FDA Rapid Response Team (RRT) Program – National Overview

Making FSMA Real: Integrating Local, State, and Federal Food Emergency Response Capabilities
NEHA 2013 Annual Education Conference
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Lauren Yeung, RRT Program Coordinator
FDA Office of Partnerships

It’s a complex world:
Food Safety Protection &
Defense From Farm to Fork

Rapid Response Teams (RRT)
• Why RRTs?
  – White House & congressional interest in improving response and food safety
  – Continued emphasis with FSMA
• Program Rationale
  – Develop multi-jurisdictional RRTs
    • ICS/NIMS and Unified Command
    • All-hazards prevention, response & recovery efforts for food and feed
  – Ensure alignment with national priorities
    • FSMA, IFSS, National Response Framework, PFP
Program Evolution

- Initial focus on improvement of state program infrastructure
  - Team development
  - MFRPS Implementation
  - Sustainability
- Broadened to development of best practices
  - 2013 Edition of the RRT Best Practices Manual now available upon request – email OP-ORA@fda.hhs.gov
- Expanding to a mentorship framework
  - RRT Program 5 Year Plan

RRT Program 5 Year Plan Objectives

- Mentorship
  - Incorporate regional elements
  - Facilitate integration & adoption of best practices
- RRT Capability Data Capture & Assessment
- Communication
- Post Response & Prevention
- RRT Maturity & Maintenance
  - Cross-discipline (lab/epi/EH) and cross-jurisdictional (FSLTT) relationships; efficiency and effectiveness!
  - Ensure adequate training opportunities for all partners
- Sustainability
  - National (RRT Program) & individual RRT perspectives
Thank you!

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VDACS Inspections (21 Inspectors)
- Food Manufacturing Firms
  - GMP based inspection (2818)
  - Seafood HACCP (70)
  - Acidified Foods (75)
  - Juice HACCP (10)
  - LACF (6)
- Retail Food Stores (10,000)
  - Grocery, Convenience, Supermarkets, Other
- Food Service Facilities
  - Less than 15 seats, part of a bakery or other manufacturing operation
- Warehouses (725)
- Farmer’s Markets (241)
- Home Operations (774)

VDH Inspections
Approximately 30,000 firms / 35 Health Districts
- Restaurants
- Grocery stores
  - Only areas with seating for more than 15 persons
- School cafeterias
- Assisted living and care facilities
- Hospitals
- Convenience stores
  - National chain or seating more than 15 persons
- Temporary and mobile food vendors
- Grade A fluid milk processors
- Trash complaints and Rabies investigations

Virginia State Laboratory
Division of Consolidated Laboratory Services (DCLS)
- Serve as the state’s public health, environmental, agriculture and consumer protection laboratory for the Commonwealth of Virginia
- > 200 employees
- Serve over 26 local, state and federal agencies
- Conduct over 6 million tests per year with over 650 different types of analyses
- 24/7 emergency testing available
- Comprehensive testing services include neonatal screening, immunology, molecular biology, virology, microbiology, mycology, food and water adulteration, metal and pesticide analyses, radiochemistry, motor fuels and commodities, and comprehensive chemical analyses
Complex Investigation
Salmonella in Tomatoes

The Public

Media

Politicians

The Public

Media

Politicians

ILL CONSUMER

Tomatoes

Laboratory

Restaurant

Distributor

Repacker

Packing House/Processor

Farm

VDACS

Distributor

Another State

Yet Another State

Just for fun, one more state

FEDERAL PARTNERS

The Public

Media

Politicians

ILL CONSUMER

The Public

Media

Politicians

ILL CONSUMER
Food Protection Rapid Response Team and Program Infrastructure Improvement Project

Or as we call it the RRT

Mission

“The Virginia RRT's mission is to provide a rapid and unified multiagency all hazards response to food/feed emergencies in order to minimize the social, economic, and public health impact”

Goals

• Improve timeliness and effectiveness of responses
• Maintain an effective RRT which is integrated into the state and federal infrastructure
### RRT Core Group VDACS

- Matt Ettinger - Coordinator
- Debra Hargrave - Animal Feed Specialist
- Christy Brennan - Manufactured Foods Program Specialist
- Pamela Miles
  - Food Safety & Security Program Supervisor
- Ryan Davis
  - Program Manager, Office of Dairy and Foods
- Donald Delorme
  - Program Manager, Office of Consumer Affairs
- Carolyn Peterson
  - Dairy Program Supervisor
- Tom Hall
  - Compliance Officer, Office of Meat and Poultry Services

