

## UNITED STATES DEPARTMENT OF AGRICULTURE

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NATIONAL ADVISORY COMMITTEE ON  
MICROBIOLOGICAL CRITERIA FOR FOODS

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September 30, 2011  
9:00 a.m.USDA Cafeteria (Conference Room)  
1400 Independence Avenue, S.W.  
Washington, D.C.MODERATOR: GERRI RANSOM, M.S.  
Executive Secretary

## EXECUTIVE COMMITTEE MEMBERS:

ELISABETH A. HAGEN, M.D., Chair  
MICHAEL LANDA, J.D., Vice-Chair  
ARTHUR P. LIANG, M.D., M.P.H., CDC Liaison  
ELISA L. ELLIOTT, PH.D., FDA Liaison  
E. SPENCER GARRETT, M.S., Commerce Dept. Liaison  
LTC MARK BOHANNON, Defense Dept. Liaison  
DAVID GOLDMAN, M.D., M.P.H., FSIS Liaison  
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## COMMITTEE MEMBERS:

DR. Wafa Birbari, Sara Lee Corporation  
DR. V. Kelly Bunning, HHS/FDA/CFSAN  
DR. Uday Dessai, USDA/FSIS  
MAJ Robert Dole, DoD/SADVC  
DR. Daniel Engeljohn, USDA/FSIS  
DR. Kathleen Glass, University of Wisconsin  
MR. E. Spencer Garrett, U.S. Department of Commerce  
MS. Susan Grooters, STOP Foodborne Illness,  
Consumer Representative  
DR. Margaret Hardin, Institute for Environmental  
Health & Consulting Group  
DR. Dallas Hoover, University of Delaware  
DR. NANDINI NATRAJAN, Keystone Foods, LLC  
MS. ANGELA RUPLE, U.S. Department of Commerce  
DR. ROBERT TAUXE, CDC  
DR. ROBERT WHITAKER, Produce Marketing Association

## ALSO PRESENT:

MR. ROBERTO CARPINTEYRO, FSIS, Office of Policy  
SANDRA SHARP  
JUDE SMEDRA, FSIS, OPHS

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

2 (9:00 a.m.)

3 MS. RANSOM: Good morning and welcome to  
4 the National Advisory Committee on Microbiological  
5 Criteria for Foods, first Plenary Session for this  
6 year.

7 Before we get started, I just want to  
8 mention to members of the audience, could you please  
9 make sure that you sign in with the front desk.

10 Thank you.

11 And let me also mention, if anyone does  
12 want to make public comment, please also sign up  
13 with our folks out at the front desk. Thank you  
14 very much.

15 And we're going to get started, and I'm  
16 going to turn the floor over to our Chair,  
17 Dr. Hagen.

18 DR. HAGEN: Good morning, everybody.

19 So thanks for being here. Chuck tells me  
20 to remind you all that you do not need to press any  
21 buttons to speak into the microphones. So anybody  
22 who is used to testifying and going back and forth,

1 you don't need to do that.

2           So thanks for coming. I am Elisabeth  
3 Hagen, and I am the Under Secretary for Food Safety  
4 here at USDA, and I also have the honor of being the  
5 Chair of this National Advisory Committee.

6           This is the first full meeting of the 2010-  
7 2012 Committee, and it's also my first time joining  
8 a Plenary Session as the Chair. So thank you for  
9 being here with us, thank you for allowing Mike and  
10 I to join you and hear about all the good work that  
11 you've been doing this week, and thank you for doing  
12 the work that you've been doing this week.

13           As some of you may know, before I became  
14 the Under Secretary here, I was with the USDA's Food  
15 Safety and Inspection Service for four years, and  
16 most of that time was spent in the Office of Public  
17 Health Science. So I actually have a long-held  
18 appreciation and deep respect for what this  
19 Committee does. As a matter of fact, I was thinking  
20 about this this morning. Gerri Ransom was on the  
21 panel that interviewed me for my very first job  
22 here. Do you remember that?

1 MS. RANSOM: Yes, I do.

2 DR. HAGEN: Yeah. And I was brand new to  
3 Government, hoping to, you know, hoping to get this  
4 job, and she introduced herself, and she told me  
5 that she was the Executive Secretary of the National  
6 Advisory Committee on Microbiological Criteria for  
7 Foods, and I have been sort of a student of  
8 microbiology my entire life, since I was in high  
9 school, and I'm an infectious disease doctor by  
10 training, and I thought, oh, my God. There's an  
11 advisory committee just about microbiological  
12 criteria in food, and you get to be in charge of it.  
13 Wow. I thought that was so cool. Anyway, Gerri  
14 did, she made a good choice and she apparently  
15 scored me fairly well on the first thing, and here  
16 we sit.

17 But, anyway, I've been a colleague of  
18 Uday's since 2006. So I've known about the work of  
19 this Committee for a long time, and I was pretty  
20 excited when I realized that in the Under Secretary  
21 role I was going to get to be involved with this  
22 Committee.

1           So you all know that NACMCF is really among  
2 the most respected advisory committees in the entire  
3 Federal Government. I think that's for a few  
4 reasons. I mean we get some of the top experts in  
5 the nation. We get some of the best expertise  
6 compiled here together, and we produce tangible  
7 results. We actually produce real recommendations  
8 that really impact every agency that is involved in  
9 the regulation of safe food, really the industry  
10 that produces food. The work of this Committee is  
11 really very, very important, and you all work very,  
12 very hard. I mean the commitment and the work ethic  
13 on this Committee is really very impressive.

14           So as I said, we have these tangible  
15 results, and we share them with and we give them to  
16 every agency that's involved in the regulation of  
17 the of safety foods. That includes obviously USDA's  
18 Food Safety and Inspection Service, FDA's Center for  
19 -- I always mess this up.

20           MR. LANDA:       Food Safety and Applied  
21 Nutrition.

22           DR. HAGEN:    Yeah, I always mess that up,

1 the Applied part. We have the National Marine and  
2 Fisheries and the U.S. Department of Commerce and  
3 the Veterinary Service Activity at the U.S.  
4 Department of Defense who all benefit from the work  
5 of this Committee. And not only do those agencies  
6 benefit, but obviously every single person who puts  
7 food on the table in this country benefits from the  
8 work of this Committee.

9           So this is a really big deal, and we really  
10 appreciate your service, and we take your commitment  
11 very seriously.

12           So food safety microbiology is obviously a  
13 very complex challenge, but it's so very worthwhile  
14 to take a crack at and to figure out because the  
15 numbers that we are facing are really astounding.  
16 You all know those numbers. You know that one in  
17 six Americans get sick from the food that they eat  
18 every year. So the work that you're doing on this  
19 Committee is really so very worthwhile.

20           We talk a lot about prevention around here  
21 all the time. In fact, everybody's probably sick of  
22 hearing me talk about prevention, but it takes this

1 real commitment to prevention. It takes this real  
2 commitment to the improvement of public health, to  
3 get this kind of work done, and it means it takes  
4 different perspectives as well. So it takes the  
5 perspective of consumer advocates. It takes the  
6 perspective of food safety regulators, of industry,  
7 of academia.

