



Central Atlantic States Association of Food and Drug Officials

SUSQI NEWS

Susquehanna Conference –

November 2010

Holiday Greetings!

If you weren't at our October 2-day training meeting at Sysco, you really missed out. We had terrific, well-attended sessions, with both industry reps (with some of our own Susquehanna Conference members in the mix) and FDA providing relevant, thought provoking, and at times down right lively, presentations and discussions. Thanks go out to the folks on our board for their continued dedication to bringing you the best.

Just a few notes to bring to your attention

- 1) There's still time to renew your 2010 membership. Renewals are essential for us, not only to keep our membership rolls active, but also for incentive awards at the annual meeting.
- 2) Check out the scholarship opportunities from AFDO.
- 3) Next training meeting scheduled for December 9th at Swatara Township Building.
- 4) Election of Susquehanna Conference officers
- 5) 2011 training meeting schedule

As always, your participation makes us a better organization. Get involved!

Send newsletter submission to :

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I hope to see all of you on December 9th!

Garry

Executive Board Report:

The Executive Board of the Susquehanna Conference of CASA met on Thursday, November 4, 2010. Some of the items discussed were as follows:

1. Planned the agenda for the December 9 meeting.
2. Listed tentative dates for all meetings in 2011. They are:
 - February 10
 - April 14
 - May 16-19--Annual Conference in Towson, MD
 - July 14
 - October 12-13 at Sysco's in Harrisburg
 - December 8

Please keep these dates on next year's calendar and, plan to attend.

3. We are trying to get a good representation of items for the silent auction from the mid-state area for the annual conference in Maryland in May 2011. Please try to help.
4. We will be having an election prior to the annual conference. We will need some names for vice-president and for member-at large. Both nominations would serve for two years. If anyone is interested, please send your name and other information to Ken Hohe at the following e-mail address: Kenhohe@aol.com

AFDO Achievement Award

The AFDO Achievement Award will be given for one or more specific achievements, or for a documented sustained high level of performance. The scope of what counts as an “achievement” is very wide. A few examples of achievements that would be considered are: developing evidence in a difficult case that results in an indictment, conviction, or administration action; bringing about a measurable improvement in general conditions, e.g., raising test scores on dairy farms or average scores in a group of food establishments; teaching courses that result in more food manager certifications; removing dangerous consumer products from the marketplace; or developing new techniques such as more effective use of computers.

To be eligible for the award, one must be in his or her first five years of service as a sanitarian, inspector, investigator, milk specialist, food specialist, radiological health inspector, consumer product safety inspector, laboratory analyst or similar regulatory position. He or she must be a field person; that is, one who goes out of the office to make inspections a significant portion of his or her working time. The winner may not be a supervisor unless the work for which he or she were nominated was done as a field person and it played a role in the promotion to supervisor. The winner must be employed by a federal, state, county, or municipal regulatory agency, which has at least one employee as a member of AFDO. <http://www.afdo.org/afdo/awards/associate.cfm#>

AFDO Associate Member Award

The Associate Member Award is to be awarded to an Associate Member. Qualification for this award is based upon long-term active membership in the Association, active involvement in committee work, development of model codes and demonstrated promotion of the objectives of the Association. This award is presented each year at the AFDO annual conference. <http://www.afdo.org/afdo/awards/scholarships.cfm>

AFDO Scholarship Awards

The Association of Food and Drug Officials (AFDO) is an international, nonprofit organization whose members are concerned with the development and enforcement of uniform food, drug and other consumer protection laws. Through its committees and the efforts of its Regular and Associate members, AFDO supports legislation, develops and circulates “model bills,” publishes information circulars and generally works to aid in the overall implementation of sound and effective consumer protection regulation.

In 1981, AFDO established a scholarship fund with the excess funds from the 75th Anniversary of the Food, Drug and Cosmetic Act celebration. The “George M. Burditt Scholarship” and the “Betsy B. Woodward Scholarship”, both in the amount of \$1,500 each will be awarded annually to a worthy recipient who is in their third year of college.

A third scholarship, also worth \$1,500, was created in June 2008 - the "Denise C. Rooney Scholarship" will also be awarded annually. The following qualifications and conditions have been established for the award recipients:

The recipients should have demonstrated a desire to serve in a career of research, regulatory work, quality control, or teaching in an area related to some aspect of foods, drugs or consumer product safety; should have demonstrated leadership capabilities; and must have at least a 3.0 grade point average during the first two years of undergraduate study. To apply, in addition to completing an application, an official and complete college transcript must be submitted along with letters of recommendation from two faculty members. Applications must be submitted by February 1st to be considered for the current year’s award.

