

**CDC's Emerging Infections Program
 CDC/USDA/FDA Foodborne Diseases Active Surveillance Network
 Steering Committee Conference Call**

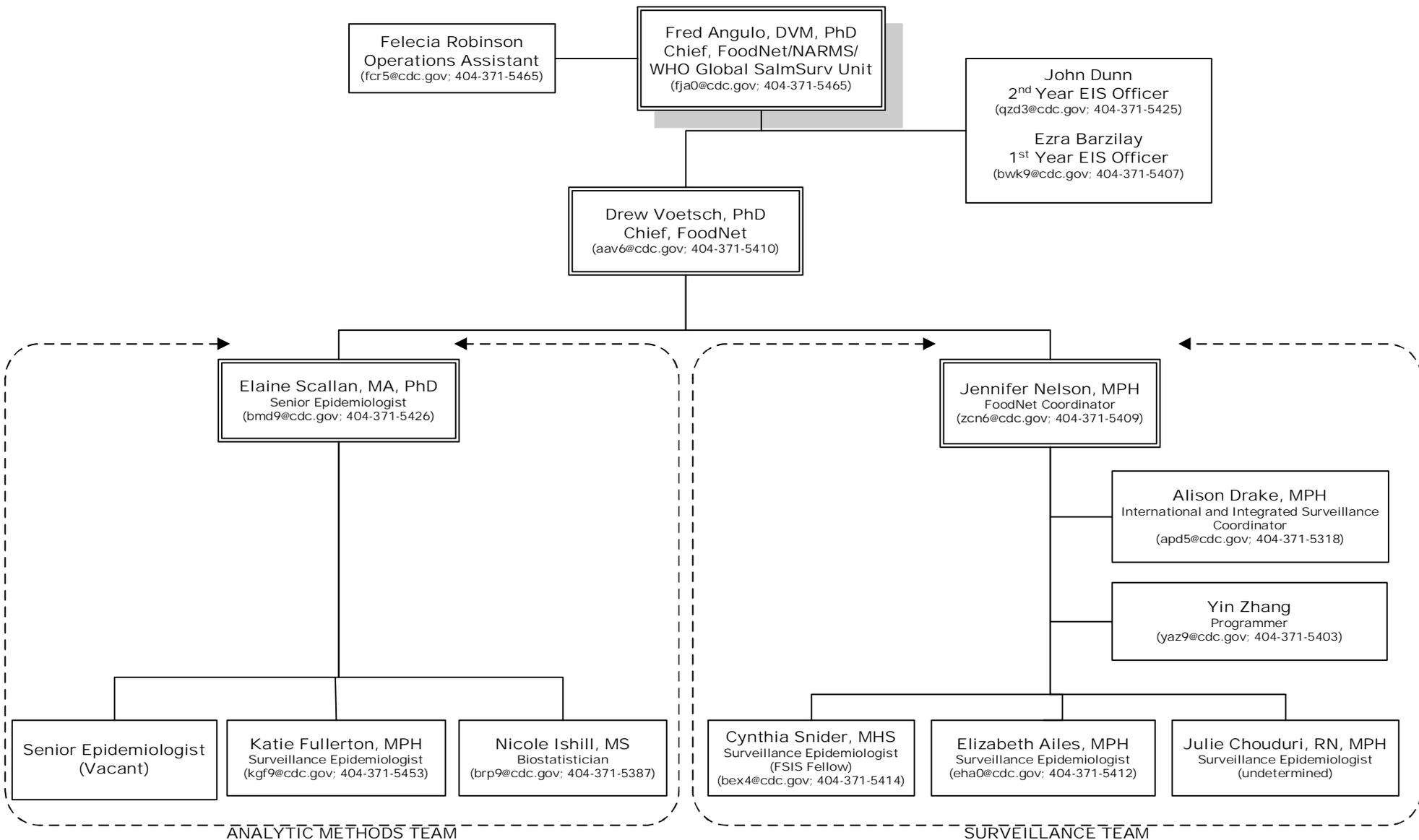
Date: Thursday, August 12th, 2004
 Time: 2:00-3:00 EDT
 Numbers: Number: 877-601-3546 PassCode: 14349

- A. Administrative
 - 1. Personnel
 - a. Good-bye to Alison Drake (CDC)
 - b. Welcome Dawn Norton (CA)
 - c. Welcome Ezra Barzilay (CDC)
 - 2. FoodNet organizational
 - a. Structure and contact information
 - 3. Status of manuscripts
 - a. Active/Published
 - 4. Vision Meeting 2005
 - a. A different location?
 - b. Proposed dates
- B. Surveillance
 - 1. Active surveillance data, 2004
 - 2. HUS surveillance data
 - 3. Status of 2003 Annual Report
- C. Special studies and projects
 - 1. S. Newport, S. Enteritidis, *Listeria*, Infant case-control studies
 - a. SE univariate/bivariate analysis tables
 - 2. HUS cohort study
 - 3. Long-term care facility survey
 - 4. FoodNet Population Survey
 - 5. Summary: Can weather patterns predict disease activity? (MPH student project)
 - 6. *Campylobacter*-GBS Working Group call
- D. Miscellaneous
 - 1. Communications
 - a. NEDSS
 - 2. FSIS Initiatives
- E. Proposals
 - a. The economic cost of diarrheal illness in the United States (Elaine Scallan)
 - b. Bacterial foodborne illness in the United States (Elaine Scallan)
 - c. Use of FoodNet *Listeria* meningitis data for annual report documenting trends in overall meningitis rates for Health People 2010 (Nancy Rosenstein)
 - d. Substantial decline in the incidence of *Escherichia coli* O157:H7 infections in FoodNet, 2003 (John Dunn)
 - e. Foodborne Diseases Active Surveillance Network Surveillance Summary, 1996-2003 (Elizabeth Ailes)
 - f. Health care utilization among persons who have recently experience gastrointestinal illness (Alicia Cronquist)
 - g. Analysis of FoodNet case-control study of sporadic *Salmonella* infections in infants (Tim Jones)
 - h. Analysis of FoodNet case-control study of sporadic *Campylobacter* infections in infants (Katie Fullerton)
- F. Upcoming FoodNet conference calls, meetings, and deadlines

1.	Thursday	Aug. 12 th	12:00-1:00 pm EDT	HUS/STEC Working Group call
2.	Thursday	Aug. 12 th	1:00-2:00 pm EDT	<i>Campylobacter</i> —Regional Differences
3.	Monday	Aug. 16 th	3:00-4:00 pm EDT	GBS Working Group call
4.	Thursday	Aug. 19 th	2:00-3:00 pm EDT	FoodNet Coordinators call
5.	Thursday	Aug. 19 th	3:00-4:00 pm EDT	Outbreak Working Group call
6.	Tuesday	Aug. 24 th	2:00-3:00 pm EDT	Interventions Working Group call
7.	Wednesday	Aug. 25 th	1:00-2:00 pm EDT	<i>Campylobacter</i> —Lab Survey Subcommittee
8.	Thursday	Aug. 26 th	1:00-2:00 pm EDT	Antimicrobial Resistant Working Group call
9.	Thursday	Aug. 26 th	3:00-4:00 pm EDT	Infant Illness Working Group call
10.	Wednesday	Sept. 1 st	1:00-2:00 pm EDT	<i>Campylobacter</i> —Grocery Store Subcommittee
11.	Wednesday	Sept. 1 st	3:30-4:40 pm EDT	Validation of Multipliers Working Group call
12.	Thursday	Sept. 2 nd	11:00-12:00 pm EDT	Attribution Working Group call
13.	Tuesday	Sept. 7 th	2:00-4:00 pm EDT	September Update meeting
14.	Wednesday	Sept. 8 th	4:00-5:00 pm EDT	Burden Working Group call
15.	Thursday	Sept. 9 th	2:00-3:00 pm EDT	September Steering Committee call
- G. Data Submission Deadlines
 - 1. Surveillance data transmission Friday, August 20th
 - 2. HUS data transmission Wednesday, September 1st

FoodNet Organizational Structure (proposed)

August 3, 2004



Active FoodNet Manuscripts

Status	ID	Lead	Co-authors	Manuscript Title	Date of Last Corr.	Comment
0						
	2	Kretsinger, Katrina (CDC)	J Crump, K Joyce, D Vugia, M Megginson, S Segler, S Hurd, J Luedeman, B Shiferaw, S Hanna, J Stevenson, F Angulo	Clinical consequences of typhoid fever due to Salmonella Typhi with decreased susceptibility to ciprofloxacin		
	4	Beach, Michael (CDC)	TBD	H20 manuscript		
	5	Jones, Tim F (TN)	TBD	Infant Salmonella case-control study		
	6	Snider, Cindi (CDC)	TBD	Descriptive characterization of adult HUS in FoodNet sites, 1997-2002	2/9/2004	
	7	Majowicz, Shannon (Health Canada)	E Scallan, G Hall, A Banerjee, MD Kirk, F Angulo	Respiratory symptoms among persons with gastrointestinal illness		
	8	Jones, Tim F (TN)	E Scallan, M McMillian, P Frenzen, N Ishill, A Cronquist, S Thomas, F Angulo	Darrhoeal illness in FoodNet: cycles 1-4 of the population survey		
	9	Scallan, Elaine (CDC)	T Jones, M McMillian, P Frenzen, N Ishill, A Cronquist, S Thomas, F Angulo	Respiratory symptoms among persons with diarrhea in FoodNet sites		
	153	Drake, Alison (CDC)	TBD	E. coli O157 and HUS infections, 1997-2002	7/14/2004	
1						
	1	Marcus, Ruthanne (CT)	MR Moore, JK Varma, C Medus, T Crume, R Marcus, SM Zansky, E Boothe, D Boxrud, RV Tauxe, and the EIP FoodNet Working Group	Risk factors for sporadic infection caused by Salmonella Enteritidis in the United States, 2002-2003	7/2/2004	

*Status: 0=Proposal, 1=Analysis, 2=Writing, 3=Draft being reviewed by co-authors, 4=Incorporating comments, 5=NCID/CDC clearance, 6=At journal

Active FoodNet Manuscripts

Status	ID	Lead	Co-authors	Manuscript Title	Date of Last Corr.	Comment
	80	Varma, Jay (CDC)	MC Samuel, R Marcus, M Hoekstra, C Medus, S Segler, BJ Anderson, TF Jones, B Shiferaw, N Haubert, M Megginson, PV McCarthy, W De Witt, T Van Gilder, and the EIP FoodNet Working Group	Listeria monocytogenes infection from food in the regulatory era: a case-control study of risk factors for sporadic illness in the United States	6/8/2004	Draft to Fred for review
	81	Voetsch, Drew (CDC)	TBD	Analysis of trends in listeriosis in the FoodNet sites, 1996-2003	7/14/2004	Proposal was originally submitted/approved by Matt Moore;
	152	Frenzen, Paul (USDA-ERS)	A Drake, others TBD	The economic cost of E. coli O157:H7 infections	7/14/2004	Proposed submission to J. Food Protection
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	2					
	3	Varma, Jay (CDC)	R Marcus, SA Stenzel, SA Hanna, S Gettner, BJ Anderson, T Hayes, B Shiferaw, TL Crume, K Joyce, FJ Angulo for the EIP FoodNet Working Group	Risk factors for infection with multi-drug resistant Salmonella serotype Newport – United States, 2002-2003	6/8/2004	Anaylsis proceeding
	82	Malone, Shauna (CT)	R Marcus, J Hadler, S Zansky, D Hoefler,	Knowledge, attitude, and practice of the use of irradiation among respondents to the FoodNet Population Survey in Connecticut and New York		
	84	Vugia, Duc (CA)	FoodNet Education Working Group	Foodborne diseases in the United States: lessons learned from FoodNet, 1996-2002	6/8/2004	
	157	Devasia, Rose (TN)	JK Varma, JM Whichard, S Gettner, AB Cronquist, S Hurd, SD Segler, KE Smith, D Hoefler, B Shiferaw, FJ Angulo, TF Jones, and the EIP FoodNet Working Group	Health consequences of infection with multidrug resistant and pan-susceptible Salmonella Newport reported to FoodNet--United States, 2002-2003	8/4/2004	
	158	Cheung, Michele (CA)	S Ray, B Shiferaw, N Vik, T Rabatsky-Ehr, E Boothe, M Kennedy, T Lasky, D Vugia	Foodborne pathogens causing illness in the first 7 days of life: FoodNet, 1996-2001	8/4/2004	Data is being reviewed again and a manuscript is being drafted
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	3					
	85	Kennedy, Malinda (CDC)	T Rabatsky-Her, S Lance-Parker, S Thomas, K Smith, J Mohle-Boetani, B Keene, P Mead.	Changes in bovine risk factors for E. coli O157: a case-control study in FoodNet sites: 1999-2000	6/8/2004	Waiting on comments from Paul; should be submitted to