8           And so to better meet this goal, one of the  
9 things that we've done this year is we have had  
10 Secretary Vilsack appoint a consumer representative  
11 to this Committee. So Ms. Susan Grooters has been  
12 appointed to the Committee this year, and we thank  
13 you so much for sticking it out and waiting. We  
14 know it took longer than we all would have liked it  
15 to have taken, but thank you for joining us, and we  
16 have a letter and a certificate for Susan, yeah.

17           MS. RANSOM: It's in front of her.

18           DR. HAGEN: Very good.

19           MS. RANSOM: She was not to open it until  
20 now.

21           DR. HAGEN: She's not allowed to open it  
22 yet? That's what it is.

1 MS. RANSOM: Until now.

2 DR. HAGEN: Okay. So you can take a look  
3 at it if you want to.

4 MS. GROOTERS: Thank you.

5 DR. HAGEN: So, Susan's joining us for a  
6 two-year term as our consumer representative, and  
7 currently, Susan, I want to make sure I've got the  
8 title right, is the Director of Research and  
9 Education with STOP Foodborne Illness, and we all  
10 know that she's going to add a very important voice  
11 to this Committee and to the Subcommittee that she's  
12 working on, and we're really excited about this  
13 perspective on the Committee.

14 So as I said, it really takes these diverse  
15 perspectives. It takes this diversity of expertise  
16 to really make this whole thing work, and we thank  
17 you for bringing that to us.

18 So now on to what you all have been up to.  
19 I know Mike is going to say a bit more about this,  
20 but let's talk about the charges that you've been  
21 working on this week.

22 The first is the control strategies for

1 reducing foodborne Norovirus infections, and the  
2 second is the microbiological criteria evaluating  
3 them as indicators of process control.

4           As I said, Mike is, I think, going to speak  
5 a little bit more specifically to the charges, but  
6 these are two very important, very practical  
7 questions that we have put before you, and we're  
8 really looking forward to hearing about the work  
9 that you've done not only this week. I mean I know  
10 that you've been working on these charges for quite  
11 some time.

12           Just on the Norovirus, you know, for those  
13 of you who are not on the Committee, who are joining  
14 us in the audience today, human noroviruses are  
15 really now the most commonly reported causes of  
16 foodborne illness in this country. They make up the  
17 majority of the burden of foodborne illness, and we  
18 still don't know enough about them. We still don't  
19 know enough about how they contaminate food, how we  
20 can prevent foodborne illness from this particular  
21 group of viruses. So we think that there's the  
22 right expertise in this room and some of the

1 additional experts that the Subcommittee has pulled  
2 in to help us answer some of those questions.

3           And then on the other charge, the  
4 microbiological criteria as indicators of process  
5 control, you know, the Department of Defense  
6 purchases food for our men and women in uniform all  
7 over the world, and it's imperative that they are  
8 able to evaluate by using the right criteria whether  
9 that food was produced in a way that is safe and  
10 wholesome and is acceptable to the customers.

11           So if there's one thing that's been  
12 happening across the food safety landscape, it's  
13 this. I think that we're asking really tough  
14 questions. I think most of you in this room are  
15 scientists. So you understand and appreciate and  
16 love the importance of questions, and really tough  
17 questions and sometimes asking questions that are  
18 not easy to answer or sometimes are not comfortable  
19 to answer, and those are the kinds of questions  
20 we've been asking ourselves here at USDA over the  
21 last year certainly, really since this  
22 Administration came in.

1           For us, you know, we're asking all the  
2 time, are we reacting to food safety problems or are  
3 we getting in front of them? And that sounds like  
4 an obvious question. It perhaps has an obvious  
5 answer, but sometimes when we look at the policies  
6 that we have in place or the direction that we're  
7 attempting to go, it's really important to keep  
8 asking that question. Are we preventing illness in  
9 the first place? Are we reducing and working to  
10 eliminate the risk of pathogens before they ever  
11 reach consumers in the first place?

12           And then as I said, some questions can be  
13 difficult to answer or challenging or uncomfortable.  
14 Are we really effective? Are we efficient? Are we  
15 doing this in the best way possible with the  
16 resources that we have? Are we coordinated? This  
17 is one that we get questions about all the time, and  
18 I think we have a lot of room for improvement.

19           Are we making the best uses of our  
20 resources? And are we using the best available  
21 science? And that's where you all really come in.

22           So we need your perspective. We need your

1 insight. We need your ideas. We need your  
2 expertise to help us move this whole thing forward.

3 So that's really what I wanted to say this  
4 morning. I think in conclusion, I'd just like to  
5 leave you with the fact that your work really  
6 matters, and we don't take it for granted. We know  
7 how busy you all are. We know that you lead entire  
8 professional lives outside of this Committee, and we  
9 know how much we're asking of you, but your work  
10 really matters. I know that it matters to my  
11 Secretary, Tom Vilsack. I know that it matters to  
12 Secretary Sebelius, and as I know as I said before,  
13 that it matters to everybody who puts food on their  
14 table in this country. So thank you, and I'll turn  
15 it over to Mike.

16 MR. LANDA: Thanks, Elisabeth. Good  
17 morning. I, too, would like to welcome you, members  
18 and guests, to this Plenary Session. Like  
19 Dr. Hagen, I joined the NACMCF Executive Committee  
20 in 2010, becoming the Vice-Chair when I became  
21 Acting Director of the Center for Food Safety and  
22 Applied Nutrition at FDA.

1 I come at the work of this Committee from a  
2 slightly different perspective. I'm a lawyer, not a  
3 scientist, and at FDA we think of sort of the three  
4 components, basic components to our work.

5 The statute, of course, guides us. The  
6 other components are policy making and the science,  
7 and although I am a lawyer, and some lawyers will  
8 tell you that law is the most important of the three  
9 as policy makers may tell you that policy is the  
10 most important of the three, I actually think  
11 science is the most important of the three, getting  
12 the science right.

13 It is conceivable I think that you can make  
14 sort of bad or less than good policy and still  
15 muddle through, and I think you can read the law in  
16 ways that are perhaps ungenerous and still muddle  
17 through, but I think if you don't get the science  
18 right, you can't muddle through. If you don't get  
19 the science right, you fail, and so I think that  
20 makes the work of this Committee, as an example,  
21 vital to the success of every agency in this country  
22 that deals with food safety.

1           We have, as Dr. Hagen mentioned, two  
2 Subcommittees with work underway. I'll just mention  
3 them briefly because you're going to hear reports  
4 about both of them.

5           The first is the Subcommittee on Control  
6 Strategies for Reducing Foodborne Norovirus  
7 Infections. The group is jointly chaired by  
8 Dr. Kelly Bunning from FDA -- Kelly's at the end of  
9 the table -- and Uday Dessai, who is next to Kelly.  
10 The topic is of concern to all of us, of course,  
11 because of the proportion of foodborne illness  
12 attributable to Norovirus. It's strikingly high  
13 even if it tends not to get as much play in the news  
14 as, for example, *Listeria* and *Salmonella* and some of  
15 our other bad bugs.

16           The second group we'll be hearing from this  
17 morning is the Subcommittee on the Study of  
18 Microbiological Criteria as Indicators of Process  
19 Control or Insanitary Conditions. That always  
20 struck me as an odd phrase. I suppose it should be  
21 indicators of lack of process control or insanitary  
22 conditions. Spencer Garrett, at the other end of

1 the table, from National Marine Fisheries Service,  
2 chairs that Subcommittee.

