is going to use this
3 attribution data, and you gave the example of these
4 health-based performance objectives, and I'm just -- I
5 don't understand really what this final number, this
6 .68 for example for *Salmonella*, .68 cases per 100,000,
7 what that number really means and how FSIS intends to
8 measure whether they achieve that number.

9 DR. TRAVIS: Well, you start with the CDC
10 public health goal for 2010. That's rate of illnesses
11 for the whole United States from *Salmonella*.

12 MR. WALDROP: Right.

13 DR. TRAVIS: Now FSIS is setting the goal
14 for a particular food product, in this case broilers.
15 Is that what it is?

16 MR. WALDROP: Yes, *Salmonella* for broilers.

17 DR. TRAVIS: Okay. So then you want to know
18 of all those illnesses in the United States for
19 *Salmonella*, what fraction of them comes from broilers?
20 So the estimate for attribution that we have is 10
21 percent. So if 6.8 illnesses per 100,000 is the
22 overall rate, then the rate coming from broilers is 10

1 percent of that, which is .68 illnesses per 100,000.
2 So that's what you would measure.

3 MR. WALDROP: And how does FSIS measure
4 whether or not they are meeting that objective of .68?

5 DR. TRAVIS: Then you have to --

6 MR. WALDROP: Is it backwards math?

7 DR. TRAVIS: Yes, basically.

8 MR. WALDROP: Okay.

9 DR. TRAVIS: You, you have to work from
10 positive rates on broilers and predict -- well, if you
11 assume that the rate in a given year, the rate of
12 positives on broilers, the percentage positives on
13 broilers is producing some of the illnesses which is
14 .68 or whatever, you establish a baseline here for
15 which you get that ratio and we were using the year
16 2006 as our baseline and then you predict forward into
17 the future based on the positive levels that they're
18 actually measuring how many illnesses should be
19 occurring, and you compare it with this goal of .68.
20 Do you want me to explain it again?

21 MR. WALDROP: No, I'll think on it for a
22 minute and then maybe come back.

1 DR. TRAVIS: Basically you start at 2006.
2 You have positive levels on broilers and the number of
3 illnesses in CDC that occurs, but we are assuming that
4 10 percent of those come from broilers. So we know
5 that the positive rate on broilers and the number of
6 illnesses it produced in 2006.

7 MR. WALDROP: So it's a correlation of --

8 DR. TRAVIS: Yes. Then we get a ratio for
9 that and for future years, what we have is some
10 measured value but CDC doesn't have the number of
11 illnesses in 2007 yet but we'll have some measured
12 data. So we can use the measured positive level on
13 broilers to predict the illnesses and compare it with
14 that goal.

15 MS. TUCKER-FOREMAN: Could I ask a couple
16 follow-up question on that please?

17 MR. ELFERING: You certainly can.

18 MS. TUCKER-FOREMAN: First of all, the data
19 only, as you pointed out, measures -- organisms of an
20 individual bird -- information of great importance.
21 Am I right you're just talking about
22 positive/negative, not number of organisms?

1 DR. TRAVIS: Yes, I believe that's true.
2 You're saying we were using the number of positives,
3 not the enumeration data?

4 MS. TUCKER-FOREMAN: That's right.

5 DR. TRAVIS: Yes.

6 MS. TUCKER-FOREMAN: Okay. That would seem
7 to limit the value rather substantially and, secondly,
8 we go through this -- let me be sure that I
9 understand, talking about the verification, the
10 numbers that come out of verification sampling, this
11 day you would be using the verification sampling of
12 the national average to determine whether or not
13 you're meeting a goal, and we have -- the National
14 Advisory Committee on Microbiological Criteria for
15 Food -- Office of the Inspector General, every officer
16 -- information officer for USDA, I'm sorry, Chief of
17 Congress, says it is acceptable to use verification
18 sampling as though it is a national -- number. It
19 only applies to given data on a given date. It's okay
20 by me for you to use it in determining an individual
21 plant's performance -- not representative of the
22 prevalence in the population as a whole. I don't see

1 how you can determine anything about -- FSIS program
2 from using that formula.

3 DR. TRAVIS: Okay. First, those are good
4 points. Let me address the enumeration data first.
5 It would be much better to use enumeration data than
6 percent positives obviously, and FSIS is now beginning
7 to gather enumeration data. So in the future we will
8 be using enumeration data rather than percent
9 positives. That's obviously the best way to go.