### RRT Core Group (State Agencies)

- Jessica Watson (Department of Health)
  - Foodborne Disease Epidemiologist
- Seth Levine (Department of Health)
  - Senior Epidemiologist
- Julie Henderson (Department of Health)
  - Plant Program Manager (Shellfish Sanitation)
- Chris Gordon (Department of Health)
  - Food and Dairy Consultant
- Angela Fritzinger Ph.D. (DCLS)
  - Lead Scientist
- Denise Toney Ph.D. (DCLS)
  - Deputy Director
- Stephanie Dela Cruz (DCLS)
  - Group Manager, Epidemiology Support

### RRT Core Group
**FDA Baltimore District**

- Evelyn Bonnin
  - District Director
- Katherine Williams
  - Deputy District Director
- Connie Richard-Math
  - Director Investigations Branch
- Martin Guardia
  - Emergency Response Coordinator
- Larry Edwards
  - Consumer Safety Officer (Regulatory Retail Food Specialist)
Communications Routine

- Core Group members communicate in weekly RRT calls
- Each agency provides an update on activities, investigations, complaints and other issues of note to the group
- Questions may be asked at any time
- Information sharing is open and honest
- Commissioning/Credentialing
- Well understood roles for information sharing and dissemination

RRT Activation

- Activation of the Virginia RRT is based upon a majority vote of the Core Group members
- Any Core Group member may request activation of the team on behalf of their agency
- Once activated the Core Group will determine the make-up and staffing of an Incident Command System (ICS) structure for response to the event
ICS Utilization

- RRT Coordinator and FDA District Staff will always as part of the Unified Command
  - District ERC and/or Director of Investigations Branch
- Other agencies may be part of Unified Command depending on the nature of the incident
- Core Group members not part of the unified command serve in other staff roles or as liaisons to the ICS
- All staff members are provided with frequent situational updates and other information prepared by the Planning Section Chief.

Communications Response

- All communications regardless of source are sent to the Unified Command and then to the Planning Section Chief.
- Command assigns each incident a unique identifier
  - RRT-2010-0001 (PFGE pattern, FDA identifier, etc.)
- Planning Chief prepares an initial email about the event which is sent out to the ICS staff and other members of the RRT core group and their designated backups
- Group members disseminate information within their respective agencies/divisions based on the details of each incident.
**Communications Response**

- Updates may be communicated by anyone involved in the investigation but are routed through ICS to the Planning Section
- Planning Section keeps a log of each agency’s activities and any relevant findings
- At the completion of an event a summary email is distributed to the RRT Core Group
- Coordinator schedules after action meetings and prepares after action report
- Core Group discusses findings on next weekly call or another gathering
- Solutions are identified for noted deficiencies

**Response Success**

- Mitigate the threat to human/animal health
- Minimize the impact to the community and the regulated industry
- Quickly and correctly identify the commodities involved – Traceback, Site Visits
- Remove product from distribution – Recall, Traceforward
- Determine root cause behind the issue
- Work with firm to identify solutions to avoid future problems
- Conduct after action meetings to gauge response and address gaps
RRT Investigations

- *Salmonella newport* in Tomatoes
  - Joint Investigation with Rhode Island and Washington
- *Salmonella enteriditis* in Turkish pine nuts
- *Salmonella bovismorbificans* in tahineh
- Trichinosis associated with consumption of undercooked, organic pork
- *Salmonella* in sushi
- Aflatoxin in Peanut Butter
- Contaminated Sprouts
RRT within VDACS

• Complaints regarding suspected, alleged, or confirmed foodborne illness
• Complaints/reports of intentional contamination or terrorism against the food supply
• Directed Sampling
• Environmental Assessments
  – Beyond routine inspection
  – Identify root cause of problem
• Recalls
• Tracebacks
• Adoption and incorporation of the Manufactured Food Regulatory Program Standards
• Compliance actions

RRT in Emergency Response

• VDACS personnel respond to numerous incidents
  – Truck Wrecks
  – Hurricanes
  – Fires, floods, earthquakes
• RRT Coordinator manages response activities and interaction with other groups within the State EOC
  – ESF-11
• Worked with Virginia State Police and other agencies to develop procedures for notification of accidents
• Meet with first responders (police, fire, rescue) to discuss VDACS involvement in accident response
• Purchased compliant safety vests for all VDACS personnel
• Purchased STARS radios for three VDACS inspectors
Outreach
Integrating Food Safety Efforts