3 As Dr. Hagen mentioned, that work is  
4 critical to DOD, but it's also vitally important to  
5 I think others of us, not so much in the business of  
6 purchasing food, but in the business of regulating  
7 it in a direct way.

8 We'll be hearing reports from both of these  
9 Subcommittees this morning. We know how hard this  
10 work is, how much of it there is, and as Dr. Hagen  
11 said, this is sort of another duty as assigned for  
12 virtually every member of the Committee, Chairs and  
13 Co-Chairs and other members alike.

14 I would just like to close by again  
15 thanking you all for the work you do. It is  
16 foundational work in my judgment, and because it  
17 comes from an advisory committee, it's I think in  
18 many cases more widely and readily accepted than  
19 work any individual agency can do. That varies, of  
20 course, but I think as a general statement, that's  
21 true. And so the work becomes all the more  
22 important given the sort of neutrality of the

1 source, if you will.

2 With that, why don't we go around the table  
3 and have Committee members and staff introduce  
4 themselves and state their affiliations. Elisa.

5 DR. ELLIOTT: Hi, I'm Elisa Elliott. I  
6 work for Center for Food Safety and Applied  
7 Nutrition at FDA.

8 DR. LIANG: Art Liang, CDC, Food Safety  
9 Office, and I'm on the Executive Committee.

10 LTC BOHANNON: Lieutenant Colonel Mark  
11 Bohannon. I'm with the United States Army  
12 Veterinary Corps currently assigned to the Defense  
13 Logistics Agency.

14 MAJ DOLE: I'm Major Bob Dole. I'm  
15 assigned to the U.S. Army Public Health Command.

16 MR. CARPINTEYRO: Robert Carpinteyro, FSIS,  
17 Office of Policy.

18 DR. GLASS: Kathy Glass, University of  
19 Wisconsin-Madison, Food Research Institute.

20 DR. ENGELJOHN: Dan Engeljohn with USDA's  
21 Food Safety and Inspection Service.

22 MR. GARRETT: I'm Spencer Garrett with the

1 National Marine Fisheries Service and the National  
2 Oceanic and Atmospheric Administration.

3 MR. SMEDRA: Jude Smedra, FSIS, OPHS.

4 MS. RUPLE: Angela Ruple, NOAA Fisheries.

5 DR. BIRBARI: Wafa Birbari, Sara Lee Foods.

6 DR. WHITAKER: Bob Whitaker, the Produce  
7 Marketing Association.

8 MS. GROOTERS: Susan Vaughn Grooters,  
9 Director of Research and Education, STOP Foodborne  
10 Illness, formerly Safe Tables Our Priority.

11 DR. TAUXE: Rob Tauxe, Centers for Disease  
12 Control and Prevention, Deputy Director of the  
13 Division of Foodborne, Waterborne and Environmental  
14 Diseases.

15 DR. HOOVER: Dallas Hoover, Professor,  
16 University of Delaware.

17 DR. HARDIN: Margaret Hardin, IEH,  
18 Institute for Environmental Health, Seattle.

19 DR. BUNNING: Kelly Bunning, FDA, Center  
20 for Food Safety and Applied Nutrition.

21 DR. DESSAI: Uday Dessai, Food Safety and  
22 Inspection Service, USDA.

1 MS. RANSOM: Gerri Ransom, NACMCF Executive  
2 Secretary, FSIS, and we're back around again.

3 MR. GARRETT: Madam Chairperson --

4 DR. HAGEN: Yes.

5 MR. GARRETT: -- I committed my first faux  
6 pas of the day, and I'm sure it won't be the last,  
7 but I'm joined here by Sandra Sharp, a  
8 microbiologist in our laboratory that assisted me  
9 from not making a faux pas. So thank you very much.

10 DR. HAGEN: Good morning, Sandra. Thank  
11 you. We can hand-make you a name tag, too.

12 MS. RANSOM: I'm going to go ahead and  
13 welcome everyone again, the members as well as our  
14 audience. It is great that we are here at our first  
15 Plenary Session.

16 At this point, both of our Subcommittees  
17 have two meetings under their belts. They each met  
18 this spring, and they've met again this week. So we  
19 are at the point where we have some progress to  
20 report.

21 NACMCF is moving forward, and as I said,  
22 we've made great progress especially this week, and

1 I can attest to the fact that the Subcommittee  
2 members worked late hours this week.

3 The NACMCF Executive Committee has also  
4 been working to develop topics for the next work  
5 charges for NACMCF. New charges are under  
6 development, and we anticipate that these will  
7 become assignments for the 2012 Subcommittees.

8 At this point, we have draft topics, and  
9 we're working on developing the new charges. I just  
10 want to briefly mention those topics to let the  
11 Committee know what there is to look forward to.

12 We do have a *Salmonella* project to look at.  
13 This one is going to cover evaluation of *Salmonella*  
14 virulence and related molecular information to  
15 inform an assessment of public health risk. FSIS  
16 has suggested this topic. This project is to  
17 consider such items as molecular assessments of  
18 virulence, serotype data, and antimicrobial  
19 resistance. We will ask for NACMCF's input on which  
20 *Salmonellae* might cause a more severe disease so  
21 that improved mitigation and responses can be  
22 developed.

1           Now a second project is on the review and  
2 improvement of the Agricultural Marketing Service or  
3 AMS Federal Purchase Ground Beef Program. AMS in  
4 accordance with a recent National Research Council  
5 report would like to ask NACMCF to evaluate their  
6 purchase program for ground beef. A review of  
7 program micro sampling, testing and other  
8 requirements will be requested. NACMCF will be  
9 asked to provide recommendations for program  
10 improvements based on an appropriate risk-based  
11 strategy. This project will assist in improving the  
12 safety of the U.S. School Lunch Program. This  
13 charge is a good example of work that can be  
14 directly applied to agency food safety programs.  
15 Now, we are looking at this project as an extension  
16 to the DoD micro criteria charge, and discussions  
17 did take place this week regarding this work.

18           A third charge is on new technologies for  
19 genotyping and subtyping foodborne pathogens that  
20 rapidly link clinical outbreak data to the food  
21 source. This charge was recommended by the NACMCF  
22 New Technologies Report. This is to be a joint

1 FDA/CDC/FSIS charge. This charge will ask for  
2 advice on alternatives for molecular subtyping which  
3 may perform better than PFGE. We see this as an  
4 important charge, and it is always helpful when a  
5 Subcommittee reports direction for future work.

6 A fourth topic is on virulence factors and  
7 attributes that define foodborne Shiga toxin  
8 producing *E. coli* as severe human pathogens. FDA  
9 suggested this topic, and we are planning for this  
10 as a joint FDA/CDC/FSIS charge. This project will  
11 be designed to glean information that will assist  
12 new FSIS policies and plans for testing relating to  
13 the control of non-O157 STECs, and this charge will  
14 dovetail with other current work on STECs.

15 A last project I wanted to mention is the  
16 post-harvest treatment of molluscan shellfish and  
17 validation. This will be a National Marine  
18 Fisheries Service charge, and this work is being  
19 planned a little bit further out.

20 It is possible that new work of higher  
21 priority could be added, but for now, this is the  
22 work that we're looking at for the next Committee.

