

Food Safety and Environmental Services

Annual Report

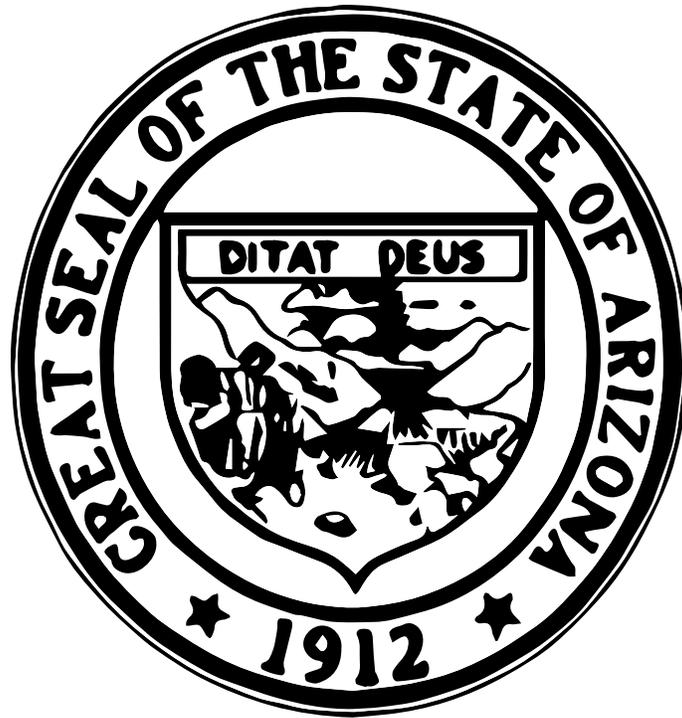
Fiscal Year

2014



Bureau of Epidemiology and Disease Control
Office of Environmental Health
Food Safety and Environmental Services

Arizona Department of Health Services



Janice K. Brewer, Governor
State of Arizona

Will Humble
Director, Arizona Department of Health Services

ARIZONA DEPARTMENT OF HEALTH SERVICES
Bureau of Epidemiology and Disease Control

Office of Environmental Health
Food Safety and Environmental Services Section
150 N. 18th Avenue, Suite 130
Phoenix, Arizona 85007-3245
(602) 364-3122

This publication can be made available in alternative format.
Please contact the number listed above.

*Permission to quote from or reproduce materials from this publication is granted
when due acknowledgment is made.*

"Equal Opportunity/Reasonable Accommodation Employer"

Table of Contents

Pg.	
1	Executive Summary
2	1.0 Introduction
3	2.0 FY2014 Activities
4	2.1 Food Safety
6	2.1.1 Inspection Programs
8	2.1.2 Enforcement
8	2.1.3 Food Safety Activities in Arizona
9	2.1.4 Food Safety Regulation Update
10	2.1.5 Reports of Foodborne Illnesses
11	2.1.6 Nationwide Foodborne Illness Outbreaks & Food Recalls
12	2.2 Bottled Water
12	2.3 Bathing Places
13	2.4 Public Accommodations
13	2.5 Trailer Coach Parks
14	2.6 Public School Grounds
14	2.7 Children's Camps
15	3.0 Home Baked & Confectionery Goods Program
16	4.0 School & Community Gardens
17	5.0 Registration and Training of Sanitarians
18	5.1 Trainings Offered for Registered Sanitarians
19	6.0 Summary
20	Appendix A
22	Appendix B
23	Appendix C
24	Appendix D

Executive Summary

The Arizona Department of Health Services (ADHS) administers a statewide public health sanitation program for food safety, bottled water, public accommodations (i.e. hotels and motels), trailer coach parks, children's camps, campgrounds, public schools, and public and semi-public bathing places. ADHS has delegated several public health sanitation program responsibilities to each of the 15 Arizona county health departments in order to most effectively accomplish its mission objectives.

Individuals that carry out the provisions of the program must be licensed as a Registered Sanitarian in the State of Arizona or, under specific conditions, a Sanitarian Aide working under the direct supervision of an Arizona Registered Sanitarian as specified in A.A.C. R9-16-408. There were 178 Registered Sanitarian Full Time Employees (FTEs) and 23.75 Sanitarian Aide FTEs employed with the 15 Arizona county health departments and ADHS that were engaged in a public health sanitation program in Arizona during FY2014.

The following are highlights of FY2014 activities.

- There were 33,741 food establishments in Arizona and 83,648 food safety related inspections (routine and re-inspections) that were conducted at these establishments.
- Pre-operational inspections at food establishments totaled 5,945 and an additional 8,287 inspections were conducted at temporary food establishments.
- In addition to food establishments, a total of 106,757 routine inspections were conducted at 51,367 regulated facilities that include public accommodations, trailer coach parks, children's camps, campgrounds, public schools, and public and semi-public bathing places.
- Twelve (12) Arizona counties, one tribal health department, and ADHS are participating in the U.S. Food and Drug Administration's (FDA) Voluntary National Retail Food Regulatory Program Standards. The program is designed to foster national uniformity among retail food regulatory programs.
- There were 796 foodborne illness complaints received by county health departments in FY2014. This represents a decrease of 2.8% from FY2013.
- The total number of foodborne illness and non-foodborne illness complaints reached 11,691.
- ADHS, county health departments, and tribal agencies conducted activities related to food recalls that were issued by the FDA and the U.S. Department of Agriculture (USDA).
- The FDA issued 253 food recall press releases and public notices associated with FDA-regulated products in FY2014.
- The USDA issued 42 recall notices over FY2014. Approximately 384,060 pounds of food, associated with these recalls, were recovered nationwide.



1.0

Introduction

The Food Safety and Environmental Services (FS&ES) Program in the Office of Environmental Health at ADHS is responsible for the administration and oversight of food safety and environmental sanitation monitoring and enforcement in the State of Arizona in accordance with State law. The mission of the Food Safety and Environmental Services Program is:

To prevent and control human illness related to the transmission of infectious agents or toxic substances in food and water, and to prevent disease transmission due to insanitary conditions in hotels and motels, trailer coach parks, bathing places, group homes, behavioral health centers, adult foster care homes and children's camps.

The FS&ES Program administers a statewide public health sanitation program which includes food safety, bottled water, public accommodations (i.e. hotels and motels), trailer coach parks, children's camps, campgrounds, public schools, and public and semi-public bathing places. In addition, the FS&ES Program assists with epidemiological investigations, interprets public health sanitation laws and rules for Arizona county health departments, and establishes and maintains liaisons with federal, state, and local agencies.