- The Rapid Response Team model is essentially a small scale example of the National Integrated Food Safety System.
- Regardless of scale, successful integration requires a breakdown of barriers to successful communication:
  - Predefined ideas
  - Ego
  - Concepts of success
  - Jurisdictional issues
- Standardization is also essential to this process:
  - Recall, traceback, and complaint investigation training provided to personnel from all agencies represented on the VA RRT.
Integrated Food Safety System

• Integration has to start from the ground up
• Local, state, and federal representation on response teams and other groups is essential
• The RRT Best Practices Manual can be a guide to developing capability
  – Designed with integration/multi-agency response in mind
• Integration only works when we see each other as equals
  – Standards, audits, verification
  – Trust, acceptance, patients
• Flexibility is essential in this process

Thank you
Integrating Local, State, and Federal Food Emergency Response Capabilities

Paul Makoski, RS, MPA
Calhoun County Public Health Department

John Tilden, DVM, MPH Michigan Department of Agriculture and Rural Development

Overview

- Globalized Food Supply – The Need for Improved Multi-Agency Collaboration
- Foodborne Illness Investigations & Emergency Response Capacity Development
- Local Public Health Perspective on Multi-agency Response

Challenges To The U.S. Food Supply

- Increase in international trade
- Increasingly numbers of reported multi-state foodborne outbreaks
- Shrinking agency budgets
Persons Infected with the Outbreak Strain of Salmonella Montevideo, United States, 2009 - 2010

Source: CDC data as of 04/28/10 (n= 272)

A Nationally Integrated Food Safety System

Industry → Federal 10+ Agencies

Universities → State 100+ Agencies

Consumers → Local 3,000+ Agencies

Foodborne Illness Investigation Teams

Laboratory  Regulatory  Epidemiology
Michigan Food Emergency Response Pilot Project

- FDA FSMA Capacity Development Grant
- Partnership of local, state and federal agencies with the International Food Protection Training Institute (IFPTI)
- Share FDA Rapid Response Team best practices
- Provide mechanism to focus on shared priorities

Goal: Risk-Based Capacity Development

- Local, state, and federal collaboration
- Flexibility - "one-size-fits-all" approach will not work
- Consistent with local health department autonomy and authorities
- Pursue greater consistency in the fundamentals
Building Blocks: Documents and Initiatives
- National Response Framework
- Council to Improve Foodborne Outbreak Response (CIFOR) Guidelines and Toolkit
- FDA Rapid Response Team (RRT) Best Practices Manual
- Michigan Local Public Health Accreditation Program

Building Blocks: Training Materials
- FDA ORA U courses
- NEHA Epi-Ready Team Training
- National Center For Food Protection and Defense webinars - http://www.ncfpd.umn.edu

Building Blocks: People
- Obtained top management buy in
- Enlisted experienced subject matter experts
- Recruited effective trainers – peer-to-peer training
- Enlisted administrative support staff
## Participating Local Health Departments (LHD’s)

![Map of participating LHD's](http://www.airphotona.com/image.asp?imageid=10494)


### Participating LHD’s

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<thead>
<tr>
<th>Counties</th>
<th>Land Area (sq. miles)</th>
<th>Population</th>
<th>Population Density per sq. mile</th>
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<tr>
<td>Wayne</td>
<td>612</td>
<td>1,820,575</td>
<td>2,974</td>
</tr>
</tbody>
</table>

## Participating LHD Commitments

- Review and update plans and procedures
- Participate in regular meetings / conference calls and project development
- Participate in training including teaching
- Provide after action reports and assessment
Local Public Health Perspective on Multi-agency Response

- Importance of all hazards emergency response preparedness
- Role of foodborne illness training in staff and agency capacity development
- Maintaining staff skill sets is difficult but necessary

Global Reality = Local Challenge

Percent of Food Imported into the United States

- 80% of seafood
- 50% of fresh fruit
- 20% of fresh vegetables

The Challenge

Maintaining balance in a world of conflicting priorities

Skills and competencies gained in responding to a food emergency are also valuable in an “all hazards” response plan.

If it can happen it probably will!
H1N1
Mass vaccination clinics provided protection to thousands of individuals.

1997 Hepatitis A outbreak in Calhoun County, Michigan caused by Mexican strawberries

The High Cost of Public Health
- Local resources exhausted
- $475,000 in “staff hours”
- $110,895 in IgG cost

The Enbridge Oil Spill
The largest freshwater oil spill in U.S. history

~$1 Billion
Hurricane Katrina Victims
- Hundreds find help in Michigan
- Local Public Health takes the lead.