1           Now I mentioned the New Technology  
2 Subcommittee had recommended a charge as a further  
3 example of how NACMCF work is being applied. I want  
4 to mention their report. This report is the  
5 Response to Questions Posed by the FSIS Regarding  
6 Determination of the Most Appropriate Technologies  
7 for FSIS to Adopt in Performing Routine and Baseline  
8 Microbiological Analyses. This report was published  
9 in the June 2010 issue of the *Journal of Food*  
10 *Protection*. It includes a comprehensive review of  
11 new technologies to assist in evaluating those with  
12 the most potential for adaptation to FSIS pathogen  
13 testing. There are copies of this report outside on  
14 the table.

15           In addition to new technologies, this  
16 report provided many other recommendations. FSIS  
17 offices have been using this NACMCF guidance, and we  
18 have begun to prepare a FSIS response to the report  
19 to highlight how this report has assisted us related  
20 to new methods and programs. This report is in its  
21 final stages of preparation, and I anticipate it  
22 will be posted on the FSIS website within the coming

1 weeks.

2           Moving on, I want to make mention of some  
3 activities and important dates that will occur for  
4 NACMCF in 2012. Your NACMCF membership runs through  
5 May 10, 2012, and as we know, members may serve up  
6 to two consecutive two-year terms.

7           Now, we had originally planned to bring  
8 additional NACMCF members in to join this Committee  
9 before next May, but instead, we have decided to  
10 reconstitute the membership all at once in 2012. So  
11 early next year, we will initiate the process to  
12 establish the membership for the next term in a  
13 *Federal Register* notice soliciting nominations that  
14 will publish in early 2012. Current eligible NACMCF  
15 members will have the opportunity to reapply, and we  
16 are targeting having a new Committee in place with  
17 little lag time after the current time expires in  
18 May.

19           Okay. I want to mention that the current  
20 NACMCF Charter runs through November 1, 2012. In  
21 mid-2012, we will begin the Charter renewal process,  
22 again targeting that we get little lag time with the

1 new charter and the expiration.

2           Moving to a few items of protocol for  
3 today's meeting, if members would like to  
4 participate in discussions, please take your name  
5 card and set it vertically so our Chair knows to  
6 call on you, and also please remember to state your  
7 name and affiliation for the record because this  
8 session is being recorded.

9           For any guests wishing to make public  
10 comment, and I had mentioned this earlier, we do ask  
11 that you register, and we encourage that, and each  
12 registrant will have up to 10 minutes for their  
13 remarks.

14           I also want to point out to our guests, and  
15 I'm sure you've seen it already, but there's a table  
16 out front with various documents related to NACMCF  
17 including some of our recently published reports.

18           One final item I need to mention today, and  
19 this is a little administrative issue, but please  
20 members, fill out your travel expense sheets for  
21 your reimbursement, and provide this to Karen  
22 Thomas-Sharp along with your receipts. We are at

1 the end of our fiscal year. So we do need to  
2 process the travel.

3 And with that, I wish you a good meeting,  
4 and I'm going to turn the floor back over to our  
5 Chair, Dr. Hagen.

6 DR. HAGEN: Thank you, Gerri. So I think  
7 it's time to move to the next part of the agenda,  
8 and we're going to have Drs. Kelly Bunning and Uday  
9 Dessai tell us about the work on the Norovirus  
10 Subcommittee.

11 DR. BUNNING: Good morning. Am I loud  
12 enough? Can everybody hear?

13 My name is Kelly Bunning. I'm with the FDA  
14 Center for Food Safety and Applied Nutrition, and  
15 I'll be presenting the progress report for the Noro  
16 Subcommittee on behalf of my Co-Chair, Uday Dessai,  
17 and our Subcommittee members.

18 So the title of our charge is Control  
19 Strategies for Reducing Foodborne Norovirus  
20 Infections. I guess I'm in control of everything  
21 here.

22 One of the things as Chair and working with

1 Uday and Gerri when we put this Subcommittee  
2 together, the first thing we noticed was that  
3 everybody had a strong background in food safety and  
4 food microbiology and we had good representation  
5 from industry and academia and the Federal  
6 Government and some state people, but what we didn't  
7 have was a virologist or any real technical experts  
8 on Norovirus.

9           So our first Subcommittee meeting that we  
10 had in June 7th through 9th was totally geared  
11 towards orienting our Subcommittee to the charge  
12 itself as well as trying to educate them the best  
13 way we could on Norovirus, and we did that by  
14 bringing in a series of technical experts, and I'll  
15 tell you who they are with the next slide, and in  
16 the end, I think we probably achieved our goal, at  
17 least based on my gauging of the enthusiasm and the  
18 level of discussion that occurred during those  
19 presentations.

20           So here's the subject matter experts who  
21 not only came on board to help educate us and orient  
22 us towards NACMCF and the charge, but also have

1 stayed on and are serving as technical advisors. We  
2 began with Aron Hall and Jan Vinje from the Centers  
3 for Disease Control and Prevention, and as most of  
4 you know, they are involved with foodborne disease  
5 burden and attribution. There was a Morbidity and  
6 Mortality Weekly Report that issued in March 2011.  
7 That's a pretty good source. If you really want to  
8 see what the state of Norovirus play is at CDC and  
9 where their programs are, I would refer you to that.

10 We also note that around the world and in  
11 the United States, there's a lot of active reports  
12 or groups that have either looked at or are  
13 presently looking at Norovirus in foods as well as  
14 other foodborne viruses. We are acutely aware of  
15 all those activities and, of course, we don't want  
16 to duplicate, but we have some of those people or  
17 some of those activities summarized by Sherri Dennis  
18 and Wendy Fanaselle from FDA's Center for Food  
19 Safety and Applied Nutrition, who came and  
20 principally talked about their risk profile for  
21 foods and also some initial risk assessments that  
22 are going on either at FDA with shellfish or the WHO

1 Codex risk assessment activities that are presently  
2 going on right now.

3           If you notice in the charge questions and  
4 actually the full charge is under Tab 6, we had some  
5 issues where the rubber really meets the road. We  
6 had two essentially program managers come in and ask  
7 to have some questions put into the charge, and they  
8 were from FDA's Retail Foods Program, Kevin Smith  
9 who is in charge of the Food Code, and from USDA's  
10 Food and Nutrition Service, Brenda Halbrook, who  
11 came in and informed us about some issues they have  
12 with the School Lunch Program in regards to  
13 Norovirus, and relative to the questions they asked,  
14 you can consider them essentially risk management  
15 questions because they are the program leads. They  
16 came in and informed our Committee of exactly how  
17 those programs work, how the Food Code works, how  
18 things get adopted, what their needs are, and how  
19 they work for the Conference for Food Protection,  
20 and in turn similar programmatic function of the  
21 School Lunch Program.

22           And then last but not least, we're

1 certainly concerned about science, and so in terms  
2 of a review of the state of science and what ongoing  
3 research activity is going on at the national level  
4 or international level, LeeAnn Jaykus came in and  
5 spoke to us for about two hours and gave an  
6 excellent summary. Many of you know that she's  
7 leading a consortium of people and just received a  
8 5-year, \$5 million a year, \$25 million grant to take  
9 an integrated approach to try and solve some of the  
10 issues related to Norovirus. So she was clearly a  
11 key person to have come and speak to us.