2.0

FY2014 Activities

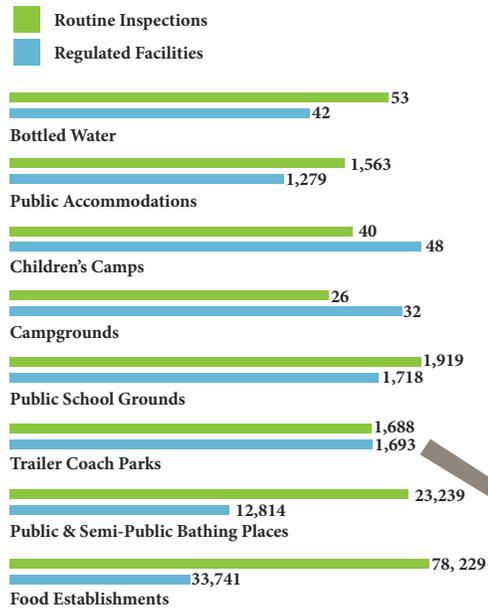


Figure 1: Number and Type of Facilities and Number of Routine Inspections in Arizona FY2014

ADHS has delegated several public health sanitation program responsibilities to each of the 15 Arizona county health departments in order to most effectively and efficiently accomplish its mission objectives. The delegation of responsibilities allows local governments to maximize the level of services they provide with available resources and to choose the services most needed in their communities. Local control encourages community interaction in program design and operation to meet community needs.

Counties accepting delegated responsibilities are required to perform duties in accordance with conditions outlined in their specific delegation agreement with ADHS. Annual reports are submitted by each county health department summarizing their program activities over the fiscal year, as required by their delegation agreements.

Facilities regulated by the State and counties include various types of food establishments, bottled water facilities, public accommodations (i.e. hotels and motels), trailer coach parks, children's camps, campgrounds, public school grounds, and public and semi-public bathing places. As prescribed by A.A.C. R9-16-408, individuals that carry out the provisions of the program must be licensed as a Registered Sanitarian in the State of Arizona or, under specific conditions, a Sanitarian Aide under the direct supervision of an Arizona Registered Sanitarian. One hundred seventy-eight (178) Registered Sanitarian FTEs and 23.75 Sanitarian Aide FTEs at ADHS and the 15 Arizona county health departments conducted a total of 106,757 routine inspections at 51,367 of the following regulated facilities in Arizona during FY2014.

2.1

Food Safety



“Potentially hazardous foods” (PHF), referred to as “[time/temperature control for safety food](#)” (TCS) in the 2013 FDA Food Code, require time/temperature control to limit the growth of pathogens and the formation of toxins. In addition, TCS foods can be a vehicle for the transmission of disease causing bacteria. It is important to note, however, that any foods, prior and post purchase, that are not handled properly can result in illness when they are consumed. All food must be protected from contamination, beginning at the farm or processing level and continuing through each level until it reaches the consumer.

Studies have shown that nearly all bacteria can produce bio-films that protect them from common sanitizers and normal washing. Even internalization of bacteria into fruits and vegetables can occur via cuts, bruises,

breaks in outer skins, or absorption through stem scars. Washing fruits and vegetables before eating will remove dirt and other types of contamination and remains an important step in removing contamination that may occur at the retail level or in the home. However, scientific data indicates that bacterial contamination can quickly become impossible to completely remove through normal means. Therefore, cooking remains the most reliable method of reducing the microbial load of pathogens to a safe level.

A continuing factor of concern relates to recall and traceback activities during an outbreak investigation. During recent outbreak investigations involving produce items, it became apparent that traceback through the produce distribution system is complex, time consuming and, in some cases nearly impossible. Industry is

attempting to address this problem with improved systems to facilitate accurate and timely traceback. Currently, there are two significant barriers towards completing an adequate traceback investigation. First, only the FDA has the authority to require mandatory recalls for “volatile products” in “extreme” cases where industry is unwilling to conduct a voluntary recall. Secondly, through past U.S. court decisions, distribution information is considered “proprietary and confidential information,” making it difficult for the FDA to share information with state and local government agencies. Fortunately, many segments of the food industry support and participate in the exchange of distribution information with the regulatory agencies and the public to improve recall efficiency and promote food safety.

ADHS and the county health departments’ food safety inspection programs are imperative towards preventing foodborne illness. The Centers for Disease Control and Prevention (CDC) estimate 48 million illnesses, 128,000 hospitalizations, and 3,000 deaths occur in the United States annually from foodborne illness with an estimated cost between \$10-83 billion resulting from pain, suffering, medical costs, and reduced productivity. The county health departments have

experienced challenges in recent years towards maintaining their capacity to conduct the required inspections and respond to incidents of foodborne illness. In response to these challenges, several counties have joined the nationwide trend towards conducting risk-based inspections and placing greater emphasis in promoting active managerial control within regulated establishments. This approach ensures that inspections are conducted in an efficient manner, with focus on the evaluation of foodborne illness risk factors that include the following:

- Improper holding temperatures,
- Inadequate cooking,
- Contaminated equipment,
- Food from unsafe sources, and
- Poor personal hygiene.

In addition to risk-based inspections, county health departments are providing educational materials and information to operators to assist them in developing proactive food safety systems instead of resorting to a reactive approach to violations identified during an inspection. This approach to food safety is one that has been welcomed by industry and regulators as a proactive approach towards preventing foodborne illness and protecting the public’s health.



2.1.1

Inspection Programs

Food establishments, including restaurants, food markets, mobile food units, food processors, prison and jail food service facilities, food warehouses, bakeries, and school cafeterias are routinely inspected to evaluate food safety practices. There were 33,741 regulated food establishments in Arizona during FY2014, a decrease of 1.6% from the previous year. State and county Registered Sanitarians and Sanitarian Aides conducted 83,648 food safety inspections (routine and re-inspections) at these establishments.

A classification system categorizes food establishments by the complexity of the food service operation, which includes factors such as the types of food served, the preparation processes used, and potential food safety risks. The inspection frequency of establishments is then determined by the assigned category. Food service facilities engaging

in complex food preparation methods and activities may require more frequent comprehensive inspections in order to evaluate the level of compliance with applicable food safety regulations. Using a classification system allocates resources, including inspection staff, primarily to high risk establishments that pose the greatest risk for foodborne illnesses. The classification categories used are:

Complex Facility

- Prepares and holds hot or cold food for more than 12 hours before serving; and/or
- Cooks and cools a significant number of foods during the food handling process; and/or
- Prepares food for off-site service; and/or
- Vacuum packs food; and/or
- Serves a highly susceptible population.

