Rotavirus Testing, July 2003-June 2004

Institution	City	State	Rota Tests	Rota Pos	PPos
UAB Children's Hospital of Alabama	Birmingham	AL	457	112	25%
Phoenix Children's Hospital	Phoenix	AZ	0	0	
Arizona Department of Health Services	Phoenix	AZ	0	0	
University of Arizona Medical Center	Tucson	AZ	0	0	
Arkansas Children's Hospital	Little Rock	AR	463	112	24%
Children's Hospital of Los Angeles	Los Angeles	CA	638	92	14%
UCLA Medical Center	Los Angeles	CA	564	77	14%
Long Beach Memorial Medical Center	Long Beach	CA	1092	270	25%
Children's Hospital of San Diego	San Diego	CA	587	191	33%
UCSF - Mt. Zion Medical Center	San Francisco	CA	443	70	16%
San Francisco General Hospital	San Francisco	CA	0	0	
Children's Hospital of Denver	Denver	CO	710	91	13%
University of Colorado Hospital	Denver	CO	0	0	
Clinical Laboratory Partners	Newington	CT	294	87	30%
Christiana Care Health System	Newark	DE	134	67	50%
Walter Reed Army Medical Center	Washington	DC	179	61	34%
Orlando Regional Medical Center	Orlando	FL	843	301	36%
Georgia Public Health Laboratory	Decatur	GA	0	0	
Children's Healthcare of Atlanta-Egleston	Atlanta	GA	0	0	
Children's Healthcare of Atlanta-Scottish Rite	Atlanta	GA	0	0	
Emory University Hospital	Atlanta	GA	0	0	
Wellstar Douglas	Marietta	GA	0	0	
Wellstar Cobb	Austell	GA	0	0	
Wellstone Kennestone Hospital	Douglasville	GA	0	0	
Medical Center of Central Georgia	Macon	GA	194	63	32%
Columbus Regional	Columbus	GA	0	0	
MCG	Augusta	GA	0	0	
Memorial Medical Center	Savannah	GA	260	87	33%
Phoebe Putney Medical Center	Albany	GA	0	0	
Floyd Medical center	Rome	GA	0	0	
NE Georgia Medical Center	Gainesville	GA	0	0	
Athens Regional Medical Center	Athens	GA	0	0	
Kapiolani Medical Center	Honolulu	HI	1135	358	32%
John H. Stroger Jr. Hospital of Cook County	Chicago	IL	234	127	54%

University of Illinois Medical School	Chicago	IL	127	33	26%
University of Chicago Medical Center	Chicago	IL	193	43	22%
Rush-Presbyterian-St. Luke's Medical Center	Chicago	IL	167	44	26%
Riley Hospital for Children/Clarian Health Partners	Indianapolis	IN	408	90	22%
Norton Healthcare	Louisville	KY	453	90	20%
Louisiana State University Health Science Center	Shreveport	LA	147	38	26%
Louisiana Department of Health	New Orleans	LA	0	0	
Charity Hospital of New Orleans	New Orleans	LA	88	24	27%
Tulane University Hospital and Clinic	New Orleans	LA	0	0	
Children's Hospital of New Orleans	New Orleans	LA	942	207	22%
Michigan Department of Community Health	Lansing	MI	4	0	0%
University of Michigan Medical Center	Ann Arbor	MI	206	0	0%
Children's Hospitals and Clinics	Minneapolis	MN	1122	463	41%
University of Mississippi Medical Center	Jackson	MS	149	60	40%
Children's Mercy Hospital	Kansas City	MO	1774	913	51%
Missouri Department of Health and Senior Services	Jefferson City	MO	117	2	2%
Cardinal Glennon Children's Hospital	St. Louis	MO	267	48	18%
Washington University School of Medicine	St. Louis	MO	401	102	25%
Montana Public Health Laboratory	Helena	MT	0	0	
Community Medical Center	Missoula	MT	119	25	21%
Creighton University Medical Center	Omaha	NE	183	32	17%
Quest Diagnostics, Inc	Las Vegas	NV	1769	336	19%
Concord Hospital	Concord	NH	203	15	7%
Hackensack University Medical Center	Hackensack	NJ	317	86	27%
New Mexico Dept. of Health	Albuquerque	NM	0	0	
New York State Department of Health	Slingerlands	NY	54	4	7%
University of Rochester Medical Center	Rochester	NY	0	0	
Nassau University Medical Center	East Meadow	NY	186	67	36%
North Shore University Hospital - CUMC	Manhasset	NY	181	32	18%
Duke University Medical Center	Durham	NC	172	10	6%
University of North Carolina	Chapel Hill	NC	251	56	22%
Merit Care Medical Group	Fargo	ND	360	110	31%
MetroHealth Medical Center	Cleveland	OH	343	89	26%
Cincinnati Children's Hospital Medical Center	Cincinnati	OH	632	108	17%
Children's Hospital of Oklahoma	Oklahoma City	OK	436	91	21%
Rhode Island Hospital -- APC 1136	Providence	RI	472	167	35%
Palmetto Richland Memorial Hospital	Columbia	SC	408	179	44%

South Dakota State Public Health Laboratory	Pierre	SD	0	0	
University of South Dakota School of Medicine	Sioux Falls	SD	25	1	4%
Vanderbilt University Medical Center	Nashville	TN	398	101	25%
University of Tennessee	Memphis	TN	443	122	28%
University Hospital/South Texas Medical Center	San Antonio	TX	140	22	16%
Texas Children's Hospital	Houston	TX	0	0	
Driscoll Children's Hospital	Corpus Christi	TX	728	306	42%
Texas Department of Health	Austin	TX	0	0	
Virginia Commonwealth University Health Sysytem (VCUHS)	Richmond	VA	234	50	21%
Univ. of Washington	Seattle	WA	87	11	13%
Children's Hospital and Regional Medical Center	Seattle	WA	875	160	18%
Charleston Area Medical Center Laboratories	Charleston	WV	1153	277	24%
St. Vincent Hospital	Green Bay	WI	144	37	26%
Wisconsin State Laboratory of Hygiene -- Virology	Madison	WI	152	51	34%
Children's Hospital of Wisconsin	Milwaukee	WI	608	136	22%
Laboratory Corporation of America	Cheyenne	WY	181	39	22%