12           The next series of slides are going to take  
13 care of several issues that I've been asked to talk  
14 about today. First, to try and get through and  
15 explain to you as briefly as I can what's in the  
16 charge, and we're going to do that by talking about  
17 the charge questions, how after we met and were  
18 educated, how we decided to move forward and address  
19 the charge, and then you'll learn a little bit about  
20 our membership and how we've integrated to work  
21 together and also work separately in work groups to  
22 begin to address the charge. So you'll learn a

1 little bit about our approach that we've started.

2 So what we decided after being educated so  
3 well by our technical experts was that we were going  
4 to break into work groups and begin to address  
5 different questions in the charge.

6 The first work group decided to take on  
7 questions 1 and 2, and it's pretty clear from  
8 looking at those that we're starting to get at  
9 burden and attribution of disease, both in this  
10 country and internationally, and I asked Bob Tauxe  
11 from CDC as a federal representative to our  
12 Subcommittee to lead that work group, and the other  
13 members are Susan Grooters and Dallas Hoover, and  
14 technical experts that volunteered to help and  
15 participate are Aron Hall from CDC and LeeAnn  
16 Jaykus (NC State U).

17 The second work group will appear over the  
18 next two slides. They involve questions 3, 4, 6  
19 and 7. This work group really when you segregate  
20 those questions out of the flow of the charge, they  
21 really are dealing with mitigation and control in  
22 one form or another, and so that group has named

1 themselves that. The federal representative on our  
2 Subcommittee is Daniel Engeljohn, and he agreed to  
3 chair this work group, and they are working to  
4 answer questions 3 and 4 with members Nandini  
5 Natrajan, Margaret Hardin, and Wafa Birbari, and as  
6 you can see, these are where the questions about how  
7 we can possibly either what likelihood is there that  
8 there are any data or what data do we need, at least  
9 in the short term, to try and effect any changes in  
10 the Food Code, or are the present recommendations in  
11 the Food Code accurate or well enough to help  
12 protect from Norovirus?

13 To continue, question 2, because they have  
14 the most questions, but I think they're going to  
15 condense it down as best they can, but they also  
16 have the most technical experts. So Kevin Smith,  
17 I've mentioned is the Director of FDA's Retail Food  
18 Protection Division, and that group has the  
19 leadership of that group for the Food Code. Laurie  
20 Williams is on his staff. Brenda Halbrook is, of  
21 course, from the School Lunch Program, and I see  
22 back in the audience is Stephanie Mickelson, one of

1 our guests today. She works with Brenda.

2 I did want to mention that when we started  
3 meeting this week, we've beefed up this work group,  
4 and another person who really came forward and did  
5 excellent work this week and was introduced to that  
6 work group was Girvin Liggans on Kevin Smith's  
7 staff. I didn't have time to put his name into the  
8 slide, but I think all the work group members were  
9 very happy with his contributions this week, and I'm  
10 happy to at least give him a verbal shout out now.  
11 In future reports, you'll see his name appearing  
12 there.

13 We also had from Dan Engeljohn's staff,  
14 Roberto Carpinteyro who came on board to help that  
15 work group. He's doing technical support as well as  
16 he does have a foods background. So he's a young  
17 person who's helping to contribute to NACMCF  
18 efforts.

19 The next work group is Work group 3, and  
20 this deals with question 5, which really gets at the  
21 state of play of where the methods are for detecting  
22 Norovirus, and in that context, how surrogates are

1 detected, and because of the way that question was  
2 formed, it also gets into how surrogates are used in  
3 place of Norovirus to study the effects of  
4 inactivation studies through various means. I was  
5 the federal representative who chaired that work  
6 group to the Subcommittee, and our members who are  
7 helping to address that are David Golden and Lee  
8 Johnson, and our technical experts that are advising  
9 us are LeeAnn Jaykus and Jan Vinje from CDC.

10 Our fourth work group is Work group 4.  
11 This is the risk assessment question number 8. This  
12 question asks about what data are available to  
13 possibly go forward with a formal quantitative  
14 microbial risk assessment or whether ever one can be  
15 done at this stage, and if not, what other risk-  
16 based approaches can we at least start to implement.  
17 The federal chair who's leading this Committee is  
18 Uday Dessai, my Co-Chair for the Subcommittee. We  
19 have Dallas Hoover and Wafa Birbari as Subcommittee  
20 members who are serving on this work group. I have  
21 Elisa Elliott in green because technically she's not  
22 on this Subcommittee or the Committee, but she's a

1 member of the Executive Committee, and she's also a  
2 great help. And our technical experts are Wendy  
3 Fanaselle and Sherri Dennis from FDA who are,  
4 according to their own language, they eat and  
5 breathe and live risk assessment. So --

6 Work group 5 actually consists of  
7 everybody. They actually aren't debating this  
8 question yet. We're going to work within our Work  
9 groups 1 through 4 and knit those documents together  
10 at a certain stage, not yet, but we're getting  
11 pretty close. They've made significant progress  
12 this week, and once we come together as a full  
13 Subcommittee and look at where the work group  
14 products have come together, and we're satisfied  
15 with that, we'll sit down and try to tackle question  
16 5 together, and this question really deals with how  
17 NACMCF can recommend some type of generic facility  
18 control plan, not a complete plan, but something  
19 that various institutions, whether they be  
20 restaurants or cruise ships or as it says there, can  
21 have a place to start and begin to develop their own  
22 plans to help control Norovirus in their particular

1 situation.

2           So after our first meeting in June, that's  
3 how we became more educated about Norovirus, how we  
4 decided to tackle the charge relative to the various  
5 charge questions and what at least our initial  
6 approach is. Before we came together this week,  
7 each of the work groups has had numerous  
8 teleconferences to try and draft some material, get  
9 their key references and some of their draft data  
10 gaps and recommendations together, so that when they  
11 came together this week, they could have a more  
12 functional working session and make good use of  
13 their time.

14           So that brings us up to the progress report  
15 for this week. In the course of, of course, I've  
16 mentioned that the work group breakout sessions did  
17 occur for the majority of the meeting this week, but  
18 we also had some more subject matter experts come in  
19 and present to us.

20           Most notably our Co-Chair, Mike Landa, who  
21 came for an hour to meet with the Subcommittee, of  
22 course, thanked them for their service, but I think

1 we had a chance to let him spend some time with the  
2 members, and they could really ask, not only about  
3 Norovirus, but other things that they wanted to  
4 discuss with the CFSAN Center Director. So I can  
5 tell you, Mike, that after that session, everyone  
6 was very appreciative of you, first of all taking  
7 the time, a full hour, coming down and that on  
8 behalf of the members who expressed that  
9 appreciation, I wanted to let you know about it.

10 We also had a very unique discussion with  
11 some of the members of FDA's Center for Drugs and  
12 Evaluative Research, and this was brought on from  
13 something we discovered in our first meeting about  
14 hand antiseptics and the fact that when they make  
15 claim to use new ingredients, that they are  
16 essentially, since the change from safe to safe and  
17 effective that occurred in the early '70s and '80s  
18 in the FDA Act, that those products now have to be  
19 approved drugs. I can tell you that we had a great  
20 discussion and great stimulation around this. It's  
21 a very convoluted regulatory paradigm. So I don't  
22 think any of us feel like great experts about it,

1 but there is some summary information on the web  
2 that I can certainly direct you to.

