

Food Safety Information Infrastructure Project: Phase 1

**Workshop on Public Sector Food Safety  
Data Collection, Access and Sharing**

November 2-3, 2006 | Atlanta, Georgia

**Ideas for Improving the FSII**

[NOTE: This list of ideas was drawn from discussions among participants at the Nov 2-3 Food Safety Information Infrastructure (FSII) workshop and incorporates comments made on the original draft during the concluding session. This list is solely for discussion purposes. It does not express relative priority or level of support among workshop participants.]

**Session 1: Public Health Illness Surveillance**

**Policy and Practice**

- Increase priority and resources devoted to retrieval, analysis, and dissemination of data
- Determine stakeholder needs and make analysis and dissemination more demand driven
- Increase communication with local health departments
- Increase communication with state regulators and agriculture departments
- Expand scope and benefits of FoodNet to less resource-rich jurisdictions
- Build collaboration among CDC and stakeholder groups in analyzing FoodNet and other data
- Produce customized analyses and reports for public and private stakeholders
- List completed and ongoing CDC studies on website
- Improve translation of academic/scientific publications and research to be comprehensible to consumers and other non-technical audiences
- Resolve scope of access to FoodNet data for analysis by others, beyond CDC-issued reports
- Broaden online access to eFORS data through data access and analysis tool
- Improve timeliness of eFORS close out and reporting
- Improve depth of access to eFORS data
- Consider costs and benefits of public use data sets
- Resolve dilemma of data quality and risk of inappropriate interpretation versus value of broader access
- Take a long-term view of surveillance activities to include factors such as chronic exposure to chemicals and toxins that will have a serious public health effect in 10-20 years

## **Technical**

- Harmonize disease reporting practices
- Harmonize nomenclature for food categories and pathogen classification, including serotyping
- Harmonize lab test methods
- Improve lab information systems to make data generation and management more efficient
- Improve IT infrastructure with agencies
- Single sign-on for multiple databases
- Improve depth of information available on PulseNet samples
- Improve linkages among CDC databases – including multi-pathogen databases such as FoodNet, PulseNet, eFORS, NARMS, as well as others that focus on individual pathogens and those that focus on non-microbials

## **Session 2: Frontline Management**

### **Policy and Practice**

- Build trust as basis for more data sharing among federal, state, and local agencies
- Build understanding of common interests
- Address consequences of resource disparity among states and localities
- Improve state and local access to federal recall data
- Expand use of commissioning tool to facilitate access of state and local officials to federal data
- Better define protocol for data flow among agencies in outbreak and recall situations, including integration of regulatory and epi data
- Address need for information for physicians, patients, and families in clinical setting
- Develop tools for connecting frontline managers with key data sources they need to do their jobs and answers to questions, not an avalanche of data
- Single 800 number for complaints at state level to improve surveillance of illnesses
- Expand electronic connectedness across jurisdictions
- Develop “business rules” to clarify what information can be shared with whom
- Improve capacity for traceability

## **Session 3: Regulatory Data**

- Build trust to foster sharing and use of data by different agencies
- Develop common data collection standards to foster use of data by different agencies
- Understand and address legal constraints – DQA, confidential business information, etc.
- Expand access to eLEXNET data beyond participating labs, including on-line and via annual reports
- Connect eLEXNET with other databases

- Expand access across agencies and levels of government to inspection data, including eSAF
- Develop fact sheet on available databases
- Expand access to recall data
- Develop and share data on intervention effectiveness

## **Session 4: System-Wide Management**

### **Data Needs**

- Recognize that data needs need to be defined in relation to specific questions
- Improved baseline surveys, with incidence *and* levels data
- Improve attribution data, taking into account specificity of organism and understanding of multiple sources of
- Improve understanding of links between incidence *and* levels of pathogens at various points in the production and processing system and health outcomes
- Use outbreaks more fully to build better risk assessments: what really caused exposure
- Determine data needed to devise and assess effectiveness of system-wide intervention strategies and specific interventions

### **Policy and Practice**

- Build public-private collaboration in defining data needs and collecting needed data, building on animal health model
- Make food safety a non-competitive issue to foster information sharing within industry
- Resolve industry regulatory concerns stemming from data collection activities
- Ensure utility of publicly-generated surveillance
- Create a “network of networks” to facilitate access to dispersed data sources, such as by establishing a gateway or centralized directory with summarized information and contact/access information for different databases
- Build question-specific query capability for public data sets
- Improve real-time access to data in outbreak situations

## **Session 5: Standardization of Data Collection and Reporting**

- Carefully define need for and value of standardization in any particular case: standardization must be a means to an end and isn't free
- Identify candidates for standardization based on mutual interest and logical focal point for leadership
- Focus on standardization of reporting of data rather than collection of data
- Standardize case definitions for illness reporting to assure comparability across jurisdictions
- Standardize food categories!