Natural Disasters
Dealing with the unexpected
Local Health Departments are central to the response.

ORGANIZATION
Does the right hand know what the left hand is doing?
Details count!
All Hazard Management:
Bringing Order to Chaos

- Competencies must exist
- Right mix of responsibility and authority.
- Partners want our active involvement.
- Action has consequences but so does inaction.

Leadership is expected, so lead!

The Reality

- There is never a perfect decision.
- Public Health has power, use it appropriately.
- Heat comes from being in the kitchen.
- Swallow your ego.
- The clock is always ticking.

Foodborne Illness Investigations:
A Proving Ground For All Hazard Response Skill Building

- Interviewing
- On-site Investigation
- Sampling
- Traceback / Traceforward
- Control Measures/ Mitigation
- Partnerships / Collaboration
Components of Effective Training

Work to define and target specific needs

The Local Health Department Training Perspective

- The training must be worth the very limited time and money I can spend.
- It should help me meet other related standards and requirements.
- A portion of the development, presentation and training costs should be offset if possible.
- Training is more valuable if there is continuity over time.

Training Must Be “Value Added”

- Fewer staff
- Less money
- Training needs
- Conflicting priorities
- Dwindling resources
- Mandates
- Expectations
- New pathogens
- Protect Public Health
- Emergency response

2013 NEHA AEC – July 9-11, 2013
Michigan’s Food Emergency Response Grant
2012 - 2013

The who, what, when, where, why and how….

Who ?
- Local, state, and federal agency field staff
- Journeyman level (1-4 years experience)
- Seasoned staff encouraged to participate and act as mentors / coaches
- Multiple disciplines
  - Environmental Health / Food Regulators
  - Public Health / Communicable Disease nurses
  - Laboratory staff
  - Emergency Management Coordinators

What ?
- Start with nationally recognized content
- Conduct initial survey to assess needs
- Establish learning objectives/priorities
- Don’t reinvent the wheel
- Year 1 training priorities
  - Foodborne illness surveillance
  - Interviewing techniques
  - Complaint Log surveillance / trend analysis
When and Where?
- Convenient locations around the state to facilitate participation
- Less busy time April / May 2013
- One day workshops 9 AM – 3:00 PM

Why?
- Provide practical & cost-effective training
- Encourage sharing of expertise and lessons learned – informal coaching & mentoring
  - Between staff
  - Between disciplines
  - Between agencies
- Re-energize and refocus staff on what works
- Mandated competencies

How?
- Pre-learning Materials
  - FDA ORA U courses
  - National Center for Food Protection and Defense foodborne illness webinar
- Face-to-face workshops
- Follow-up meetings and in-services at the home agencies the message home
What worked and what didn’t ….

Positive Results
- Training sessions were well attended
  - 180 participants
- Participants rated training as 4 - 4.5 on 5 point scale (5 = very applicable)
- Information useful in meeting mandates
- Comments
  - Good concise overview
  - Clarified roles and responsibilities
  - Appreciated the “hands on” exercises

Challenges
- Pre-learning materials were not well utilized
- Attempted to cover too much content during workshops
- Participants wanted more time spent on interactive exercises
- Invest time on instructor development
- More time needed for development
Nail it down
Do what you have to; make it work.

- Actively work to recruit partners in design, development and presentation.
- Integrate “distance learning” resources with face-to-face training.
- Invite the participation of subject matter experts from all agencies.

Conclusions: State Perspective

- The pilot project focused agencies on what staff need to do their jobs better.
- Each foodborne illness investigation can be a capacity building activity.
- Leverage what exists, align initiatives, and customize as necessary.
- Relationship building is “Job One”.
- Be intentional about breaking down disciplinary/agency silos.

Conclusions: Local Perspective

- Organize and use input from front line responders throughout the project.
- Focus on practical, hands-on skill building.
- Peer teaching is very effective.
- It is important to break down the “silos” and mix the “grain”.
- Participants have a responsibility to learn. Pre-learning materials are a key ingredient.
Special Thanks To

- US Food and Drug Administration
  - Office of Partnerships
  - Detroit District Office
- International Food Protection Training Institute
- Branch-Hillsdale-St. Joseph Community Health Department
- Calhoun County Health Department
- Livingston County Health Department
- Marquette County Health Department
- Wayne County Health Department
- Michigan Department of Agriculture and Rural Development
- Michigan Department of Community Health