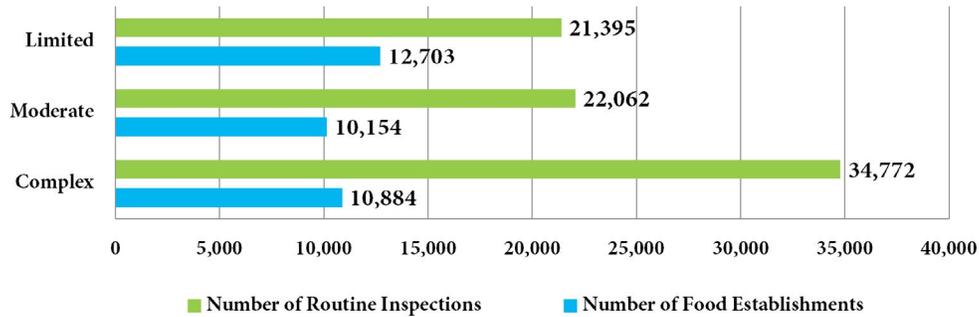


Figure 2: Food Establishments and Routine Inspections by Food Service Complexity FY 2014

Moderate Facility

- Food prepared in the facility from raw ingredients requires minimal assembly; and/or
- Hot or cold food preparation in the facility is restricted to same day service; and/or
- Foods requiring preparation in the facility are from approved processing facilities.

Limited Facility

- Only pre-packaged potentially hazardous foods are available or sold; and/or
- Potentially hazardous foods served are commercially pre-packaged in an approved food processing facility; and/or
- Only conducts limited preparation of potentially hazardous foods and beverages; and/or
- Only serves beverages.

Food establishments in Arizona classified as complex and moderate complexity are generally inspected more frequently than limited facilities. On average, there were 3.2 inspections per complex facility, 2.2 inspections per moderate facility, and 1.7 inspections per limited facility. More frequent inspection of complex food service operations are recommended due to several factors including 1) overall complexity of operations, 2) increased planning and monitoring of operational policies, and 3) increased training needs of food handling employees. Challenges to meeting inspection frequency expectations can include staffing shortages, inadequate numbers of Registered Sanitarians on staff, a high rate of staff attrition, and the amount of time and resource investment required to train field staff to conduct all categories of food inspections.

2.1.2

Enforcement

The goal of the food safety inspection program is to achieve compliance with state food safety requirements without resorting to compliance proceedings and enforcement actions. Unfortunately, these regulatory actions are sometimes necessary

to achieve compliance. During FY2014, 1,400 enforcement actions were taken at food establishments in Arizona that include notices of violation, cease and desist orders, permit suspensions, and citations.

2.1.3

Food Safety Activities in Arizona



Figure 3: Food Safety Educational Materials

ADHS, 12 Arizona counties, and one tribal health department are participating in the FDA's Voluntary National Retail Food Regulatory Program Standards. The program is designed to foster national uniformity among regulatory programs responsible for retail food protection. ADHS was awarded a 5-year FDA Cooperative Agreement that provides funding to assist ADHS and the local health departments in assessing their current food safety systems and engaging in strategic planning that will ultimately improve their food safety systems, which align with FDA program standard requirements. FY2014 cooperative agreement funds were used to provide training for the local health departments, purchase food inspection equipment, and to develop educational

materials for ADHS and the local health departments to distribute to retail food operators. Training opportunities provided to the counties included "Developing a Field Training Plan Workshop" and an FDA Department of Human Resource Development "Special Processes at Retail" Course. Travel stipends were made available to participants attending from the rural counties to provide further incentive to attend these courses. The educational materials developed for ADHS and the local health departments included cold holding posters that were a modified version of the FDA Oral Learner Culture cold holding poster and five types of food safety stickers. Examples of these items have been included in Figure 3.

2.1.4

Food Safety Regulation Update

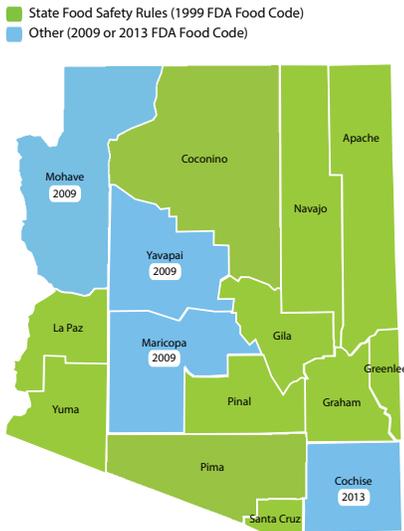


Figure 4: Food Safety Regulations by County FY2014



Figure 5: Counties Requiring Food Service Worker Training FY2014



Figure 6: Counties Requiring Manager Certification

The current Arizona Administrative Code rules for food safety are based on the 1999 FDA Model Food Code with modifications to meet Arizona's needs. Maricopa County, Mohave County, and Yavapai County have adopted the 2009 FDA Food Code. Cochise County has adopted the 2013 FDA Food Code (see Figure 4). Coconino County, Gila County, Maricopa County, Pima County, and Pinal County are in the process of adopting the 2013 FDA Food Code. Food handler training, including the issuance of a food handler card or license, and manager certification is required in

most counties. The importance of this information has become apparent since the inception of the ADHS Home Baked & Confectionery Goods Program, which requires a registrant to obtain a food handler card if available in the county that registrant resides, and after the passing of legislative changes associated with food service worker training that is provided by the counties. Figures 5 and 6 illustrate the food handler training and manager certification requirements, by county. ADHS does not provide food handler training (cards or licensing), nor require manager certification.

