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

Roll
CA  Dawn Norton, Sam Shin, Duc Vugia
CO  Alicia Cronquist
CT  Sharon Hurd, Ruthanne Marcus
GA  Jennifer Gillespie, Stepy Thomas
MD  Pat Ryan
MN  Kirk Smith, April
NM  Karen Edge, Carla Thornton
NY  Dave Nichols, Shelley Zanksy
OR  Julie Hatch, Bill Keene, Melissa Plantenga, Beletshachew Shiferaw
TN  Effie Boothe, Amanda Ingram, Marcy McMillan, Tim Jones
TX  Linda Gaul
CDC FoodNet  Elizabeth Ailes, Fred Angulo, Julie Choudhri, Katie Fullerton, Nicole Ishill, Jennifer Nelson, Elaine Scallan, Cindi Snider, Rob Tauxe, Drew Voetsch
CDC EHS-Net  Elizabeth Kirkland
FDA  John Sanders, Pat McCarthy
USDA  Kristin Holt

Minutes

A. Administrative
1. Personnel
   a. Welcome Julie Choudhri (CDC)
      i. Julie is a registered nurse and a MSPH candidate from the University of Colorado. She will be taking over Alison Drake’s responsibilities in linking the FoodNet datasets and will also be involved in the Interventions Working Groups

2. Status of manuscripts
   a. Active/Published
      i. Jennifer Nelson’s manuscript “Prolonged duration of diarrhea associated with fluoroquinolone-resistant Campylobacter infections” was published in the Journal of Infectious Diseases (Sept 2004)
      ii. Eileen Dunne’s manuscript “Results of active surveillance for pediatric Hemolytic Uremic Syndrome (HUS) in the United States, 1997-2002” was submitted to JAMA
      iii. Michael Samuel and Kathleen Koehler’s manuscript have been returned from CDC clearance. Comments were sent back to authors for review

3. Vision Meeting 2005
   A. Nashville, Tennessee
      A. New venue proposed to the group and approved
      B. Dates: March 10-11, 2004
         A. Dates were approved

4. Authorship
   A. Conference call held on July 18th to discuss authorship. Minutes were sent to the FoodNet PIs to review and comment. In addition, the FoodNet PIs were sent 5 specific questions. Asked that if PIs have yet to respond, please take a few moments to respond as it would be great to get comments from each of the sites
   B. Believe there is a way to move forward with the existing guidelines. Will present at the next SC call a proposal for the new wording of the authorship guidelines

B. Surveillance
1. Travel and Outbreak Performance Standards
   A. FoodNet coordinators drafted performance standards for the new travel and outbreak related variables for the group to discuss and amend if necessary (page 6).
   B. Performance standards were approved.

   A. Template for the 2003 Annual Report is complete but waiting for the census data. Expect to have the census data in mid-September. Once the census data are available, the Annual Report will be submitted to CDC clearance and the group

3. Listeria analysis
   A. Drew Voetsch will be leading the Listeria analysis (formerly Matt Moore)
   B. Incidence in perinatal is very different from those over 50 years of age. Also see a difference between ethnicity and wanted to highlight the difference between ethnicity when looking at only perinatal cases
   C. Pat Ryan suggested using Vital Statistics information to identify missing ethnicity information in pediatric cases
      A. Considered using census imputation which can predict a person’s ethnicity based on his/her surname. Not a perfect solution but this may be less labor intensive and would allow for determination of ethnicity in non-pediatric cases
   D. Few cases per year so going back is not such a big deal (OR).
   E. No working group has been established yet but sites should nominate an individual to participate in the analysis. Send name and contact information to Drew (AAV6@cdc.gov)
C. Update on 2004 priorities

1. Validation of Multipliers (Elaine Scallan)
   A. Wanted to look at different data sources to validate the 'number seeking care' multiplier and the 'number submitting stool samples' multiplier.
      A. The working group is looking at data from HMO and large health care organizations located in a few of the sites.
      B. Looking at the national ambulatory survey to estimate the number of physician visits in the US for the past 10-15 years. This survey includes physician visits as well as information on procedures performed during the visits, including stool sample collection.
   B. Also examining data from the national hospital ambulatory care survey which includes visits to ERs and asks about stool specimens collected.
   C. The working group agreed that a manuscript of these activities will be written.