10 The second issue which is can you use
11 percent positives as sort of representative of across
12 industry to predict illnesses? That's a weakness also
13 as you point out, that you should be using -- well,
14 the data that's percent positives in plants isn't
15 adjusted for volume which is one of the problems
16 because the sampling isn't volume adjusted, and that's
17 why we get the baseline study. In an attempt to solve
18 that problem, one of the things that we've done is
19 moving towards volume-weighted averages. So in
20 addition to taking the positives at a plant, we're
21 considering the volume of the plant. So then you
22 would say this is the number of positives that

1 occurred at this plant, and this is their positives.
2 Their fractional -- excuse me -- the percent positives
3 at a plant, their fractional volume, and you do that
4 for every one of the plants and you add them all up,
5 and that sort of gives you the volume weighted average
6 positives which is a better way to go. It does
7 approach what they did when they did the baseline
8 study.

9 You can also address for over sampling by
10 looking at how many samples there were in different
11 size classes of plants. So you can partially correct
12 for some of these deficiencies, and that is what we've
13 been attempting to do. That's in the write up. It
14 describes what we did there. I gave a simple
15 explanation, but there's a more complicated
16 explanation, which is using volume weighted averages.

17 MS. TUCKER-FOREMAN: I think that -- I think
18 and I'm really not a statistician, that that would
19 probably address part of the problem. I think if you
20 had enumeration data, the weighted average might be
21 more helpful. I think part of the problem is you
22 can't really refer to this as a public health-based

1 program until you're able to get past the very, very
2 crude numbers, and since I don't believe you have the
3 volume weighted data, are you already using those?

4 DR. TRAVIS: They're used in the performance
5 standards of trying to judge where FSIS is relative to
6 meeting the 2010 public health goals. They aren't
7 used in the ranking algorithm that we presented today.

8 MS. TUCKER-FOREMAN: Well, I don't think --
9 making a judgment about meeting the public health
10 goal, I really don't, and you can use them in setting
11 the inspection level for each individual plant because
12 it clearly is relevant. It's a regulatory number for
13 a given plant on a given day. So you can use it for
14 ranking the plants, but I don't see how you can use it
15 for anything other than that. They're just random.
16 They were never intended to be anything but what those
17 are in a given plant on a given day, and it just
18 destroys the credibility when you stretch the numbers
19 to do something they were never intended to do
20 particularly since the Agency has been called on that
21 again and again and again.

22 DR. TRAVIS: Well, I think using the volume

1 weighted approach somewhat addresses the problem. I
2 mean you think about a plant that's producing
3 broilers, they have a certain positive, say it's 20
4 percent positive *Salmonella*. Then you hypothesize
5 that 20 percent of their product, 20 percent of their
6 volume is positive for *Salmonella*, and that would be a
7 volume weighted average. You figure out what volume
8 of their production is positive for *Salmonella*. It's
9 the 20 percent positive rate they have times their
10 volume, and you do that for every plant, what you end
11 up is with the number of pounds that are contaminated
12 with *Salmonella*. You divide that by the total and you
13 get the fraction of the total volume that's
14 contaminated with *Salmonella*. That's the volume
15 weighted fraction which is very similar to what they
16 did when they did the baseline.

17 MS. TUCKER-FOREMAN: Tell me how you
18 extrapolate that, a reduction in foodborne illness
19 from *Salmonella*?

20 DR. TRAVIS: How you relate it to it?

21 MS. TUCKER-FOREMAN: Yes.

22 DR. TRAVIS: Well, we haven't directly

1 related it to it but it's a reasonable assumption to
2 assume that the number of illness on a national level
3 is related to the percent of the product that has
4 *Salmonella* in it.

5 MS. TUCKER-FOREMAN: I'm not sure that
6 that's true on a positive or negative base and I think
7 it doesn't hold up. In fact, Dr. Raymond used to use
8 that in a speech and again there was data on it and
9 told that it really wasn't correct to use that the way
10 that he did. You can't -- say they have any
11 relationship to reduction in human illnesses. They're
12 too crude to translate. And as I say, I'm not a
13 statistician, but I think you have to be to look at
14 that and say it's a really long stretch to go there,
15 the enumeration. The weighted average helps, but I
16 don't believe that it gets you an extrapolation to
17 human illnesses from *Salmonella*. It doesn't take any
18 consideration at all -- somebody's exposed to or if
19 they have data, when they came into contact with it.

20 DR. TRAVIS: I agree with that. They should
21 be using enumeration data, but once we get enumeration
22 data, I think the method is sound. You're basically

1 saying that there's a certain amount of contaminated
2 product out there, so many pounds, 100,000 pounds.
3 You don't know if any particular piece of that is
4 going to cause an illness or not. That's absolutely
5 true, but you have the epidemiological data that says
6 that we know that we produced say in 1996, this much
7 product that had *Salmonella* on it. We also know that
8 so many illnesses per 100,000 occurred. Now some of
9 the people cooked their chicken, some of them didn't,
10 some of them got their cross-contamination, whatever,
11 but the average data accounts for all of that. They
12 started with so many pounds of contaminated product
13 and so many people got ill. The -- data integrates.
14 All of that consumer behavior --

15 MR. PRETANIK: Excuse me, but I think one of
16 the witnesses and Carol I think has kind of talked
17 around it and maybe even addressed it earlier, is that
18 you're overlooking the role of the serotype in this
19 and, you know, true, you may have X pounds, you may
20 have X percent, but you cannot relate that to human
21 illness unless you take into consideration the
22 serotype.