2.1.5

Reports of Foodborne Illnesses

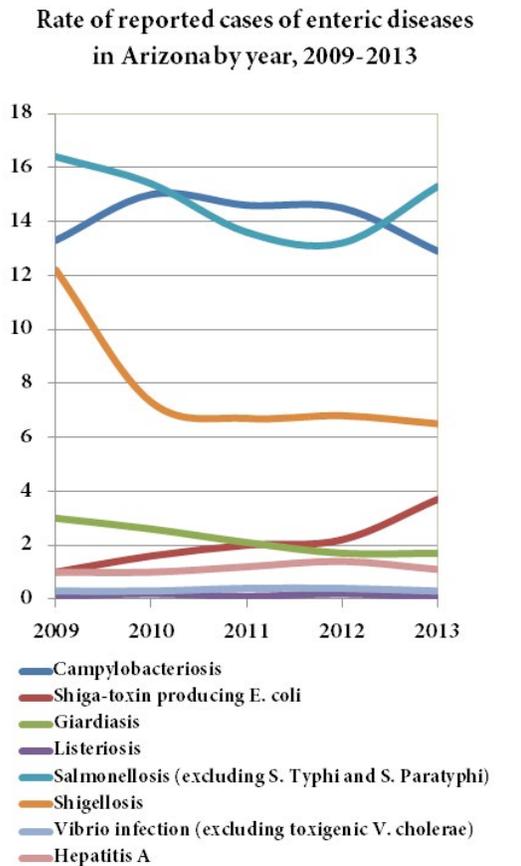


Figure 7: Rate of Reported Cases of Enteric Disease in Arizona by Year (per 100,000).

There were 796 foodborne illness complaints received by county health departments in FY2014. This represents a decrease of 2.8% from FY2013. ADHS conducts surveillance for foodborne illnesses and other enteric diseases and assists county health departments in conducting investigations of disease outbreaks. Environmental investigations, including foodborne illness investigations, are conducted whenever gastrointestinal disease is suspected to be associated with the consumption of a food product. Whenever an association

Pathogen	2009	2010	2011	2012	2013
Campylobacteriosis	875	954	933	940	846
Shiga toxin producing <i>E. coli</i>	63	73	121	141	246
Giardiasis	195	164	133	113	115
Listeriosis	8	10	8	14	3
Salmonellosis (excluding <i>S. Typhi</i> and <i>S. Paratyphi</i>)	1,082	992	878	859	1,010
<i>Vibrio</i> infection (excluding toxigenic <i>V. cholerae</i>)	19	18	26	29	19
Hepatitis A	68	61	77	93	73

Table 1: Enteric Diseases in Arizona (Confirmed and Probable Case Counts).

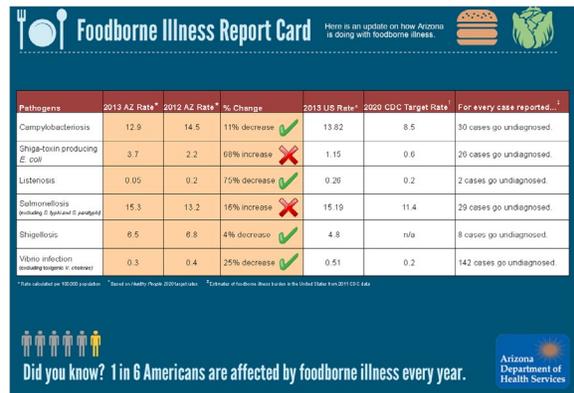


Figure 8: ADHS Foodborne Illness Report Card

between foodborne illnesses and a food establishment is made, a detailed investigation is conducted to evaluate all potential sources of the disease and evaluate contributing factors.

The ADHS Infectious Disease Epidemiology Program is responsible for monitoring and controlling infectious diseases. The program provides data and statistics on selected reportable infectious diseases by monitoring disease trends through surveillance and epidemiologic investigations. Data collected by the ADHS Office of Infectious Disease

Services (OIDS) over the last five years for confirmed and probable cases of enteric diseases indicate that, while some pathogens are remaining stable, or showing a slight decrease, infections from *Campylobacter*, *Giardia*, *Listeria*, *Vibrio* and Hepatitis A have increased over the 5-year period (see Table 1 and Figure 7). Therefore, remaining vigilant and maintaining and building capacity to quickly detect and respond to outbreaks of enteric pathogens is essential.

Each year, CDC Foodborne Diseases Active Surveillance Network reports on the number of foodborne illnesses from laboratory confirmed cases and the

progress made in reaching national goals for reducing foodborne illness. FoodNet also issued the 2013 America's Report Card for Food Safety. OIDS created a similar Foodborne Illness Report Card to compare the State's performance to national trends (Figure 8). In addition to reporting the 2013 and 2012 state rate for enteric pathogens, the report card provides the change in rate for each selected pathogen, compares the State rate to the US rate, and provides CDC target rate to strive towards. Lastly, the report card includes important information regarding the number of cases that are estimated to go unreported for each case reported.

2.1.6

Nationwide Foodborne Illness Outbreaks & Food Recalls

Over FY2014, ADHS investigated 18 foodborne illness outbreaks in Arizona and provided assistance to partner agencies, such as the CDC, for other multistate outbreak investigations that included cases from Arizona. There were two high profile outbreak investigations in which ADHS participated over FY2014. The first was a Salmonella Heidelberg investigation linked to Foster Farms brand chicken. A total of 634 persons infected with the outbreak strain were reported from 29 states and Puerto Rico between March 1, 2013 to July 11, 2014. Arizona had 25 cases associated with this outbreak from the following counties: Coconino (1), Maricopa (18), Pima (5), and Pinal (1). The second outbreak involved 94 ill individuals

that were infected with *Escherichia coli* O157:H7. The source of the outbreak was traced to a single location of a fast food restaurant in Maricopa County. The findings of the investigation implicated lettuce as a probable source of the outbreak and vehicle for the outbreak strain.

The FDA issued 253 foods recall press releases and public notices about recalls of FDA-regulated products in FY2014. The FDA works with industry and state partners to issue press releases and public notices about recalls that may pose a significant risk to the public.

The USDA issued 42 recall notices over FY2014. Approximately 384,060 pounds of food, associated with these recalls, were recovered nationwide.

2.2

Bottled Water

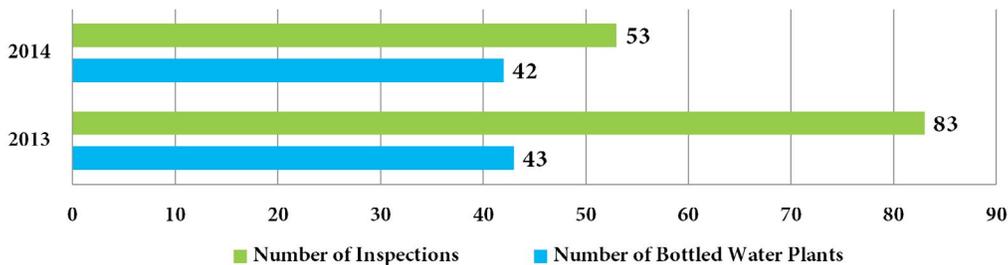


Figure 9: Bottled Water Plans in Arizona

Facilities that bottle water for distribution in Arizona are routinely inspected to evaluate sanitation practices. There were

42 bottled water facilities in Arizona and inspection staff conducted 53 inspections in these facilities during FY2014.