Very Low Health Risks from Full-Body X-ray Scanners

Be it in airports, court buildings, or other venues, Americans are increasingly encountering full-body imaging systems, the new wave in electronic security screening.

General-use X-ray security screening systems represent one of two full-body scanning technologies currently being put into widespread use to check people for concealed weapons, explosives, or other contraband without having to make physical contact.

Extensive use of full-body scanning technologies, including the general-use X-ray systems, is a relatively new development. Thus it's natural for people to have questions—including questions about whether these systems pose any health risks.

However, FDA Engineer Daniel Kassiday says, "The dose from one screening with a general-use X-ray security screening system is so low that it presents an extremely small risk to any individual."

Very Small Amounts of Energy

General-use X-ray security systems found in U.S. airports are also called "backscatter" systems. They use very small amounts of X-ray that are "bounced" off the person being screened. The reflected energy is received by an array of sensitive detectors and then processed by a computer to form an image.

Full-body scanners are large in size, and require individuals to step into the machine and remain still for a few seconds while the scan takes place.

Kassiday explains, "A person receives more radiation from naturally occurring sources in less than an hour of ordinary living than from one screening with any general-use X-ray security system."

The other type of advanced imaging technology being put in general use employs millimeter wave technology. It uses non-ionizing electromagnetic waves to generate an image based on the energy reflected from the body.

FDA scientist Abiy Desta says, "Millimeter wave security systems that comply with the limits set by the Institute of Electrical and Electronics Engineers in the applicable non-ionizing radiation safety standard cause no known adverse health effects."

New Webpage on Full-Body Scanners

FDA, which regulates the manufacturers of radiation-emitting electronic products sold in the United States, has launched a new webpage on full-body security scanners.

Named "[Products for Security Screening of People](#)⁴," the site provides information for the general public and professionals, guidance for industry, and links to other resources. The webpage aims to inform the public about these new systems, and to provide people with the resources to separate the facts from the myths.

Metal Detectors Still in Use

Meanwhile, people need to be aware that metal detectors are still being used for security screening at many facilities.

Metal detectors, which can be walk-thru portals or hand-held wands, have the potential to affect the function of certain medical devices such as implanted cardiac pacemakers, implantable cardioverter/defibrillators, and spinal cord nerve stimulators.

Although the number of significant injuries due to this is very low, individuals who use an electronic medical device are advised not to stay near a metal detector longer than necessary or lean against the metal-detecting system.

If scanning with a hand-held metal detector is necessary, warn the security personnel that you have an electronic medical device and ask them not to hold the metal detector near the device longer than necessary. You may also ask for an alternate form of personal search.

This article appears on [FDA's Consumer Updates page](#)⁵, which features the latest on all FDA-regulated products.

Posted November 4, 2010

Have You Given Blood Lately?

Every day, hospitals throughout the United States are challenged by large numbers of people who need blood. These people include victims of fires, motor vehicle accidents, and other emergencies.

But it's not just accidents or trauma that prompt the need for blood. Blood is required for many people, ranging from those with life-threatening illnesses to others undergoing routine surgeries.

In fact, every two seconds, someone in America needs blood. This includes

- cancer patients undergoing chemotherapy
- people with sickle cell disease or other types of inherited anemia
- organ transplant recipients
- people undergoing elective surgery
- women during and following labor and delivery

"Blood products are often lifesaving or life-enhancing," says Karen Midthun, M.D., director of the Food and Drug Administration (FDA) Center for Biologics Evaluation and Research (CBER). "FDA strongly encourages people who are in good health to donate blood and to become regular blood donors."

FDA Oversight

FDA, through CBER, is responsible for ensuring the safety of the more than 15 million units of blood and blood components donated each year in the United States. FDA's standards and regulations regarding blood donor selection, blood donation, and processing help protect the health of both the donor and the recipient.

“Some people are concerned that they might get an infection by donating blood,” says Midthun. “Donating blood is a safe procedure.”