3           For us as food scientists and food  
4 microbiologists, I think what we took away from that  
5 discussion that is important to mention today is  
6 that when we think about what studies have been  
7 done, what that data may be telling us relative to  
8 all the shortcomings that we know about with  
9 methodology and surrogates, how can we at least make  
10 some recommendations or move forward with some  
11 science in the near term to effect at least a degree  
12 of protection or controls in any particular area  
13 that we start to deliberate, and relative to that,  
14 what science needs to be doing in the future, and  
15 once it becomes identified, that maybe a change or a  
16 control can be affected to some degree, how would  
17 that information be used by our chairs up through  
18 the chain to either look at the high bar that's been  
19 set by these, and whether that bar can be lowered to  
20 allow some of these things on the market or not.  
21 Again, this is policy stuff. We're focusing on the  
22 science, but at least that gave us some focus as to

1 what the regulatory bar is now, how science and any  
2 improvement may affect those changes and, of course,  
3 what's the best way to move forward at least in  
4 science. That's what we're going to try and deal  
5 with and focus on, but we'll leave the regulatory  
6 high bar or the lowering of that bar or any policy  
7 changes to somebody else.

8           So progress reports over the course of the  
9 week, I mentioned earlier that the first group  
10 chaired by Rob Tauxe from CDC is the burden and  
11 attribution work group. They were able to summarize  
12 the published estimates or are in the process of  
13 summarizing the published estimates of the burden of  
14 illness, hospitalizations, and deaths due to human  
15 Norovirus, the fraction of illnesses transmitted  
16 through foods and foods most frequently implicated.  
17 They're also identifying gaps in our epidemiological  
18 knowledge and defining key areas that will advance  
19 science.

20           For the mitigation and control group  
21 chaired by Dan Engeljohn, that group is assessing  
22 the relevant references and available research and

1 identifying their information gaps. They have key  
2 areas that will help answer the charge questions  
3 such as route of transmission, hand sanitizers and  
4 hand surface sanitizers, and inactivation  
5 technologies. They're beginning to see where the  
6 research has been and also what current research is  
7 going on now, and they're also determining the  
8 available tools and challenges to barriers to  
9 bringing those forward.

10 For detection and surrogates, Work group 3,  
11 we kind of started off, and I was chairing that work  
12 group, relative to the detection, of course, we're  
13 going to summarize the literature and where the best  
14 detection methods are or at least what the current  
15 state of play is, but I kind of encouraged them to,  
16 there's a recommendation in the research gap from  
17 the New Technologies Report, and I encourage you to  
18 pick it up, but it talks about at least when you're  
19 dealing with a tough issue, it talks about what an  
20 ideal method would look like, and it's a device you  
21 can use to focus what the state of play is for a  
22 certain issue relative to where do you want to go.

1           So I'm just going to read this real quick.  
2 It says the ideal method, and here we're talking or  
3 seemingly talking about bacteria, but it says, "An  
4 ideal method might include the following  
5 characteristics: rapid or real time detection at a  
6 higher degree of sensitivity and specificity, low  
7 limit of detection, simplicity and ease of use, cost  
8 efficacy, high throughput and reliability, the  
9 ability for multianalyte detection, adaptability to  
10 a wide variety of sample matrices, discrimination  
11 between viable and inactivated cells and production  
12 of a enumerative data, portability and simultaneous  
13 isolate characterization and subtyping."

14           I mean that is the ideal method, right?  
15 When you try to take the ideal method for what you  
16 would have for Norovirus, of course, it's not  
17 viability. You just have to introduce this notion  
18 of whether it's infectious or not because viruses  
19 aren't alive in food. They persist in food.

20           So what's the state of play right now with  
21 methods development versus trying to get to this  
22 ideal? And, of course, we know that there are some

1 typing mechanisms. There actually is a method to  
2 detect and subtype Norovirus at the same time that  
3 the Danes have just published. We're in the process  
4 of analyzing that right now, but that's how I kind  
5 of have that group focused, and I think it's a good  
6 way.

7           What's the state of play versus how can we  
8 get towards the ideal? We may never get to the  
9 ideal, but if you're going to advance the science,  
10 what would you do? What would your general  
11 recommendations be? Or, this is one of the good  
12 things about NACMCF, we can make general  
13 recommendations, but a lot of these ongoing  
14 activities kind of make general recommendations and  
15 stop there. NACMCF can choose to get into the weeds  
16 here and say these are the best approaches, and we  
17 have that flexibility under this type of committee.

18           And then the last work group is risk  
19 assessment, and they have been drafting a general  
20 framework to answer the charge question. They're  
21 reviewing all ongoing risk assessment efforts and  
22 they're really drafting -- this was a request that I

1 made, that Sherri Dennis picked up on immediately  
2 and helped really focus this group. They're going  
3 to sit down and try and draft a risk management  
4 questions that would help jumpstart a risk  
5 assessment from the point of view of our industry  
6 representatives, from the point of view of our  
7 federal regulators, from the point of view of our  
8 consumer representatives, and that tends to drive  
9 what type of risk assessment you would do or how you  
10 would conduct a particular risk assessment, and  
11 that's how they're going to kind of start.

12           So after we've done all of this, some of  
13 the common themes, just to kind of summarize where  
14 we're at right now that we've identified, just very  
15 quickly, we know that the issue of Norovirus and  
16 foods is very complex. There are multiple sources  
17 of contamination, both direct and indirect. The  
18 data are conflicting, and that this has to do with  
19 study design issues and what we know about  
20 surrogates now relative to Norovirus being more  
21 characterized both at the genetic level as well as  
22 behavior. The surrogate studies in many ways are

1 not really accurate relative to what we know about  
2 Norovirus.

3           The science is continually evolving.  
4 There's papers publishing every day, and we're  
5 getting those. We are down to actually, as things  
6 are moving forward, we're actually making direct  
7 phone calls to the investigators and seeing how we  
8 need to proceed, and again the principal example of  
9 the evolving science is, as I mentioned, the  
10 adequacy of the analytical methods.

11           And, of course, because of all of this,  
12 there are numerous data gaps, and then it really  
13 kind of tells you that solving the problem of trying  
14 to reduce or prevent Norovirus infections will  
15 require a multipronged approach, and we need to  
16 intervene at multiple points in the food supply and  
17 at various transmission cycles.

18           So we have a timeline to try and get done.  
19 The graph is pretty self-explanatory. It shows  
20 where we've met and what I've just reiterated about  
21 our two Subcommittee meetings to date. We're  
22 planning on having at least two more face-to-face

1 meetings, maybe three, depending on funding. We  
2 know that LeeAnn has asked to make herself  
3 available, if we can meet in the winter sometime,  
4 and we'll try to work that out relative to her  
5 schedule, but we do actually want to try and  
6 complete the document by the time we have our  
7 plenary session next September, and so this  
8 illustrates our plan to complete our work.

9           Of course, part of that process involves  
10 getting a draft into the hands of our other members  
11 who are serving on the other Subcommittee, getting  
12 their feedback, leading to a meeting where we can  
13 eventually hopefully adopt the document.