2.3

Bathing Places

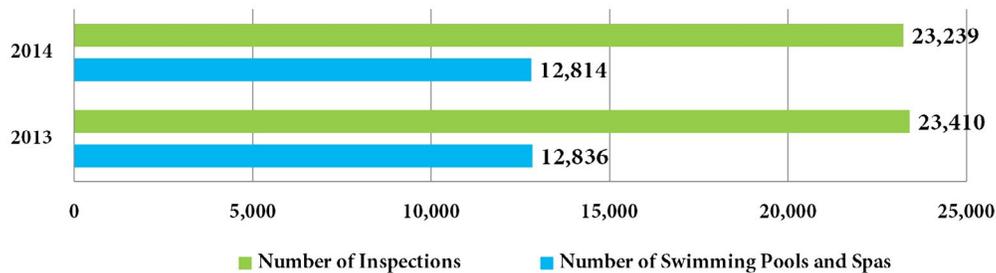


Figure 10: Swimming Pools and Spas in Arizona

Public and semi-public swimming pools and spas are routinely inspected to evaluate compliance with applicable regulations, particularly those associated with the prevention of waterborne illnesses.

ADHS rules apply only to the sanitary conditions of public and semi-public swimming pools and bathing places. A swimming pool or bathing place is “public” if it is open to members of the general public, regardless of whether a fee is charged for admission. A swimming pool or bathing place is “semi-public” if it is operated in conjunction with

lodging such as a hotel, motel, resort, apartment, townhouse or condominium complex, trailer court, mobile home park, recreational vehicle park, or community pool facilities operated by, and exclusively for, a residential development.

There were 12,814 public and semi-public swimming pools and spas in Arizona in FY2014. State and county inspection staff conducted 23,239 swimming pool and spa inspections. State and county health departments initiated 1,584 enforcement actions associated with bathing facilities in FY2014.

2.4

Public Accommodations

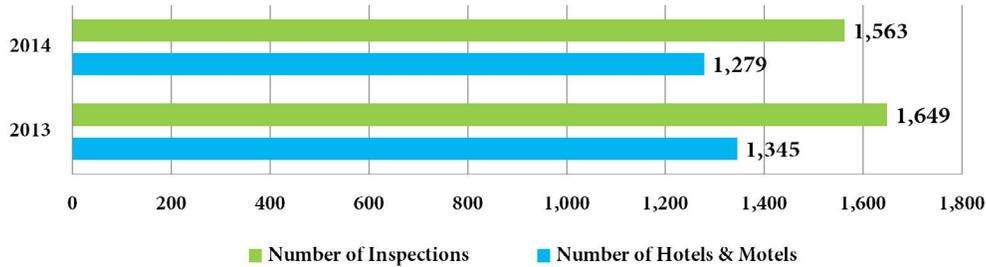


Figure 11: Public Accommodations in Arizona

Public accommodations such as hotels, motels, and boarding houses are routinely inspected to evaluate compliance with required sanitation practices. There were 1,279 public accommodations in Arizona in

FY2014. State and county inspection staff conducted 1,563 inspections in these facilities. County health departments initiated 23 enforcement actions associated with public accommodation facilities in FY2014.

2.5

Trailer Coach Parks

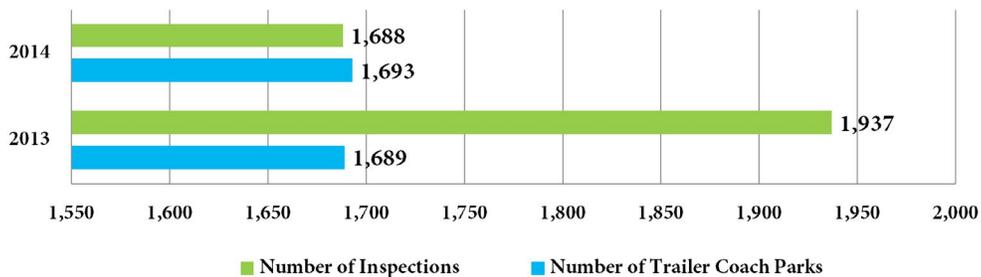


Figure 12: Trailer Coach Parks in Arizona

Trailer coach parks are routinely inspected for general sanitation practices including, but not limited to, garbage and trash removal, approved sewage connections, and the proper disposal of wastewater. There were 1,693 trailer parks in Arizona in

FY2014. State and county inspection staff conducted 1,688 inspections at these facilities. County health departments initiated 30 enforcement actions associated with trailer coach parks in FY2014.

2.6

Public School Grounds



Figure 13: Public School Grounds in Arizona

Public schools, including charter schools, are routinely inspected to evaluate compliance with sanitation requirements. These inspections are focused on sanitation practices that include refuse management, availability of an ample water supply, presence of a minimum number of drinking water fixtures or coolers, availability of clean restrooms, proper sewage disposal, and adherence to animal standards, where applicable.

Cafeterias at the schools are considered food establishments and inspections are conducted under the food safety program (see Section 2.1).

There were 1,718 public and charter schools in Arizona in FY2014. State and county inspection staff conducted 1,919 inspections at these schools. State and county health departments initiated 46 enforcement actions associated with public and charter schools in FY2014.

2.7

Children's Camps

Children's camps are routinely inspected to evaluate compliance with sanitation requirements. The inspections focus primarily on general sanitation associated with garbage and trash removal, restrooms, and sleeping quarters. Separate inspections are conducted of the food service kitchens associated with the camp (see section 2.1).

There were 48 children's camps that applied for an annual permit in FY2014. The dates of operation for these camps were varying, with some operating only during the summer months and others only operating a few days per year. State and county inspectors conducted 40 inspections at children's camps during FY2014. Enforcement action was not initiated at any children's camp in FY2014.