Survey of Raw Chicken Products Questionnaire, August 25, 2005

Retailer name: _____ Type of store: _____

Number of stores in FoodNet catchment area: _____

1. Who are your suppliers of pre-packed raw chicken breast?

Name of the supplier	% of pre-packed raw chicken breast provided by this supplier	USDA-FSIS establishment number(s) [e.g., Foster Farms in Livingston, CA, Establishment P-6137]	Is this product sent from the supplier to the wholesaler/distribution center/store as fresh or frozen?	For **fresh** product, at what temperature is it usually handled?	Is this product sent from the wholesaler/distribution center/store to your establishments as fresh or frozen?	For **fresh** product, at what temperature is it usually handled?
1.			☐ Fresh ☐ Frozen	☐ Ice-glazed (____°C) ☐ Buyer specs for receiving temp (____°C) ☐ State requirement for temp (____°C) ☐ Other (please specify: _____)	☐ Fresh ☐ Frozen	☐ Ice-glazed (____°C) ☐ Buyer specs for receiving temp (____°C) ☐ State requirement for temp (____°C) ☐ Other (please specify: _____)
2.			☐ Fresh ☐ Frozen	☐ Ice-glazed (____°C) ☐ Buyer specs for receiving temp (____°C) ☐ State requirement for temp (____°C) ☐ Other (please specify: _____)	☐ Fresh ☐ Frozen	☐ Ice-glazed (____°C) ☐ Buyer specs for receiving temp (____°C) ☐ State requirement for temp (____°C) ☐ Other (please specify: _____)
3.			☐ Fresh ☐ Frozen	☐ Ice-glazed (____°C) ☐ Buyer specs for receiving temp (____°C) ☐ State requirement for temp (____°C) ☐ Other (please specify: _____)	☐ Fresh ☐ Frozen	☐ Ice-glazed (____°C) ☐ Buyer specs for receiving temp (____°C) ☐ State requirement for temp (____°C) ☐ Other (please specify: _____)
4.			☐ Fresh ☐ Frozen	☐ Ice-glazed (____°C) ☐ Buyer specs for receiving temp (____°C) ☐ State requirement for temp (____°C) ☐ Other (please specify: _____)	☐ Fresh ☐ Frozen	☐ Ice-glazed (____°C) ☐ Buyer specs for receiving temp (____°C) ☐ State requirement for temp (____°C) ☐ Other (please specify: _____)

Survey of Raw Chicken Products Questionnaire, August 25, 2005

2. Do you also purchase raw chicken breast in any form other than pre-packed, such as bulk-packed, ice pack, etc.?
   - ☐ Yes
   - ☐ No (please skip to Question 6)

3. If yes,

Name of the supplier	Type of product	USDA-FSIS establishment number(s) [e.g., Foster Farms in Livingston, CA, Establishment P-6137]	How is this product handled and sold?
1.	☐ Bulk packed ☐ Ice packed ☐ Other (please specify: _____)		☐ Service counter? ☐ Cooked in store only? ☐ Other (please specify: _____)
2.	☐ Bulk packed ☐ Ice packed ☐ Other (please specify: _____)		☐ Service counter? ☐ Cooked in store only? ☐ Other (please specify: _____)
3.	☐ Bulk packed ☐ Ice packed ☐ Other (please specify: _____)		☐ Service counter? ☐ Cooked in store only? ☐ Other (please specify: _____)
4.	☐ Bulk packed ☐ Ice packed ☐ Other (please specify: _____)		☐ Service counter? ☐ Cooked in store only? ☐ Other (please specify: _____)

8. Other comments:

_____
_____
_____
_____

Proposal: Human genomics study of susceptibility to HUS among *E. coli* O157 cases

From: Tim Jones, MD, Tennessee Department of Health

Date: August 25, 2005

Synopsis: Known risk factors for development of HUS among persons infected with *E. coli* O157:H7 likely account for only a small proportion of cases. Genetic factors which might contribute to susceptibility to HUS have not been well characterized. The FoodNet *E. coli* O157:H7 prospective case-control study proposed to begin in January, 2006 presents a unique opportunity to explore potential genetic contributors to increased risk.

The Vanderbilt University Medical Center, Center for Human Genetics Research has an excellent research program with staff interested in pursuing such a collaborative project. Sufficient DNA samples for such testing can now be collected from spit specimens. Essentially all that is required from a patient is a sample of commercial mouthwash, swished in the mouth and spit into a sterile container, which can be mailed at room temperature to the Vanderbilt laboratory, where extracted genetic material can be stored indefinitely and tested efficiently.

If all cases of *E. coli* O157 enrolled in the FoodNet study were to submit such specimens, the final numbers of cases and controls should be sufficient for there to be a high likelihood of leading to significant results. Genetic analyses would be performed at the Vanderbilt University laboratory, and correlated with basic epidemiologic and outcome data collected during the case-control study, evaluating the cohort of persons with *E. coli* O157:H7 to compare those who did and did not develop HUS.

If interest is sufficient and other sites are amenable, I will put together a formal protocol for an amendment to the current FoodNet study.