1 MR. ELFERING: Yes, I agree with that. One
2 things we want to do as part of this Subcommittee is
3 we want this to be a strong recommendation to FSIS of
4 the serotyping and the importance of that, and once
5 you have some baseline data, the next couple of years,
6 and it's going to take time unfortunately, it's going
7 to take some time. Then this historical information
8 should probably be purged out of the model.

9 MS. TUCKER-FOREMAN: Well, let me just say
10 that I agree with that but the point is, you cannot
11 take 1996 data, say that the number of pounds that
12 you've got, having been contaminated, any relationship
13 to public health because that certainly hasn't
14 weighted that volume.

15 MR. ELFERING: No, and I think in FSIS'
16 defense, that's the only thing that they have right
17 now, until they start gathering other data.

18 MS. TUCKER-FOREMAN: You know, we have been
19 saying this to FSIS for five years, five years. The
20 Agency keeps coming back with the same proposal after
21 five years, and it goes throughout these documents.
22 Again, because it's all the Agency has, they want to

1 use it as a national average. It's not, and if you
2 start down that path, you may have a negative impact
3 on public health because you're starting with bad
4 information.

5 MR. ELFERING: And I think one of the
6 things, you know, we're not going to be -- even though
7 we can offer recommendations as you well know, the
8 Agency is not always going to take our
9 recommendations. I think we're at least going on the
10 public record, from the standpoint of really looking
11 at public health issues, that this is the path that
12 they should be following.

13 MS. TUCKER-FOREMAN: And, you know, I will
14 continue whether the Subcommittee joins me or not in
15 saying it's really not accurate -- risk-based, public
16 health-based -- there's not enough data to give it
17 that credibility.

18 MS. KRUSHINSKIE: Can I make a comment, too?
19 This is Beth Krushinskie again. I think one piece of
20 data that really has highlighted this problem is that
21 we have had a dramatic reduction in the percent
22 positive *Salmonella* rate from broilers in the last

1 two, three years, and along with that, the human
2 Salmonellosis rate has either remained unchanged or
3 has elevated. So there's a clear disconnect between
4 the *Salmonella* positive -- rates for broilers and that
5 proportion it represents of the overall burden of
6 human Salmonellosis, and until we do a better job of
7 narrowing down attribution of specific product to
8 human disease, this is all really -- like Carol, I
9 have to support you but it's a complete waste of
10 effort and time. It's not only serotyping but it's
11 getting to better and more exacting molecular methods
12 to attribute human cases to specific commodities.
13 We've got to move down that path. Serotyping is not
14 actually all that helpful and fingerprinting is
15 helpful, but it's still not discerning enough or
16 discriminating enough.

17 MR. ELFERING: I think one of the things,
18 too, we can't only look at just the commodity but a
19 portion of that commodity as well. Of the foodborne
20 illness, is it attributed to a whole young chicken
21 carcass or is it attributed to an undercooked chicken
22 nugget? And I think those are really important to be

1 looking at as well, and you're not going to be able to
2 do that without having some better methodology.

3 DR. KLOPP: If I may interject something
4 here. This is Buzz Klopp again. There's an
5 overriding repercussion to all this, that there's talk
6 of change in regulations and change in processing
7 capabilities, and maybe some of you in this room are
8 not aware of this, but if you change the capability of
9 a plant to process a given number of chickens on a day
10 or a week, there's an infrastructure of broilers and
11 breeders and pullets which are young breeder hens,
12 already out in the line of production system, and you
13 make a change that affects a plant by 2 percent or 5
14 percent or 10 percent, decrease in production, what
15 happens then is there's a huge backup in the system,
16 and this system is really a year in the making, and if
17 you want to start to create problems that don't exist
18 already today, you back this system up 5, 10, 15
19 percent, and you'll soon see problems that you never
20 even imagined existed. So that's why a lot of us are
21 sitting in this room and talking about this because
22 we're concerned about public health, we're concerned

1 about the lack of correlation and the potential to
2 create mega problems that do not exist today.

3 MR. ELFERING: I think from the
4 Subcommittee, I think we had enough discussion on
5 this, and I just want to ask the Subcommittee members
6 only at this time if they want to add anything as far
7 as to the recommendation that we've been discussing.
8 If we don't -- well, let me just ask if there's any
9 additions? Dr. Cutter, have you any suggestions as
10 far as the recommendations go?

11 DR. CUTTER: No, I think that these issues
12 that we've been bringing up need to be addressed.

13 MR. ELFERING: Okay. I'm going to go
14 through and make sure we've covered everybody.
15 Ms. Jones, do you have anything you'd like to note?