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Status	ID	Lead	Co-authors	Manuscript Title	Date of Last Corr.	Comment
	86	Patrick (Evans), M (DeKalb Co. Health Dept)	PM Griffin, PS Mead	The effectiveness of recall notification: community response to a nationwide recall of hot dogs and deli meats	6/8/2004	Waiting on comments from Paul; should be submitted to
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4	90	Watt, JP (CDC)	M Bales, AL Dannenberg, B Imhoff, SR Mullins, SF Dowell	Impact of a health-related internet hoax on a public health agency and the public: implications for health communication	2/27/2004	
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5	87	Samuel, Michael (CA)	DJ Vugia, KM Koehler, R Marcus, AA McNees, V Deneen, B Damaske, B Shiferaw, J Hadler, FJ Angulo	Consumption of risky foods among adults at high risk for severe foodborne diseases: room for improved targeted prevention messages	8/4/2004	Submitted to CDC and state clearance.
	88	Koehler, Kathleen (FDA)	T Lasky, SB Fein, SM DeLong, MA Hawkins, T Rabatsky-Ehr, SM Ray, B Shiferaw, E Swanson, and DJ Vugia for the EIP FoodNet Working Group	Population-based incidence of infection with selected enteric bacterial pathogens for children < 5 years of age, FoodNet, 1996-1998	7/2/2004	Revised version is in CDC clearance.
	89	Dunne, Eileen (CDC)	JC Lay, B Shiferaw, JB Bender, ZF Dembek, Davis, LG Wesolowski, S Zansky, M Carter, EJ Boothe, S Burnite, F Hardnett, J Wells, B Bibb, PM Griffin, P Mead	Results of active surveillance for pediatric Hemolytic Uremic Syndrome (HUS) in the United States, 1997-1999	6/8/2004	Through CDC clearance; will be submitted to journal in June
	150	Green, Laura (CDC)	C Selman, T Jones, E Scallan, R Marcus, and the EHS-Net Population Survey Working Group	Beliefs about sources of gastrointestinal illness	8/4/2004	
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6	91	Schroder, Carl (USDA)	AL Naugle, WD Schlosser, AT Hogue, FJ Angulo, E Ebel, JS Rose, WT Disney, K Holt, DP Goldman.	Estimated illnesses from Salmonella Enteritidis in shell eggs, United States, 2000	6/8/2004	Submitted to EID on April 26, 2004. Under editorial review.
	95	Green, Laura (CDC)	C Selman, FJ Angulo, V Radke, S Buchanan and the EHS-Net Working Group	Food service workers' self-reported food preparation practices: an EHS-Net study	6/8/2004	Has been requested for special issue; publication date unknown.
	149	Varma, Jay (CDC)	K Molbak, S Rossiter, M Hawkins, T Jones, S Mauvais, T Rabatsky-Ehr, S Stenzel, D Vugia, M Park, K Joyce, K Stamey, H Chang, F Angulo, and the EIP FoodNet Working Group	Antimicrobial resistance in Salmonella is associated with increased hospitalization; NARMS 1996-2000	8/4/2004	Submitted to JID

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Published FoodNet Manuscript

Lead	Co-authors	Title	Citation/Web Link
2004			
Allos, Ban Mishu (TN)	MR Moore, PM Griffin, RV Tauxe	Surveillance for Sporadic Foodborne Disease in the 21st Century: The FoodNet Perspective	Clinical Infectious Diseases, 2004;38:S115-S120 http://www.cdc.gov/foodnet/pub/CID/allosb.pdf
Bender, Jeffrey B (CDC)	KE Smith, AA. McNeese, TR Rabatsky-Ehr, SD Segler, MA Hawkins, NL Spina, WE Keene, MH Kennedy, TJ Van Gilder, CW Hedberg, for the Emerging Infections Program (EIP) FoodNet Working Group	Factors Affecting Surveillance Data of Escherichia coli O157 Infections Collected from FoodNet Sites, 1996-1999	Clinical Infectious Diseases, 2004;38:S157-S164 http://www.cdc.gov/foodnet/pub/CID/benderj.pdf
Centers for Disease Control and Prevention	FoodNet Working Group	Preliminary FoodNet Data on the Incidence of Pathogens Transmitted Commonly Through Food - Selected Sites, United States, 2003	MMWR April 30, 2004/53(16);338-343 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5316a2.htm
Chatterjee, Nando K (NY)	DW Moore, SS Monroe, RI Glass, MJ Cambridge, SF Kondracki, and DL Morse	Molecular Epidemiology of Outbreaks of Viral Gastroenteritis in New York State, 1998-1999	Clinical Infectious Diseases, 2004;38:S303-S310 http://www.cdc.gov/foodnet/pub/CID/chatterjeen.pdf
Friedman, Cindy R (CDC)	RM Hoekstra, M Samuel, R Marcus, J Bender, B Shiferaw, S Reddy, SD Ahuja, DL Helfrick, FP Hardnett, M Carter, B Anderson, RV Tauxe, for the Emerging Infections Program (EIP) FoodNet Working Group	Risk Factors for Sporadic Campylobacter Infections in the United States: A Case-Control Study in FoodNet Sites	Clinical Infectious Diseases, 2004;38:S285-S296 http://www.cdc.gov/foodnet/pub/CID/friedmanc.pdf
Glynn, M. Kathleen (CDC)	V Reddy, L Hutwagner, T Rabatsky-Ehr, B Shiferaw, DJ Vugia, SD Segler, J Bender, TJ Barrett, FJ Angulo, for the Emerging Infections Program (EIP) FoodNet Working Group	Prior Antimicrobial Agent Use Increases the Risk of Sporadic Infections with Multidrug-Resistant Salmonella enterica Serotype Typhimurium: a FoodNet Case-Control Study	Clinical Infectious Diseases, 2004;38:S227-S236 http://www.journals.uchicago.edu/CID/journal/issues/v38nS3/32118/32118 .
Gupta, Amita (CDC)	JM Nelson, TJ Barrett, RV Tauxe, SP Rossiter, CR Friedman, KW Joyce, KE Smith, TJ Jones, MA Hawkins, B Shiferaw, JL Beebe, DJ Vugia, T Rabatsky-Her, JA Benson, TP Root, FJ Angulo for the NARMS Working Group	Antimicrobial Resistance Among Campylobacter Strains in the United States, 1997-2001: Increasing Prevalence of Ciprofloxacin Resistance	Emerging Infectious Diseases, Vol. 10, No. 6, January 2004 http://www.cdc.gov/ncidod/eid/vol10no6/03-0635.htm
Hardnett, Felicia P (CDC)	RM Hoekstra, M Kennedy, L Charles, FJ Angulo, for the Emerging Infections Program (EIP) FoodNet Working Group	Epidemiologic Issues in Study Design and Data Analysis Related to FoodNet Activities	Clinical Infectious Diseases, 2004;38:S121-S126 http://www.cdc.gov/foodnet/pub/CID/hardnettf.pdf
Hennessy, Thomas W (CDC)	LH Cheng, H Kassenborg, SD Ahuja, J Mohle-Boetani, R Marcus, B Shiferaw, FJ Angulo, for the Emerging Infections Program (EIP) FoodNet Working Group	Egg Consumption is the Principal Risk Factor for Sporadic Salmonella Serotype Heidelberg Infections: A Case-Control Study in FoodNet Sites	Clinical Infectious Diseases, 2004;38:S237-S243 http://www.cdc.gov/foodnet/pub/CID/hennessyt2.pdf

Published FoodNet Manuscript

Lead	Co-authors	Title	Citation/Web Link
Hennessy, Thomas W (CDC)	R Marcus, V Deneen, V Reddy, DJ Vugia, J Townes, M Bardsley, D Swerdlow, FJ Angulo, for the Emerging Infections Program (EIP) FoodNet Working Group	Survey of Physician Diagnostic Practices for Patients with Acute Diarrhea: Clinical and Public Health Implications	Clinical Infectious Diseases, 2004;38:S203-S211 http://www.cdc.gov/foodnet/pub/CID/hennessyt.pdf
Imhoff, Beth (CDC)	D Morse, B Shiferaw, MHawkins, D Vugia, S Lance-Parker, J Hadler, C Medus, M Kennedy, MR Moore, T Van Gilder, for the Emerging Infection Program (EIP) FoodNet Working Group	Burden of Self-Reported Acute Diarrheal Illness, United States FoodNet Areas, 1998-1999	Clinical Infectious Diseases, 2004;38:S219-S226 http://www.cdc.gov/foodnet/pub/CID/imhoffb.pdf
Jones, Jeffrey L (CDC)	A Lopez, SP Wahlquist, J Nadle, M Wilson, for the Emerging Infections Program (EIP) FoodNet Working Group	Survey of Clinical Laboratory Practices, Parasitic Diseases	Clinical Infectious Diseases, 2004;38:S198-S202 http://www.cdc.gov/foodnet/pub/CID/jonesj.pdf
Jones, Tim F (TN)	B Imhoff, M Samuel, P Mshar, KG McCombs, M Hawkins, V Deneen, M Cambridge, SJ Olsen, for the Emerging Infections Program (EIP) FoodNet Working Group	Limitations to Successful Investigation and Reporting of Foodborne Outbreaks: An Analysis of Foodborne Disease Outbreaks in FoodNet Catchment Areas, 1998-1999	Clinical Infectious Diseases, 2004;38:S297-S302 http://www.cdc.gov/foodnet/pub/CID/jonest.pdf
Jones, Tim F (TN)	SN Bulens, S Gettner, RL Garman, DJ Vugia, D Blythe, MA Hawkins, SS Monroe, FJ Angulo, UD Parashar	Use of Stool Collection Kits Delivered to Patients Can Improve Confirmation of Etiology in Foodborne Disease Outbreaks	In press with CID
Kassenborg, Heidi D (MN)	KE Smith, DJ Vugia, T Rabatsky-Ehr, MR. Bates, MA Carter, NB Dumas, MPCassidy, N Marano, RV Tauxe, FJ Angulo, for the Emerging Infections Program (EIP) FoodNet Working Group	Fluoroquinolone-Resistant Campylobacter Infections: Eating Poultry Outside the Home and Foreign Travel are Risk Factors	Clinical Infectious Diseases, 2004;38:S279-S284 http://www.cdc.gov/foodnet/pub/CID/kassenborgh.pdf
Kassenborg, Heidi D (MN)	CW Hedberg, M Hoekstra, MC Evans, AE Chin, R Marcus, DJ Vugia, K Smith, SD Ahuja, L Slutsker, PM Griffin, for the Emerging Infections Program (EIP) FoodNet Working Group	Farm Visits and Undercooked Hamburgers as Major Risk Factors for Sporadic Escherichia coli O157:H7 Infection: Data from a Case-Control Study in Five FoodNet Sites	Clinical Infectious Diseases, 2004;38:S271-S278 http://www.cdc.gov/foodnet/pub/CID/kassenbogh2.pdf
Kennedy, Malinda (CDC)	R Villar, DJ Vugia, T Rabatsky-Ehr, MM Farley, M Pass, K Smith, P Smith, PR Cieslak, B Imhoff, PM Griffin, for the Emerging Infections Program (EIP) FoodNet Working Group	Hospitalizations and Deaths from Salmonella infections, FoodNet 1996-1999	Clinical Infectious Diseases, 2004;38:S142-S148 http://www.cdc.gov/foodnet/pub/CID/kennedym.pdf
Kimura, Akiko C (CA)	V Reddy, R Marcus, PR Cieslak, JC Mohle-Boetani, HD Kassenborg, SD Segler, FP Hardnett, T Barrett, DL Swerdlow, for the Emerging Infections Program (EIP) FoodNet Working Group	Chicken is a Newly Identified Risk Factor for Sporadic Salmonella serotype Enteritidis Infections in the United States: A Case-Control Study in FoodNet Sites	Clinical Infectious Diseases, 2004;38:S244-S252 http://www.cdc.gov/foodnet/pub/CID/kimuraa.pdf
Lee, Robin (CDC)	ME Beatty, AK Bogard, M Esko, FJ Angulo, C Selman, and EHS-Net Working Group	Prevalence of High-Risk Egg-Preparation Practices in Restaurants That Prepare Breakfast Egg Entrees: An EHS-Net Study	Journal of Food Protection, 2004;67(7):1444-50