3.0

Home Baked & Confectionery Goods Program

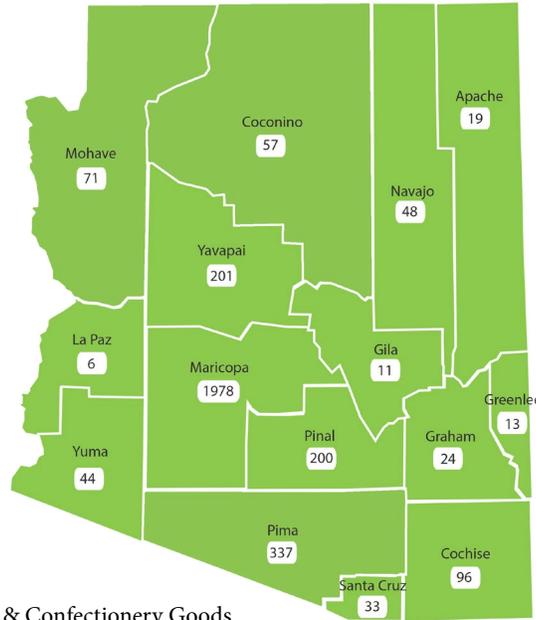


Figure 14: Home Baked & Confectionery Goods Program Registrants, by County FY2014

The Home Baked & Confectionery Goods Program (HB & CG Program) continues to grow, with 3,138 individuals registered at the end of FY2014. The HB & CG program continues to be a success, providing employment and skill development opportunities in a safe environment. Approved food products continue to be limited to non-potentially hazardous foods that must be labeled with the address and contact information of the registrant, a list of ingredients, and a statement notifying the consumer that the product was made in a private home. If applicable, the label must also include a statement that the product was prepared in a facility for individuals with developmental disabilities. The HB & CG Program allows for the sale of these products at locations that include permitted

food establishments, farmer's markets, and special events. The ADHS HB & CG Program sends out food safety tips and recipes along with information about local events of interest, such as potential changes in county regulations, as part of routine communication with registrants and the public. For example, a notification was distributed by the FSES Program to notify that the Maricopa County Environmental Services Department had revised the Maricopa County Environmental Health Code to align with the State statute and eliminate a conflict with the 2009 FDA Food Code that disallowed non-potentially hazardous foods, prepared in a private home, from being offered for sale in permitted food establishments.

4.0

School & Community Gardens

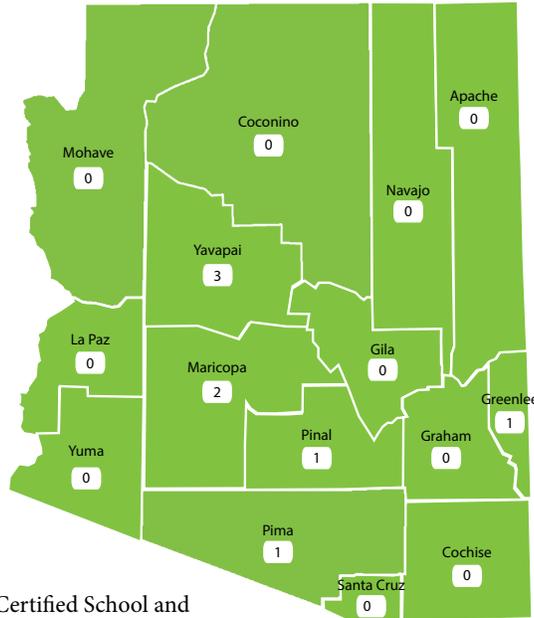


Figure 15: ADHS Certified School and Community Gardens by County, FY 2014

Proper nutrition is one of the Winnable Battles within the ADHS Strategic Plan, and school and community gardens provide an excellent means of improving nutrition for Arizonans. The ADHS School and Community Garden Certification Program was initiated in 2012 as an option for schools and community gardens to obtain approval for growing fruits and vegetables in their gardens and using the produce in their onsite school or community kitchens. The School Garden Sanitarian completed training in Good Handling Practices and Good Agricultural Practices

(GHP/GAP) and in turn provides education and guidance to individuals seeking approval for their school or community gardens. The certification process requires that the school gardens managers implement food safety systems for their gardens to mitigate foodborne illness risks and grow safe produce that can be served to school children and community members. Changes to this Program in FY2014 included the addition of an approval process for the application of plant-based compost, manure and plant-based compost, and harvested rainwater for certified gardens.

5.0

Registration and Training of Sanitarians

Arizona law requires that an individual shall not be employed as a sanitarian by the State or any political subdivision of the State unless that person is registered by ADHS as a sanitarian. The Director of ADHS appoints members to serve on the Arizona Sanitarians' Council (Council). The Council provides for the classification of sanitarians, standards for sanitarians, and provides for the examination of applicants for registration as sanitarians. In January 2013, the Council began administering the National Environmental Health Association's (NEHA) Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) Environmental Health Proficiency Exam. This exam is a two-booklet examination containing 250 objective, multiple choice questions developed by NEHA. In July 2014, NEHA began providing an updated REHS/RS Exam that includes new content areas. These main content areas, with percentages allotted to each area, are included below:

- Conducting facility inspections (35%),
- Conducting system inspections (20%),
- Conducting investigations (14%),
- Ensuring compliance (13%),
- Promoting environmental public health awareness (10%), and
- Responding to emergencies (8%).

ADHS administered the updated NEHA Exam during the July 24, 2014 test date. During FY2014, seventy three (73) applicants sat for the registration exam. Twenty eight (28) applicants (38%) passed the examination and became registered as sanitarians. In FY2014, four hundred forty eight (448) individuals maintained Arizona sanitarian registrations in good standing.

Individuals responsible for carrying out the provisions in the ADHS delegation agreement must be registered as a sanitarian in the State of Arizona or, under specific conditions, a Sanitarian Aide under the direct supervision of an Arizona Registered Sanitarian. There were 178 Registered Sanitarian FTEs employed at the 15 Arizona county health departments and ADHS. Several county environmental health departments have Registered Sanitarians that have been standardized in the new FDA program to promote nationwide uniformity of Food Safety Programs. Standardization is a process by which experienced sanitarians can be trained to focus on critical food safety factors and to maintain consistency among sanitarians. The updated standardization procedure is more complex and is more time intensive than previous standardization requirements, reflecting the increased professional nature of the work involved.

5.1

Trainings Offered for Registered Sanitarians

Continuing education is a requirement for annual sanitarian registration renewal. This requirement reflects the importance of providing training opportunities for Registered Sanitarians that are relevant to the environmental health profession. Registered Sanitarians must stay abreast of advances in environmental health science, technology, regulations, policies, procedures, and a vast array of industry advances. Meeting this requirement can be challenging due to limited training opportunities and resources to fund time and travel to attend training events.

