

MINUTES: June FoodNet Coordinators Call
Thursday, June 24, 2004 (2:00-3:00 pm EST)

Attendees: Joelle Nadle (CA), Alicia Cronquist (CO), Ruthanne Marcus, Sharon Hurd (CT), Melissa Tobin-D'Angelo, Stepy Thomas, Suzanne Segler (GA), Melanie Megginson (MD), Ellen Swanson (MN), Karen Edge (NM), Shelley Zansky, Bridget Anderson, Dina Hoefler (NY), Beletshachew Shiferaw, Julie Hatch (OR), Tim Jones (TN)

Action Items for June:

1. **Everyone:** Please let me know if you have comments on the NEDSS letter by July 16th. I will finalize and send to the NEDSS development team.
2. **Jennifer:** Distribute state lab contact information for *Listeria* serotype; contact CDC lab about being copied on *Listeria* serotype emails; distribute line-list of missing *Listeria* serotype information; determine how far behind is CDC in serotyping *Listeria* isolates; will revise Performance Standard for *Listeria* serotype.
3. **Jennifer:** Modify Surveillance Protocol to clarify *Listeria* mom/neonate situation;
4. **Everyone:** Do you find the new minutes format useful? Please review minutes, make changes as needed;
5. **Jennifer:** Modify and distribute the case report form to clarify the hospital discharge date; add clarification to the surveillance protocol;
6. **Everyone:** We need to identify Performance Standard targets for *Salmonella* serotype (discussion ranged from 90-100%) and for % of cases that have PFGE patterns linked to FoodNet data (in addition, we need to think about an appropriate time delay).

Decisions Made:

1. **Hospital discharge date (for patients that have transferred hospitals) should be the discharge date from the transfer hospital;**
2. **If people are hospitalized, then identify them as being hospitalized (regardless of what they are hospitalized for);**
3. **When modifying the Performance Standards, they should be categorized into programmatic and data sections;**
4. **The PFGE Performance Standard shouldn't be dropped but should be revised to identify a percentage of isolates should be linked.**

Action Items for May:

1. **Sam** will draft a letter to the NEDSS team/developers to relay the coordinator's general concerns regarding the foodborne PAM;
 - Included in packet, please review and send comments to Jennifer before July 16th**
 - NEDSS update from Alison, Foodborne PAM has been released and they're starting to work on the data mart;**
 - States with NEDSS base system have access to the Foodborne PAM. Directions on how to access it will be distributed;**
 - Alison is going through the PAM and making a list of issues that need to be addressed;**
 - Problem is the non-FoodNet information that is included in the PAM;**

2. Reminder: **Ellen** will be providing monthly updates from the Outbreak Working Group calls and **Alicia** will be providing monthly updates from the Attribution Working Group calls;
 - No Working Group calls this month, therefore no update
 - Calendar of Events (number and passcode for all scheduled 2004 conference calls) on secure site
3. **Listeria**: **Everyone** should look at their *Listeria* data. Are you getting the serotype and/or PFGE information from your state laboratory? If so, is this information being entered into your state database? Are there fields in the database for this information? Ultimately, FoodNet should strive to incorporate this information into the data.
 - Are you getting either the serotype information from your state laboratory? Is this being entered into the database? Unknown *Listeria* serotype information ranges from 43% to 86%
 - Drew seems to think that was an effort at one point to obtain all *Listeria* serogroup information;
 - Would be helpful to have a line-list of what *Listeria* serotype information is missing;
 - Would be helpful to know who are the state laboratory contacts that should be receiving this information;
 - Would be helpful to have state epis copied on *Listeria* serotype emails;
 - How far behind is CDC in serotyping of *Listeria* isolates;
 - Should have a target of 100% for *Listeria* serotype, which were submitted to the state laboratory, in the Performance Standards;
 - Since all *Listeria* isolates are submitted to NARMS, this should be obtainable;
 - Need to revise PS on *Listeria* serogroup
4. **Jennifer** will modify the Surveillance Protocol to indicate that specimens isolated from atypical sources/sites (e.g., wound) should be included as FoodNet cases;
 - This has been modified
5. **CDC**: clarify OR's question on mom/twin cases. **Jennifer**: the Surveillance Protocol will be modified to help clarify how to deal with this situation;
 - Decision was based on 1995 paper in JAMA (Tappero JW, Schuchat A, Deaver KA, Mascola L, Wenger JD. Reduction in the incidence of human listeriosis in the United States. Effectiveness of prevention efforts? The Listeriosis Study Group. JAMA. 1995 Apr 12;273(14):1118-22.) by the ABCs group;
 - With the mom/twin situation, the mother would be considered the case because the amniotic fluid is the mother's sterile site. Since the twins did not have "cultures," they would not be considered cases;
 - If both the mother and baby had had an isolate, then there would be two cases in surveillance; when doing analysis these would be considered one case;
 - This will be added to the Surveillance Protocol.
6. **Alicia** will distribute a template of what clinical labs are provided to verify they are submitting the correct information;
7. **Melissa** drafted letter to clinical laboratories regarding HIPPA which she will distribute to the group;
8. **Karen** will rewrite the section of the Surveillance Protocol under "Clinical Laboratory Audits," specifically regarding computer print-outs;
 - CO and GA letters to clinical laboratories were distributed in call packet;
 - Karen revised the "Clinical Laboratory Audit" section, which was also distributed prior to the call;
 - NM: There is no way to make an one size fits all. We had isolates that were in the state lab but that were not being reported through the clinical lab. Had the clinical lab run every single positive stool;
 - OR: Some labs won't be willing to run every positive stool;
 - NM: Worked with this particular lab for >2 months, they don't want to do this;
 - CT: Cannot ask clinical labs for what FoodNet is asking, they will not give us their negatives; we get positives for what we ask and hope that they run the program correctly;
 - NM: Labs realize that we're just getting started and are working through things;

