

Minutes for the July FoodNet Coordinators Call Thursday, July 29, 2004

Attendees: Sam Shin (CA), Alicia Cronquist (CO), Ruthanne Marcus, Sharon Hurd (CT), Melissa Tobin-D'Angelo, Stepy Thomas (GA), Pat Ryan (MD), Ellen Swanson (MN), Karen Edge (NM), Shelley Zansky, Bridget Anderson, Dina Hoefer (NY), Beletshachew Shiferaw, Melissa Plantenga (OR), Tim Jones, Marcy McMillian, Amanda Ingram (TN), Jennifer Nelson, Alison Drake (CDC)

Action Items from July:

1. **Everyone:** Please provide Jennifer with the list of persons to include in the "2003 FoodNet Working Group";
2. **Alison:** Is it possible to have "turn on/off" fields for FoodNet specific variables in NEDSS?;
3. **Jennifer:** Follow-up with NEDSS group to determine the NEDSS process for distributing lab information;
4. **Jennifer:** Draft performance standards for travel and outbreak variables;

Decisions

1. If it will facilitate data collection, it should be fine to collapse the two variables (i.e., "Patient status at time of specimen collection" and "Was the patient subsequently hospitalized") into one variable during the data collection process.

Agenda Items for July Call

1. Follow-up on June Action Items
 - Listeria* serotype information is returned from CDC via snail mail, not email
 - Working with CDC lab to improve feedback mechanism
2. NEDSS
 - Discrepancies (several forms with multiple fields)
 - Short timeframe originally to make changes before deployed
 - List which was distributed to coordinators serves as base; comments welcome
 - NEDSS suppose to be tool for state; NEDSS should change to meet state's needs
 - Good to have feedback from states to NEDSS developers
 - Anyone can look at Foodborne PAM
 - Two concerns: 1st: flow of information, need to improve (e.g., have all lab information in one place); 2nd: is it possible to have "turn on/off" fields, should not be hard to program
 - currently, "turn on/off" fields are not planned but will follow-up on
3. Surveillance/Performance Standards
 - a. Isolates received at state laboratory from clinical labs (i.e., question on out-of-catchment isolates--GA)
 - Is there a precedent in FoodNet to call out-of-state labs to ascertain cases? How are these labs audited?

- Some states call out-of-catchment labs to ascertain cases, decision based on reason to believe these labs were receiving isolates from cases within the catchment area
- Audits are conducted on these labs in various ways (i.e., some physical visit, some computer printouts)
- Someone at CDC was working with 3 major clinical labs to send lab information to CDC (via HL-7) and then distribute back to the states via NEDSS; if system will be implemented within next couple of months, may be a more efficient way to deal with getting lab information.

b. Collection of hospitalization information (CO)

- Need historical perspective on 2 hospitalization question; as stands, questions are confusing to public health nurses
- Does having the additional question (“Was patient subsequently hospitalized?”) add any additional information?
- History: wanted to capture information on outpatients but also wanted to know if they were then hospitalized
- When analyze these two variables, just collapse into “Hospitalization” variable
- Decision: Fine to collapse these two variables into one during the data collection process

c. How long do you have a case report open before you consider it final?

- Varies depending on the site
- FoodNet application will flag those cases that are not complete after 60 days
- Everyone is fine with receiving exception reports on these cases

d. Standards for Travel and Outbreak Information

Travel:

- Standard of 100% of *Salmonella* and *E. coli* cases being interviewed for foreign travel is not realistic (e.g., people refuse interview, are not reachable, etc.)
- Proposed to have standard set at proportion of “interviewable” cases as opposed to proportion of all cases; does not provide incentive to conduct interview; should set standard high with that being the target for which to aim
- Standards should be a tool for assessing what needs improvement
- Proposed to have standard for interviewing 85% of all *Salmonella* and *E. coli* cases

Outbreak-associated cases:

- Important to get CDC EFORS number for all cases that we know are outbreak-associated
- Standard should be 100% of these cases

-Standards will be drafted and discussed on the Aug. call

4. Updated contact information for the 2003 FoodNet Working Group list is needed

5. August call date changed to August 19th