FoodNet Objectives

Proposed FoodNet Objectives:

1. Determine the burden of foodborne illness in the United States
2. Monitor the burden of foodborne illness over time
3. Attribute the burden of foodborne illness to specific foods and settings
4. Develop and assess interventions to reduce the burden of foodborne illness

Original from the FoodNet website:

- Determine more precisely the burden of foodborne diseases in the United States
- Monitor Foodborne Diseases Trends in the United States
- Determine the proportion of foodborne diseases attributable to specific foods and settings in the United States

FoodNet Pathogens

Bacteria

Campylobacter causes 2.5 million illnesses, 13,000 hospitalizations and 120 deaths per year. It is the most common foodborne illness in the U.S., often acquired from undercooked poultry. Guillian-Barre is a rare but serious sequela.

Salmonella causes 1.3 million illnesses, 15,000 hospitalizations and 550 deaths annually. Serious infection can spread to the bloodstream, bone marrow, or meningeal lining of the brain. Long-term consequences can include Reiter's syndrome and arthritis. Risk factors include undercooked eggs and poultry, and contact with reptiles.

Shigella causes approximately 450,000 illnesses, 6000 hospitalizations, and 70 deaths each year. It is common in day-care centers because it can be spread hand-to-mouth.

E. coli O157 and other shiga-toxin producing strains of E. coli cause approximately 73,000 illnesses, 2000 hospitalizations, and 50 deaths per year. Complications can include hemorrhagic colitis, hemolytic uremic syndrome (HUS), and postdiarrheal thrombotic thrombocytopenic purpura (TTP). HUS is the most common cause of kidney failure in children.

Listeria causes 2500 illnesses, 2300 hospitalizations, and 500 deaths each year. It has the highest fatality rate and often affects newborns or pregnant women, leading to premature delivery, infection of the newborn, or even stillbirth. Unpasterized dairy products are the most common source.

Parasites

Cryptosporidium, one of the most common waterborne diseases, causes 300,000 illnesses, 2000 hospitalizations and about 60 deaths annually. There is no effective treatment, making it a serious threat to those with weakened immune systems.

Cyclospora is usually acquired from untreated water or fruits and vegetables from other countries. It causes about 15,000 illnesses each year and 15 hospitalizations. It is usually not fatal.

FoodNet Contact Information

Centers for Disease Control and Prevention
1600 Clifton Road NE, MS-D63
Atlanta, GA 30333
Phone: +1(404) 371-5465
Fax: +1(404) 371-5444
www.cdc.gov/foodnet

FoodNet Partners

Food and Drug Administration (FDA)
www.fda.gov

U.S. Department of Agriculture (USDA)
www.usda.gov

FoodNet States

California	www.ceip.us/foodnet.htm
Colorado	www.cdphe.state.co.us
Connecticut	www.dph.state.ct.us
Georgia	www.health.state.ga.us
Maryland	www.dhmh.state.md.us
Minnesota	www.health.state.mn.us
New Mexico	www.health.state.nm.us
New York	www.health.state.ny.us
Oregon	www.oregon.gov/dhs/ph
Tennessee	www.tn.gov/health

CDC FDA USDA

FoodNet

Foodborne Diseases Active Surveillance Network

www.cdc.gov/foodnet

FoodNet Overview

The Foodborne Diseases Active Surveillance Network (FoodNet) is the principal foodborne disease component of CDC's Emerging Infections Program (EIP).

FoodNet performs active surveillance on 9 pathogens, working with 10 state health departments. FoodNet sites actively ascertain all laboratory-confirmed infections directly from 650 participating clinical laboratories. FoodNet includes individual, sporadic cases in addition to outbreaks.

FoodNet Objectives

1. Measure disease burden of foodborne illness in the United States.
2. Monitor disease trends in foodborne illness over time.
3. Attribute disease influences to specific foods and settings. Influences include both risk factors and protective factors.
4. Provide data for public health practice. FoodNet surveillance and epidemiology provide critical data for health outcome evaluation of interventions; FoodNet surveys and special studies provide data about impact of interventions on relevant preventive behaviors.

FoodNet Objective 1: Measure disease burden

Because FoodNet is an active surveillance system, FoodNet data are more detailed, timely and complete than data from passive surveillance systems. Some of the pathogens are not on the Nationally Notifiable Disease List, so FoodNet data provide the only national estimates. Thorough data gathering by local health departments involved in FoodNet have been essential to these efforts.

Even within its first decade, FoodNet enhanced disease detection has demonstrated the value of active surveillance.

In addition to its active data collection efforts, FoodNet conducts research to estimate the number of illnesses, hospitalizations and deaths that are occurring nationally, even beyond those that are reported, this...

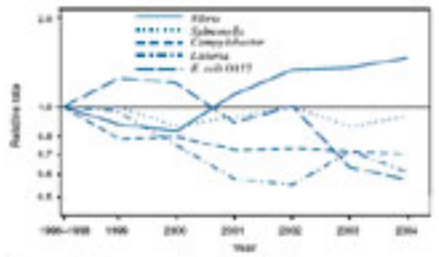
FoodNet estimates total actual burden. Nationally reported illnesses and outbreak data represent just the "tip of the iceberg." FoodNet conducts surveys to determine the portion of reporting at each level in the pyramid below. From these surveys, FoodNet epidemiologists calculate multipliers for each pathogen at each level in the pyramid, and thus provide a much more accurate number of illnesses, hospitalizations and deaths.

FoodNet Burden of Illness Pyramid

FoodNet Objective 2: Monitor disease trends

FoodNet data indicate declines in the incidence of Campylobacter, Cryptosporidium, Listeria, Salmonella, Yersinia, and Escherichia coli O157 and other Shiga toxin"producing E. coli (STEC), but an increase in Vibrio infections.

Trends In Selected Pathogens, 1996-98 to 2004



Healthy People 2010

Progress toward national goals is measured using FoodNet data.

Healthy People 2010 Objectives

Pathogen	2004: Cases per 100,000	2010 Objective
E. coli O157	0.9	1.0 or less
Campylobacter	12.9	12.3 or less
Listeria	0.27	0.25 or less
Salmonella	14.7	6.8 or less

Declines in Campylobacter and Listeria incidence are approaching national health objectives. For the first time, the incidence of E. coli O157 is below the target for the year 2010.

