Science-Based, Unified Approach Needed to Safeguard the NATION'S FOOD SUPPLY

Outdated food safety laws and a fragmented Federal structure serve as barriers to protection of the nation's food supply from contamination or other hazards, according to a Congressionally mandated report from a joint committee of the Institute of Medicine and the National Research Council of the National Academy of Sciences.

The report recommends that Federal officials adopt a science-based approach in targetting the greatest threats to the food supply. Arcane safety laws must be repealed, and one person should be appointed to provide a single point of leadership to implement a comprehensive plan that pulls together efforts currently spread across at least 12 Federal agencies.

According to the report, some 9000 deaths and 81 million illnesses each year are attributable to consumption of contaminated food in the United States. Increasing reliance on minimally processed fresh fruits and vegetables, emergence of new strains of foodborne bacteria, the centralization and growth of large food distributors, consumer preference for ready-to-eat foods, and a growing number of people at high risk for severe or fatal foodborne illnesses have placed new stresses on the system in recent years.

The report, *Ensuring Safe Food From Production to Consumption*, recommends that:

- Given limited resources, regulatory priorities should be supported by strong scientific evidence.
- Congress should establish a unified, central framework for managing food safety programs, headed by one official with control of resources for all Federal food safety activities.
- Congress should change Federal statutes so that inspection, research, and enforcement are based on scientifically supportable assessments of risk.

President's Council Addresses Food Safety Following NAS Criticism of Federal Policy

Literally days after a call from the National Academy of Sciences (NAS) for better-coordinated Federal protection of the nation's food supply *[see preceding News and Notes item]*, the newly created President's Council on Food Safety was directed to develop a comprehensive strategic plan for government food safety activities.

The Council is also charged with advising agencies of priority areas for investment in food safety, ensuring that Federal agencies develop coordinated food safety budgets, and overseeing the Joint Institute for Food Safety Research to ensure that it addresses the highest priority research needs.

The Council is composed of the Secretary of Agriculture, the Secretary of Commerce, the Secretary of Health and Human Services, the Director of the Office of Management and Budget, the Administrator of the Environmental Protection Agency, the Assistant to the President for Science and Technology, the Assistant to the President for Domestic Policy, and the Director of the National Partnership for Reinventing Government.

The goal of the plan is to improve the safety of the nation's food supply by establishing a seamless, science-based, food safety system. The planning process will consider both short- and long-term issues including new and emerging threats and the special needs of vulnerable populations such as children and the elderly. In developing this plan, the Council will consult with interested parties including state and local agencies, tribes, consumers, producers, industry, and academia. ■

- Congress should also mandate a single set of regulations for all foods and should specify that foods be imported only from countries with food inspection systems deemed equivalent to ours.
- Additional resources should be devoted to prevention and to implementing the Hazard Analysis Critical Control Point system used by the U.S. Department of Agriculture and the Food and Drug Administration to detect or control for potential hazards at each step from raw material to finished product.
- A comprehensive national food safety plan should be developed.

Although efforts have been made to modernize the food safety system—most recently with the president's National Food Safety Initiative of 1997—such efforts are only the first steps toward an effective national approach, the report says.

Although the Food and Drug Administration issued a Food Code in 1993 with recommended standards for handling food, it has not yet been adopted by many state or local authorities. The Committee calls on the Federal government to mandate adherence to minimum standards for food products and processes and to allocate adequate funding to help support state and local food safety activities.

Copies of Ensuring Safe Food From Production to Consumption *are available from the National Academy Press, 2101 Constitution Ave. NW, Washington DC 20418; tel. 202-334-3313 or 800-624-6242. The cost is $29.95 (prepaid) plus shipping charges of $4 for the first copy and 50 cents for each additional copy.* ■

AHCPR Picks Two Clinical PREVENTION CENTERS

The Public Health Service's Agency for Health Care Policy and Research (AHCPR) has chosen two Clinical Prevention Centers to support the work of the U.S. Preventive Services Task Force.

First convened by the Public Health Service in 1984, the Preventive Services Task Force is an independent panel of specialists that evaluates the scientific evidence for the effectiveness of a range of clinical preventive services (screening, immunizations, and counseling) and produces age- and risk factor–specific recommendations regarding the use of clinical preventive services by primary care clinicians.

