

Board of Scientific Counselors, Office of Infectious Diseases
Food Safety Modernization Act (SEC. 205(b)(2) and SEC. 210(b))
Surveillance Working Group
Centers for Disease Control and Prevention
Terms of Reference

PURPOSE

This document defines the activities, membership, and administrative requirements associated with the establishment of a Board of Scientific Counselors Food Safety Modernization Act Surveillance Working Group (BSC FSMA S-WG) as a workgroup of the Board of Scientific Counselors, Deputy Director for Infectious Diseases (BSC/DDID) of the Centers for Disease Control and Prevention (CDC).

Background

Each year, an estimated 48 million people in the United States (1 in 6 Americans) get sick, 128,000 are hospitalized, and 3,000 die from (largely) preventable foodborne diseases. Public health surveillance is necessary for improving food safety. Timely detection and control of foodborne disease cases and outbreaks can directly reduce their public health impact; identify new food safety hazards; and enable investigators, regulators, and the food industry to learn more about ways to prevent these diseases. The Food Safety Modernization Act (FSMA) of 2010 provided the U.S. Food and Drug Administration (FDA) with new enforcement authority designed to achieve higher rates of compliance with prevention and risk-based food safety standards to better prevent contamination events as well as respond to and contain problems when they occur. Additionally, the law directed FDA to build an integrated national food safety system in partnership with state and local authorities. Recognizing the critical role of foodborne illness surveillance data in informing prevention efforts and CDC's expertise in this area, FSMA also directed CDC to improve governmental coordination and integration, evaluate and improve foodborne illness surveillance systems, and enhance external stakeholder collaboration.

Signed into law on January 4, 2011, FSMA authorized CDC to create a diverse workgroup of experts and stakeholders to provide discussion and guidance initially regarding the criteria for the designation of Food Safety Integrated Centers of Excellence (CoEs) and subsequently on a regular basis regarding the improvement of foodborne illness surveillance.

DESCRIPTION OF ACTIVITIES

In accordance with FSMA legislation regarding improvement of foodborne illness surveillance systems, the BSC FSMA S-WG will provide information, findings/outcomes, and observations to the BSC/DDID in six key areas:

- (1) the priority needs of regulatory agencies, the food industry, and consumers for information and analysis on foodborne illness and its causes;
- (2) opportunities to improve the effectiveness of initiatives at the Federal, State, and local levels, including coordination and integration of activities among Federal agencies, and between the Federal, State, and local levels of government;
- (3) improvement in the timeliness and depth of access by regulatory and health agencies, the food industry, academic researchers, and consumers to foodborne illness aggregated, de-identified surveillance data collected by government agencies at all levels, including data compiled by the Centers for Disease Control and Prevention;
- (4) key barriers at Federal, State, and local levels to improving foodborne illness surveillance and the utility of such surveillance for preventing foodborne illness;
- (5) the capabilities needed for establishing automatic electronic searches of surveillance data; and
- (6) specific actions to reduce barriers to improvement, implement the BSC/DDID's advice and recommendations related to the working group's findings, and achieve the purposes of this section, with measurable objectives and timelines, and identification of resource and staffing needs.

MEMBERSHIP

The BSC FSMA S-WG will be established as a workgroup under the BSC/DDID and will include at least two BSC members. One of the BSC members will serve as Chair. The Director of the Food Safety Office/DFWED/NCEZID will serve as the Workgroup Designated Federal Officer (DFO) in consultation with the BSC/DDID DFO. The Workgroup will be comprised of ~15 - 20 experts and stakeholders prescribed in the FSMA legislation (including the BSC representatives) from: federal food safety and health agencies; state food safety and health agencies; local food safety and health agencies; the food industry, including representatives from retail, manufacturing and testing; consumer organizations; and academia. Membership for the BSC FSMA S-WG is determined through a selection process that relies heavily on CDC's solicitation of nominations from outside organizations. In establishing and maintaining the Workgroup, CDC's Division of Foodborne, Waterborne, and Environmental Diseases (DFWED) secures nominations from partner agencies, consumer groups, industry groups, and nonprofit member organizations and then reviews the credentials and experience of the nominees. Final selection is determined by a committee consisting of the Workgroup chair (one of the BSC/DDID members), and officials from DFWED, the Food Safety Office, DFWED and FDA. Criteria for the final selection includes each nominee's experience in food safety and related surveillance activities, their ability to provide representation for their organization, and their expertise and ability to contribute to the BSC FSMA S-WG. Other ad hoc subject matter experts may be invited as determined appropriate by the parent committee and workgroup DFOs in consultation with the BSC Chair.