However, the incidence of certain strains of Salmonella is rising. FoodNet is performing further research to determine the cause of this, to monitor changes in pathogen populations, and to provide timely information about the food sources of emerging infection patterns.

FoodNet Objective 3: Attribute disease influences

FoodNet is the only surveillance system detailed enough to separate international travel from domestically acquired foodborne infections. Recent foreign travel is a risk factor for *Campylobacter*, *E. coli*, and some strains of *Salmonella*.

Unpasteurized dairy products and undercooked meats are significant domestic risk factors. Fruits and vegetables have been shown to have a protective effect against foodborne illness. However, occasionally, contaminated fruits and vegetables have been the source of outbreaks.

Numerous case-control studies are conducted using FoodNet data. By comparing foods eaten by sick versus well people, FoodNet epidemiologists continue to identify risk factors and opportunities for intervention.

FoodNet Objective 4: Provide data for PH practice

FoodNet data provide early indication of the effectiveness of intervention measures.

For instance, targeted interventions at "critical control points" in the food production chain, widely implemented as the Hazard Analysis and Critical Control Point (HACCP) rule in 2000, have been credited as a major factor in the continued decline in foodborne illness.

Voluntary changes in the cattle industry, such as cleaning the hides and machines before slaughter, coincide with declines in E. coli infections.

State and local health departments use FoodNet data to select particular interventions for their populations.

Local health departments are continually working with restaurants, groceries, schools and local businesses to monitor and improve food safety practices.

FoodNet working groups provide a forum for the exchange of ideas on promising practices and lessons learned. Successful practices can be tested in other locations.

Replicable results can then be disseminated to further reduce the burden of illness.

International Conference on Emerging Infectious Diseases (ICEID) Proposals

a. Proposed Title: Clinical Laboratory Practices for the Identification of *Campylobacter* in FoodNet Sites: Do Differences Explain Variation in Incidence Rates?

Lead Author: Sharon Hurd

Purpose: To examine and summarize data gathered from the FoodNet Survey of Clinical Laboratory Practices for *Campylobacter* Isolation and Identification, 2005 and prepare an abstract to be submitted for presentation at ICEID, 2006.

Proposal: The incidence of laboratory confirmed *Campylobacter* infection varies significantly among the FoodNet sites. In 2004, the overall incidence (cases/100,000 persons) of *Campylobacter* infections in FoodNet was 13 (range: 29 in CA to 5 in MD). By examining the *Campylobacter* Laboratory Survey data, we will access the impact of specific laboratory practices on the variation of *Campylobacter* incidence.

b. Proposed Title: Risk Factors for Shigellosis among Residents of FoodNet Sites, 2005

Lead Author: Ruthanne Marcus

Study Team: Sam Shin, Duc Vugia, Alicia Cronquist, Sharon Hurd, Quyen Phan, Melissa Tobin D'Angelo, Maryland, Stephanie Wiedel, Karen Edge, Shelley Zansky, Beletshachew Shiferaw, Tim Jones, Eric Mintz, CDC FoodNet

Purpose: To describe the proportion of case-patients in FoodNet sites with shigellosis who have known risk factors for infection including day care center exposure, recreational water exposure, international travel, or sexual transmission.

Proposal: To analyze data collected in 2005 from all FoodNet sites from interviews of case-patients with shigellosis to write an abstract for ICEID 2006.

c. Proposed Title: Correlates of *Campylobacter* incidence among FoodNet sites

Lead Author: JJ Furuno

Proposal: Differences in incidence of campylobacteriosis between FoodNet sites have not be explained by simple demographic analyses. This study will use an ecologic analyses to assess variables correlated with increased incidence of campylobacteriosis. Data on the incidence of campylobacteriosis and potential exposure variables of interest will be collected from the 2002 FoodNet active surveillance data and the 2002 FoodNet Population Survey.

d. Proposed Title: TBD

Lead Authors: Melanie Megginson and David Blythe

Proposal: Like most of the pathogens under FoodNet surveillance, *Shigella* has its usual seasonal peaks and valleys. However, there appears to be a larger cyclical trend. Using Maryland as an example, in 2000 and 2001, the incidence of *Shigella* was 3.3 and 3.4 cases per 100,000 respectively. In 2002, the incidence exploded to 21.7 cases per 100,000. Subsequent years have seen dramatic declines. A study is being proposed to examine the epidemiologic characteristics of these larger epidemic cycles in FoodNet sites.

e. Proposed Title: Association between *Campylobacter* Incidence and the Intensity of the Poultry Industry in Maryland

Lead Author: Stephanie Mickelson

Proposal: Understanding intrastate variation may shed light on variation in *Campylobacter* incidence between states. This study examines the regional variation of *Campylobacter* within Maryland, including associations with variation in the intensity of the poultry industry centered on the Eastern Shore. Correlations between county-specific incidence and the risk of living in a high-poultry county will be examined. [Analysis already completed for the years 2002-2004.]

f. Proposed Title: Burden of Bacterial foodborne illness in the United States

Lead Author: Elaine Scallan

Proposal: To update Mead's (1999) estimates of 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*.

g. Proposed Title: Trends in *Campylobacter* species and accuracy of *Campylobacter* speciation in FoodNet sites, 1997-2003.