The Task Force recommendations were first issued in 1989 in the *Guide to Clinical Preventive Services* and revised in 1995 in a second edition. The Task Force reconvened in the fall of 1998 to update previous recommendations and to evaluate prevention interventions not previously assessed. To speed implementation of new and updated recommendations, the Task Force will release individual reports and recommendations as they are completed. The third full edition of the *Guide* is expected to be released in late 2002.

The two newly designated Clinical Prevention Centers will provide hands-on support to all Task Force activities, including identifying high-priority topics; reviewing and synthesizing research to assist the Task Force in making new recommendations; and drafting new chapters for inclusion in the third edition of the *Guide*.

The Centers selected to support the Task Force—Research Triangle Institute in collaboration with the University of North Carolina at Chapel Hill, and Oregon Health Sciences University—are already under contract to AHCPR as two of 12 Evidence-based Practice Centers. The network of Evidence-based Practice Centers produces evaluations of medical treatments and technologies in collaboration with outside partners such as professional organizations, health plans, and consumer groups. ■

LAUREL HEALTH SYSTEM

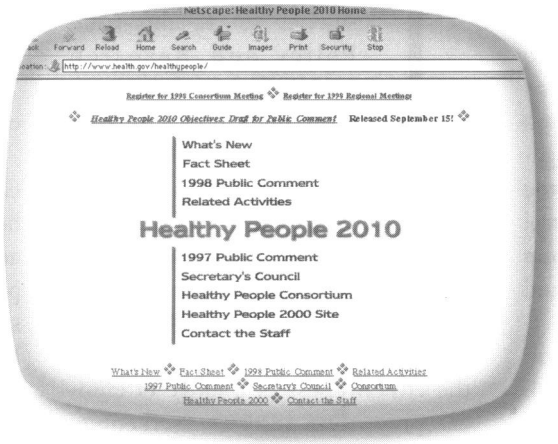
OPINIONS WANTED

Request for Public Comment on HEALTHY PEOPLE 2010

As Surgeon General David Satcher said, "Let your voice be heard."

In using Healthy People 2000, how often have you thought about changing the goals, priority areas, objectives, or targets? Until December 15 you have a chance to tell the Department how to do it right: what to monitor and how to use results to guide health improvement activities.

These venues are available for public input on the proposed Healthy People 2010 objectives:



Internet. The Healthy People 2010 website **web.health.gov/healthy people** will remain open for public comments until 5 p.m. on December 15, 1998. The website contains the complete document of draft objectives and is searchable by key words, by type of objective (worksite and schools, for example), by life stage, or by chapters of the draft report. The Healthy People 2010 home page is also the repository of public comments, fully indexed so any user can see who has commented on what, including framework, focus areas, and specific objectives' criteria and indicators.

Mail. Comments may be mailed to the Office of Disease Prevention and Health Promotion (ODPHP) at the Department of Health and Human Services, 200 Independence Ave. SW, Washington DC 20101. ODPHP will incorporate them into the electronic database. Please include a diskette to facilitate putting your comments on-line.

Public hearings. The Department will convene regional public hearings plus one national meeting in Washington DC. Transcripts, including public comments, will be posted on the website.

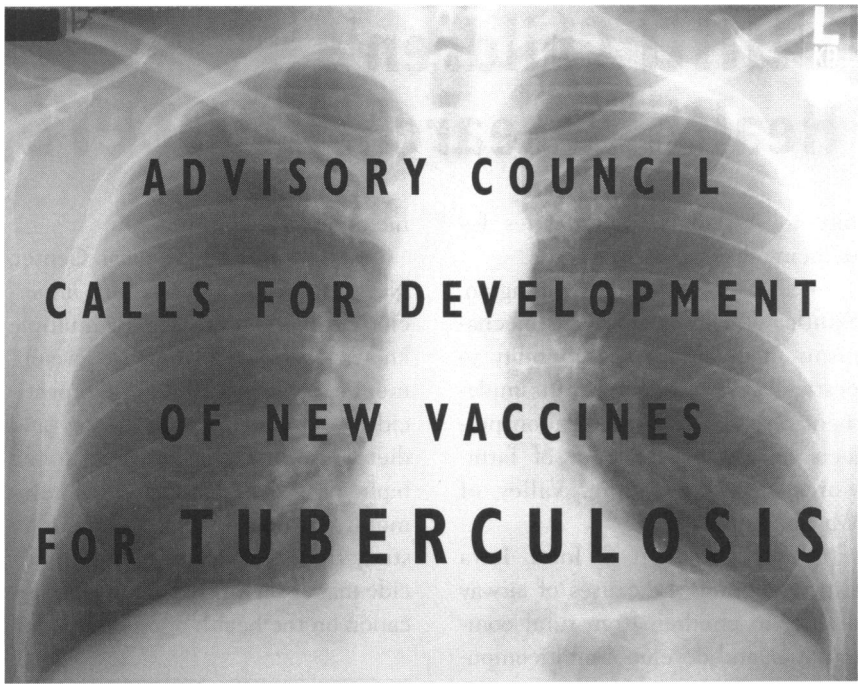
Scheduled hearings:
Chicago: November 5–6
Washington DC: November 12–13
Seattle: December 2–3
Sacramento: December 9–10