FDA’s oversight of the blood industry includes

- approving licenses for blood products
- approving devices used for blood collection and infectious disease testing
- developing and enforcing quality standards
- inspecting all blood facilities at least every two years
- inspecting “problem” facilities more often
- monitoring reports of errors and adverse events
- taking regulatory or legal actions if problems are found

Five Layers of Safety

FDA’s blood safety efforts focus on minimizing the risk of transmitting infectious diseases, while maintaining an adequate supply of blood for the nation. “While a blood supply with zero risk of transmitting infectious disease may not be possible, the blood supply is safer than it has ever been,” says Midthun.

This safety record is based on five layers of overlapping safeguards:

- **Donor screening.** Donors are asked specific and direct questions about their medical history and other factors that may affect the safety of their blood. This “up-front” screening eliminates ineligible donors.
- **Donor deferral lists.** Blood establishments must keep current a list of deferred donors. They must also check all potential donors against that list to prevent the use of blood from deferred donors.
- **Blood testing:** After donation, blood establishments are required to test each unit of donated blood for the following infectious disease agents:
 - Hepatitis B
 - Hepatitis C
 - Human immunodeficiency viruses (HIV) 1 and 2
 - Human T-cell lymphotropic viruses (HTLV) I and II
 - *Treponema pallidum*, which causes syphilis

In addition, FDA recommends that each unit of donated blood used for transfusion be tested for the West Nile virus.

- **Quarantine.** Donated blood must be quarantined until it is tested and shown to be free of infectious agents.

- **Problems and deficiencies.** Blood centers must investigate manufacturing problems, correct all deficiencies, and notify FDA when product deviations occur in distributed products.

If a violation of any one of these safeguards occurs, the blood product is considered unsuitable for transfusion and is subject to recall.

Ongoing Safety Efforts

Emerging threats to the blood supply and other potential risks mean FDA's Blood Safety Team never stops looking for ways to improve blood safety. "We need to continually work to preserve the safety and integrity of blood and blood products," says Midthun.

FDA scientists are working to develop sensitive donor screening tests to detect emerging diseases and bioterrorist agents in blood donations. They are also working to improve blood donor testing kits to detect variant strains of HIV, West Nile virus, and hepatitis viruses. In addition, FDA's Office of Blood Research and Review regularly looks at donor deferral issues to update eligibility requirements when appropriate.

Also, FDA is a member of an interorganizational task force on domestic disasters and acts of terrorism that includes blood organizations, government agencies, and device manufacturers. As such, it works with others to help assure that blood facilities keep safe and adequate inventories at all times in case of a disaster.

The Process of Donating Blood

Blood is critically needed every day, yet only a small percentage of the eligible U.S. population donates blood in any given year.

The entire procedure takes about an hour and includes

- registering at the donation site
- answering questions about your health and travel history
- getting a limited physical examination
- donating the blood (This takes about 15 to 20 minutes)
- having a light refreshment to boost your energy level before leaving the facility

Am I Eligible to Donate Blood?

To meet the basic requirements for giving blood, you must be healthy (feel well and be able to perform normal activities) and

- have a blood pressure within normal limits
- have a normal temperature
- be free from acute respiratory diseases
- be at least 16 years old
- have a normal blood hemoglobin level
- not have donated blood in the last 56 days

A number of conditions, which will be discussed with you at the donation site, may cause you to be temporarily or permanently ineligible to give blood. These conditions include

- not feeling well
- past use of needles to take drugs that were not prescribed by a health care professional
- being a male who has had sexual contact with another male since 1977
- getting tattooed in the last year (unless done under sterile conditions and at a state-licensed facility)
- living in or visiting certain countries during designated periods of time; for example, living for a period of time in a country where bovine spongiform encephalopathy (also known as mad cow disease) is found, or visiting an area where malaria is found.

The rules for eligibility are less strict when making donations before surgery for your own use (autologous donations).

This article appears on [FDA's Consumer Updates page](#)⁴, which features the latest on all FDA-regulated products. *Revised October 19, 2010*

HHS announces new tobacco strategy and proposed new warnings and graphics for cigarette packs and advertisements

U.S. Department of Health and Human Services recently unveiled a new comprehensive tobacco control strategy that includes proposed new bolder health warnings on cigarette packages and advertisements.

Once final, these health warnings on cigarettes and in cigarette advertisements will be the most significant change in more than 25 years. These actions are part of a broader strategy that will help tobacco users quit and prevent children from starting.

Tobacco use is the leading cause of premature and preventable death in the United States, responsible for 443,000 deaths each year. Thirty percent of all cancer deaths are due to tobacco. Each day 1,200 lives of current and former smokers are lost prematurely due to tobacco-related diseases.