14           And then I had mentioned that many of us  
15 are not Norovirus experts, but we did have a member  
16 on our Committee who was Norovirus expert, and the  
17 week before we met in June, Dr. Dean Cliver, who I  
18 think is a great friend of many people in this room,  
19 passed away. So I can tell you that we miss him  
20 greatly. Of course, he was a great contributor to  
21 food microbiology and food science in general, but  
22 some of the sentinel early papers in Norovirus were

1 done by Dean, and if we are fortunate enough to get  
2 our paper through the Committee and published in the  
3 *Journal of Food Protection*, we'd like to dedicate  
4 our NACMCF white paper to his memory, and I'd like  
5 to acknowledge Margaret Hardin who has helped at  
6 least facilitate that with the *Journal of Food*  
7 *Protection* to make sure that that will happen very  
8 smoothly. Dean was a great friend.

9           So thank you. I'm happy to take any  
10 questions, and either I or a member of the  
11 Subcommittee will be happy to try and answer them.

12           DR. HAGEN: Does anybody have any questions  
13 for Kelly or Uday at this point? I mean we'll have  
14 time later in this morning's program, but are there  
15 any questions about what Dr. Bunning presented?

16           DR. BUNNING: Thank you.

17           DR. HAGEN: So, Spencer, you're up next I  
18 think. Spencer Garrett is going to present on the  
19 other charge that we've been working on for some  
20 time and certainly a lot this week.

21           MR. GARRETT: Thank you, Madam Chair.  
22 Before I begin, I've been in these different types

1 or kinds of meetings. I'm known for having a fairly  
2 thick skin, but that thick skin is getting kind of  
3 chilly, and I don't know if (laughter) I see people  
4 putting coats on and sweaters. I should have worn  
5 my winter jacket instead of my summer jacket, but  
6 anyway, if we could do something about that, it  
7 would be greatly appreciated, I'm sure.

8           What I would like to do, and I don't really  
9 have a PowerPoint presentation, but what I would  
10 like to do then is to remind our Committee members  
11 what the actual DoD charge was, and then perhaps for  
12 the people in our audience as well, and then we'll  
13 go to our report.

14           But in your little books here, it's under  
15 Tab 7, and the charge questions to the Subcommittee  
16 were as follows:

17           Because of the many questions regarding  
18 microbiological criteria, that might indicate poor  
19 process control or insanitary conditions, the  
20 National Advisory Committee on Microbiological  
21 Criteria for Foods, NACMCF, has been asked for its  
22 guidance to clarify the following issues:

1           One, describe processes and important  
2 considerations that could be used to develop  
3 microbiological criteria for a particular product,  
4 e.g., raw ground beef, ready-to-eat something or  
5 other, sliced luncheon meat, at various points in  
6 the process that might indicate poor process control  
7 or insanitary conditions. Describe how the  
8 processes and considerations could differ in other  
9 regions of the world where processing conditions may  
10 make certain indicators or levels of indicators more  
11 or less appropriate.

12           Secondly, at the point of production, how  
13 many *Staphylococcus aureus*, *Bacillus cereus*, generic  
14 *E. coli*, coliforms, *Enterobacteriaceae*, *Enterococci*,  
15 and/or gas forming anaerobes in ready-to-eat  
16 finished products might indicate (a) a possible  
17 process control problem of insanitary conditions or  
18 (b) potentially hazardous product unfit for  
19 distribution. How might the levels and the  
20 applicability of these criteria vary between ready-  
21 to-eat products, e.g., processed meat, poultry, egg  
22 products, refrigerated meat salads, and bagged leafy

1 green salads?

2           Thirdly, at the point of production, what  
3 level of mesophilic aerobic plate count in ready-to-  
4 eat finished products and in non-intact raw meat and  
5 poultry products might indicate a possible process  
6 control problem or insanitary conditions? How might  
7 these criteria vary between different ready-to-eat  
8 products, again, e.g. processed meat, poultry and  
9 egg products, and refrigerated meat and poultry  
10 salads? How might these criteria vary between  
11 different non-intact raw products such as beef  
12 trimmings versus ground product? How might these  
13 levels be expected to change during the expected  
14 shelf life of the product?

15           Fourthly, are there other potential  
16 indicators, e.g., microbiological, biochemical, or  
17 molecular parameters, of process control that should  
18 be considered? If so, how might these apply at  
19 various points in the processes of major product  
20 categories, e.g., meat, poultry, and egg products,  
21 bagged leafy green salads and refrigerated meat and  
22 poultry salads?

1           And then lastly, describe various sampling  
2 plans, such as the International Commission on  
3 Microbiological Specification for Foods, two or  
4 three class plans that may be applicable for the  
5 various analytes and products identified in the  
6 questions, and the table provide the appropriate  
7 values, e.g. ranges, log, colony forming units per  
8 grams, categories, acceptable, marginal,  
9 unacceptable, and if applicable, the recommended  
10 sampling plan in Table 1.

11           As you can see, it's a snap. (Laughter.)  
12 Come on. You can't be all serious now.

13           So what I would like to do then is give a  
14 progress report on how we're addressing these  
15 issues.

16           Our approach in addressing the five  
17 questions was to divide the charges into the  
18 following components.

19           Describe processes and considerations to be  
20 used to develop a microbiological criteria for foods  
21 purchased for the military.

22           Two, identify which indicator organisms,

1 sampling plans, and microbial population limits are  
2 appropriate for each food category, and how they  
3 could be used to identify adequate processes and  
4 process control.

5 Three, identify other indicators, whether  
6 they be microbiological, biochemical, or molecular,  
7 that process controls should consider.

8 The food categories considered, we broke  
9 them down to be these.

10 One, ready-to-eat foods processed for  
11 lethality, including the aforementioned, as I  
12 indicated in the charge, meat, poultry, eggs,  
13 seafood, and molluscan shellfish.

14 Secondly, ready-to-eat foods which included  
15 combinations of cooked and uncooked ingredients such  
16 as deli meats, salads, and prepared sandwiches and  
17 so forth.

18 Three, ready-to-eat raw foods including  
19 bagged salads, raw molluscan shellfish, overall  
20 fruits and vegetables, sprouts, cold smoked seafood,  
21 and frozen fruits and vegetables.

22 And, four, non-ready-to-eat raw foods

1 including intact and non-intact meat, pork, poultry,  
2 and seafood.

3           Now, since the Committee charge is to  
4 identify which indicator organisms, sampling plans,  
5 and microbial population limits are appropriate for  
6 each food category, and how they could be used to  
7 identify adequate process control, we believe that  
8 the aforementioned categories will facilitate and  
9 frankly focus and are focused on how we address this  
10 entire, rather broad charge.

11           General tables were generally adapted from  
12 the International Commission for Microbiological  
13 Specifications, Book 7, for suggested sampling plans  
14 based on combinations of health concerns, conditions  
15 of use, and the performance characteristics were two  
16 class and three class sampling plans which when  
17 known then would identify the probability of  
18 accepting contaminated lots.

19           The seven indicator organisms from the  
20 original charge were retained, and other analysis  
21 such as pathogen or toxin testing were included as  
22 appropriate.

1           In addition, the group developed flowcharts  
2 for each food category to identify process control  
3 points appropriate either to testing or indicator  
4 organisms, which could be used to determine if the  
5 process, in fact, is being controlled.