The website also displays the Stakeholders Report (in which states and voluntary organizations commented on useful elements in Healthy People 2000 and how they should be preserved or recast); transcripts of deliberations by the Secretary's Council, which includes current DHHS leadership as well as former Assistant Secretaries for Health; and last year's 700 public comments on the draft 2010 framework. A search engine allows any Internet browser to search these items to see who, state by state and organization by organization, has gone on record and what they have said. These comments are in the public domain and may be downloaded for local use. The Department hopes this process of setting a health agenda will be replicated in states and communities.

Healthy People 2010, as proposed, contains two overarching goals: to increase the quality and years of healthy life and to eliminate health disparities. These goals are supported by 26 focus areas arranged in four sections: promote healthy behaviors; promote healthy and safe communities; improve systems for personal and public health; and reduce diseases and disorders. New chapters address arthritis, osteoporosis, and chronic back conditions; disability and secondary conditions; health communication; and the public health infrastructure.

During the next decade the Department will be tracking disparities in health status and use of health services, focusing on more than 500 objectives. Selected health indicators will constitute a public health report card for the nation.

Healthy People 2010 Objectives: Draft for Public Comment *may be ordered through the ODPHP Communication Support Center's fax-back system; call 301-468-3028.* ■



Tuberculosis (TB) now kills more people worldwide each year than any other infectious disease. Yet the only existing tuberculosis vaccine, the Bacille Calmette-Guerin (BCG) vaccine, has had little impact on the spread of the disease. While the BCG vaccine has prevented TB deaths in children, the largest and most recent trial found the vaccine to have no overall protective effect against TB infection and disease in adults.

The Federal Advisory Council for the Elimination of Tuberculosis (ACET), which advises the Department of Health and Human Services and its component Centers for Disease Control and Prevention (CDC), has called for a national initiative to address the critical need for a new vaccine for TB.

To eliminate TB, it is critical to develop a vaccine that not only prevents new infection but that will effectively prevent the millions of people already infected with TB from developing active TB disease. Approximately one-third of the world's population is already infected with the TB bacteria. ACET recommends that new efforts include focusing on a "post-infection vaccine."

TB elimination efforts are currently two-pronged. First, to prevent severe illness, death, and transmission of disease, people with active cases must be properly diagnosed and treated. The most effective strategy for treating active disease, directly observed therapy (DOT), has helped reduce drug resistance and disease spread in the United States. And the widespread application of the World Health Organization's DOT strategy remains the most effective means for TB control globally. Unfortunately, the six-month treatment regimen must be taken exactly as prescribed or drug resistance can develop. This strategy requires complex systems that may be difficult to maintain in low-income areas.

There are an estimated 15 million Americans infected with TB who are at risk of developing active TB disease in the future. Reaching those at highest risk for developing active disease with preventive therapy is the second priority of TB elimination efforts.

Recent scientific advances have provided an unprecedented opportunity to move forward with vaccine development. Genome sequencing has provided a new understanding of the makeup and functioning of TB bacteria, and advances in genetic and molecular technology allow approaches never before possible.

ACET recommends that public agencies and vaccine manufacturers make development of a TB vaccine a priority; develop a comprehensive strategic plan beginning with the recently developed National Institutes of Health *Blueprint for TB Vaccine Development*; establish the collaborations needed to implement clinical vaccine trials; increase basic research; and develop a clear consensus on the desirable characteristics of a new vaccine.