Lead Author: Linda Demma

Proposal: To present the sensitivity and specificity of *Campylobacter* speciation in FoodNet clinical labs compared to the NARMS reference lab. Also plan to present the trends in *C. coli* and *C. jejuni* from 1997-2003 in FoodNet sites based on linked NARMS/FoodNet data.

h. Proposed Title: Diet Diversity and Diarrheal Illness as observed in the Foodborne Diseases Active Surveillance Network (FoodNet) Population Survey, 1996-2003

Lead Author: Olga L. Henao

Proposal: To examine the diet diversity among FoodNet Population Survey participants by comparing dietary patterns of healthy survey participants to the dietary patterns of participants who reported having diarrheal illness in the period prior to interview

i. Proposed Title: Trends in foodborne outbreak data, FoodNet, 1998-2004

Lead Author: Katie Fullerton

Proposal: To look at the trends in outbreaks in the FoodNet sites, using data from the electronic Foodborne Outbreak Reporting System (eFORS). Outbreaks will be examined by etiology and site to determine changes in incidence of outbreaks over time.

j. Proposed Title: E. coli travel and outbreak data (2005 surveillance data)

Lead Author: Ida Rosenblum

Proposal: To describe the rates of international travel among confirmed cases of E. coli. Also to describe the percentage of E. coli cases that can be attributed to an outbreak.

k. Proposed Title: Comparison of HDD to HUS active surveillance and trends in HUS

Lead Author: Liane Ong

Proposal: Compare HUS data collection via hospital discharge data record review and active data. Regression will be used to assess changes over time of HUS incidence accounting for differences in data collection techniques.

l. Proposed Title: Food Use and Policies in Long-Term Care Facilities, FoodNet, 2005

Lead Author: Jennifer Nelson

Proposal: Residence in a long-term care facility is one risk factor for mortality due to diarrheal illness in the elderly. By assessing the use of certain foods (e.g., types of beef, poultry, and eggs) and practices (e.g., use of irradiated and pasteurized products), appropriate recommendations can be developed to protect residents of long-term care facilities.

m. Proposed Title: Geographic variation and the emergence and decrease of specific *Salmonella* serotypes in the Foodborne Diseases Active Surveillance Network (FoodNet)

Lead Author: Fred Angulo

Proposal: Examine the top 6 emerging *Salmonella* serotypes (S. I 4,[5],12:i:-, Javiana, Mississipi, Bareilley, Newport, Muenchen) and the top 5 decreasing *Salmonella* serotypes (Hadar, Poona, Agona, Thiompson, Typhimurium) and determine if emergence or decrease patterns are affected of geographic variability.

n. Proposed Title: Comparison of travel-related, outbreak-associated, and sporadic cases of Salmonellosis among residents of FoodNet sites.

Study Team: Dina Hoefer, TBD (Attribution WG)

Date Submitted: September 6, 2005

Purpose: To look for differences in the rates of hospitalization, outcome, age, and serotype distribution for cases of *Salmonella* related to foreign travel, outbreaks, or sporadic illness.

Timeline: Abstract for submission to ICEID- due Nov. 18, 2005

Proposal: Analyze FoodNet *Salmonella* data for the years 2004 and 2005 (first 6 months). Sporadic illness will be determined by subtracting the number of cases associated with travel and outbreaks from total case counts. The three groups (travel-related, outbreak associated, and sporadic) will then be compared by age, hospitalization rates, outcome, and serotype distribution (top 5 for each group). If outbreak data is grossly incomplete (great that 35% missing/unknown) then focus of abstract will shift to analysis of foreign travel among cases of Salmonellosis (frequency, dates of travel, serotype distribution, and country visited).

o. Proposed Title: Annual multistate clusters of *Escherichia coli* O157 cases with a common PFGE pattern: getting to the "meat" of the problem

Lead Author: Linda Demma

Proposal: The first part of this abstract will summarize the recent repeatable annual increases in E. coli O157 cases with PFGE pattern 47/15, the circumstantial evidence pointing to ground beef, and the corresponding lack of concrete epidemiologic evidence to link ground beef in the cases. The second part of this abstract will summarize the FN study, including the number of questionnaires obtained in 30 days, the number of PFGE matches to the cluster, the number of common exposures,

and the number of gb samples obtained. Finally, I will present a proposal for a prospective study for determining the source of the annual clusters.

p. Proposed Title: Outbreak of Emerging *Salmonella* Serotype I 4,[5],12:i:- Infections—California, 2004

Lead Author: Dawn M. Norton, CEIP

Proposal: The epidemiology of the emerging *Salmonella* serotype I 4,[5],12:i:- in the US is currently poorly understood. We investigated an outbreak of infections caused by this serotype among guests of a party. Chicken enchiladas were the likely vehicle of transmission. To our knowledge, this is the first outbreak of *S.* I 4,[5],12:i:- infections in the US for which a food vehicle was implicated, contributing to a better understanding of this emerging serotype.

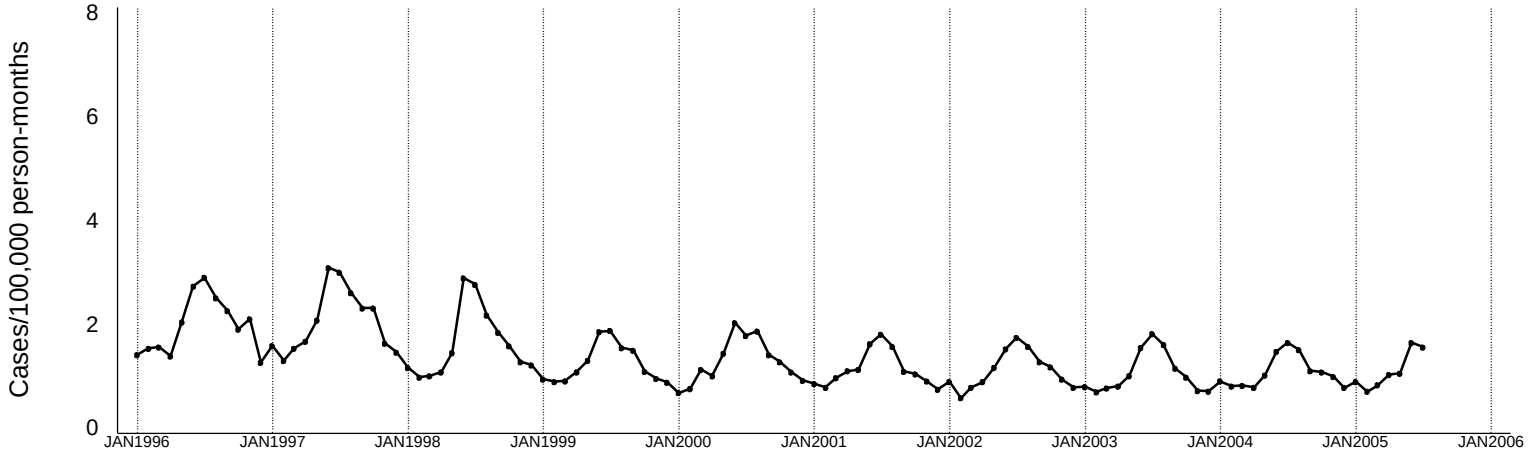
q. Proposed Title: Trends in risky food consumption in the general and immunosupressed populations, FoodNet 1996-2002