16 (No response.)

17 MR. ELFERING: Mr. Stromberg?

18 (No response.)

19 MR. ELFERING: Dr. Rybolt?

20 (No response.)

21 MR. ELFERING: No. Okay. With that, I
22 think we're going to move onto question 2, and I know

1 that we have discussed this at other meetings, and I'm
2 sure this will be a very lively discussion once again,
3 and that's what recommendations does the Committee
4 have regarding how to better use volume for ranking
5 the establishments within the second level of
6 inspection in the Public Health Risk-Based Inspection
7 System?

8 And I know there's some people that would
9 just love to respond to this. So I'm going to open it
10 up first to Dr. Rybolt.

11 DR. RYBOLT: Well, I don't really have a
12 recommendation for this one, but I will go on record
13 and say I think the Agency has listened. I don't know
14 if it works exactly the way it should work or if it's
15 better or not, but the Agency has listened to the -- I
16 think we had a whole meeting on volume when RBI was
17 going on, and we provided some recommendations to the
18 Agency and Dr. Raymond alluded to that a little bit
19 with the Nona Compromise that has been provided but
20 I think that it has accomplished one part of the
21 problem that we know is identified there but I don't
22 know that it's gone all the way yet and I would be

1 interested in hearing from the others in the room
2 their thoughts on this. Just having seen this and not
3 having had an opportunity to work through the details
4 of it, I don't know if it worked.

5 MR. ELFERING: For everyone's benefit, I
6 think some of the previous discussions on volume is
7 whether or not volume should be something that should
8 even be entered into the equation. Now if you have a
9 large volume plant, are you already going to be put
10 into a category just based on your volume, a high-risk
11 category, where you may be the best processing plant
12 in the state or in the country that has the highest
13 volume, might be the best plant out there as well? So
14 I think that that is one of the discussions about the
15 use of volume.

16 MS. KRUSHINSKIE: The question of volume, I
17 guess maybe I'm confused. Is it raw volume --
18 produced or whatever. What about the role of where
19 that volume is going, to further processors or some
20 other fabricated product that's cooked or handled or
21 whatever? Is there a differentiation for what's going
22 to retail directly or food service it might be going

1 to for further processing?

2 DR. TRAVIS: No. It's only used in that
3 second category to get a ranking of LOI 2s, and that's
4 for a particular food item and pathogens. So pathogen
5 product pair, and it's just the total production
6 volume at this point.

7 MS. KRUSHINSKIE: Maybe it would be --

8 DR. RYBOLT: We don't know where it's all
9 going for a given establishment.

10 MS. KRUSHINSKIE: It might be worth
11 considering exempting product that's going to further
12 cooking.

13 DR. RYBOLT: What I'm hearing is if I'm
14 producing say raw chicken and it's all -- say my
15 product goes to further processing and that -- we
16 don't consider that at all -- so you would be a Level
17 2, your volume would come into play here.

18 MS. KRUSHINSKIE: We have quite a few plants
19 now that specialize in deboning that are solely --
20 strictly, that product is sold strictly to further
21 processing establishments for making additional
22 products. So it seems to me, just like MSE or ground

1 product, that might be in this category of separated
2 meat that might be going to a further processor is
3 exempt from some regulation because we're not cooking
4 and I think that's a significant component of
5 production, between turkey and chicken to date.

6 MR. ELFERING: I think one clarification
7 though that should be made on that is what is
8 considered further processing? If it's something
9 that's just going to be pre-ground and battered as
10 opposed to being fully cooked.

11 DR. RYBOLT: You're talking about --

12 COURT REPORTER: Would you turn the mic on?
13 Thanks.

14 DR. RYBOLT: Sorry about that. Does FSIS
15 define the word processing? I was thinking there was
16 a definition in FSIS that further processing --

17 DR. ARRINGTON: Yeah, I mean when we talk
18 about broilers, we're talking about whole carcasses.
19 And so if we're talking about other products, then we
20 would be other processes and products.

21 MR. ELFERING: There are a number of
22 products that are --

1 DR. ARRINGTON: Oh, is there a definition.

2 MR. ELFERING: -- fully cooked. They're
3 even labeled which to me is meaningless, ready to
4 cook. You know, to me a lot of chicken can be ready
5 to cook and -- so I mean I think that's one of the
6 concerns is that it should be specific and if there's
7 -- really identifying what all these different types
8 of products are.

9 DR. ARRINGTON: Yeah, but aren't you saying
10 that the data about once you have a product, what
11 portion of that is attributable to the human illness?
12 Is that what you're asking?