Published FoodNet Manuscript

Lead	Co-authors	Title	Citation/Web Link
Marcus, Ruthanne (CT)	T Rabatsky-Ehr, JC Mohle-Boetani, M Farley, C Medus, B Shiferaw, M Carter, S Zansky, M Kennedy, T Van Gilder, JL Hadler for the Emerging Infections Program (EIP) FoodNet Working Group	Dramatic Decrease in the Incidence of Salmonella Serotype Enteritidis (SE) Infections in Five FoodNet Sites: 1996-1999	Clinical Infectious Diseases, 2004;38:S135-S141 http://www.cdc.gov/foodnet/pub/CID/marcusr.pdf
Mermin, Jonathan (CDC)	L Hutwagner, D Vugia, S Shallow, P Daily, J Bender, J Koehler, R Marcus, and F Angulo, for the Emerging Infections Program (EIP) FoodNet Working Group	Reptiles, Amphibians, and Human Salmonella Infection: A Population-Based, Case-Control Study	Clinical Infectious Diseases, 2004;38:S253-S261 http://www.cdc.gov/foodnet/pub/CID/merminj.pdf
Nelson, Jennifer (CDC)	KE Smith, DJ Vugia, T Rabatsky-Her, S Segler, H Kassenborg, S Zansky, K Joyce, N Marano, M Hoekstra, FJ Angulo	Prolonged duration of diarrhea associated with fluoroquinolone-resistant Campylobacter infections	In press with JID
Ray, Susan M (GA)	SD Ahuja, PA Blake, MM Farley, M Samuel, T Fiorentino, E Swanson, M Cassidy, JC Lay, T Van Gilder, for the Emerging Infections Program (EIP) FoodNet Working Group	Population-Based Surveillance for Yersinia enterocolitica Infection: Higher Risk of Disease in Infants and Minority Populations	Clinical Infectious Diseases, 2004;38:S181-S189 http://www.journals.uchicago.edu/CID/journal/issues/v38nS3/32112/32112 .
Rees, Judy R	MA Davis, A McNees, S Shallow, FJ Angulo, DJ Vugia	Persistent Diarrhea, Arthritis, and Other Complications of Enteric Infections: A Pilot Survey	Clinical Infectious Diseases, 2004;38:S311-S317 http://www.cdc.gov/foodnet/pub/CID/reesj.pdf
Rowe, Samantha Y (CDC)	JR Rocourt, B Shiferaw, HD Kassenborg, SD eglar, R Marcus, PJ Daily, FP Hardnett, L Slutsker, for the Emerging Infections Program (EIP) FoodNet Working Group	Breast-Feeding Decreases Risk of Sporadic Salmonellosis Among Infants in FoodNet Sites	Clinical Infectious Diseases, 2004;38:S262-S270 http://www.cdc.gov/foodnet/pub/CID/rowes.pdf
Roy, Sharon (CDC)	SM DeLong, SA Stenzel, B Shiferaw, JM Roberts, A Khalakdina, R Marcus, SD Segler, DD Shah, S Thomas, DJ Vugia, SM Zansky, V Dietz, MJ Beach, and the Emerging Infections (EIP) FoodNet Working Group	Risk Factors for Sporadic Cryptosporidiosis among Immunocompetent Persons in the United States from 1999 to 2001	Journal of Clinical Microbiology, 2004;42(7):2944-51
Samuel, Michael C (CDC)	DJ Vugia, S Shallow, R Marcus, S Segler, T McGivern, H Kassenborg, K Reilly, M Kennedy, Frederick Angulo, RV Tauxe, for the Emerging Infections Program (EIP) FoodNet Working Group	Epidemiology of Sporadic Campylobacter Infection in the United States and Declining Trend in Incidence, FoodNet 1996-1999	Clinical Infectious Diseases, 2004;38:S165-S174 http://www.journals.uchicago.edu/CID/journal/issues/v38nS3/32110/32110 .
Scallan, Elaine (CDC)	SE Majowicz, G Hall, A Banerjee, CL Bowman, L Daly, T Jones, MD Kirk, M Fitzgerald, FJ Angulo	Prevalence of diarrhea in the community in Australia, Canada, Ireland and the United States	Accepted at International Journal of Epidemiology
Shiferaw, Beletshachew (OR)	S Shallow, R Marcus, S Segler, D Soderlund, FP Hardnett, T Van Gilder, for the Emerging Infections Program (EIP) FoodNet Working Group	Trends in Population-Based Active Surveillance for Shigellosis and Demographic Variability in FoodNet sites: 1996-1999	Clinical Infectious Diseases, 2004;38:S175-S180 http://www.journals.uchicago.edu/CID/journal/issues/v38nS3/32111/32111 .

Published FoodNet Manuscript

Lead	Co-authors	Title	Citation/Web Link
Voetsch, Andrew C (CDC)	TJ Van Gilder, FJ. Angulo, MM Farley, S Shallow, R Marcus, PR Cieslak, VC Deneen, RV Tauxe, for the Emerging Infections Program (EIP) FoodNet Working Group	FoodNet Estimate of the Burden of Illness Caused by Nontyphoidal Salmonella Infections in the United States	Clinical Infectious Diseases, 2004;38:S127-S134 http://www.cdc.gov/foodnet/pub/CID/voetscha1.pdf
Voetsch, Andrew C (CDC)	FJ Angulo, T Rabatsky-Ehr, S Shallow, M Cassidy, SM. Thomas, E Swanson, SM. Zansky, MA Hawkins, TF Jones, PJ Shillam, TJ Van Gilder, JG Wells, PM Griffin, for the Emer	Laboratory Practices Culturing Stool Specimens for Bacterial Pathogens, Including Escherichia coli O157:H7, in the FoodNet Sites, 1995-2000	Clinical Infectious Diseases, 2004;38:S190-S197 http://www.cdc.gov/foodnet/pub/CID/voetscha2.pdf
Vugia, Duc J (CDC)	M Samuel, MM. Farley, R Marcus, B Shiferaw, S Shallow, K Smith, FJ Angulo, for the Emerging Infections Program (EIP) FoodNet Working Group	Invasive Salmonella Infections in the United States, FoodNet 1996-1999: Incidence, Serotype Distribution, and Outcome	Clinical Infectious Diseases, 2004;38:S149-S156 http://www.cdc.gov/foodnet/pub/CID/vugiadj.pdf
Wong, Stephanie (CDC)	R Marcus, M Hawkins, S Shallow, KG McCombs, E Swanson, B Anderson, B Shiferaw, R Garman, K Noonan, T Van Gilder, for the Emerging Infections Program (EIP) FoodNet Working Group.	Physicians as Food-Safety Educators: A Practices and Perceptions Survey	Clinical Infectious Diseases, 2004;38:S212-S218 http://www.cdc.gov/foodnet/pub/CID/wongs.pdf
2003			
Centers for Disease Control and Prevention	FoodNet Working Group	Preliminary FoodNet Data on the Incidence of Foodborne Illnesses - Selected Sites, United States, 2002	MMWR April 18, 2003 / 52(15);340-343 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5215a4.htm
Vanden Eng, Jodi (CDC)	R Marcus, JL Hadler, B Imhoff, DJ Vugia, P Cieslak, E Zell, V Deneen, K Gibbs McCombs, SM Zansky, MA Hawkins, RE Besser	Consumer Attitudes and Use of Antibiotics	Emerg Infect Dis [serial online] 2003 Sept [date cited]. http://www.cdc.gov/ncidod/EID/vol9no9/02-0591.htm
2002			
Buzby, Jean C		Older Adults at Risk of Complications From Microbial Foodborne Illness.	USDA Economic Research Service (ERS) FoodReview, Vol. 25, Issue 2, Sep http://www.ers.usda.gov/publications/FoodReview/Sep2002/frvol25i2f.pdf
Centers for Disease Control and Prevention	FoodNet Working Group	Preliminary FoodNet Data on the Incidence of Foodborne Illnesses-Selected Sites, United States, 2001	MMWR April 19, 2002; 51(15);325-9 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5115a3.htm
Jones, Tim J (TN)	M Kellum, S Porter, M Bell, W Schaffner	An Outbreak of Community-Acquired Foodborne Illness Caused by Methicillin-Resistant Staphylococcus aureus	Emerging Infectious Diseases, Vol. 8, No. 1, January 2002 http://www.cdc.gov/ncidod/EID/vol8no1/01-0174.htm

Published FoodNet Manuscript

Lead	Co-authors	Title	Citation/Web Link
2001			
Centers for Disease Control and Prevention	FoodNet Working Group	Preliminary FoodNet Data on the Incidence of Foodborne Illnesses - Selected Sites, United States, 2000.	MMWR 2001; 50(13);241-6 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5013a1.htm
Frenzen, Paul (USDA)	E DeBess, K Hechemy, H Kassenborg, M Kennedy, K McCombs, A McNees, and the FoodNet Working Group.	Consumer Acceptance of Irradiated Meat and Poultry in the United States.	The Journal of Food Protection 2001; 64:12 2020-2026 http://apt.allenpress.com/aptonline/?request=get-abstract&issn=0362-028X&
2000			
Centers for Disease Control and Prevention	FoodNet Working Group	Preliminary FoodNet Data on the Incidence of Foodborne Illnesses - Selected Sites, United Staes, 1999	MMWR 2000; 49 (10): 201-205 http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/mm4910a1.htm
Frenzen, Paul (USDA)	A Majchrowicz, B Buzby, B Imhoff, and the FoodNet Working Group	Consumer Acceptance of Irradiated Meat and Poultry Products	Agriculture Information Bulletin, 2000; 757:1-8 http://www.cdc.gov/foodnet/pub/publications/frenzen_p_2/frenzen_p_2.htm
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Wallace, David J (CDC)	T Van Gilder, S Shallow, T Fiorentino, SD Segler, KE Smith B Shiferaw, R Etzel, WE Garthright, FJ Angulo, and the FoodNet Working Group	Incidence of Foodborne Illnesses Reported by the Foodborne Diseases Active Surveillance Network (FoodNet)-1997.	Journal of Food Protection 2000; 63 (6): 807-809. http://www.cdc.gov/foodnet/pub/publications/2000/wallace_d.htm
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Centers for Disease Control and Prevention	FoodNet Working Group	Incidence of Foodborne Illnesses: Preliminary Data from the Foodborne Diseases Active Surveillance Network (FoodNet) - United States, 1998	MMWR 1999; 48 (9): 189-194 http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00054940.htm
Frenzen, Paul (USDA)	T Riggs, J Buzby, T Breuer, T Roberts, D Voetsch, S Reddy, and the FoodNet Working Group	Salmonella Cost Estimate Update Using FoodNet Data	Food Review 1999; 22 (2): 10-15 http://www.cdc.gov/foodnet/pub/publications/frenzen_p/frenzen_p.htm

Published FoodNet Manuscript

Lead	Co-authors	Title	Citation/Web Link
Frenzen, Paul (USDA-ERS))	T Riggs, J Buzby, T Breur, T Roberts, D Voetsch, S Reddy, and the FoodNet Working Group	Salmonella cost estimate update using FoodNet data	Food Review, 1999:22(2):10-15 http://www.cdc.gov/foodnet/pus/salmo.htm
Herikstad, Hallgeir (Denmark)	S Yang, TJ Van Gilder, DJ Vugia, J Hadler, P Blake, V Deneen, B Shiferaw , FJ Angulo FJ, and the FoodNet Working Group	A Population-Based Estimate of the Burden of Diarrheal Illness in the United States: FoodNet, 1996-1997	Epidemiology and Infection 2002; 129:9-17. http://www.cdc.gov/foodnet/pub/publications/2002/herikstad_h.htm
Mead, Paul (CDC)	L Slutsker, A Dietz, L McCaig, J Bresee, Shapiro C, Griffin P, Tauxe R	Food-Related Illness and Death in the United States	Emerging Infectious Diseases 1999; 5 (5): 607-625. http://www.cdc.gov/ncidod/eid/vol5no5/mead.htm
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Angulo, Fred (CDC)	A Voetsch, D Vugia, J Hadle, M Farley, C Hedberg, P Cieslak, D Morse, D Dwyer, D Swerdlow, FoodNet Working group.	Determining the Burden of Human Illness from Foodborne Diseases: CDC's Emerging Infectious Disease Program Foodborne Disease Active Surveillance Network (FoodNet).	Veterinary Clinics of North America: Food Animal Practice 1998; 14: 165-1 http://www.cdc.gov/foodnet/pub/publications/1998/angulo_f/angulo_f.htm
Centers for Disease Control and Prevention		Outbreak of Vibrio parahaemolyticus Infections Associated with Eating Raw oysters - pacific Northwest, 1997	MMWR 1998; 47 (22): 457-462 http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00053377.htm
Centers for Disease Control and Prevention	FoodNet Working Group	Incidence of Foodborne Illnesses- FoodNet 1997	MMWR 1998; 47 (37): 782 http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00054940.htm
1997			
Centers for Disease Control and Prevention	FoodNet Working Group	Foodborne Diseases Active Surveillance Network 1996.	MMWR 1997; 46 (12): 258-261 http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00046981.htm
1996			
Centers for Disease Control and Prevention		Surveillance for Creutzfeldt-Jakob Disease - United States	MMWR 1996; 45 (31): 665-668 http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00043220.htm