2. Salmonella Javiana (Jennifer Gillespie)
   A. GA is taking the lead in developing the questionnaire and interviewing cases as they have highest incidence of Javiana in FoodNet. They sent the questionnaire to all the FoodNet sites and it is also included in the SC packet. Questions are both close ended and open ended to allow them to learn more about possible exposures. Exposures of interest on the form include recent modeling in the home, well water exposure, outdoor activity, and contact with reptiles or amphibians. In addition, there is an additional section for infants less than 1 years of age.
   B. Thus far, they have over 30 cases. They are seeing geographic clustering especially in southeast Georgia. GA is also considering conducting environmental sampling in areas where there is a high number of cases reported within a specific time period.
   C. TN will also use this questionnaire to interview their cases and GA will be approaching a few non-EIP states about using the questionnaire.

3. Campylobacter—Regional Differences
   A. See regional differences in Campylobacter incidence in the US and pursuing two methods to try to explain the differences
      A. Laboratory survey (Drew Voetsch)
         A. Completed a draft of the survey with help from Collette and CDC's Campylobacter Reference Lab. Differences in laboratory practices may help explain the differences that are observed. Hope to start early next year with survey.
         B. There are also international collaborators willing to do the survey (Canada, Iceland, Australia, and New Zealand).
         C. The working group has a lot of expertise in microbiology and so the group could potentially send the survey to a couple of labs in each of the countries to pilot test the lab survey.
         D. Exploring the use of an on-line survey (Mr. Interview) for microbiologists to complete. Working with IT group to pilot this on line. Exploring whether the form will need to be submitted to IRB and OMB.
      B. Grocery store survey (Jennifer Nelson)
         A. This survey would work in conjunction with the Retail Food Study.
         B. FDA is in the process of purchasing a comprehensive list of grocery stores. The group is working to change the sampling scheme from convenience sampling to random sampling. Hope to make this change by January 1st, 2005
         C. The group is also exploring the possibility of limiting the geographic scope within the FoodNet catchment area.
         D. The survey will be asked to the meat market managers and is designed to assess handling of chicken products. This will need to go through IRB so the survey will not be launched until mid-2005. Depending on results of these surveys, may go to phase 2 which would be to go to the processing plant. At the time of the initial survey, interviewers will collect invoice information so could go back to the processing plant, if necessary.
         E. Partnering with FDA-CVM, USDA-ARS, and EHS-Net for this survey. Likely that EHS-Net members will interview the institution managers and help facilitate interviews at the state level
         F. May be able to be done internationally
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4. Campylobacter—GBS (Fred Angulo)
   A. Have decided to have quarterly calls to allow the group time to ponder how to proceed with GBS Surveillance. Difficult to think of a multistate project in the near term. Left open the possibility of a HDD review in a couple of sites to see how accurate HDD summaries are for GBS

5. Infant Illness (Drew Voetsch)
   A. This working group has two priorities: FDA-CFSAN and their interest in dried infant formula with infant illness and the outbreak of E. sakazakii
      A. FDA and Dried Infant Formula
         A. Barbara Stoll at Emory University published a paper of a multi-center study looking into E. sakazakii infection and found it was rare disease
         B. E. sakazakii will be part of the Interventions Working Group. Julie Choudhri has volunteered to start look at food safety survey in hospitals and may add a question about food safety in the pediatric wards
      B. E. sakazakii and the Gram Negative Sepsis Study in ABC
         A. Enterobacter is not the only organism isolated from dried infant formula as it is not sterile. The group turned to EIP-ABC to expand their look at pathogens and the possible link to dried infant formula
         B. ABC is currently doing a study on gram negative sepsis in the first 7 days of life. They only get about 40 cases a year and don’t capture information on exposure to dried infant formula. MN has volunteered to add more detailed questions to their questionnaire about dried infant formula. In addition, ABC has seen an increase in gram negative sepsis and is interested in partnering with Stephanie Schregg in Atlanta to look at gram negative sepsis and dried infant formula
         C. Ezra Bazilay, the first year EISO, just finished his residency with Barbara Stoll and is interested in finding a way to partner with the multi-center study to look at gram negative sepsis in infants and dried infant formula
   B. Infant Campylobacter and Salmonella Case-Control Study
      A. Data collection has ended and the data has been cleaned and sent to CDC
      B. A conference call will be held on Monday, Sept 13th to discuss the results
C. FYI-Katie Fullerton will be presenting a poster at IDSA looking at the decline in infant *Salmonella* and how sharp the decline is in infants compared to other age groups.

6. Antibiotic Resistance (Fred Angulo)
   A. Focusing on the study design for looking at human health consequences of antibiotic-resistant *Salmonella* infections
   B. Drafted a protocol and circulated to the working group on conducting a case comparison study looking at cases that have resistant *Salmonella* infections compared to those who have susceptible *Salmonella* infections. Would look at clinical outcomes such as length of hospital stay, severity of illness, treatment, etc. Would include a case interview and a medical chart review. Hope to launch the study by the first of the year and in the midst of discussing with the NARMS lab about testing more *Salmonella* isolates.
   C. During the NARMS external review, there was interest in obtaining more outbreak isolates of *Salmonella* tested for antibiotic susceptibility. Proposal for this study attached to the agenda.
   D. Next focus of the working group is to move resistance technology from CDC to the state public health labs. Would pilot this transfer in a few FoodNet sites. Testing would be in a manner consistent with NARMS testing.