6           Also, we've developed a data collection  
7 table to collect data for a metaanalysis to identify  
8 the appropriate indicator organisms from the  
9 aforementioned food categories, along with sampling  
10 plans and limits.

11           The current sources of information include  
12 the Department of Defense Appendix O that we  
13 received from the charge, different publications  
14 from the National Academy of Sciences, also the  
15 different publications again from the International  
16 Commission for the Microbiological Specifications  
17 from Foods, actually our own publications that we've  
18 done in times past because various aspects of this,  
19 different other committees have looked at various  
20 aspects of these charges. New Zealand which has a  
21 rather robust, if you would, sampling program and  
22 they've looked at this entire issue, we're examining

1 that for our metaanalysis. The Institute of Food  
2 Technology, and also we've looked at, and we will be  
3 looking at some more data from the DoD  
4 microbiological testing data for other commodities.

5 We, in fact, did look at the data from  
6 bagged salads from DoD from 2001 and 2011, to see if  
7 we could determine any trends on the various counts  
8 between the indicator organisms. Criteria from  
9 additional information sources for our metaanalysis  
10 will include trade associations, retailers, food  
11 service, performance standards from FSIS, and also  
12 we do intend to look in this context, the purchasing  
13 specifications for the School Lunch Program and also  
14 the data that AMS has, as well as the FSIS  
15 performance standards reductions.

16 All of those will be seen and analyzed for  
17 inclusion in our metadata analysis.

18 Now, the next steps that this Subcommittee  
19 will do will be to continue to collate  
20 microbiological criteria and populate our data  
21 collection, and we did do some population of that  
22 while we were here. What we want to do is try to

1 get all this data together, do the metaanalysis, and  
2 try to develop some sort of understanding of the  
3 contemporary use of all these criteria that are  
4 being used both domestically and foreign, as well as  
5 sampling plans and the action levels for each food  
6 category.

7           The other indicators, whether they be  
8 microbiological, chemical, biochemical, or  
9 molecular, will also be included in that analysis.

10           On a final note, our working group agreed  
11 that with other agencies and organizations, both  
12 nationally such as CDC, FDA, USDA, and the  
13 International World Health Organization, the  
14 regulatory agencies, and other scientific advisory  
15 committees such as Codex, the National Academy of  
16 Sciences, NACMCF ourselves, have all recognized that  
17 the hazard analysis critical control point theory,  
18 HACCP, along with the prerequisite programs, whether  
19 they be good agricultural practices, good  
20 manufacturing practices, and sanitary standard  
21 operating procedures, really, in fact, are the best  
22 strategies for preventing foodborne illnesses.

1 These food safety systems were developed when it was  
2 realized that food safety, in fact, and in my  
3 personal judgment and many others, food safety  
4 cannot be inspected nor tested in the food products.

5           However, while microbiological testing  
6 alone cannot ensure food safety, it does have  
7 important roles to play within the HACCP and in  
8 conjunction with the aforementioned prerequisite  
9 programs, to help determine whether or not a given  
10 critical control point or even a control point is  
11 under control. If it is determined that a critical  
12 control point is not under control, then corrective  
13 actions can be taken to get it back under control.

14           In terms of end product testing,  
15 microbiological tests can be used along with other  
16 various activities such as statistical process  
17 control and others to verify that a HACCP system is  
18 working properly. Given that HACCP is a proactive  
19 system to prevent foodborne illness, if  
20 microbiological testing is used, more emphasis  
21 should be placed on using it to verify process  
22 control to ensure that the critical control points

1 are under control and relatively less emphasis  
2 should be placed on end product testing to verify  
3 that the HACCP system, in fact, is working properly.

4 Madam Chair, to paraphrase Winston  
5 Churchill on all this, Winston S. Churchill, I might  
6 remind the Committee members, the S does stand for  
7 Spencer. A lot of people don't know that. I didn't  
8 know it until I was 21. Thank you.

9 But anyway, to paraphrase Winnie, we're not  
10 at the end, we're not close to the beginning of the  
11 end, but we're very close to the end of the  
12 beginning. Okay. And that's my report, Madam.

13 DR. HAGEN: Thank you, Mr. Garrett, and  
14 thank you to Drs. Bunning and Dessai as well for a  
15 readout from their Subcommittees.

16 This is the point in the program I think,  
17 Gerri, right, where we move onto questions and  
18 comments. We didn't have anybody register, any of  
19 our guests register to make public comments. So we  
20 can just open up for questions at this point. If  
21 you have a question or a comment, please come to the  
22 microphone and identify yourself. Thank you.

1 MS. RANSOM: Okay. It looks like we have  
2 no questions from the audience, and do any Committee  
3 members have questions or comments for the  
4 Subcommittee Chairs?

5 Okay. All right. I think we got some very  
6 -- Spencer, go ahead.

7 MR. GARRETT: I would just like to make a  
8 concluding remark before the end of the meeting.

9 MS. RANSOM: Okay. All right. I think we  
10 got some very comprehensive reports from our  
11 Subcommittee Chairs and we got an idea of the in-  
12 depth scientific work that NACMCF puts in, and again  
13 I want to mirror what Dr. Hagen has said, and that  
14 we do value this work very much, and you assist  
15 federal agencies and stakeholders as well, and  
16 NACMCF work is highly respected.

17 So I guess at this point, we can turn it  
18 back to Spencer.

19 MR. GARRETT: Thank you, ma'am. About  
20 three different things. Uday, thanks for the coffee  
21 to warm me up. I really appreciate that.

22 Secondly, I'm not certain if I mentioned

1 that we will be having working groups for our  
2 Subcommittee because we all understand what next  
3 year's budget is going to be or likely to be.

4           And then finally I want to make a note that  
5 this in all likelihood will be my last attendance as  
6 a federal member of this Committee. I plan to  
7 retire in 2012, hope to come back perhaps as a  
8 member, but I want everyone to know that along with  
9 this Committee, along with my activities and expert  
10 consultations and things, both with the World Health  
11 Organization and FAO, I consider to be the epitome  
12 of my scientific career, and it's certainly been  
13 intellectually stimulating, and it's really a  
14 wonderful thing that this Committee truly does.  
15 Thank you very kindly.

16           MS. RANSOM: Okay. And again our sincere  
17 thanks to Committee members for the work that you do  
18 perform for us, and thank you to our audience for  
19 attending today, and with that, I'm going to turn it  
20 over to our Chair to close our meeting and make the  
21 final statements.

22           DR. HAGEN: We give you the gift of time

1 this morning. You all get 50 more minutes that you  
2 didn't think you were going to have. Thanks for a  
3 great week. Thanks for the commitment to this  
4 Committee, and we're really looking forward to the  
5 continued work on both the Subcommittees.

6 MS. RANSOM: Thank you, and we declare this  
7 meeting adjourned.

8 (Whereupon, at 11:00 a.m., the meeting was  
9 concluded.)

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## 1 C E R T I F I C A T E

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

4 NATIONAL ADVISORY COMMITTEE ON  
5 MICROBIOLOGICAL CRITERIA FOR FOODS

6 Washington, D.C.

7 September 30, 2011

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

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14 \_\_\_\_\_  
TIMOTHY J. ATKINSON, JR., Reporter

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