Fullerton, Kathleen

From: Nelson, Jennifer M (NCID)
Sent: Wednesday, August 04, 2004 11:35 AM
To: Nelson, Jennifer M (NCID)
Subject: FW: Listeria Case Control Update

-----Original Message-----

From: Drake, Alison
Sent: Wednesday, July 21, 2004 3:27 PM
To: Varma, Jay; Angulo, Fred
Subject: Listeria Case Control Update

Hi Jay and Fred,

I have looked at the Listeria case control isolates to see what PFGE information we have and what we are missing and here's what I found

Total Cases Enrolled in Case Control Study = 173

	N	Total	%
Match isolates with Lewis/ Have J/H number (Lewis' #)	152	173	87.9%
1st Enzyme pattern finished	100	173	57.8%
2nd Enzyme pattern finished	80	173	46.2%
1st and 2nd Enzyme pattern finished	77	173	44.5%
Need to repeat 1st enzyme	5	173	2.9%
Need to repeat 2nd enzyme	4	173	2.3%
Isolates not received at CDC	11	173	6.4%
Unable to match case with isolate at CDC	7	173	4.0%
Lewis has it listed as Not Listeria	1	173	0.6%

I am trying to decide how I should proceed from here. I think that if we have the isolates matched with Lewis we should be able to ask the PFGE lab again if they can find the patterns for the isolates we matched since they received the original line list (So we should find an additional 52 isolates that were tested with at least 1 enzyme). I think that is worthwhile to do.

I wanted to see how much interest we have in contacting the states to see if they can help us link the isolates we've been unable to match (7) and also see if we wanted to ask them to submit isolates we haven't yet received (11).

Also do we want to ask PulseNet to retest the isolates that needed to be re-run, and if so on how many enzymes?

Finally, we had a meeting last week to discuss Listeria in general and the topic of publication and authors came up. Are there currently lab authors on this manuscript? I think there is some sensitivity about me asking the lab to do additional work without offering authorship, so I wanted to ask both of you what the status of this is before I proceed in contacting the lab again.

Any guidance you can provide would be appreciated.

Thanks
 Alison

SE case control study									
Summary Risk Factor Analysis (bivariate) Table									
updated 07/29/2004									
	All Cases and Controls			Domestic Cases and Controls			Travel Cases and Controls		
Exposure	cases (n=223)	controls (n=742)	OR (95% CI)	cases (n=156)	controls (n=736)	OR (95% CI)	cases (n=67)	controls(n=6)	OR (95% CI)
Hamburger	95/202 (47%)	317/732 (43%)	1.16 (0.85-1.59)	63/138 (46%)	314/726 (43%)	1.1 (0.76-1.59)	32/64 (50%)	3/6 (50%)	1 (0.19-5.33)
Hamburger outside of home	77/201 (38%)	218/729 (30%)	1.46 (1.05-2.02)	48/138 (35%)	215/723 (30%)	1.26 (0.86-1.85)	29/63 (46%)	3/6 (50%)	0.85 (0.16-4.55)
Hamburger consumed at sit-down	32/198 (16%)	55/727 (8%)	2.36 (1.48-3.76)	12/137 (9%)	55/721 (8%)	1.16 (0.61-2.23)	20/61 (33%)	0/6 (0%)	. (-.)
Eggs	128/204 (63%)	403/738 (55%)	1.4 (1.02-1.93)	80/142 (56%)	401/732 (55%)	1.07 (0.74-1.53)	48/62 (77%)	2/6 (33%)	6.86 (1.13-41.43)
Eggs outside of home	72/202 (36%)	123/735 (17%)	2.76 (1.95-3.9)	29/139 (21%)	121/729 (17%)	1.32 (0.84-2.08)	43/63 (68%)	2/6 (33%)	4.3 (0.73-25.46)
Runny egg outside the home	22/202 (11%)	23/735 (3%)	3.78 (2.06-6.94)	7/139 (5%)	23/729 (3%)	1.63 (0.68-3.87)	15/63 (24%)	0/6 (0%)	. (-.)
Homemade mayonnaise, ice cream, or custard	10/221 (5%)	5/742 (1%)	6.99 (2.36-20.66)	4/155 (3%)	5/736 (1%)	3.87 (1.03-14.59)	6/66 (9%)	0/6 (0%)	. (-.)
Chicken	165/206 (80%)	518/733 (71%)	1.67 (1.15-2.44)	115/142 (81%)	514/727 (71%)	1.77 (1.13-2.76)	50/64 (78%)	4/6 (67%)	1.79 (0.3-10.78)
Chicken cooked outside home	118/195 (61%)	254/728 (35%)	2.86 (2.07-3.96)	71/131 (54%)	253/722 (35%)	2.19 (1.51-3.2)	47/64 (73%)	1/6 (17%)	13.82 (1.51-126.96)
Turkey	57/208 (27%)	228/738 (31%)	0.84 (0.6-1.19)	49/147 (33%)	227/732 (31%)	1.11 (0.76-1.62)	8/61 (13%)	1/6 (17%)	0.75 (0.08-7.32)
Melon	77/223 (35%)	220/742 (30%)	1.25 (0.91-1.72)	44/156 (28%)	217/736 (30%)	0.94 (0.64-1.38)	33/67 (49%)	3/6 (50%)	0.97 (0.18-5.16)
Honeydew or Watermelon	64/215 (30%)	130/741 (18%)	1.99 (1.41-2.82)	38/150 (25%)	128/735 (17%)	1.61 (1.06-2.44)	26/65 (40%)	2/6 (33%)	1.33 (0.23-7.82)
Pet in Home	122/217 (56%)	395/742 (53%)	1.13 (0.83-1.53)	97/152 (64%)	392/736 (53%)	1.55 (1.08-2.22)	25/65 (39%)	3/6 (50%)	0.63 (0.12-3.34)
Dog	86/217 (40%)	258/742 (35%)	1.23 (0.9-1.68)	67/152 (44%)	256/736 (35%)	1.48 (1.04-2.11)	19/65 (29%)	2/6 (33%)	0.83 (0.14-4.9)
Cat	72/213 (34%)	208/742 (28%)	1.31 (0.95-1.82)	62/149 (42%)	206/736 (28%)	1.83 (1.27-2.64)	10/64 (16%)	2/6 (33%)	0.37 (.06-2.3)
Bird	17/216 (8%)	31/742 (4%)	1.96 (1.06-3.61)	15/151 (10%)	31/736 (4%)	2.51 (1.32-4.77)	2/65 (3%)	0/6 (0%)	. (-.)
Lizard	11/217 (5%)	5/742 (1%)	7.87 (2.7-22.91)	7/152 (5%)	5/736 (1%)	7.06 (2.21-22.55)	4/65 (6%)	0/6 (0%)	. (-.)
Recreational Water	27/216 (13%)	57/742 (8%)	1.72 (1.06-2.79)	10/151 (7%)	56/736 (8%)	0.86 (0.43-1.73)	17/65 (26%)	1/6 (17%)	1.77 (0.19-16.26)

SE case control study

Summary Risk Factor Analysis (bivariate) Table, by Phage Type

updated 07/29/2004

Exposure	Phage type 1 (n=6)			Phage type 4 (n=29)			Phage type 8 (n=60)		
	cases	controls	OR (95% CI)	cases	controls	OR (95% CI)	cases	controls	OR (95% CI)
Hamburger	4/6 (67%)	317/732 (43%)	2.62 (0.48-14.39)	17/27 (63%)	317/732 (43%)	2.23 (1.01-4.93)	22/55 (40%)	317/732 (43%)	0.87 (0.5-1.53)
Hamburger outside of home	3/6 (50%)	218/729 (30%)	2.34 (0.47-11.7)	15/26 (58%)	218/729 (30%)	3.2 (1.44-7.07)	17/55 (31%)	218/729 (30%)	1.05 (0.58-1.9)
Hamburger consumed at sit-down	3/6 (50%)	55/727 (8%)	12.22 (2.41-61.97)	9/25 (36%)	55/727 (8%)	6.87 (2.9-16.27)	4/55 (7%)	55/727 (8%)	0.96 (0.33-2.75)
Eggs	4/6 (67%)	403/738 (55%)	1.66 (0.3-9.13)	19/26 (73%)	403/738 (55%)	2.26 (0.94-5.43)	34/54 (63%)	403/738 (55%)	1.41 (0.8-2.5)
Eggs outside of home	3/6 (50%)	123/735 (17%)	4.98 (0.99-24.94)	16/26 (62%)	123/735 (17%)	7.96 (3.53-17.96)	14/54 (26%)	123/735 (17%)	1.74 (0.92-3.3)
Runny egg outside the home	2/6 (33%)	23/735 (3%)	15.48 (2.7-88.84)	7/26 (27%)	23/735 (3%)	11.41 (4.36-29.81)	4/54 (7%)	23/735 (3%)	2.48 (0.82-7.44)
Homemade mayonnaise, ice cream, or custard	0/6 (0%)	5/742 (1%)	. (-.)	3/28 (11%)	5/742 (1%)	17.69 (4-78.16)	2/60 (3%)	5/742 (1%)	5.08 (0.97-26.77)
Chicken	5/6 (83%)	518/733 (71%)	2.08 (0.24-17.87)	21/26 (81%)	518/733 (71%)	1.74 (0.65-4.68)	41/54 (76%)	518/733 (71%)	1.31 (0.69-2.49)
Chicken cooked outside home	5/6 (83%)	254/728 (35%)	9.33 (1.08-80.3)	17/25 (68%)	254/728 (35%)	3.97 (1.69-9.32)	28/51 (55%)	254/728 (35%)	2.27 (1.28-4.03)
Turkey	0/6 (0%)	228/738 (31%)	. (-.)	5/24 (21%)	228/738 (31%)	0.59 (0.22-1.6)	15/56 (27%)	228/738 (31%)	0.82 (0.44-1.51)
Melon	4/6 (67%)	220/742 (30%)	4.75 (0.86-26.1)	11/29 (38%)	220/742 (30%)	1.45 (0.67-3.12)	17/60 (28%)	220/742 (30%)	0.94 (0.52-1.68)
Honeydew or Watermelon	3/6 (50%)	130/741 (18%)	4.7 (0.94-23.55)	11/28 (39%)	130/741 (18%)	3.04 (1.39-6.65)	13/59 (22%)	130/741 (18%)	1.33 (0.7-2.53)
Pet in Home	3/6 (50%)	395/742 (53%)	0.88 (0.18-4.38)	9/28 (32%)	395/742 (53%)	0.42 (0.19-0.93)	40/58 (69%)	395/742 (53%)	1.95 (1.1-3.47)
Dog	3/6 (50%)	258/742 (35%)	1.88 (0.38-9.36)	7/28 (25%)	258/742 (35%)	0.63 (0.26-1.49)	27/58 (47%)	258/742 (35%)	1.63 (0.95-2.8)
Cat	1/6 (17%)	208/742 (28%)	0.51 (0.06-4.42)	4/28 (14%)	208/742 (28%)	0.43 (0.15-1.25)	26/55 (47%)	208/742 (28%)	2.3 (1.32-4)
Bird	0/6 (0%)	31/742 (4%)	. (-.)	3/28 (11%)	31/742 (4%)	2.75 (0.79-9.61)	3/57 (5%)	31/742 (4%)	1.27 (0.38-4.3)
Lizard	0/6 (0%)	5/742 (1%)	. (-.)	2/28 (7%)	5/742 (1%)	11.34 (2.1-61.19)	4/58 (7%)	5/742 (1%)	10.92 (2.85-41.84)
Recreational Water	1/5 (20%)	57/742 (8%)	3 (0.33-27.33)	11/28 (39%)	57/742 (8%)	7.78 (3.48-17.39)	4/60 (7%)	57/742 (8%)	0.86 (0.3-2.45)