13 MS. KRUSHINSKIE: The question was related
14 to the volume question about production, plants
15 producing, high volume plants. My question was
16 whether that volume is then further differentiated
17 into product that is going to the consumer eventually
18 as some sort of raw products still or if it's going
19 somewhere that will have a further processing step
20 with a cooked meat and kills --

21 DR. ARRINGTON: Yeah, I don't think it's
22 adjusted for those different things. I think it's

1 just for the whole birds.

2 MS. KRUSHINSKIE: That's probably something
3 that should be considered.

4 MR. ELFERING: My own personal belief is
5 that anyone with the highest risk out there has
6 product that looks like it's cooked but isn't.

7 DR. YANCY: Kevin, this is Al Yancy, U.S.
8 Poultry and Egg. I would agree that there is evidence
9 that the Agency heard us but that's as far as I'd be
10 willing to go with it. I know that they said in the
11 presentations this morning that categorization is not
12 based on volume, and I realize they're speaking about
13 the difference between LO 1 through LO 3, but inside
14 LO 2, and we have no idea how many establishments are
15 going to fall in that category, volume is absolutely
16 used, and there's no discussion about all the topics
17 that you've covered which I think are legitimate, what
18 is the end use of that product inside the plant
19 especially, and that would be addressed by part of the
20 recommendations that were made, certainly one of the
21 ones that we made and the Committee followed up on,
22 and that was we need to look at the pounds of product

1 shipped, not the pounds of product produced because
2 what's produced. It may be produced in the eviscerate
3 and cut up, and it might go right down the hall to the
4 second processing department, or further processing
5 department where it's fully cooked and leaves the
6 plant and a good fraction of that product from that
7 plant that's produced as raw leaves the plant as
8 cooked product. And if we look only at the pounds
9 produced, we're not looking at establishments that
10 actually have test and release procedures for *Lm* and
11 it's disincentivizing companies from doing that
12 because what's the point? If you get a *Lm* positive,
13 and that product was held, it still counts in your
14 pounds produced but if you didn't ship it, it doesn't
15 factor in. If you're looking only at the pounds
16 shipped, that would be a different story.

17 So again I would reiterate for U.S. Poultry
18 and Egg, for the consideration of the Committee, that
19 you look not only at everything you've already talked
20 about which I absolutely support, but also that we
21 need to look at the difference in pounds produced
22 versus pounds shipped because the consumer's not

1 exposed to what you produce. They're exposed to what
2 you ship.

3 MR. ELFERING: One thing, and I think you --
4 I understand the industry's perspective on this as far
5 as there is not a real good identifier what volume
6 numbers should be used. I do agree though that if
7 you do have a breakdown in your system, the plants
8 that are producing the largest amount of product are
9 going to expose the largest part of the population.

10 So I still think that volume still has some
11 relevance in all this equation, but I think what I've
12 really heard a lot is that it really needs to be
13 defined more clearly what volume is. I think some
14 issues of volume that is going into a further
15 processing that's going to be fully cooked, certainly
16 needs to be taken into consideration and I think
17 maybe that's someday that we can formulate an answer
18 from there, that it does have to -- it has to have a
19 lot more meat to define what true volume is.

20 So, Michael, I know you've worked on this
21 and you probably have something in your head already
22 if you wouldn't mind putting something together and

1 we can put it together and then the Committee can
2 take a look at it and we can adjust it. Mark?

3 MR. SCHAD: This is Mark Schad, and I own a
4 very small plant. I understand your concerns about
5 large volume, what if we're doing everything else
6 right? We don't want to be penalized just because
7 we're making a lot of product. I understand that
8 totally. I, from a very basic practical standpoint,
9 some of my thoughts are if you're making a 100 pound
10 batch of product that's contaminated, you've got a
11 100,000 pound batch of product that's contaminated,
12 you're going to make more people sick if you have
13 100,000 pound batch of product.

14 When I first read the proposal here, on
15 this public health risk-based inspection, I saw LOI 1
16 do not have any volume consideration in there. So I
17 first looked at that as a good thing. Well, it
18 answered fine interpreting, if I understand right, it
19 answered the concern of the large volume. We're
20 doing everything right. We've got good food safety
21 controls. So we can stay in Level 1 no matter what
22 volume we're making, and I understand, Mr. Yancy, is

1 that your name? Yeah, okay. And I think you've got
2 a good point, too about maybe it ought to be product
3 shipped because that way if you're testing and
4 holding product, if you've got a positive, you're not
5 shipping it. You produced it, but you didn't ship
6 it. So I think that's a good point, too, but I just
7 wanted to speak up as far as volume.

8 When I first came out of school, I worked
9 in a large plant. I started my small plant. This is
10 just a general statement. It was so much easier to
11 control things in a very small plant just because I
12 had less area, fewer number of employees. I got to
13 know my employees. There wasn't that constant
14 employee turnover. I knew them all on a first name
15 basis, just much easier as a general statement for
16 food safety controls.