Lead Author: Erica Weis, MPH, California Department of Health Services

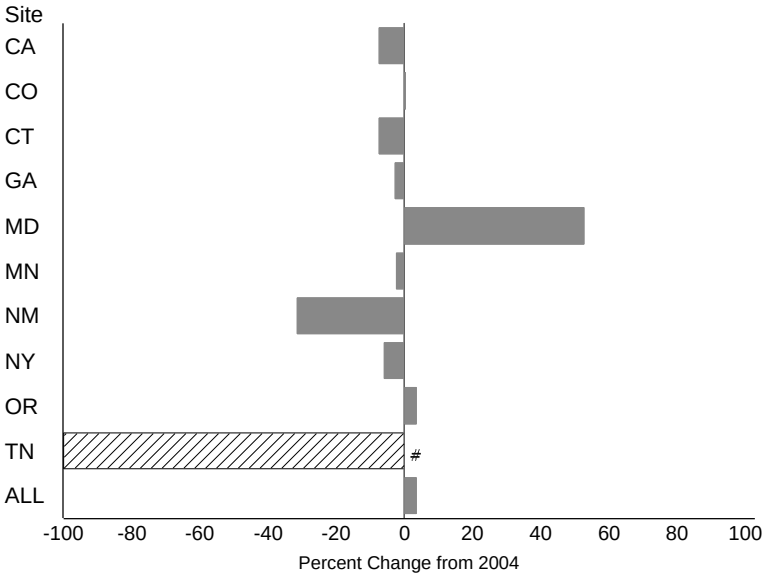
Proposal: Data from the 1996-2002 FoodNet population surveys were analyzed using logistic regression to determine which populations are at highest risk of consuming risky foods and detect changes in the patterns of risky foods consumption over time. To measure risky food consumption an index of food risk was created by aggregating all individual risky food questions asked in all years. Demographic variables, such as age, ethnicity, educational attainment, etc., and immunosupression (immunosuppressing conditions and immunosuppressive medications) variables were used as predictors of risky food consumption.

Campylobacter

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

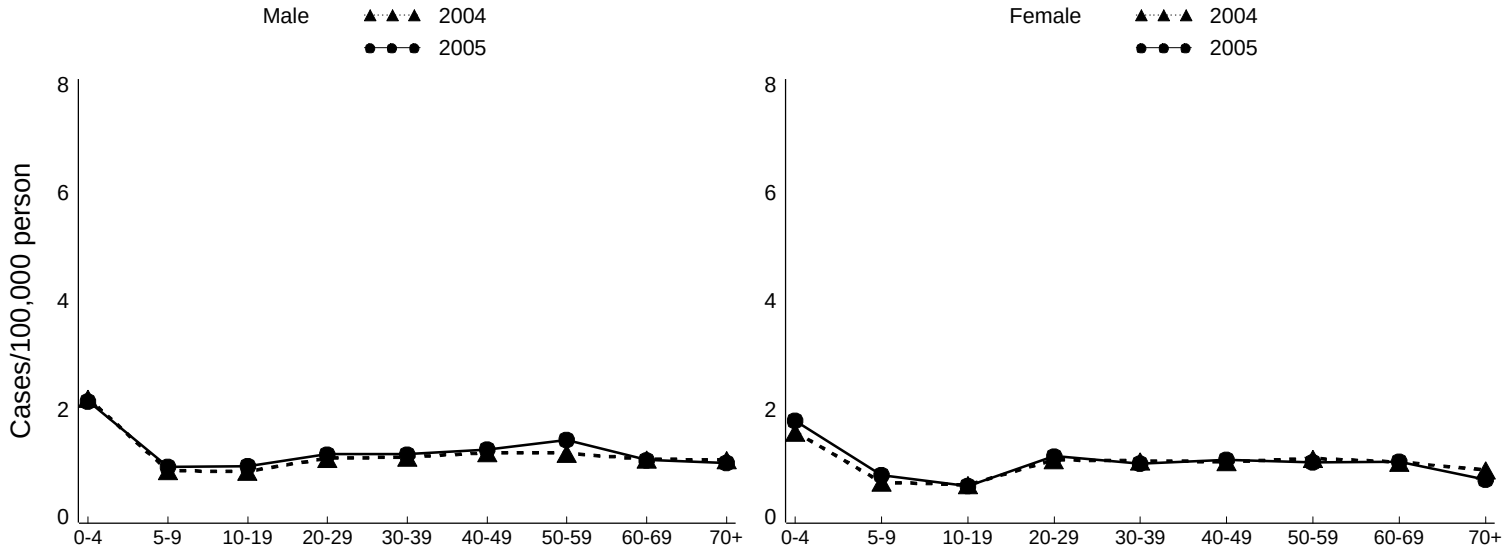


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
\# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	**Cases**	**Rate^**	**Cases**	**Rate^**	**Cases**	**Rate^**
CA	500	15.56	540	16.80	586	18.25
CO	298	11.80	297	11.76	233	9.635
CT	314	9.014	339	9.732	324	9.375
GA	324	3.731	333	3.834	368	4.328
MD	235	4.266	154	2.795	186	4.082
MN	488	9.645	500	9.883	530	10.58
NM	133	7.095	194	10.35	194	10.35
NY	272	6.305	289	6.699	229	7.411
OR	382	10.73	369	10.37	349	9.942
TN	0	0.000	265	4.536	174	4.184
ALL	2946	7.707	3280	7.443	3173	7.908