SE case control study
Summary Risk Factor Analysis (bivariate) Table, by Phage Type
 updated 07/29/2004

Exposure	Phage type 13 (n=41)			Phage type 13A (n=12)			Phage type 24 (n=7)		
	cases	controls	OR (95% CI)	cases	controls	OR (95% CI)	cases	controls	OR (95% CI)
Hamburger	15/33 (46%)	317/732 (43%)	1.09 (0.54-2.2)	5/12 (42%)	317/732 (43%)	0.94 (0.29-2.97)	3/6 (50%)	317/732 (43%)	1.31 (0.26-6.53)
Hamburger outside of home	13/34 (38%)	218/729 (30%)	1.45 (0.71-2.95)	3/12 (25%)	218/729 (30%)	0.78 (0.21-2.91)	3/6 (50%)	218/729 (30%)	2.34 (0.47-11.7)
Hamburger consumed at sit-down	3/34 (9%)	55/727 (8%)	1.18 (0.35-3.99)	2/12 (17%)	55/727 (8%)	2.44 (0.52-11.43)	2/6 (33%)	55/727 (8%)	6.11 (1.09-34.1)
Eggs	19/39 (49%)	403/738 (55%)	0.79 (0.41-1.5)	7/12 (58%)	403/738 (55%)	1.16 (0.37-3.7)	4/7 (57%)	403/738 (55%)	1.11 (0.25-4.99)
Eggs outside of home	5/39 (13%)	123/735 (17%)	0.73 (0.28-1.91)	3/11 (27%)	123/735 (17%)	1.87 (0.49-7.13)	4/7 (57%)	123/735 (17%)	6.63 (1.47-30.01)
Runny egg outside the home	1/39 (3%)	23/735 (3%)	0.81 (0.11-6.19)	0/11 (0%)	23/735 (3%)	. (-.)	1/7 (14%)	23/735 (3%)	5.16 (0.6-44.62)
Homemade mayonnaise, ice cream, or custard	1/41 (2%)	5/742 (1%)	3.69 (0.42-32.29)	1/12 (8%)	5/742 (1%)	13.4 (1.44-124.37)	0/7 (0%)	5/742 (1%)	. (-.)
Chicken	30/39 (77%)	518/733 (71%)	1.38 (0.65-2.96)	10/12 (83%)	518/733 (71%)	2.08 (0.45-9.55)	5/7 (71%)	518/733 (71%)	1.04 (0.2-5.39)
Chicken cooked outside home	20/36 (56%)	254/728 (35%)	2.33 (1.19-4.58)	5/12 (42%)	254/728 (35%)	1.33 (0.42-4.24)	5/7 (71%)	254/728 (35%)	4.67 (0.9-24.22)
Turkey	18/40 (45%)	228/738 (31%)	1.83 (0.96-3.48)	5/12 (42%)	228/738 (31%)	1.6 (0.5-5.09)	4/7 (57%)	228/738 (31%)	2.98 (0.66-13.43)
Melon	10/41 (24%)	220/742 (30%)	0.77 (0.37-1.59)	6/12 (50%)	220/742 (30%)	2.37 (0.76-7.44)	4/7 (57%)	220/742 (30%)	3.16 (0.7-14.25)
Honeydew or Watermelon	9/40 (23%)	130/741 (18%)	1.36 (0.63-2.93)	6/11 (55%)	130/741 (18%)	5.64 (1.7-18.76)	4/7 (57%)	130/741 (18%)	6.27 (1.39-28.34)
Pet in Home	26/41 (63%)	395/742 (53%)	1.52 (0.79-2.92)	5/12 (42%)	395/742 (53%)	0.63 (0.2-1.99)	6/7 (86%)	395/742 (53%)	5.27 (0.63-44)
Dog	21/41 (51%)	258/742 (35%)	1.97 (1.05-3.7)	4/12 (33%)	258/742 (35%)	0.94 (0.28-3.14)	5/7 (71%)	258/742 (35%)	4.69 (0.9-24.34)
Cat	16/41 (39%)	208/742 (28%)	1.64 (0.86-3.14)	4/12 (33%)	208/742 (28%)	1.28 (0.38-4.31)	2/7 (29%)	208/742 (28%)	1.03 (0.2-5.33)
Bird	3/41 (7%)	31/742 (4%)	1.81 (0.53-6.19)	1/12 (8%)	31/742 (4%)	2.09 (0.26-16.66)	0/7 (0%)	31/742 (4%)	. (-.)
Lizard	3/41 (7%)	5/742 (1%)	11.64 (2.68-50.51)	0/12 (0%)	5/742 (1%)	. (-.)	2/7 (29%)	5/742 (1%)	58.96 (9.17-379.04)
Recreational Water	4/40 (10%)	57/742 (8%)	1.34 (0.46-3.88)	1/12 (8%)	57/742 (8%)	1.09 (0.14-8.61)	2/7 (29%)	57/742 (8%)	4.81 (0.91-25.33)

**Foodborne Diseases Active Surveillance
Network (FoodNet)**

Population Survey Question Catalogue

August 2004

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FOODNET POPULATION SURVEYS

The Foodborne Diseases Active Surveillance Network (FoodNet) is a collaborative network established in cooperation with the Centers for Disease Control and Prevention's Emerging Infections Program; the state health departments in California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New York, New Mexico, Oregon, and Tennessee; the Food and Drug Administration's Center for Food Safety and Applied Nutrition; and the United States Department of Agriculture's Food Safety Inspection Service.

FoodNet has conducted four 12-month cycles of the Population Survey, a population-based survey, in 1996-1997, 1998-1999, 2000-2001, and 2002-2003. The purpose of the survey is to more precisely estimate the burden of acute diarrheal illness in the United States, and the frequency of important exposures. FoodNet Population Survey data are useful in determining the prevalence and severity of self-reported diarrheal illness, common symptoms associated with diarrhea and the proportion of persons with diarrhea who seek care. Exposures that might be risk factors for foodborne illness, such as the consumption of potentially "risky" foods or recent travel out of the United States, are included as questions on the survey instrument and are asked in conjunction with illness questions.

The population surveys are administered by MACRO International using a standard Behavioral Risk Factor Surveillance System (BRFSS) methodology. During the study period, persons are contacted by using a single-stage random digit dialing technique called Genesys-ID. This sampling system allows for the removal of nonworking and business telephones. One respondent is randomly selected from each household contacted. A computer algorithm is used to select one household member, based upon the total number of males and females in the household. All age groups are eligible for inclusion; if a child aged 12 years or under is selected, a parent is interviewed to ascertain information about the child's exposures. In every site, approximately the same number of interviews are conducted each month. Since 2002, the survey has been administered in both English and Spanish.

C1: The **1996-1997 Population Survey** was conducted in five FoodNet sites (California, Connecticut, Georgia, Minnesota and Oregon) for 12 consecutive months from July 1996 through July 1997. In 1996, the total population in the five sites was approximately 14 million; this represented 8% of the U.S. population.

C2: The **1998-1999 Population survey** was conducted in seven FoodNet sites (California, Connecticut, Georgia, Maryland, Minnesota, New York and Oregon) for 12 consecutive months from February 1998 through February 1999. In 1998, the total population in the seven sites was approximately 29 million; this represented 11% of the U.S. population.

C3: The **2000-2001 Population survey** was conducted in eight FoodNet sites (California, Connecticut, Georgia, Maryland, Minnesota, New York, Oregon and Tennessee) for 12

SAMPLE (PAGES 1-10 OF 44) – DO NOT CIRCULATE

consecutive months from February 2000 through January 2001. In 2000, the total population of the eight sites was approximately 33 million persons; this represented 12% of the US population.

C4: The **2002-2003 Population Survey** was conducted by telephone in the nine FoodNet sites (California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New York, Oregon and Tennessee) for 12 consecutive months from March 2002 through February 2003. In 2002, the total population of the nine sites was approximately 38 million persons; this represented 13% of the US population.

QUESTIONNAIRE TOPIC HEADINGS

ANIMAL CONTACT: Farm animals **Cycle (Question no.)**

- In the past 5 days, did you visit or live on a farm? C1 (5)
- In the past 7 days, did you {he/she} visit a farm? C2 (5)
- In the past 7 days, did {you/your child} live on a farm? C3 (48)
- In the past 7 days, did {you/your child} visit a farm, other than the one where {you/your child} might live? C3 (50)
- In the past 5 days, did you visit a petting zoo? C1 (6)
- In the past 7 days, did you {he/she} visit a petting zoo? C2 (6)
- In the past 7 days, did {you/your child} visit a petting zoo or state or local fair at which there were animals?..... C3 (52)
- In the past 7 days, did {you/your child} visit a petting zoo or farm? C4 (6.1)
- In the past 7 days, did {you/your child} visit a state or local fair at which there were animals? C4 (6.2)
- In the past month, did {you/your child} attend a county fair?C4 (MN5)
- Were any of the following animals present on the farm? Milk or dairy cow, beef cow/bull/steer, calf (young cow or bull), sheep or goat, pigs, poultry C3 (49, 51)
- Were any of the following animals present at the petting zoo or local fair? Milk or dairy cow, beef cow/bull/steer, calf (young cow or bull), sheep or goat, pigs, poultry..... C3 (53)
- In the past 7 days, did you {he/she} have any contact with the following animals... Bird, kitten [<6 months old], cat, chicken, baby chicks, cow/bull/steer, calf, puppy (<6 months old), dog, goat, sheep, or lamb, horse, pig, reptile or amphibian, turkey. Does this animal or pet belong to someone in your household? Did you {he/she} have contact with the animal's stool? C2 (7)

ANIMAL CONTACT: Pets **Cycle (Question no.)**

- In the past 5 days, were there any dogs in your house? Did this dog have diarrhea in those 5 days? C1 (12, 13)
- In the past 5 days, were there any cats in your house? Did this cat have diarrhea in those 5 days? C1 (14, 15)

SAMPLE (PAGES 1-10 OF 44) – DO NOT CIRCULATE

In the past 7 days, did you {he/she} have any contact with the following animals... Bird, kitten [

{Do you/does your child} have a pet in {your/your child's} home? How many pets {do you/does your child} have? What type of pet {do you/does your child} have? How old is it?C4 (MD7)

During the past seven days, {have you/has your child} had contact with kitten or cat stool? Did {you/your child} wash {your/his or her} hands with soap and water after touching kitten or cat stool?.....C4 (GA4, GA5)

ANIMAL CONTACT: Reptiles, amphibians Cycle (Question no.)

In those 5 days, were there any reptiles (such as snakes, turtles, iguanas, or other lizards) or any amphibians (such as frogs or salamanders) in your house? What types of reptiles or amphibians? C1 (8, 9)

In those 5 days, did you visit a place (such as a school, pet store, or another home) where there was a reptile?..... C1 (10)

In those 5 days, did you touch a reptile?..... C1 (11)

In the past 7 days, did you {he/she} have any contact with the following animals... reptile or amphibian. Does this animal or pet belong to someone in your household? Did you {he/she} have contact with the animal's stool? C2 (7)

In the past 7 days did {you/your child} have contact with a reptile or amphibian, such as a snake, turtle, or frog? Was it your household's pet or animal? Did {you/your child} have contact with its droppings or feces? C4 (6.3, 6.4, 6.5)

BIOTERRORISM Cycle (Question no.)

Please tell me whether your household has each of the following items that you might need in an emergency: first-aid kit, battery-operated radio and batteries, enough blankets so that everyone in your household could keep warm, even in the winter if the heat went out, flashlight or enough candles to last 3 evenings, 3-day supply of food that doesn't need to be refrigerated..... C4 (MODC_1)

Between October and December 2001, did anyone in your household encounter any white powder that made you concerned about anthrax?