“Every day, almost 4,000 youth try a cigarette for the first time and 1,000 youth become regular, daily smokers,” said HHS Secretary Kathleen Sebelius. “Today marks an important milestone in protecting our children and the health of the American public.”

The strategy includes a proposal issued by the Food and Drug Administration titled *Required Warnings for Cigarette Packages and Advertisements*. Specifically, the proposed rule details a requirement of the Family Smoking Prevention and Tobacco Control Act that nine new larger and more noticeable textual warning statements and color graphic images depicting the negative health consequences of smoking appear on cigarette packages and in cigarette advertisements. The public has an opportunity to comment on 36 proposed images through January 9, 2011.

By June 22, 2011, FDA will select the final nine graphic and textual warning statements after a comprehensive review of the relevant scientific literature, the public comments, and results from an 18,000 person study. Implementation of the final rule (September 22, 2012) will ultimately prohibit companies from manufacturing cigarettes without new graphic health warnings on their packages for sale or distribution in the United States. In addition, manufacturers, importers, distributors and retailers will no longer be allowed to advertise cigarettes without the new graphic health warnings in the United States. By October 22, 2012, manufacturers can no longer distribute cigarettes for sale in the United States that do not display the new graphic health warnings.

FDA has taken a crucial step toward reducing the tremendous toll of illness and death caused by tobacco use by proposing to dramatically change how cigarette packages and advertising look in this country. When the rule takes effect, the health consequences of smoking will be obvious every time someone picks up a pack of cigarettes," said FDA Commissioner Margaret A. Hamburg, M.D. " This is a concrete example of how FDA's new responsibilities for tobacco product regulation can benefit the public's health."

The FDA action is part of a broad department-wide strategy that was announced by Assistant Secretary for Health Howard K. Koh, M.D., MPH. While progress has been made, smoking remains particularly high with low-income and within certain racial/ethnic groups and in certain populations, including people with mental illnesses and substance abuse disorders. Ending the Tobacco Epidemic: A Tobacco Control strategic Action Plan outlines specific, evidence-based actions that will help create a society free of tobacco-related death and disease.

In addition to this announcements, other recent tobacco control and prevention efforts include:

- The Affordable Care Act is giving Americans in private and public health plans access to recommended preventive care, like tobacco use cessation, at no additional cost.
- The *American Recovery and Reinvestment Act (ARRA)* invested \$225 million to support local, state and national efforts to promote comprehensive tobacco control and expand tobacco quitlines.
- The *Prevent All Cigarette Trafficking Act (PACT)* aims to stop the illegal sale of tobacco products over the Internet and through mail order, including the illegal sale to youth.
- The *Family Smoking Prevention and Tobacco Control Act (FSPTCA)* gives FDA the authority to regulate the manufacture, marketing and distribution of tobacco products. Significant progress has already been made by restricting the use of the terms "light," "low," and "mild," banning characterizing fruit, candy, and spice, flavors from cigarettes, and putting in place restrictions on the sale and distribution of cigarettes and smokeless tobacco products to youth.
- The *Children's Health Insurance Program Reauthorization Act (CHIPRA)* raised the federal cigarette tax by 62 cents per pack. Raising the price of tobacco products is a proven way to reduce tobacco use, especially among price-sensitive populations such as youth.

FDA Wants Your Input on Cigarette Warnings

Federal regulators are testing the waters with the first proposed changes to cigarette packaging and advertisements in more than 25 years—bold health warnings with color images that show the tragic consequences of smoking.

On Nov. 10, the Food and Drug Administration (FDA) posted on the Internet 36 images showing the dangers of smoking. Federal health agencies hope the new warnings will discourage Americans from smoking by bringing them face-to-face with the cancers that plague smokers.

Under 2009's Family Smoking Prevention and Tobacco Control Act, cigarette packages and advertisements must carry more pointed health warnings with color images after Sept. 12, 2012. FDA is beginning the process by publishing a proposal in the Federal Register that outlines new packaging and advertising requirements for cigarette makers.

FDA Invites Public Comment

FDA is asking the public to weigh-in on the images. When the public comment period ends on Jan. 9, 2011, FDA will use the comments, research results, and scientific research to pare the list to nine. The final set of images and the congressionally mandated health warnings will rotate on all cigarette packaging and in advertisements by fall 2012.

