

Minutes from FoodNet Coordinators Call
Thursday, April 28th, 2004 (2:00-3:00 pm EST)

Attendees: Sam Shin (CA), Alicia Cronquist (CO), Ruthanne Marcus, Sharon Hurd (CT), Stepy Thomas, Melissa Tobin-D'Angelo, Suzanne Segler (GA), Pat Ryan (MD), Ellen Swanson (MN), Karen Edge (NM), Shelley Zansky, Bridget Anderson (NY), Julie Hatch (OR), Diane Gerber (TN), Linda Gaul (TX)

Action Items:

1. Need to establish goals for the coordinators for 2004 (see below)--**All**;
2. Review minutes, make changes as needed to your state's section--**All**;
3. Determine what state laws are for submission of isolates to state public health lab from an out-of-catchment lab (regarding discussion from the call)--**All**;
4. Draft concerns regarding NEDSS, send to Jennifer Nelson—**All**;

Decisions Made:

1. Will spend next couple of months to update/revise performance standards;

Proposed Goals for 2004

1. Update/revise Performance Standards;
2. ???Any proposals???
3. ???Any proposals???

Travel Information in FoodNet

CO: CDC form, interview within 30 days.

- Collect travel information on all FN pathogens (7 day exposure window).
- CEDRSS: problem with cyclospora and cryptosporidium

CT: 7- day window, international travel

TN/NM: Every enteric case has person-to-person interview within 30 days

- NM: state HD doesn't want FoodNet personnel to re-contact cases
- Can put actual interview dates as opposed to Yes/No

TN: 2 weeks within symptom onset, all reported FoodNet pathogens

TX: S. Typhi interviewed within 33 days of the incubation period; possible go to 5-week interview period (UNK: this was decided on long ago, don't change)

CA: Interview Typhi and Vibrio

- Don't actively seek information
- Information collected at local level

Performance Standards

A. General:

Should we develop 2 new performance standards?

1. Missing *Salmonella* serotypes;
2. Travel and OB information collected for cases?

TN: If collect information, we should do something with it

B. Missing *Salmonella* serotype:

NY: Problem identified at Vision Meeting with *Salmonella* serotype information. Data presented at meeting was not using closed-out data. When looking at previous years, there is a lower value of missing information.

UNK: Good to develop standard for missing information.

MN: Problem with Lab Core, which reports but the state health department doesn't get the isolate (the Lab Core facility is out-of-state and therefore, the isolate goes to the other state health department). Do get *Salmonella* serotype information but no subtype information.

-Working to get law changed that will require clinical laboratories to get isolates back to the MN DOH regardless of where they are sent.

OR: Some clinical labs use Lab Core but send the isolate to the state health department for confirmation.

TN: If clinical lab sends paper report, do you need the isolate to be sent to the state health department? TN isolates are being sent to the GA state HD.

CA: Need a state lab to serotype isolates.

UNK: Serotype information is important for FoodNet; Isolate is important for linking to NARMS and PulseNet.

TN: Had trouble with the *S. Newport* study.

NY: Has regulations on reporting. If you are doing testing on a NY state resident, you must submit isolates. Initially, this law was not enforced but now very strict and labs comply.

MN: Quest in IL is good about submitting isolates from MN residents to the MN DOH lab. Problem arises with turn-over at Quest, hard to follow through with new people.

CO: State has no authority to mandate isolate submission.
-Do not track isolates from out-of-state labs.

UNK: There are a lot of out-of-catchment labs being used in FoodNet.

C. Performance Standard on outpatient ER cases:

CA: Interprets: if outpatient ER, what was the outcome 7 days after the culture date
-CA does interviews before 7 days

-Mark outcome as unknown unless, outcome is known for sure (e.g., patient has second isolate >7 days, then you know the patient was alive at 7 days).

CT/GA: Interpret this the same as CA

-GA: gets information from chart review (if review is within 7 days, outcome is unknown)

OR: Obtains these data from a death certificate search

NY: Contacts cases within 7-10 days after culture.

CO: Doesn't adhere to 7 days. Normally >7 days but information is provided regardless of when the case is contacted.

NM: Abstract information from the state HD, who has actually interviewed the case.
-Would this be considered county provided data or patient interview?

NEDSS

CA: Foodborne PAM has lots of additional non-FoodNet items/questions. This is information that is not collected by FoodNet.

NM: FoodNet information is scattered through-out the PAM
-7-10 different identification numbers

CA: Sites need input into the development process. How is this going to affect data quality?

CO: Did provide input but the developers didn't implement anything that was discussed.
-This is an important issue if it's going to impact data quality.

MD: Serving as guinea pigs for Foodborne PAM
-Interested in commenting and providing feed back on the PAM