17 DR. ARRINGTON: Are you all saying that the
18 volume question is where to appropriately put it into
19 the algorithm then to say necessarily what I think we
20 were proposing before about having volume at the very
21 front of the algorithm and say a big plant
22 automatically is going to be riskier because it's

1 bigger? Is that what I understand you're saying?

2 DR. RYBOLT: Just to go back to the
3 previous meetings, the issue or what we tried to
4 articulate has somewhat been -- is that the way they
5 had the original algorithm set up, the way that the
6 -- evaluating it comes out, that a lot of plants,
7 large volume plants were always by default be in the
8 worst level of inspection. That's the way the Agency
9 had it established. The smallest plant, it could be
10 -- for a lack of a better way to describe it,
11 horrible food safety controls in their establishment,
12 yet their production volume, they would be overlooked
13 because of the way the algorithm is set up. I think
14 that is somewhat a matter that Al and Beth brought
15 up, too, the way, at least I think the new system
16 does somewhat cover that so that you don't lose one
17 or the other. You don't lose the small guy that has
18 the horrible production or food safety and you also
19 don't penalize the large plants because they are
20 large plants.

21 DR. ARRINGTON: That's what I thought you
22 were saying, but I just wanted to be clear on what

1 you're saying. You're also saying that instead of
2 using whole young broilers as a measure, that it
3 might be better to measure what actually is leaving
4 the plant and if some of that is cooked or semi-
5 cooked or whatever, that that -- that you should be
6 looking at attribution of those products or the
7 volume of those products and then the product shipped
8 versus produced, you know, is another possible
9 refinement but that's what you were talking about
10 recommending or thinking or that's where we may not
11 have that captured yet.

12 MR. ELFERING: And I think that's generally
13 what it comes down to and I think just with Mark's
14 comments, too, that's the consternation with volume,
15 is that there are so many things that are involved in
16 it, you just can't look at volume. You have to
17 really break it down into what is going out of the
18 plant as a raw product, what's going out as a
19 partially processed product, what's going out as a
20 fully cook, ready-to-eat product because the risk is
21 different for all of those. Ground product, for
22 example, is probably very likely to be a much higher

1 risk than --

2 DR. ARRINGTON: Yeah, I think we have
3 thought about that in the Agency but it's not in what
4 we have today, and I think that also would go back to
5 our lack of data on those once it's divided out. We
6 have data on the whole birds. We do testing on the
7 whole birds.

8 MR. ELFERING: So I think our
9 recommendation is that there still has to be looking
10 into truly doing a better identification of what
11 volume numbers should be used.

12 DR. STROMBERG: This is Stan Stromberg. I
13 think something else, Kevin, that you need to
14 consider on this is not only volume, but a number of
15 plants' product lines are a great amount of
16 seasonality involved, and so rather than just taking
17 one figure for the whole year, some plants only
18 produce a lot of product at certain times of the year
19 and some products are only produced at certain times.
20 I think that's something also that needs to be
21 considered when you're considering volumes rather
22 than trying to average that out over a 12 month

1 period.

2 UNIDENTIFIED SPEAKER: And I don't know how
3 the Agency is looking at volume? Is it a yearly
4 average? Is that what they're considering?

5 UNIDENTIFIED SPEAKER: Yes, a yearly
6 number.

7 DR. DREYLING: But I do want to add that in
8 the new Public Health Information System, they're
9 going to be taking volume information a little bit
10 differently and we're still discussing this
11 internally, but the idea is that the inspector will
12 have to enter on a frequency to be determined the
13 establishment's production volume, and we are coming
14 up with ranges that the inspector will fill in, but
15 they will be doing this more than one time per year,
16 and they will be getting the information from
17 industry and if they don't have the information that
18 they need, the idea is that they will choose the
19 highest volume category, industry will have 48 hours
20 in which to correct that volume estimate. So that
21 would be incentive for industry to make sure that the
22 most accurate volume is being recorded in the

1 information system, and we will have volume for each
2 of the product categories that are going to be in the
3 information system. But like I said, they're still
4 discussing exactly how that will happen, but that is
5 the current thinking at the time.

6 DR. TRAVIS: I just want to reiterate that
7 to get into one of the three categories, volume is in
8 addition. So if a high volume plant has low pathogen
9 levels, they're in the lowest level of inspection,
10 the routine level of inspection. Plants that aren't
11 performing well are in the high level of inspection,
12 no matter what their volume is. So low volume plants
13 that have high pathogen levels are going to get in
14 the high inspection level. It's only in the middle
15 after you've already decided that these plants are
16 going to get increased inspection that you're using
17 volume as a discriminator amongst those plants.

18 DR. ARRINGTON: And that was the point that
19 I was getting at, my first question about where you
20 were looking at the volume.

21 DR. YANCY: Al Yancy, U.S. Poultry and Egg.
22 While I recognize what you've just said is, is clear

1 and logical, I guess my position or our position
2 would be, not to be your contrarian, but that would
3 be that regardless of how volume is used, it needs to
4 be used appropriately.