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

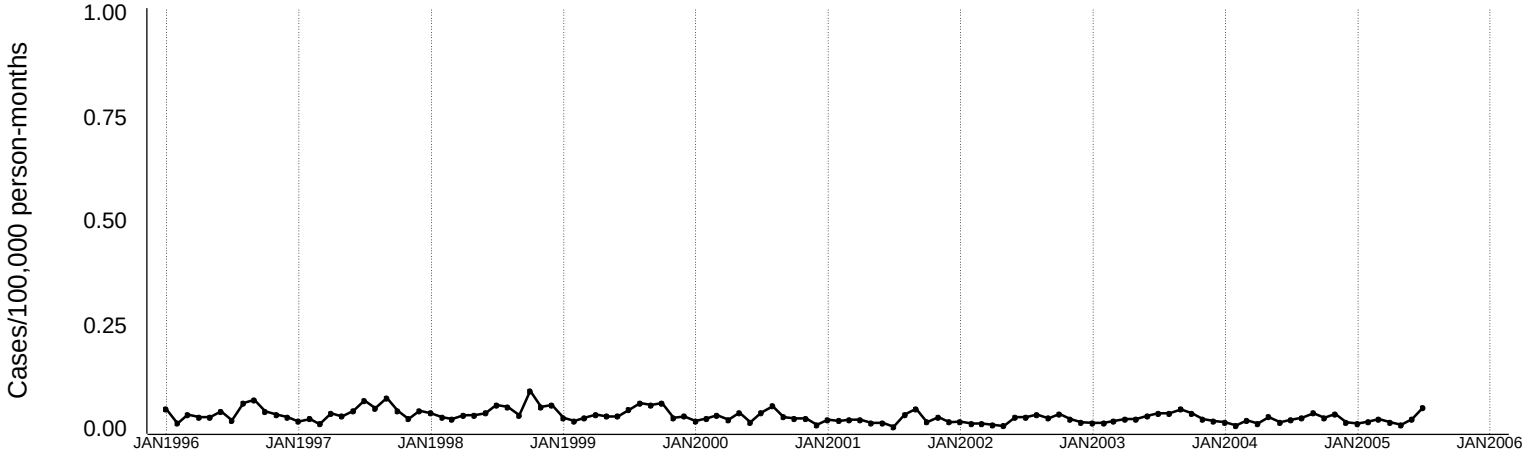
Calendar year through July: Rates for 2004 and 2005 by age group and sex



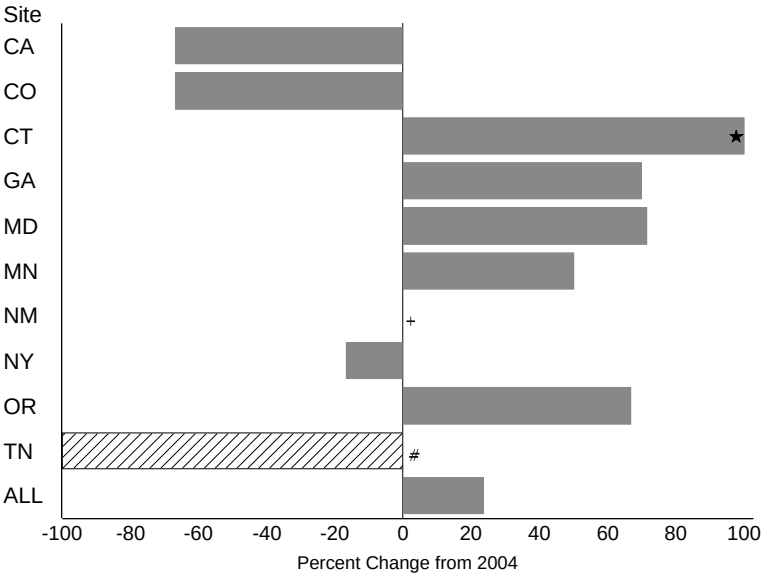
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Listeria