By law, the nine warnings that must appear on cigarette advertisements and packaging are:

- WARNING: Cigarettes are addictive
- WARNING: Tobacco smoke can harm your children
- WARNING: Cigarettes cause fatal lung disease
- WARNING: Cigarettes cause cancer
- WARNING: Cigarettes cause strokes and heart disease
- WARNING: Smoking during pregnancy can harm your baby
- WARNING: Smoking can kill you
- WARNING: Tobacco smoke causes fatal lung disease in nonsmokers
- WARNING: Quitting smoking now greatly reduces serious risks to your health

Once in place, each warning will accompany a color image, and they'll be splashed over 50 percent of the front and rear panels of all cigarette packages and at least 20 percent of each advertisement.

Preventable Deaths

If the requirements seem tough, they're intended to be. The Centers for Disease Control and Prevention says tobacco use is the single biggest cause of preventable death in the United States—killing more than 443,000 users and victims of secondhand smoke and causing serious illness in 8.6 million Americans.

The new warnings will be required on cigarette packages no later than Sept. 22, 2012.

Where to See the Warnings and Where to Comment

• To view the warning labels, go to:

www.flickr.com/photos/fdaphotos/collections/72157625232230587/⁵

To submit comments on the warning labels and the proposed rule—between Friday, Nov. 12, 2010, through Tuesday, Jan. 11, 2011:

Go to www.regulations.gov and insert docket number FDA-2010-N-0568 into the “search” box and follow the prompts.

- Send a fax, with your comments, to 301-827-6870.
- Mail/Hand delivery/Courier (for paper, disk, or CD-ROM submissions) to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Room 1061, Rockville, MD 20852.

All comments should be identified by Docket ID No. FDA-2010-N-0568. It is only necessary to send one set of comments.

This article appears on [FDA's Consumer Updates page](#)⁶, which features the latest on all FDA-regulated products.

Posted November 10, 2010

SUSQUEHANNA CONFERENCE OF CASA QUARTERLY TRAINING MEETING
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QUARTERLY TRAINING MEETING

Thursday, December 9, 2010

Training Site: Swatara Township Municipal Building
599 Eisenhower Blvd.
Harrisburg, PA 17111
717 564-2551
<http://www.swataratwp.com/>

PRE-REGISTRATION IS REQUIRED.

Agenda: Thursday, December 9, 2010

8:30 - 9:00 Registration

Welcome - Garry Ritter, President, Susquehanna Conf CASA

9:00 - 10:00 - ANIMAL FOOD & TREATS REGULATIONS
Erin Bubb, Agronomic Program Specialist
PA Dept of Agriculture

10:00 - 10:15 - BREAK

10:15 - 11:00 - PUBLIC DRINKING WATER NOTIFICATIONS - THEN & NOW
David Malloy, Sanitarian Supervisor, Water Supply Management
PA Dept of Environmental Protection

11:00 - 12:00 - COMPUTER AID, INC. "PA FOOD SAFE"
AN UPDATE ON THE NEW ELECTRONIC INSPECTION REPORTING SYSTEM
Stacey Gricks, Project Manager
Computer Aid, Inc.

12:00 - 1:00 LUNCH - on your own

1:00 - 2:30 HOUSE BILL 174 - IMPLICATIONS
Bobby McLean, Program Specialist
PA Dept of Agriculture

2:30 - 3:00 INFORMATION SHARING / CURRENT TOPICS
Attendees

3:00 - Critiques/Closure

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Pre-registration SUSQ CASA Training Program
Thursday, December 9, 2010

Deadline: DECEMBER 7, 2010
PRE-REGISTRATION IS REQUIRED. PLEASE COOPERATE.

NAME _____
AGENCY/FIRM _____
ADDRESS _____
EMAIL _____
PHONE _____

Registration fee: \$5 payable at training
Checks payable to: CASA, Susq Conf

REGISTRATION CHOICES:

Email to: tveresink@easton-pa.gov

Fax to: 610 250-6607

Mail to:

CASA, Susq Conf
c/o Easton Health Bureau
1 S Third Street
Easton, PA 18042

Questions - contact Ted Veresink @ 610 250-6765 or email.

THIS WILL BE GREAT TRAINING, AT A VERY REASONABLE COST.

DELINQUENT MEMBERSHIP RENEWAL FOR 2010 -- LAST CHANCE!!

SINCE IT'S THAT TIME OF YEAR, IN CASE OF INCLEMENT WEATHER
YOU WILL BE NOTIFIED OF ANY CANCELLATIONS BY EMAIL.