



Consumer Federation of America

January 17, 2019

Advisory Committee
National Health Promotion and Disease Prevention Objectives for 2030
HP2030@hhs.gov

Submitted via email

Dear Members of the Advisory Committee:

Consumer Federation of America is pleased to provide comments on the Healthy People 2030 Proposed Objectives. CFA is a non-profit association of nearly 300 organizations, including local, state, and national consumer advocacy groups, senior citizen associations, consumer cooperatives, trade unions and anti-hunger and food safety organizations. As noted in our September 2017 comments on the Healthy People 2030 Framework, setting goals and attempting to measure progress towards them is critical to reducing the toll of foodborne illness on consumers. We therefore commend the Committee for including many important food safety goals among the proposed objectives. We question, however, the decision to exclude many other worthwhile goals, including some of the Healthy People 2020 food safety objectives.

As we indicated in our previous comments, including strong food objectives in Healthy People 2030 is appropriate because foodborne illness continues to have a serious impact on the people of this country. According to the latest estimates, each year in the United States, 48 million people are sickened by a foodborne disease, 128,000 are hospitalized and 3,000 die.¹ The CDC's most recent "FoodNet" data indicates that progress has largely stalled in reducing foodborne illness. In particular, "incidence of *Salmonella* infections," which account for more serious foodborne illness than any other pathogen infections, "overall did not change significantly" during the last several years.²

We can do better. The proposed objectives should set more aggressive and comprehensive targets for reducing foodborne illness, in part by better addressing antimicrobial resistance. As a preliminary matter, the 2030 objectives should include updated versions of the 2020 food safety objectives unless they are no longer relevant.

¹ Scallan E, Hoekstra RM, Angulo FJ, Tauxe RV, Widdowson M-A, Roy SL, et al. Foodborne illness acquired in the United States—major pathogens. *Emerg Infect Dis* [serial on the Internet]. 2011 Jan, <http://dx.doi.org/10.3201/eid1701.P11101>

² <https://www.cdc.gov/foodnet/reports/prelim-data-intro-2017.html>

Reducing postdiarrheal hemolytic uremic syndrome (HUS) in children under 5 years of age, and reducing infections caused by *Vibrio* and *Yersinia* species transmitted commonly through food, are unfortunately as relevant as ever, and so should continue to be included. Similarly, while the 2030 objectives continue to include goals of increased consumer compliance with proper handwashing and cooking guidelines, they drop prior objectives around compliance with food preparation and storage guidelines. Likewise, the new version drops the goal of increasing the proportion of fast-food restaurants where food employees do not contact ready-to-eat (RTE) foods with bare hands. We disagree with these changes.

We are also concerned that the 2030 objectives omit several goals related to reducing the burden of antibiotic resistant (“ABR”) foodborne pathogens. The proposed objectives include two goals related to ABR pathogens: preventing “an increase in the proportion of nontyphoidal *Salmonella* infections in humans that are resistant to three or more drug classes,” and preventing “an increase in the proportion of domestically-acquired *Campylobacter jejuni* infections in humans that are resistant to macrolides.” The *Campylobacter* goal is a broader version of the 2020 objective targeting erythromycin resistance, which is appropriate. However, in other respects, the 2030 goals are narrower. The 2020 objectives articulate a comprehensive goal of preventing “an increase in the proportion of nontyphoidal *Salmonella* and *Campylobacter jejuni* isolates from humans that are resistant to antimicrobial drugs,” and specify objectives for reducing the incidence of *Salmonella* resistant to fluoroquinolones, ceftriaxone, gentamicin, and ampicillin.

These are still worthy goals. Indeed, the proposed objectives should include a broader objective, drawing from the data in National Antimicrobial Resistance Monitoring System for Enteric Bacteria (“NARMS”), of preventing an increase in the proportion of nontyphoidal *Salmonella* infections in humans with resistance to *any* clinically important antibiotic (including ciprofloxacin, ceftriaxone, ampicillin, and azithromycin). Other worthy objectives, also using NARMS data, would be to prevent an increase in the proportion of Enterobacteriaceae (*Salmonella* and *Escherichia coli*) collected from food that harbor genes conferring resistance to the last resort drugs carbapenems and polymyxins, preventing an increase in the proportion of *Enterococcus faecalis* collected from food that has high level resistance to aminoglycosides, and preventing an increase in the proportion of *Enterococcus faecium* collected from food that is resistant to linezolid or quinupristin-dalfopristin. To address the root cause of these food safety hazards, the proposed objectives should also include a target of reducing sales of antibiotics for use in food animals by 50%, using FDA Annual Summary Reports on Antimicrobials Sold or Distributed for Use in Food-Producing Animals and USDA Data on animal populations and weights to measure progress.

In general, the Committee should use this opportunity to update the 2020 objectives to incorporate important public health research. Toward that end, we are troubled by the discrepancy between the proposed objective to “prevent an increase” in resistant *Salmonella* infections, and the more aggressive and concrete target to “[r]educe by 25% multidrug-resistant non-typhoidal *Salmonella* infections compared to estimates

from 2010-2012,” expressed in the National Action Plan for Combating Antibiotic-Resistant Bacteria.³ The Committee should demonstrate that public health authorities remain committed to the National Action Plan by aligning the Healthy People 2030 objectives with the plan’s goals.

Thank you for your consideration of these comment.

Sincerely,
Thomas Gremillion
Director, Food Policy Institute

³ https://www.cdc.gov/drugresistance/pdf/national_action_plan_for_combating_antibiotic-resistant_bacteria.pdf