Did you contact anyone about this? Who did you contact? Did you receive antibiotics for this possible exposure? C4 (MODC_2-5)

SAMPLE (PAGES 1-10 OF 44) – DO NOT CIRCULATE

If you were concerned that you were in a bioterrorism event, what officials would you contact first? C4 (MODC_6)

DAYCARE ATTENDANCE **Cycle (Question no.)**

In the past 5 days, where there any children less than 2 years old in your house?..... C1 (2)

In the past 5 days, did any child that lives in your household attend a child care setting?..... C1 (3)

Do any of these children attend daycare? C2 (93); C3 (88); C4 (MOD15_8)

Have any of your children who attend daycare had either diarrhea or vomiting in the last 4 weeks C3 (MN101a); C4 (MN3a)

Did they attend daycare while they had either diarrhea or vomiting? ... C3 (MN101b); C4 (MN3b)

DEMOGRAPHICS: Age, Sex **Cycle (Question no.)**

Record gender C1; C2; C3 (97)

What is the gender of your child? C4 (MOD15_16)

What is {your/your child's} age? C1 (135); C2 (90); C3 (85b); C4 (MOD15_5)

What is {your/your child's} date of birth? C3 (85a)

DEMOGRAPHICS: Education **Cycle (Question no.)**

What is the highest grade or year of school you completed? C1 (138)

What is the highest level of school you have completed or the highest degree you received? C2 (96); C3 (92); C4 (MOD15_11)

DEMOGRAPHICS: Income **Cycle (Question no.)**

What was your household income, before taxes, in 19XX? Was it...\$15,000 or less, more than \$15,000 but less than \$30,000, more than \$30,000 but less than \$60,000, more than \$60,000 but less than \$100,000, more than \$100,000 C1 (141); C2 (101)

Now I am going to read you a list of income categories. Please stop me when a category best describes your total household income, before taxes, in 20XX? Was it...Less than \$15,000, \$15,000 up to \$25,000, \$25,000 up to \$40,000, \$40,000 up to \$55,000, \$55,000 up to \$75,000, \$75,000 up to \$100,000, More than \$100,000..... C3 (96); C4 (MOD15_15)

How many hours per week did you usually work last year, between January and December, 1997? C2 (102)

How many months did you usually work last year, between January and December, 1997? C2 (103)

SAMPLE (PAGES 1-10 OF 44) – DO NOT CIRCULATE

How much did you earn from your job or business, before taxes, in 1997? C2 (104)

DEMOGRAPHICS: Household size **Cycle (Question no.)**

How many children live in your household? C2 (91); C3 (86)

How many people less than 18 years old live in your household? C4 (MOD15_6)

How many of these young people are less than 5 years old, 5 through 12 years old, 13 through 17 years old? C2 (92.); C3 (87); C4 (MOD15_7)

DEMOGRAPHICS: Number of telephone lines **Cycle (Question no.)**

Do you have more than one residential telephone number in your household?
..... C2 (98); C3 (93); C4 (MOD15_12)

How many residential telephone numbers do you have?..... C2 (99); C3 (94); C4 (MOD15_13)

DEMOGRAPHICS: Medical insurance **Cycle (Question no.)**

What type of medical insurance, if any, do you {does he/she} have?..... C1 (142); C2 (100)

Do you/Does your child} have any medical insurance?..... C3 (95); C4 (MOD15_14)

DEMOGRAPHICS: Place of residence **Cycle (Question no.)**

Which of the following places best describes where {you live/your child lives}? City or urban area, suburban area, town, or village, rural not on a farm, on a farm
..... C1 (140); C2 (88); C3 (83); C4 (MOD15_1)

What is your zipcode?..... C1 (139); C3 (84); C4 (MOD15_2)

In what county do you {does he/she} live? C2 (89)

What country {were you/was your child} born in? C4 (MOD15_3)

How long {have you/has your child} lived in the United States? C4 (MOD15_4)

DEMOGRAPHICS: Race, ethnicity **Cycle (Question no.)**

Are you of Spanish or Hispanic origin?..... C1 (137)

Are you {Is he/she} of Hispanic or Latino origin?..... C2 (95)

{Are you/Is your child} Spanish/Hispanic/Latino? C3 (90)

{Are you/Is your child} Hispanic or Latino?..... C4 (MOD15_10)

**CAN WEATHER PATTERNS PREDICT DISEASE ACTIVITY?
CORRELATION OF NATIONAL OCEANIC AND ATMOSPHERIC
ADMINISTRATION METEOROLOGICAL DATA AND THE CENTER FOR
DISEASE CONTROL AND PREVENTION'S FOODNET DATA FOR
MARYLAND, 1996-2002**

July 13th 2004

Protocol Approved by
The George Washington University Medical Center
Institutional Review Board
IRB # [U030409EX](#)

Submitted by
Yancy Alexander Bodenstein

In Partial Fulfillment of the Requirements
For the Masters of Public Health Degree
from
The George Washington University
School of Public Health and Health Services
Department of Epidemiology and Biostatistics

Abstract

Campylobacter and *Salmonella* account for the majority of reported bacterial foodborne illnesses in Maryland. Contaminated food and water serve as the principal vehicles of transmission for both pathogens. Transmission depends, in part, on environmental factors such as precipitation and ambient temperature. We studied the relationship between the incidence of *Salmonella* and *Campylobacter* infections in Maryland captured by the joint Maryland/Centers for Disease Control and Prevention FoodNet program and meteorological data collected by the National Oceanic and Atmospheric Administration. We discovered the incidence of both bacterial infections were significantly linked to temperature and precipitation, temperature displaying the greater impact. Additionally, we derived a mathematical model that, *a priori*, was capable of predicting the incidence of salmonellosis with a fair degree of reliability. The model was less successful for predicting the incidence of campylobacteriosis, suggesting variables other than temperature and precipitation may play a key role in the epidemiology of this infection.

Figure 2. Monthly number of cases of *Salmonella* and *Campylobacter* infection and mean temperature readings, Maryland FoodNet, 1998 - 2002. Dashed line = *Salmonella* cases, dotted line = *Campylobacter* cases, solid line = monthly mean temperature (°F).

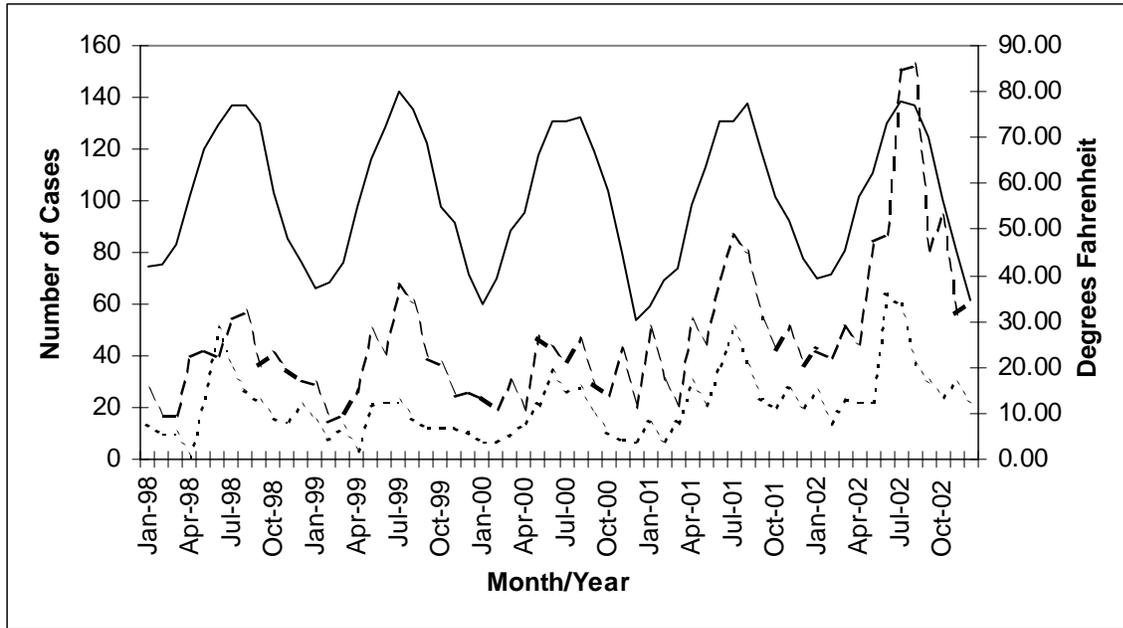


Figure 3. Monthly number of cases of *Salmonella* and *Campylobacter* infection and mean precipitation readings, Maryland FoodNet catchment area, 1998 - 2002. Dashed line = *Salmonella* cases, dotted line = *Campylobacter* cases, solid line = monthly mean monthly precipitation (inches).

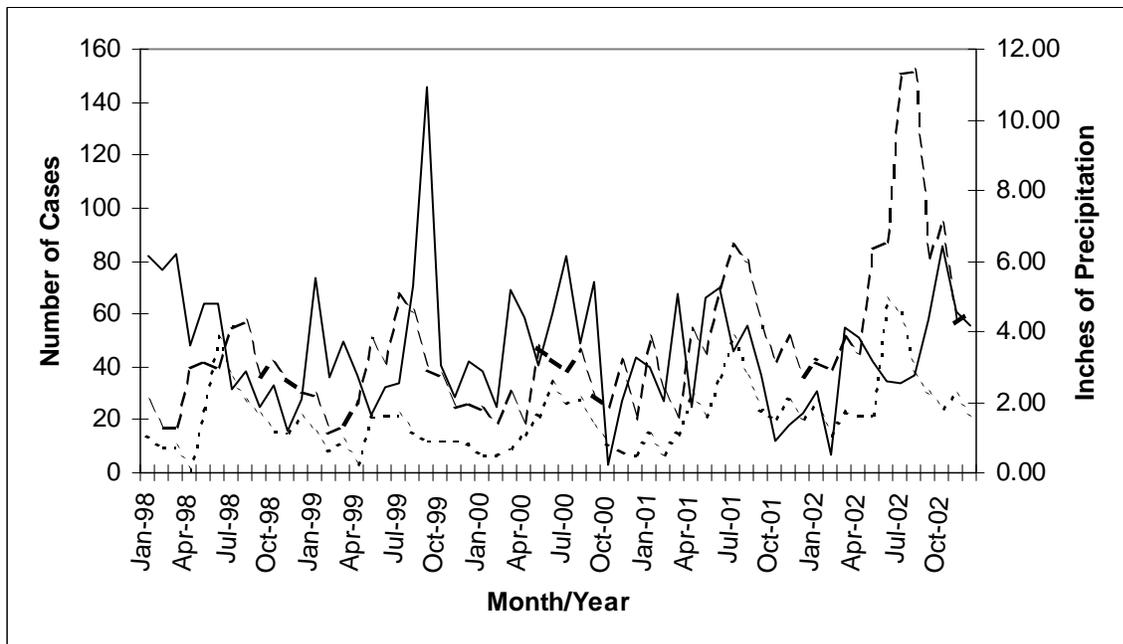


Figure 4. Monthly rates per 100,000 population of *Salmonella* and *Campylobacter* infection and mean temperature readings, Maryland FoodNet 1998 - 2002. Dashed line = disease rates per 100,000 population for *Salmonella*, dotted line = *Campylobacter* rates, solid line = monthly mean temperature (°F).