During FY2014, multiple training opportunities were provided by agencies that include the ADHS Office of Environmental Health, the ADHS Office of Infectious Disease Services, the Arizona Environmental Health Association (AZEHA), and the Arizona County Directors of Environmental Health Services Association. Trainings provided over the fiscal year included the Arizona Registered Sanitarian Conference, AZEHA Annual Conference, the annual Arizona Infectious Disease Training and Exercise, and an FDA Special Processes at Retail Course that was hosted by the ADHS Office of Environmental Health. In addition, the Federal Emergency Management Administration, FDA, CDC and several university programs offered on-line training options for Registered Sanitarians that were unable to travel to the aforementioned training opportunities.

6.0

Summary

All Inspections: Representatives from the 15 Arizona county health departments and ADHS conducted a total of 106,757 inspections for all categories at 51,367 regulated facilities during FY2014. A total of 178 Registered Sanitarians FTEs and 23.75 Sanitarian Aide FTEs were involved in food safety programs at State and local agencies

Food Inspections: There were 42,028 (including temporary) food establishments in Arizona and 97,880 food safety related inspections (i.e. pre-operational, routine, re-inspection, or follow-up inspections) that were conducted at these establishments.

Recalls: The sharing of recall information has been significantly improved with the implementation of the FDA Food Safety Modernization Act (FSMA). The FDA sends notifications and posts detailed recall information on their website that includes distribution information, specific product lot numbers and product label photos (when available). The USDA also posts recall information of meat and poultry products.

Foodborne Outbreaks: Recent experiences in nationwide foodborne illness outbreak investigations make it clear that our surveillance, investigation and response system must continue to be improved to provide a rapid response to minimize public health impacts. The time between exposure, illness reports, investigations and source determination

in a foodborne illness outbreak places an increasing number of people at risk of illness. Our food supply system operates at a rapid pace and reaches greater distances than ever before. The continued evolution of the worldwide food supply system dramatically increases the challenges of maintaining an effective food safety system. Full implementation of the FDA Food Safety Modernization Act (FSMA) will help ensure the U.S. food supply is safer by shifting the focus of federal regulators from response to prevention.

Complex Food Distribution: The complexity of food distribution confirms the need to redirect resources to activities that prevent contamination of all foods throughout the food chain. Prevention of contamination must begin at the farm or processing level and continue through each level until it reaches the consumer.

County Health Departments: County health departments are moving towards modifying their food safety systems in a manner that places emphasis on conducting risk-based inspections and promoting active managerial control.

Consumer Food Safety: The final step in food safety rests with the consumer. Improved consumer awareness of safe food handling practices that can and should be used in the home to prevent foodborne illness must be an integral part of an improved nationwide food safety program.

Appendix A

Jurisdiction activity by type	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa
Food Establishments								
Current number of food establishments	204	558	1,165	391	191	78	292	20,647
Limited	26	162	301	83	75	24	121	9,269
Moderate	71	216	259	147	41	40	65	5,337
Complex	107	180	605	161	75	14	106	6,041
Number of routine inspections	307	1,442	1,899	428	433	81	306	55,330
Number of re-inspections	9	117	531	87	5	2	2	3,694
Number of pre-operational inspections	10	81	347	24	8	2	13	4,555
Number of foodborne illness complaints	2	6	21	9	1	0	5	664
Number of non-foodborne illness complaints	11	46	72	21	16	0	38	9,465
Number of compliance proceedings	0	0	0	0	0	0	1	1,328
Number of food items detained/embargoed	0	2,439	14	0	285	0	0	169,032
Number of temporary food establishment inspections	47	232	286	366	37	96	206	3,533
Outreach								
Number of presentations	35	0	102	1	2	10	67	51
Number of participants/audience	375	0	4,934	56	210	203	2,552	588
Number of consultations/counseling provided	8	431	2,822	71	40	300	850	4,145
Number of media contacts	0	0	12	1	1	0	10	106
Non-food Related Activities								
Public & semi-public bathing places	2	113	233	24	22	4	29	8,794
Routine inspections	2	339	507	26	46	4	26	14,869
Complaint inspections	0	0	4	2	0	1	1	408
Enforcement actions	0	0	0	0	0	0	0	1,231
Trailer coach parks	0	110	85	N/A	11	0	162	513
Routine inspections	0	110	61	N/A	11	0	47	571
Complaint inspections	0	0	2	N/A	0	0	1	74
Enforcement actions	0	0	0	N/A	0	0	0	5
Public school grounds	11	46	47	6	N/A	0	12	946
Routine inspections	23	46	45	0	N/A	0	12	1,085
Complaint inspections	0	0	4	0	N/A	0	2	11
Enforcement actions	0	0	0	0	N/A	0	0	13
Camp grounds	0	0	13	0	0	0	0	5
Routine inspections	0	0	13	0	0	0	0	6
Complaint inspections	0	0	0	0	0	0	0	0
Enforcement actions	0	0	0	0	0	0	0	0
Children's camps	3	0	N/A	7	0	0	0	0
Routine inspections	3	0	N/A	3	0	0	0	0
Complaint inspections	0	0	N/A	0	0	0	0	0
Enforcement actions	0	0	N/A	0	0	0	0	0
Public accommodations	24	93	176	21	12	6	25	450
Routine inspections	21	93	206	17	16	6	24	706
Complaint inspections	0	0	51	2	5	1	1	113
Enforcement actions	0	0	0	0	1	0	0	15
Bottled water	0	0	1	0	N/A	0	1	24
Routine inspections	0	0	1	0	N/A	0	1	28
Complaint inspections	0	0	0	0	N/A	0	0	1
Enforcement actions	0	0	0	0	N/A	0	0	0
Body Art Parlors	N/A	N/A	13	N/A	N/A	N/A	N/A	N/A
Routine Inspections	N/A	N/A	34	N/A	N/A	N/A	N/A	N/A
Complaint inspections	N/A	N/A	2	N/A	N/A	N/A	N/A	N/A