MEETINGS, ADMINISTRATION, AND TIMELINES

1. Administrative Oversight: The BSC FSMA S-WG Chair and the Workgroup DFO will work cooperatively with the BSC/DDID DFO to arrange meetings, document meeting proceedings, and report to the BSC/DDID on Workgroup findings and outcomes. NCEZID staff may be asked by the DFO to perform specific tasks such as assisting with arranging meetings and documenting meeting procedures.
2. Meeting Frequency: The BSC FSMA S-WG will meet approximately twice a year or as necessary to conduct its activities.
3. Meeting Structure: Meetings must have at least two BSC Members and the workgroup DFO in attendance. Meetings may be conducted in person or via teleconference. The BSC FSMA S-WG Chair will work with the Workgroup DFO to develop an agenda in advance of the meeting. The Chair and Workgroup DFO will also work collaboratively with other BSC FSMA S-WG members to arrange for any presentations or advance materials to inform the Workgroup's activities. Workgroup meetings will be closed to allow examination of an area in detail, to enable private review of information that is proprietary or otherwise confidential, and to focus in a manner that most effectively uses members' time.
4. Confidentiality and Conflicts of Interest: BSC FSMA S-WG members must complete the *Conflict of Interest and Confidentiality Certification for Work Group Members* (CDC Form 0.1473) to disclose interests (e.g., employment, special interests, grants, or contracts) that a reasonable person might view as a conflict or potential conflict of interest. Workgroup members will also disclose at each meeting any potential or actual conflict of interest and will be advised to recuse from participation in Workgroup discussions that implicate such a conflict of interest concern. The discussions of the Workgroup may include information that is unpublished, protected, privileged, or confidential. Information of this nature must not be disseminated, distributed, or copied to persons not authorized to receive such information. When these types of information are being discussed, the member presenting will identify the information as such, so all members are duly informed.
5. Timelines: The BSC FSMA S-WG was established in July 2011. The Workgroup will present findings/observations/outcomes to the BSC/DDID following each in-person Workgroup meeting and will also provide an annual report to the BSC for the HHS Secretary, as required by FSMA.
6. Subject Matter: Presentations and discussions on agenda topics will occur during the BSC FSMA S-WG meetings. The findings, observations, and outcomes from the Workgroup, aside from confidential and proprietary information, will be presented to the BSC/DDID during its regular meetings.
7. Terms of Appointment: Terms for general members will be for 3 years with potential for one 3-year term extension. BSC/DDID member terms will be linked to their terms on the parent BSC. Federal partner member terms will be determined by their respective agencies.
8. CDC Staff Involvement: The BSC FSMA S-WG may seek input from CDC subject matter experts for consultation or informational presentations that contribute to the Workgroup's activities. Participation by and contributions of CDC staff will be transparent and evident, to minimize the risk of, or the appearance of, undue influence that would compromise the independence of the Workgroup. The BSC/DDID and Workgroup DFO will ensure that the Workgroup products are appropriate and not unduly influenced by CDC, ATSDR or by any special interest group.

RECORDKEEPING AND REPORTING

1. Summaries of BSC FSMA S-WG meetings will be recorded and will include, at a minimum, participant lists, action items, and findings, outcomes or observations, and summary of presentations and findings, which will be submitted to the BSC/DDID.
2. Workgroup findings will be presented to the BSC/DDID, and summarized in BSC meeting notes, annual report, and as recommendations of the BSC/DDID in an annual report to the HHS Secretary.