5 MR. ELFERING: And I think one of the
6 things we're trying to do is answer a question that
7 FSIS is asking, in recommendations we have regarding
8 how to better use volume, and I think a better way to
9 use volume is to want to clearly identify what that
10 product is.

11 Any other discussions? Carol or
12 Dr. Cutter, do either one of you have anything that
13 you'd like to add on the volume discussion?

14 DR. CUTTER: This is Cathy Cutter. I think
15 we addressed some of these issues in the
16 recommendations when we were altogether in August
17 with regard to, you know, the seasonality, the
18 different products and then some of the issues with
19 regard to when production ends and when it begins
20 from, you know, for the process standpoint. So I
21 know -- the question I have, you know, has USDA
22 looked at the recommendations we made from our

1 meeting in August and where are we on some of these
2 things? Where's FSIS on some of these things?

3 MR. ELFERING: Dr. Cutter, we'll certainly
4 ask the Agency if they have looked at those
5 recommendations. Like I said, our Committee can give
6 recommendations, and that they're not necessarily
7 going to follow.

8 DR. CUTTER: Right, but I guess the
9 question is what, if anything, has been done with our
10 recommendations from August along these lines for the
11 volume data?

12 MR. ELFERING: Yes, I think that's a great
13 idea, and I think we should have someone from the
14 Agency respond to that.

15 MS. TUCKER-FOREMAN: This is Carol. Let me
16 say something there because they were very specific
17 in that meeting, and I think Catherine and I were on
18 separate Subcommittees about the need for additional
19 resource in the Agency to get the kind of data that
20 the Agency needs. I don't have the language with me
21 but maybe it would be a good idea in the plenary
22 session to get FSIS to renew the recommendations that

1 we gave in August and get them to run down what
2 they've done with those, you know, if they decided to
3 disregard them, that's an action, too. So we do need
4 to know.

5 The last thing is I slightly revised that
6 recommendation and sent it by e-mail to Catherine and
7 Robert Tynan about two minutes ago.

8 MR. ELFERING: We did get some updates.
9 Another thing, too, and Dr. Rybolt actually brought
10 this up, the Subcommittee was actually supposed to be
11 dealing with the data collection, not this
12 Subcommittee but another Subcommittee that was set up
13 just on data collection. We never really addressed
14 data collection.

15 DR. CUTTER: No. We were working on the
16 poultry stuff.

17 MR. ELFERING: Right, poultry slaughter
18 rather than data collection.

19 DR. ARRINGTON: And I think we did take
20 those recommendations into consideration in what
21 we've come back with is a system of 1, 2 and 3, and
22 without using volume for that, and then within the 2

1 level, to do the attribution, to do the ranking
2 within the 2 level. As a group, in discussing this,
3 that's what we came up with, that that was the best
4 way to use volume, and now that we have it in the
5 second group, what we're asking you is what is the
6 best way to do that in that second -- the LOI 2
7 because we know for LOI 1 and for LOI 3, that we have
8 measures that we can measure and control measures and
9 they're either doing well with those control measures
10 or they're not doing -- certain things make them not
11 doing very well at all. They're questioning their
12 process control, and that's where we do the FSA, the
13 in-depth verification testing for *Lm*, and then the 2
14 is the plants that is questionable where they're
15 falling. Are they falling back to routine, was it an
16 isolated incident or are they pushing to 3? And
17 that's where we wanted to rank within those the
18 priority of what we should be doing about those
19 plants. So I think that's where we're talking about
20 the volume, and I think the line of discussion would
21 probably still apply to that.

22 DR. RYBOLT: Yeah, and I think, like I said

1 earlier, I believe the Agency has -- I think we made
2 that message and the Agency has considered in
3 incorporating that in a new volume component. It was
4 really more about, using some of the terminology that
5 was used, cross-establishment inspection. I think
6 that that was part that we addressed but now we're
7 talking about within the establishment's components
8 -- LOI 2 or 3 or whatever it is. Now we're looking
9 at what volume should we be using, what specific
10 volume should we be using, shipped volume versus
11 production volume versus product that's going on for
12 further processing or that goes to fully cooked or
13 the RTE product. That makes sense to me why you
14 would use product as going to RTE, say if it's going
15 to reach lethality, you have the documentation, et
16 cetera, et cetera. It's obvious we're not going to
17 have an impact on public health unless you lose
18 control further down the chain. So seasonality
19 versus yearly -- again, and then reverting back I
20 guess to our previous recommendations in August.