7. *Shigella* Case Report Form (Drew Voetsch)
   A. Led by Eric Mintz and a subgroup of the Attributions Working Group
   B. Case series would help improve current estimations on the burden of foodborne *Shigella*. By removing the number of cases caused by the other common risk factors, could theorize that the remaining *Shigella* cases are caused by foodborne exposure. As a case series, would have limitations as there are no comparison groups but this could be an enhancement to surveillance, similar to adding travel questions to *Salmonella* surveillance.
   C. The working group assessed what sites are currently collecting on risk factors and found that sites are asking about daycare exposure, household exposure, international travel, and recreational water exposure. However, male sex with males is a risk factor that is generally not asked.

8. 2003 Vision Meeting Priorities-Working Groups
   A. Identified 5 priorities and have retained these priority areas for 2004. Continue to move forward in the Attributions Working Group, HUS/STEC Working Group, Interventions Working Group and Outbreak/Norovirus Working Group. The Burden Working Group, which was added later, is also moving ahead

D. Proposals
   1. Antibiotic resistance patterns of *Salmonella* outbreaks (Outbreak Working Group)
      A. Enhance existing NARMS surveillance by obtaining 3 isolates from every *Salmonella* outbreak of 3 or more laboratory-confirmed cases that are reported in EFORS as of January 1st, 2004.
      B. Before requesting isolates from sites, CDC will coordinate centrally to determine if isolates have already been submitted through other avenues, i.e. previously requested or NARMS routine submission. If isolate(s) have already been submitted, CDC will ask for the X number of isolates needed to total 3
      C. Proposal was accepted

E. Other Items Discussed
   A. Population Survey (4th Cycle)-Atlas of Exposures. Asked sites to discard hard copy of the atlas because the wrong denominators were used in the graphics. The tables, however, are accurate. Have since corrected the graphics which are now posted on the web. A revised version is at the printers and hard copies will be resent to the states.
   B. *Shigella* increase in NY- Increase in the FoodNet Monthly Reports. Reflection of a number of day care outbreaks that have occurred this past year
   C. Toxigenic *V. cholerae* O141in GA- Total of 3 cases, 2 from 2004 and 1 from 2003. Two cases had a history of eating raw oysters. Oysters harvested in Florida. Learned one of the case’s wife also ill so following up with her. GA is trying to obtain serum from the patients to determine if they have had an immune response
   D. EIP Reapplication- Program announcement at HHS and believe it should be announced shortly
   E. Thank you to all the sites for preparing for the sites visits that have occurred and will occur over the next couple of months

F. Upcoming FoodNet conference calls, meetings, and deadlines
   1. Wednesday Sept. 8th 1:00-2:00 pm EDT *Campylobacter*—Lab Survey Subcommittee
   2. Thursday Sept. 9th 12:00-1:00 pm EDT HUS/STEC Working Group call
   3. Thursday Sept. 9th 1:00-2:00 pm EDT *Campylobacter*—Regional Differences
   4. Wednesday Sept. 15th 1:00-2:00 pm EDT *Shigella* Working Group call
   5. Thursday Sept. 16th 3:00-4:00 pm EDT Outbreak Working Group call
   6. Tuesday Sept. 28th 2:00-3:00 pm EDT Interventions Working Group call
   7. Wednesday Sept. 29th 1:00-2:00 pm EDT *Campylobacter*—Grocery Store Subcommittee
   8. Thursday Sept. 30th 1:00-2:00 pm EDT Antimicrobial Resistant Working Group call
   9. Thursday Sept. 30th 2:00-3:00 pm EDT *FoodNet Coordinator* call
   10. Thursday Sept. 30th 3:00-4:00 pm EDT Infant Illness Working Group call
   11. Wednesday Oct. 6th 3:30-4:30 pm EDT Validation of Multipliers Working Group call
   12. Thursday Oct. 7th 11:00-12:00 pm EDT Attribution Working Group call
   13. Tuesday Oct. 12th 2:00-4:00 pm EDT October Update meeting
   14. Wednesday Oct. 13th 4:00-5:00 pm EDT Burden Working Group call
   15. Thursday Oct. 14th 2:00-3:00 pm EDT October Steering Committee call

G. Data Submission Deadlines
   1. Surveillance data transmission Friday, September 24th
   2. HUS data transmission Wednesday, October 6th