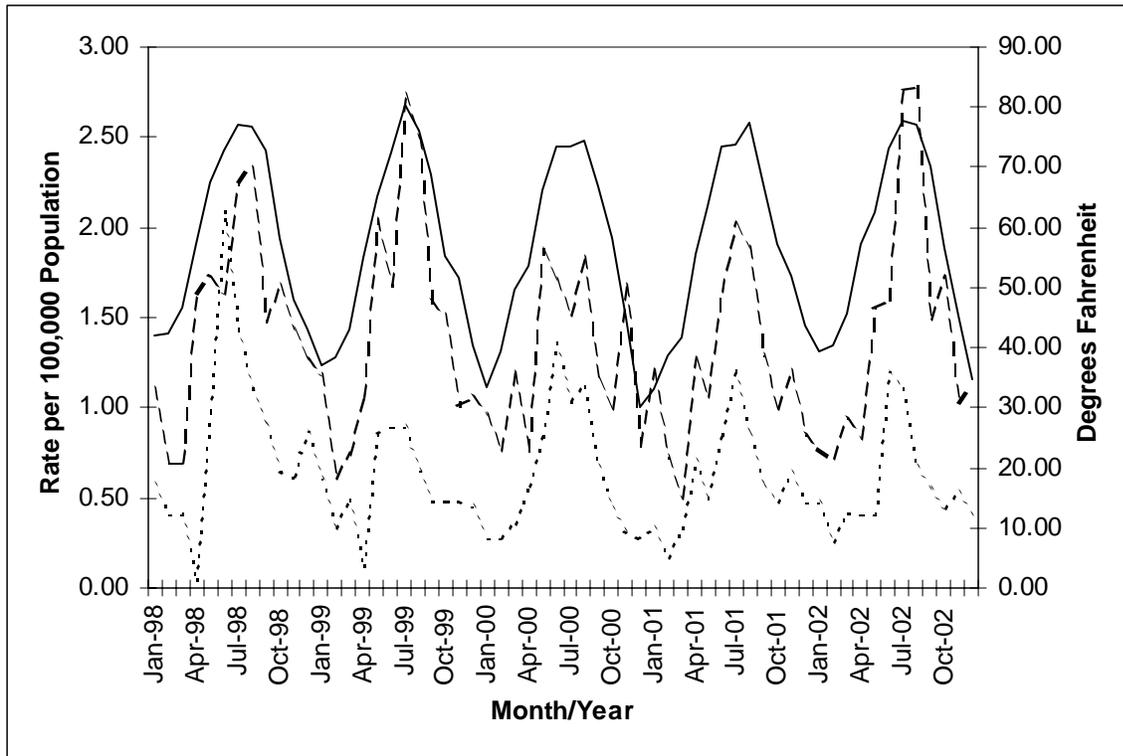
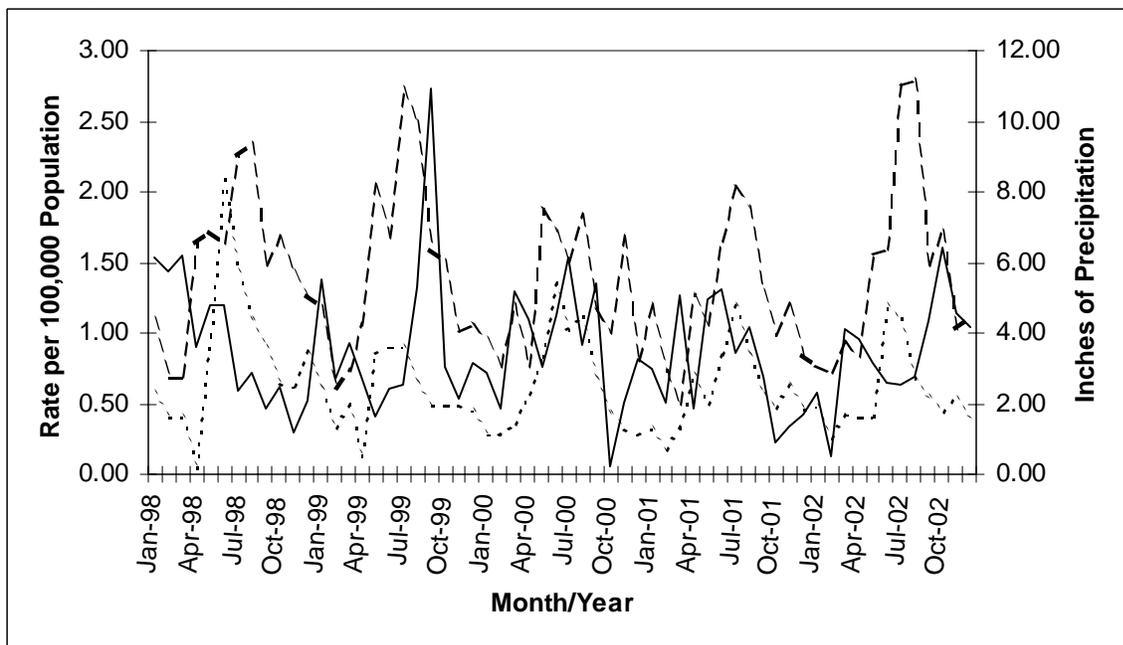


Figure 5. Monthly rates per 100,000 population of *Salmonella* and *Campylobacter* infection and average precipitation, Maryland FoodNet catchment area, 1998 to 2002. Dashed line = disease rates per 100,000 population for *Salmonella*, dotted line = *Campylobacter* rates, solid line = monthly mean monthly precipitation (inches).



Guillain-Barré Syndrome (GBS) Working Group call
Monday, July 19, 2004

Present: CA, CO, CT, MN, OR, TN, USDA, CDC

1. Overview of previous activities
 - a. During Vision Meeting, reviewed GBS literature and voted as priority
 - Can distribute materials (if needed)
2. Hospital Discharge Data (HDD)
 - a. Possibility of HDD surveillance with or without chart review for GBS surveillance
 - b. Based on current HUS surveillance
 - c. Other alternatives than HDD?
3. What do we hope to gain from this study?
 - a. Possibly demonstrating a relationship between *Campylobacter* incidence and GBS incidence.
 - b. From this analysis, there could possibly be a population-based, follow-up study that would look at:
 - Proportion of post-diarrheal GBS cases
 - Incidence of GBS
 - Economic consequences of GBS and post-diarrheal GBS
4. Other Studies
 - a. CT: Using ICD-9 codes (1997-2001), matched one *Campylobacter* case from HDD to cases in active FoodNet surveillance
 - b. TN: Had to look at 60-80 charts to ascertain 4 cases for HUS
 - Looking at ICD-9 codes is misleading
 - Lots of work to sort out acute cases from repeat cases
 - c. OR: Study was much more active, reviewed charts then determined which ones matched. Found 1.4 cases of GBS/100,000; 3 *Campylobacter* cases had GBS. Used both primary and secondary diagnoses. Of 87 cases, 44 were acute GBS cases.
 - Repeating the OR study in a second FoodNet state could be a Masters student project
 - d. MN: Asked questions of the *Campylobacter* cases, found 3 GBS cases/2,000 *Campylobacter* cases
5. Challenges
 - a. An analytical study on GBS;
 - b. Time consuming to discern between acute and repeat GBS cases;
 - c. Would have to make GBS reportable to look at personal identifiers in HDD data and medical records (GBS is only reportable in TN);
 - d. Extensive resources would be required to conduct the chart reviews;
 - e. Even if reportable, some physicians wouldn't report;
 - f. Is HDD a good source of data (i.e., is it complete)?
6. Action Items
 - a. TN will look at their HDD to determine the number of charts that would need review and to think of ways to catch cases that were missed in HDD
 - b. Reconvene GBS Working Group in 3 months (October)

USDA Announces New Initiatives for Improving Food Safety And Public Health

Jul 14, 2004

http://www.fsis.usda.gov/News_&_Events/NR_071404_01/index.asp

Congressional and Public Affairs

(202) 720-9113

Steven Cohen

WASHINGTON, July 14, 2004 - U.S. Department of agriculture Under Secretary for Food Safety Dr. Elsa Murano today released "*Fulfilling the Vision: Initiatives in Protecting Public Health*," a document that reviews recent successes and builds on the course laid out last year to improve the prediction and response to food safety challenges in order to further reduce the incidence of foodborne illness.

In 2003, Agriculture Secretary Ann M. Veneman challenged the Food Safety and Inspection Service (FSIS) to find creative and effective ways to continue to improve the safety of U.S. meat, poultry and egg products to better protect public health. FSIS, the public health agency of USDA, and its workforce of over 7,600 inspection and veterinary personnel regulate the safety of these products in approximately 6,000 plants nationwide.

Fulfilling the Vision presents a list of accomplishments for 2003, which included, enhancement to BSE safeguards, the development of new FSIS employee training programs, strengthened food security measures and modernization of enforcement activities. The document also introduces a number of new initiatives to continue FSIS' mission of ensuring food safety.

"We must use science to identify our greatest challenges and meet them head-on," Murano said. "Ensuring the safety of our food supply will require the active participation of everyone who produces, processes and prepares meat, poultry and egg products."

Murano noted that Food Safety and Inspection Service (FSIS) initiatives to combat *E. coli* O157:H7 and *Salmonella* have resulted in significant reductions in illnesses from those organisms, as reported by the Centers for Disease Control and Prevention (CDC). For example, the CDC recently reported that illnesses from *E. coli* O157:H7 dropped by 36 percent from 2002 to 2003. CDC's reported trends are also reflected in regulatory sampling for the pathogens done by the Agency.

In *Fulfilling the Vision*, Murano lays out an ambitious agenda for the future improvement of food safety. These initiatives include:

Enhanced Data Integration - FSIS is developing innovative ways to anticipate and predict food safety risks in order to protect public health. To do this, the Agency is examining ways to secure and analyze a wealth of data obtained from industry and other sources so that trends can be recognized and problems quickly identified and corrected.

Apply Risk into Regulatory and Enforcement Activities - FSIS is beginning to field-test the Hazard Control Coefficient (HCC), a measurement of the effectiveness of pathogen controls used

by individual establishments. The HCC establishes the level of plant compliance through an analysis of in-plant and Agency verification testing, as well as inspection data. The HCC will help the Agency better understand the frequency and types of food safety failures so that better responses can be designed and implemented.

Associate Program Outcomes to Public Health Surveillance Data - FSIS is working with the Department of Health and Human Services' Centers for Disease Control (CDC) and the Food and Drug Administration (FDA) on public health trends. Data that links foodborne illness outbreaks with specific foods needs to be connected with prevalence data of specific pathogens in specific foods. The Foodborne Diseases Active Surveillance Network, or FoodNet, allows the Agency and its partners to work toward this end by determining the burden of foodborne disease, monitoring foodborne disease trends and determining the extent of foodborne diseases attributable to specific foods. A critical component of this goal is the development of a mathematical model to help estimate illnesses caused by various food commodities.

Improving Food Safety Beyond our Borders - FSIS is working to establish a Food Safety Institute of the Americas to merge the region's resources and provide a focal point for the exchange of food safety information throughout North America. The Agency wants to assist in the development of common food safety standards and harmonize food safety education, information and communication throughout the region.

All of these initiatives will establish a stronger foundation for future advancement and achievements in food safety. It is essential that FSIS continues to modernize its inspection system through risk based approaches and adapt its management agenda to meet ever changing threats and challenges to protect public health.

The complete document, "[Fulfilling the Vision: Initiatives in Protecting Public Health](http://www.fsis.usda.gov)," can be found at <http://www.fsis.usda.gov>.

Public comments on the document can be submitted to:

Mary Cutshall
Aerospace Building
3rd Floor, Room 405
FSIS/USDA
1400 Independence Avenue SW
Washington, D.C. 20250

FoodNet Steering Committee Proposal

Proposed title: The economic cost of diarrheal illness in the United States.

Proposed by: Elaine Scallan (FoodNet, CDC) and Paul Frenzen (Economic Research Service, USDA), and study team members to be named.

Date submitted: July 23, 2004

Purpose: To estimate the economic cost of diarrheal illness in the United States using data from the 2002-2003 FoodNet Population Survey.

Proposal: Diarrhea is a common illness that causes considerable morbidity in the United States. While studies have described the burden of diarrhea in terms of its prevalence, the number of physician visits, the use of medication and time off work due to illness, no study has used these data to estimate the economic burden. We propose to use data the 2002-2003 FoodNet population survey to estimate direct medical costs and costs due to time off work and/or lost leisure time due to illness.

FoodNet Steering Committee Proposal

Proposed title: Bacterial foodborne illness in the United States

Proposed by: Elaine Scallan and the FoodNet Burden working group

Date submitted: July 23, 2004

Purpose: To estimate the burden of foodborne illness in the United States due to *Campylobacter*, Shiga toxin-producing *E.coli* including *E.coli* O157, *Salmonella*, *Shigella*, *Listeria monocytogenes*, *Yersinia enterocolitica*, and *Vibrio*.

Proposal: Mead *et al.* (1999) quantified the burden of foodborne illness in the United States due to known (bacterial, parasitic and viral) and unknown agents. To estimate the total number of foodborne illnesses due to known pathogens Mead *et al.* (1) determined the number of reported cases for each pathogen; (b) adjusted the figures to account for the underreporting; and (c) estimated the proportion of illnesses attributable to foodborne transmission.

To account for underreporting, ‘multipliers’ were calculated using data from the 1997 FoodNet laboratory survey (used to determine how often laboratories test for specific pathogens) and the 1996-1997 FoodNet population survey (used to determine the proportion of persons with diarrhea who seek medical care and the proportion of persons with diarrhea who seek medical care and submit a stool sample). Underreporting pyramids were calculated for persons with bloody and non-bloody diarrhea. For each pathogen, the burden of illness was calculated by combining these two symptoms pyramids. The weight given to each symptom pyramid was based the proportion of ill persons with bloody diarrhea or non-bloody diarrhea.