21 MR. ELFERING: And I think, too,
22 Dr. Travis' -- and I don't know how volume is going

1 to further clarify whether or not --

2 MS. TUCKER-FOREMAN: This is Carol Tucker-
3 Foreman again. I just reread the problem definition
4 and the question. I don't believe there's anything
5 in there that suggests that in discussing public
6 health attribution that we are talking only about
7 Level 2. I see that they're talking about public
8 health attribution for FSIS regulated products and
9 estimates of establishment product, production volume
10 to rank establishments I see within Inspection Level
11 2. I absolutely do not believe that what we send
12 back should be limited only to Level 2. There's not
13 enough data to make a foodborne illness attribution
14 for Level 1 or Level 3, and I apologize for not
15 having read this closely enough, but I would
16 certainly propose that the Subcommittee not limit its
17 recommendations back to the Agency to LOI 2.

18 DR. TRAVIS: I don't understand that
19 comment quite because we're not using attribution in
20 LOI 3 or LOI 1. It only shows up in LOI 2 when you
21 do this ranking.

22 MS. TUCKER-FOREMAN: Well, I'm not sure

1 what LOI 1 or 3 are if you don't have enough
2 attribution data to make that decision.

3 DR. DREYLING: Carol, we're only going to
4 use attribution and volume when we're ranking
5 establishments that are in LOI 2. You will get into
6 LOI 1 or -- first, we will put everyone into a level
7 of inspection, and that is purely based upon your
8 process control measures. So really this question is
9 specifically geared towards Level 2 inspection.
10 We're ranking establishments with attribution and
11 volume as a way to be able to have a cut point in
12 this so that we can say some establishments in Level
13 2 are going to need more in-depth verification,
14 inspection procedures, we're going to have more
15 focused inspection in those establishments than the
16 others because they're ranking higher in those, and
17 this is a way that we can adjust where we're focusing
18 if it's more seasonality, we know that there's a
19 certain pathogen that we're concerned about, if
20 there's a certain performance standards that we are
21 not meeting that we'd like to increase our focus
22 inspection activities in those kind of

1 establishments. But we are using volume only for
2 Level 2 ranking. They do not play into your initial
3 placement into a level.

4 MS. TUCKER-FOREMAN: I think that I would
5 urge the Subcommittee to respond more generally than
6 the question was asked. I revised my recommendation
7 as the conversation went on. I think what I heard in
8 the room was a fairly general agreement -- that
9 accurately described as risk-based or public health-
10 based is not enough data because there's a total
11 absence of sporadic case data to say that this is
12 public health-based or risk-based. So I'm proposing
13 that the Committee -- more universal than the
14 question was asked, and I don't believe that there is
15 anything that prohibits us from doing that.

16 DR. TRAVIS: It seems to me that it is
17 public health-based and risk-based since the criteria
18 are health-based. Did you have *E. coli*? Did you
19 have high *Salmonella*? Did you have a recall? Did
20 you have an enforcement? Are your NRs high? Those
21 are all health-related issues. So it's a health-
22 based criteria. They're also risk-related.

1 MS. TUCKER-FOREMAN: You know, until you
2 know what the relative problem is from each of these
3 pathogens with regard to the foods, I'm not sure that
4 you have enough information to say that it is health-
5 based and, you know, we haven't talked about the
6 health-based NRs. I've got big problems with the
7 health-based NRs, but there's -- all of the
8 assumptions in what the Agency has put together is
9 that you can use the expert elicitations and the
10 outbreak data or the outbreak data that are used by
11 the expert elicitations and by CSPI to come up with
12 some judgment about the public health risk, and
13 there's not anything in there about *Campylobacter* for
14 starters.

15 MR. ELFERING: I think one of the things,
16 you know, even though the question posed to us is
17 rather vague as far as the Level 2 plants, I think
18 our response is going to be -- in looking at all
19 three levels, the -- and clearly identify issues of
20 volume based on all three categories, not just
21 separate them out.

22 Okay. One thing I think I'd like to do is

1 just get the Subcommittee together and let's try to
2 put a report together, and we will have one ready for
3 tomorrow morning.

4 MR. TYNAN: You're going to have one ready
5 for tonight.

6 MR. ELFERING: Robert just informed me
7 we're going to have one ready for tonight.

8 MR. TYNAN: At 4:00 as a matter of fact.

9 MR. ELFERING: We have an hour. If any of
10 you would like to join the discussion in the other
11 room on NRs, while we're putting this together, I'm
12 sure that will be very interesting as well.

13 (Whereupon, the meeting was concluded.)

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C E R T I F I C A T E

This is to certify that the attached proceedings
in the matter of:

NATIONAL ADVISORY COMMITTEE ON
MEAT AND POULTRY INSPECTION
ISSUE I: PUBLIC HEALTH ATTRIBUTION AND VOLUME

Arlington, Virginia

February 5, 2008

were held as herein appears, and that this is the
original transcription thereof for the files of the
United States Department of Agriculture, Food Safety
and Inspection Service.

SEAN WILLIAMS, Reporter

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