ACET concluded that "better application of current diagnostic, treatment, and prevention strategies could lead to gradual decreases in this disease, but eliminating TB completely in the United States and internationally will require new tools."

The Blueprint for TB Vaccine *is available from Ann M. Ginsberg, National Institute for Allergy and Infectious Diseases, tel. 301-496-5305; e-mail <ag73i@nih.gov>.*

The Plan for the Elimination of Tuberculosis in the United States *is available from the National Center for HIV, STD, and TB Prevention, CDC, 1600 Clifton Rd. NE, Mailstop E-06, Atlanta GA 30333; tel. 888-232-3228 (2,5,1,2); fax 404-639-8628.* ■

DHHS, EPA Fund Children's Environmental Health Research Centers

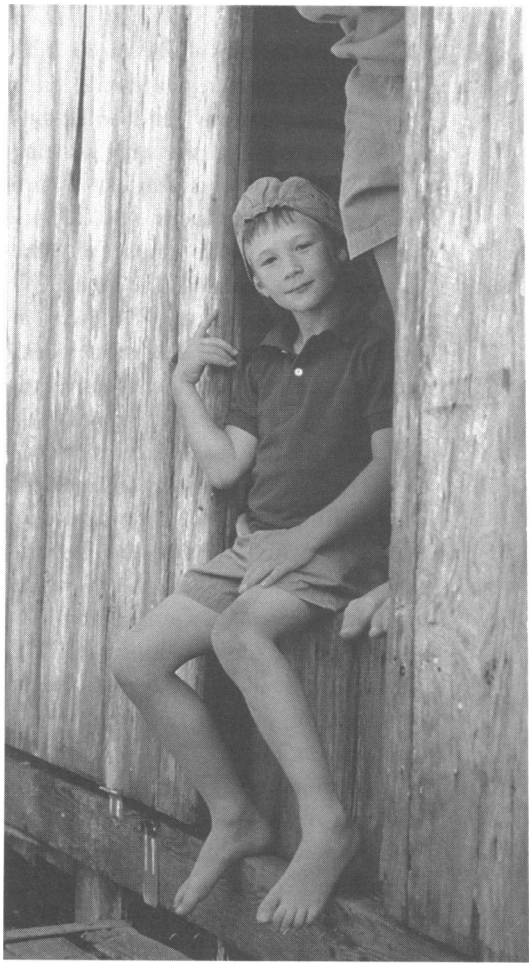
Eight Children's Environmental Health Research Centers have been established to study the effects of the environment on children's health with funding from the Department of Health and Human Services (DHHS) and the Environmental Protection Agency (EPA).

The annual cost of $10 million, about $1.25 million to each center, will be funded equally by the EPA and the National Institute of Environmental Health Sciences, one of the National Institutes of Health within DHHS. The Centers for Disease Control and Prevention will assist in the coordination of the centers' health outreach programs.

DHHS and EPA invited scientists from across the country to apply for grants to establish Centers of Excellence in Children's Environmental Health and Disease Prevention Research to conduct basic and applied research in combination with community-based prevention efforts.

The eight Centers are as follows:

- The University of Southern California, Los Angeles, intends to develop a better understanding of how host susceptibility and environmental exposures contribute to children's respiratory disease.
- The University of California, Berkeley, will quantify the exposure to pesticides of children in agricultural areas of California to determine the effects of these exposures on children's growth and development; and will work with the farm community to investigate approaches for reducing these exposures.
- The University of Washington, Seattle, will investigate the mechanisms in children's susceptibility to pesticides. This Center will implement research and intervention projects among the children of farmworkers in the Yakima Valley of Washington State.
- The University of Iowa, Iowa City, will study the causes of airway disease in children from rural communities and develop a multicomponent intervention approach.
- The University of Michigan, Ann Arbor, will investigate childhood asthma and conduct assessments that will lead to neighborhood and household interventions to reduce risks. The research will fill critical gaps in knowledge of the environmental factors contributing to pediatric asthma.
- The Johns Hopkins University Hospital, Baltimore, will examine how exposures to environmental pollutants and allergens may relate to asthma and other lung diseases in children living in the inner city of Baltimore and will search for new ways to reduce asthma in children exposed to environmental pollutants.
- Columbia University, New York City, will undertake a comprehensive community-based assessment of environmental risks to African American and Latino infants and children. Researchers at the Center will study the health consequences of residential sources of pollution and the ability of inadequate nutritional status to exacerbate the effects of environmental toxicants.
- Mount Sinai Medical Center, New York City, will examine inner-city children's exposure to multiple known and potential neurodevelopmental toxicants, including pesticides and lead in their homes and dietary sources of polychlorinated biphenyls. The Center will join community groups in East Harlem to study the effects of integrated pesticide management and dietary modification on the health of children. ■