- CT: When just getting started, you can set expectations; we've found things change over time;
- TN: Some clinical labs are starting to refuse to let us look at their negatives;
- OR: Had to sign HIPPA agreement;
- NM: What does computer documentation mean? Just a query? Would that be sufficient?
- OR: Don't know if we can get a print-out of their computer programs/queries?
- CA: No problem with getting people to share their program;
- CO: Can tell a lot about what is being queried based on what they are sending us;
- With the changes suggested by Karen, the 2004 Surveillance Protocol can be put to rest (of course, there is always room for changes to next year's version).

9. **ALL:** Review minutes, make changes as needed to your state's section

State-Specific Questions:

1. Hospitalization (in transfer hospital situation):
 - When filling out date of hospital discharge (in the case of persons who were transferred), do you fill out the date of initial hospital discharge or the date of transfer hospital discharge?
 - CA, CO, CT, MD, OR, NY: Are filling out the date of transfer hospital discharge; GA, MN: Are filling out the date of initial hospital discharge;
 - DECISION: Hospital discharge date (for patients that have transferred hospitals) should be the discharge date from the transfer hospital;
 - The case report form is confusing and should be changed;
 - Clarity should be added to the Surveillance Protocol;
2. Hospitalization:
 - When you collect hospital information, do you know what infection they are hospitalized for? [for example, if someone is hospitalized but not for the infection that was detected (e.g., a *Salmonella* infection), how would you treat this?]
 - CA, CO, GA, NY, OR: Don't know what people are hospitalized for, just know that they are hospitalized.
 - MD: We do know what people are hospitalized for;
 - GA: You wouldn't be able to determine if they received their *Salmonella* infection in the hospital or not;
 - Decision: To be consistent, if people are hospitalized, then identify them as being hospitalized.

Performance Standards

1. Missing *Salmonella* serotype information
 - Should not focus on getting isolates, which have been submitted to out-of-state labs, to your state public health lab.
 - Focus should be on getting serotype information from those isolates into FoodNet data;
 - OR, TN: No problem getting *Salmonella* serotype information (or other information) from other state public health laboratories;
 - Ultimately, should have one target for Performance Standards; this overall goal would encompass all potential problems (e.g., not getting the isolate to the state lab, not getting the serotype information from out-of-state labs, etc.)
 - Need to draft a PS for missing *Salmonella* serotype;
 - What should target be? (e.g., 100% of isolate submitted to the state laboratory and 85-90% of isolates not submitted to the state laboratory?)
 - GA: Depends on what you are striving for, won't be able to reach a high standard for *Salmonella* serotype;
 - CO: Comes down to a decision on what priorities are;
 - TN: *Salmonella* serotype should be a high priority;

-NY: Performance standards are identified as important; these standards are what we should be focusing our efforts on; there should be different categorization of performance standards (e.g., programmatic issues vs. data issues)

2. PulseNet Standard:

-3 sites have variable (NY, CO, MD—all non-PHLIS sites) have PFGE variable name in database but information is blank; other sites don't have variable in data that is being submitted;

-Do you get PFGE information?

-CO, NY: Get state-specific PFGE pattern information;

-GA: It took >1 year to get *Listeria* PFGE pattern;

-NY: question is being is the pattern data being submitted; there needs to be better communication to assure that if needed information is not being sent, that sites are informed that this information isn't being sent;

-TN: State lab PFGE number won't be useful to CDC; what is FoodNet trying to attain by including this information; PulseNet is a stand-alone system;

-We need to link the data; if the information is being submitted, it can be entered at the state without developing some complex linking mechanism;

-CO: the linking mechanism is the state laboratory id number; by hand entering the PFGE data into FoodNet, there is the potential for data entry errors; may be more time efficient to focus efforts on linking these data with the state laboratory id number;

-DECISION: We shouldn't drop standard but should revise standard to identify a percentage of what should be linked as the ultimate goal is to improve linking of FoodNet and PulseNet data.