Appendix A, continued

Jurisdiction activity by type	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	ADHS/ASU
Food Establishments								
Current number of food establishments	1,298	489	4,394	1,024	294	1,241	910	565
Limited	658	235	809	249	87	150	235	219
Moderate	370	127	1,934	461	63	659	228	136
Complex	270	127	1,651	314	144	432	447	210
Number of routine inspections	1,876	386	8,457	1,893	305	2,643	1,320	1,123
Number of re-inspections	135	10	196	49	15	480	20	67
Number of pre-operational inspections	125	15	247	151	8	254	59	46
Number of foodborne illness complaints	45	0	1	20	2	0	19	1
Number of non-foodborne illness complaints	208	20	734	60	16	114	69	5
Number of compliance proceedings	46	0	0	7	0	0	0	18
Number of food items detained/embargoed	0	0	0	784	0	0	0	101
Number of temporary food establishment inspections	473	60	2,033	412	0	215	145	146
Outreach								
Number of presentations	213	0	36	7	20	368	3	20
Number of participants/audience	5,400	0	1,399	81	173	8,043	60	578
Number of consultations/counseling provided	1,000	25	35	72	5	407	70	347
Number of media contacts	6	0	70	1	3	0	4	1
Non-food Related Activities								
Public & semi-public bathing places	265	40	2,508	288	43	196	235	18
Routine inspections	512	30	5,043	490	31	926	250	138
Complaint inspections	13	0	138	10	1	4	0	1
Enforcement actions	5	0	345	0	0	0	0	3
Trailer coach parks	103	20	404	58	21	0	206	0
Routine inspections	102	14	449	59	17	0	247	0
Complaint inspections	13	5	9	8	0	0	0	0
Enforcement actions	1	0	24	0	0	0	0	0
Public school grounds	57	30	260	130	31	79	59	4
Routine inspections	69	0	290	149	34	73	89	4
Complaint inspections	4	0	3	1	1	0	0	0
Enforcement actions	2	0	31	0	0	0	0	0
Camp grounds	3	10	0	1	0	0	0	0
Routine inspections	1	6	0	0	0	0	0	0
Complaint inspections	1	0	0	0	0	0	0	0
Enforcement actions	0	0	0	0	0	0	0	0
Children's camps	0	8	0	2	1	23	0	4
Routine inspections	0	5	0	1	0	24	0	4
Complaint inspections	0	0	0	0	0	1	0	0
Enforcement actions	0	0	0	0	0	0	0	0
Public accommodations	82	0	175	34	23	113	45	0
Routine inspections	95	0	177	35	24	102	41	0
Complaint inspections	25	0	25	0	1	12	0	0
Enforcement actions	5	0	2	0	0	0	0	0
Bottled water	4	0	2	1	0	2	7	0
Routine inspections	6	0	4	2	0	4	7	0
Complaint inspections	0	0	0	0	0	0	0	0
Enforcement actions	0	0	0	0	0	0	0	0
Body Art Parlors	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Routine Inspections	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Complaint inspections	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Appendix B

Average Number of Inspections per Facility Type (Goal is Two per Year)

Jurisdiction activity by type	Apache	Cochise	Coconino	Gila	Graham	Greenlee	La Paz	Maricopa
Food Establishments								
Limited	26	162	301	83	75	24	121	9,228
Moderate	71	216	259	147	41	40	65	5,336
Complex	107	180	605	161	75	14	106	6,040
Food Establishment Inspections								
Limited	34	378	507	88	143	20	126	17,098
Moderate	95	384	387	121	82	31	68	13,743
Complex	178	680	1,005	219	208	30	112	24,489
Ratio of Food Establishment Inspections to Food Establishments by Complexity								
Limited	1.31	2.33	1.68	1.06	1.91	0.83	1.04	1.85
Moderate	1.34	1.78	1.49	0.82	2.00	0.78	1.05	2.58
Complex	1.66	3.78	1.66	1.36	2.77	2.14	1.06	4.05

	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma	ADHS/ASU
Food Establishments								
Limited	658	235	809	249	87	150	235	219
Moderate	370	127	1,934	461	63	659	228	136
Complex	270	127	1,651	314	144	432	447	210
Food Establishment Inspections								
Limited	846	164	714	209	77	328	334	329
Moderate	604	111	3,616	875	67	1,199	335	344
Complex	426	111	4,127	809	161	1,116	651	450
Ratio of Food Establishment Inspections to Food Establishments by Complexity								
Limited	1.29	0.70	0.88	0.84	0.89	2.19	1.42	1.50
Moderate	1.63	0.87	1.87	1.90	1.06	1.82	1.47	2.53
Complex	1.58	0.87	2.50	2.58	1.12	2.58	1.46	2.14

Appendix C

Registered Sanitarians and Sanitarian Aide Totals by Jurisdiction in FY2014

Jurisdiction	Registered Sanitarians	Sanitarian Aides
ADHS/ASU	6.5	0
Apache County	1	0
Cochise County	4	2
Coconino County	7.5	0.25
Gila County	1	2
Graham County	2	9
Greenlee County	1	0
La Paz County	1	1.5
Maricopa County	105	0
Mohave County	7	1
Navajo County	2	0
Pima County	23	3
Pinal County	7	0
Santa Cruz County	2	1
Yavapai County	4	4
Yuma County	4	0
Totals	178	23.75

Appendix D

Arizona Foodborne Illness Report Card



Foodborne Illness Report Card

Here is an update on how Arizona is doing with foodborne illness.




Pathogens	2013 AZ Rate*	2012 AZ Rate*	% Change	2013 US Rate*	2020 CDC Target Rate†	For every case reported...‡
Campylobacteriosis	12.9	14.5	11% decrease 	13.82	8.5	30 cases go undiagnosed.
Shiga-toxin producing <i>E. coli</i>	3.7	2.2	68% increase 	1.15	0.6	26 cases go undiagnosed.
Listeriosis	0.05	0.2	75% decrease 	0.26	0.2	2 cases go undiagnosed.
Salmonellosis <small>(excluding <i>S. typhi</i> and <i>S. paratyphi</i>)</small>	15.3	13.2	16% increase 	15.19	11.4	29 cases go undiagnosed.
Shigellosis	6.5	6.8	4% decrease 	4.8	n/a	8 cases go undiagnosed.
Vibrio infection <small>(excluding toxigenic <i>V. cholerae</i>)</small>	0.3	0.4	25% decrease 	0.51	0.2	142 cases go undiagnosed.

* Rate calculated per 100,000 population † Based on *Healthy People 2020* target rates ‡ Estimates of foodborne illness burden in the United States from 2011 CDC data



Did you know? 1 in 6 Americans are affected by foodborne illness every year.