We proposed to re-do Mead’s burden estimates of foodborne illness due to *Campylobacter*, Shiga toxin-producing *E.coli* including *E.coli* O157, *Salmonella*, *Shigella*, *Listeria monocytogenes*, *Yersinia enterocolitica*, *Vibrio*.

- (1) We will determine the number of cases of *Campylobacter*, Shiga toxin-producing *E.coli* including *E.coli* O157, *Salmonella*, *Shigella*, *Listeria monocytogenes*, *Yersinia enterocolitica*, *Vibrio* reported to FoodNet between 1999 and 2004. We will multiply the annual FoodNet incidence for each year from 1999 through 2004 by the post-census population estimates for the U.S. in that year to estimate the number of culture-confirmed cases in the U.S., adjusted for age. We will then average these five totals to account for year-to-year variation.

- (2) We will adjusted the figures to account for the underreporting using new multipliers calculated using combined data from each of the four FoodNet population surveys. The 1996-1997 population survey, on which Mead's multipliers are based, had a sample size of 9,003. The four cycles of the population survey combined have a sample size of 52,850. Thus, the multipliers derived from the combined dataset will be more robust, and will allow confidence intervals to be calculated. To estimate the range of potential estimates, we will conduct a sensitivity analysis using Monte Carlo simulation. The larger sample size will also allow us to further increase precision by calculating more than two separate symptom pyramids (accounting for the variation in care-seeking behavior by symptom type). For example, we may also include fever, therefore creating four symptoms pyramids: (a) non-bloody diarrhea–no fever, (b) non-bloody diarrhea–fever, (c) bloody diarrhea–no fever, and (d) bloody diarrhea–fever. We will then apply these multipliers to the average number of estimated culture-confirmed cases in the US.

- (3) We will update estimates of the proportion of illnesses attributable to foodborne transmission using more recent sources of information.

Foodborne Diseases Active Surveillance Network (FoodNet)

Proposal: Use of FoodNet *Listeria* meningitis data for annual report documenting trends in overall meningitis rates for Healthy People 2010

Lead Investigator: Nancy Rosenstein

Study Team: None

Date Submitted: July 20, 2004

Purpose: Healthy People 2010 has established a target for bacterial meningitis in children aged 1-23 months of 8.6 cases per 100,000 population.

Timeline: Ongoing. Will need annual updates

Proposal: As part of the Healthy People 2010 objectives for bacterial meningitis in children, ABCs is providing data to DHHS on the incidence of meningitis caused by *Neisseria meningitidis*, *Haemophilus influenzae*, *Streptococcus pneumoniae*, group A streptococcus, and group B streptococcus. To provide the most complete data on the incidence of bacterial meningitis, ABCs would like to include data on the incidence of *Listeria* meningitis on an ongoing, annual basis. A draft report including the other organisms has been developed and is attached. ABCs proposes to add *Listeria* as a separate line in this report. This will require having a dataset of all *Listeria* meningitis cases from FoodNet, including age, sex, race, ethnicity, and outcome. Denominator data, i.e., the FoodNet counties/states participating in *Listeria* surveillance would also be necessary.



Active Bacterial Core Surveillance (ABCs) Report

Emerging Infections Program Network

Bacterial meningitis, 2003 – provisional



ABCs Areas

California (3 county San Francisco Bay area); Colorado (5 county Denver area); Connecticut; Georgia (20 county Atlanta area); Maryland (6 county Baltimore area); Minnesota; New York (15 county Rochester/Albany area); Oregon (3 county Portland area); Tennessee (11 county area). Surveillance for *Streptococcus pneumoniae* in California was limited to San Francisco County only.

ABCs Population

The surveillance areas represent 27,343,582 persons except for *Streptococcus pneumoniae*, representing 24,878,914 persons. Source: National Center for Health Statistics bridged-race vintage 2002 postcensal file

ABCs Case Definition

Invasive disease was defined as isolation of *Haemophilus influenzae*, *Streptococcus pneumoniae*, *Neisseria meningitidis*, or groups A or B streptococcus from a normally sterile site in a resident of a surveillance area in 2003. A case of invasive disease was considered to be meningitis if a clinical diagnosis of meningitis has been entered in the patient's medical record.

ABCs Methodology

Project personnel communicated at least monthly with contacts in all microbiology laboratories serving acute care hospitals in their area to identify cases. Standardized case report forms that include information on demographic characteristics, clinical syndrome, and outcome of illness were completed for each identified case. Regular laboratory audits assess completeness of active surveillance and detect additional cases.

All rates of meningitis were calculated using population estimates for 2002. For national projections, race- and age-specific rates of disease were applied from the aggregate surveillance areas to the race- and age-specific distribution of the 2002 U. S. population. Cases with unknown race were distributed by area based on reported race distribution for known cases within the eight age categories.

Age (years)	Organism				
	<i>H. flu</i>	<i>S. pneumo</i>	<i>N. mening</i>	GBS	GAS
	No. (Rate)*	No. (Rate)	No. (Rate)	No. (Rate)	No. (Rate)
<1 mo	0 (0.0)	0 (0.0)	0 (0.0)	12 (37.5)	0 (0.0)
1-23 mo	6 (0.8)	27 (4.1)	19 (2.6)	22 (3.0)	2 (0.3)
2-18 yr	4 (0.1)	16 (0.3)	21 (0.3)	3 (0.04)	6 (0.1)
19-59 yr	10 (0.1)	117 (0.8)	28 (0.2)	17 (0.1)	4 (0.02)
≥60 yr	7 (0.2)	63 (1.7)	1 (0.02)	7 (0.2)	0 (0.0)
Total	27 (0.1)	223 (0.9)	69 (0.3)	61 (0.2)	12 (0.04)

* Cases per 100,000 population for ABCs areas

Cases

Organism	No. (Rate*)	Deaths No. (Rate†)
<i>H. influenzae</i>	27 (0.1)	1 (3.7)
<i>S. pneumoniae</i>	223 (0.9)	40 (17.9)
<i>Neisseria meningitidis</i>	69 (0.3)	3 (4.3)
Group B streptococcus	61 (0.2)	8 (13.1)
Group A streptococcus	12 (0.04)	2 (16.7)

* Cases per 100,000 population for ABCs areas.

†Deaths per 100 cases with known outcome

Race

Organism	Race		
	White No. (Rate†)	Black No. (Rate†)	Other No. (Rate†)
<i>H. influenzae</i>	18 (0.1)	9 (0.2)	0 (0.0)
<i>S. pneumoniae</i>	141 (0.0)	77 (2.0)	5 (0.4)
<i>N. meningitidis</i>	54 (0.3)	14 (0.3)	1 (0.1)
GBS	34 (0.2)	24 (0.6)	3 (0.2)
GAS	7 (0.03)	3 (0.1)	2 (0.1)

† Cases per 100,000 population for ABCs areas.

National Projection for Bacterial Meningitis:

Cases: 4,300 (1.5/100,000)

Deaths: 1,000 (0.3/100,000)

Healthy People 2010 Update:

Bacterial meningitis in young children

Objective: Decrease the incidence of bacterial meningitis to 8.6 cases per 100,000 persons less than 2 years of age.

Age (year)	2010 Objective	2003 Rate*
< 2	8.6/100,000	11.7/100,000

*Projected cases per 100,000 U.S. population <2 years.

For more information, visit our web site

<http://www.cdc.gov/abcs>

Centers for Disease Control and Prevention. 2004. Active Bacterial Core Surveillance Report, Emerging Infections Program Network, Bacterial meningitis, 2003 – provisional.

Available via the Internet:

<http://www.cdc.gov/ncidod/dbmd/abcs/survreports/bactmeng03.pdf>

Steering Committee Proposal
Centers for Disease Control and Prevention
Emerging Infections Program
Foodborne Diseases Active Surveillance Network (FoodNet)
Phone: (404)-371-5465 Fax:(404)-371-5444

Proposed by: John R. Dunn DVM, PhD
EIS Officer

Title: Substantial decline in the incidence of *Escherichia coli* O157:H7 infections in FoodNet, 1996-2003

Submitted: August 5, 2004

Purpose: The 2003 decline in FoodNet incidence of *Escherichia coli* O157:H7 infection corresponds to a decline in the number of positive samples in the USDA-FSIS testing program for ground beef products. We propose additional analyses of FoodNet data describing these changes in incidence by site, age group, and other variables of interest. The purpose is to draft a manuscript describing the overall decline and findings from further analyses, including discussion of factors that may be contributing to the decline.

Data sources: FoodNet data, 1996-2003

Timeline: August, 2004- analysis
September- October, 2004- draft manuscript
November- December, 2004- clearance
January, 2005- revise and submit

Publication: Spring, 2005

Steering Committee Proposal

Proposed by: Elizabeth Ailes, Jennifer Nelson and other study team members to be identified

Title: Foodborne Diseases Active Surveillance Network Surveillance Summary, 1996-2003

Submitted: August 12th, 2004

Purpose: To describe trends in FoodNet surveillance data from 1996 to 2003 with specific attention paid to those topics which have not been included in past MMWR annual summaries, including rates by race and ethnicity, rates by serotype and species, changes in incidence among specific age groups and other important epidemiologic factors to be determined. Wherever relevant, this analysis will employ the negative binomial model.

Data sources: 1996-2003 archived FoodNet surveillance dataset

Timeline: Manuscript in clearance by early 2005

Publication: MMWR surveillance summary or other journal

References:

Allos BM. Moore MR. Griffin PM. Tauxe RV. Surveillance for sporadic foodborne disease in the 21st century: the FoodNet perspective. [Journal Article] *Clinical Infectious Diseases*. 38 Suppl 3:S115-20, 2004 Apr 15.

CDC. "Preliminary FoodNet Data on the Incidence of Pathogens Transmitted Commonly Through Food - Selected Sites, United States, 2003". April 30, 2004 / 53(16);338-343

FoodNet Steering Committee Proposal

Proposed title: Health care utilization among persons who have recently experienced gastrointestinal illness

Proposed by: Alicia Cronquist, Elaine Scallan, and study team members to be named

Date submitted: July 15, 2004

Purpose: To examine correlates for health care utilization among persons who have experienced recent gastrointestinal illness using data from each of the four cycles of the FoodNet Population Survey

Proposal: There is substantial evidence that gastrointestinal illness is underreported and that the majority of people who experience gastrointestinal illness do not seek medical care. A better understanding of the factors associated with seeking medical care will provide improved understanding of surveillance data and can be used toward updating estimates of the burden of foodborne disease. FoodNet population survey will be used to examine correlates for seeking medical care for symptoms of gastroenteritis. Further, we will assess factors associated with whether health care providers request that stool samples be submitted.

We plan to perform univariate and multivariate analyses in which the dependent variable will be whether a respondent reported a physician or emergency room visit for symptoms of gastroenteritis. Independent variables will include demographic characteristics, severity, duration and type of symptoms, a history of recently eating in a restaurant or recent consumption of high-risk foods, recent travel, prior medical conditions, having small children in the household, or additional household members with gastrointestinal illness. Initially, analysis will focus on the 2002-2003 population survey.

Steering Committee Proposal
Foodborne Diseases Active Surveillance Network (FoodNet)

Proposal: Analysis of FoodNet Case-Control Study of Sporadic *Salmonella* Infection in Infants

Lead Investigator: Tim Jones

Study Team: FoodNet Infant Case Control Study Team

Date Submitted: August 5, 2004

Timeline: August-November 2004 – analysis
December 2004 – February 2005 – writing
March – April 2005 – clearance
May 2005 – revise and submit

Proposal: FoodNet conducted a case control study for sporadic *Campylobacter* and *Salmonella* infection in infants from May 2002 through May 2004. The study team proposes to prepare a manuscript from the analysis of the *Salmonella* cases and well controls. This analysis will be led by Tim Jones.

Steering Committee Proposal
Foodborne Diseases Active Surveillance Network (FoodNet)

Proposal: Analysis of FoodNet Case-Control Study of Sporadic *Campylobacter* Infection in Infants

Lead Investigator: Katie Fullerton

Study Team: FoodNet Infant Case Control Study Team

Date Submitted: August 5, 2004

Timeline: August-November 2004 – analysis
December 2004 – February 2005 – writing
March – April 2005 – clearance
May 2005 – revise and submit

Proposal: FoodNet conducted a case control study for sporadic *Campylobacter* and *Salmonella* infection in infants from May 2002 through May 2004. The study team proposes to prepare a manuscript from the analysis of the *Campylobacter* cases and well controls. This analysis will be led by Katie Fullerton.