NO SCIENTIFIC JUSTIFICATION TO SUSPEND HEPATITIS B IMMUNIZATION

On October 1, 1998, the French Ministry of Health announced a decision to suspend routine hepatitis B (HB) immunization of adolescents in French schools while continuing the immunization of infants and high risk adults. This decision followed concerns, despite lack of scientific evidence establishing a causal relationship, that hepatitis B immunization might be linked to the development or flare-up of demyelinating diseases such as multiple sclerosis (MS) and comes in the wake of enormous pressure from anti-vaccine groups.

The World Health Organization, with the assistance of external experts in neurology, epidemiology, immunology and public health, has carefully reviewed the scientific evidence on whether HB vaccine can cause demyelinating diseases such as MS. WHO believes that available scientific data do not demonstrate a causal association between HB immunization and central nervous system diseases, including MS.

Over 1 billion doses of HB vaccine have been used since 1981 with an outstanding record of safety and efficacy, and the vaccine is 95% effective in preventing the development of the chronic carrier state of hepatitis B. HB vaccine is the first vaccine against a major human cancer, as it is the chronic carriers of hepatitis B who are at a high risk of death from cirrhosis of the liver and liver cancer.

Recognizing the enormous value of HB vaccine, the World Health Assembly recommended in 1992 that all countries incorporate it into their routine immunization programs. To date, 100 countries have added HB vaccine to their national immunization programs, and many industrial countries have begun programs of immunizing adolescents as well.

Although France will continue infant and high risk adult immunization, WHO is concerned that France's decision may lead to loss of public confidence in this vaccine and decisions by other countries to suspend or delay the vaccine's introduction. Worldwide there are over 350 million chronic carriers of hepatitis B at high risk for cirrhosis of the liver and liver cancer; discontinuing immunization of adolescents could cause an increase in this number.

Previous experiences with other vaccines, such as the diphtheria, tetanus, and pertussis (DTP) vaccine, have shown how unsubstantiated hypotheses and anti-vaccine information can lead to loss of public confidence and reduced coverage. Millions of cases of pertussis and hundreds of deaths followed reduced use of DTP in several countries.

WHO strongly recommends that all countries already including routine hepatitis B vaccination in their national immunization programs continue to do so, and that countries not yet using the vaccine begin as soon as possible.

For further information contact Gregory Hartl, Health Communications and Public Relations, WHO, Geneva; tel. 41 22 791 4458, fax: 41 22 791 4858; e-mail <hartlg@who.ch>.

All WHO press releases, Fact Sheets, and Features are available on the WHO home page at **www.who.ch/**. ■

NIH Should Seek Public Help in Setting Research Priorities

Although the criteria that the National Institutes of Health (NIH) use to set priorities for research funding are scientifically sound, they could be improved and would be better accepted if the public had more input, according to a committee of the Institute of Medicine (IOM).

In a report to Congress, the IOM committee notes that as NIH's budget and power has grown in recent years, pressure from advocacy groups and other members of the public have been successful in lobbying NIH to devote more spending to particular health concerns. Thus, according to the committee, research is often funded based on advocacy rather than objectivity. The committee writes that NIH should be able to show that it has systematically compared data on the burdens and costs of particular diseases against the resources devoted to them.

The committee suggests that public input be formalized through the creation of new public liaison functions in the office of the Director and in all of NIH's 21 research institutes to allow interested people to take part in the allocation of the nearly $14 billion budget more systematically.

Copies of Scientific Opportunities and Public Needs: Improving Priority Setting and Public Input at NIH *are available from the National Academy Press, 2101 Constitution Ave. NW, Washington DC 20418; tel. 202-334-3313 or 800-624-624; for $26 (prepaid) plus shipping charges of $4 for the first copy and 50 cents for each additional copy.* ■