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

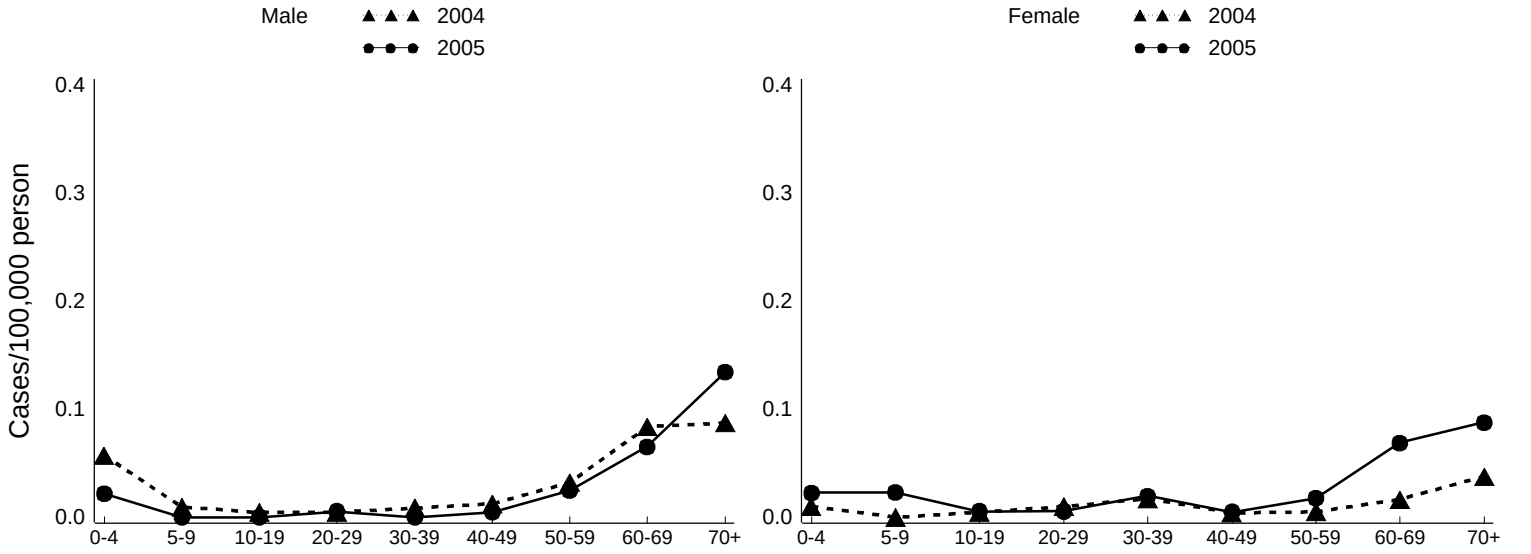


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	4	0.124	12	0.373	10	0.305
CO	1	0.040	3	0.119	2	0.093
CT	11	0.316	4	0.115	8	0.226
GA	17	0.196	10	0.115	12	0.141
MD	12	0.218	7	0.127	8	0.171
MN	3	0.059	2	0.040	2	0.040
NM	2	0.107	0	0.000	0	0.000
NY	5	0.116	6	0.139	6	0.223
OR	5	0.140	3	0.084	3	0.091
TN	0	0.000	9	0.154	4	0.090
ALL	60	0.157	56	0.127	55	0.146

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

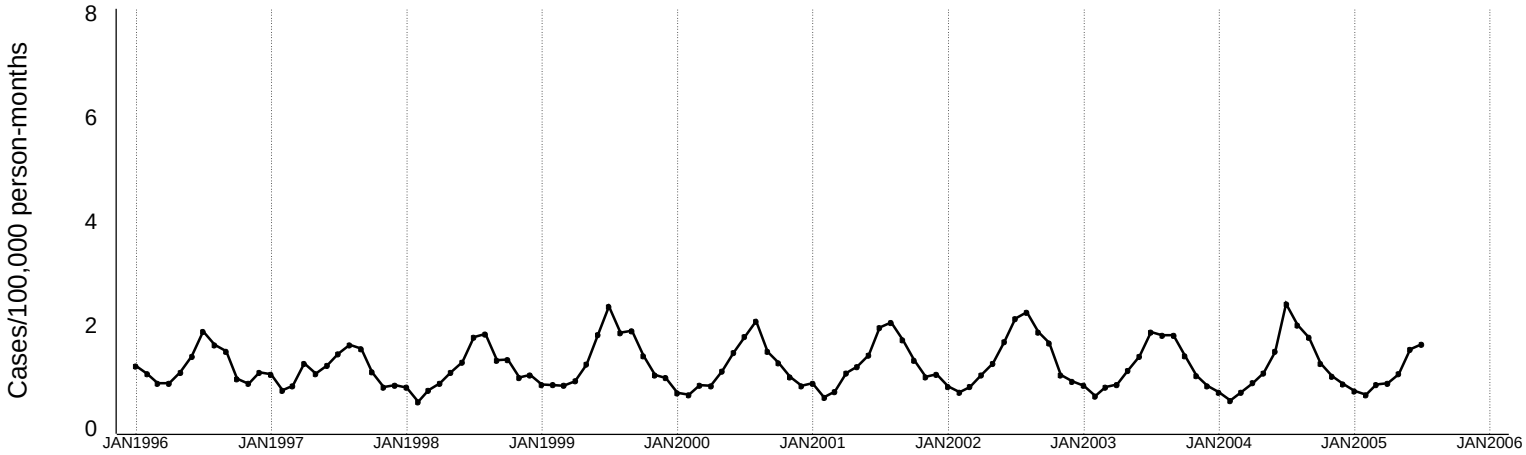
Calendar year through July: Rates for 2004 and 2005 by age group and sex



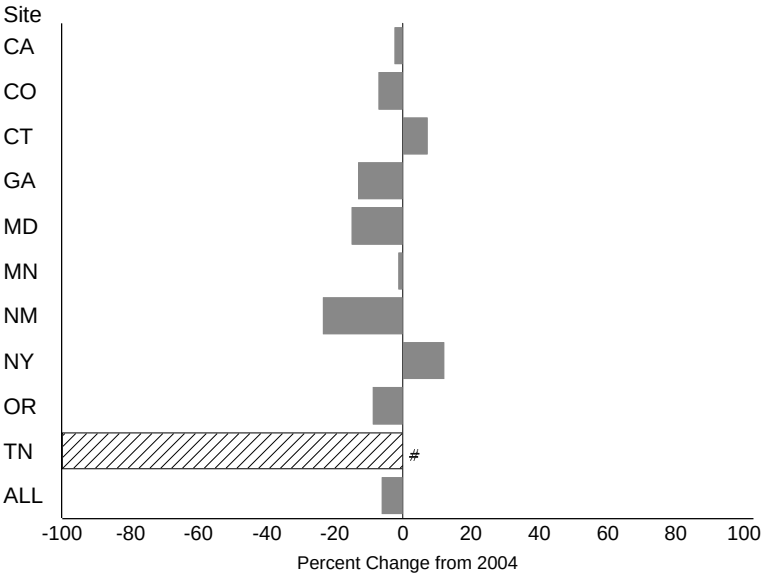
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Salmonella, all serotypes

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

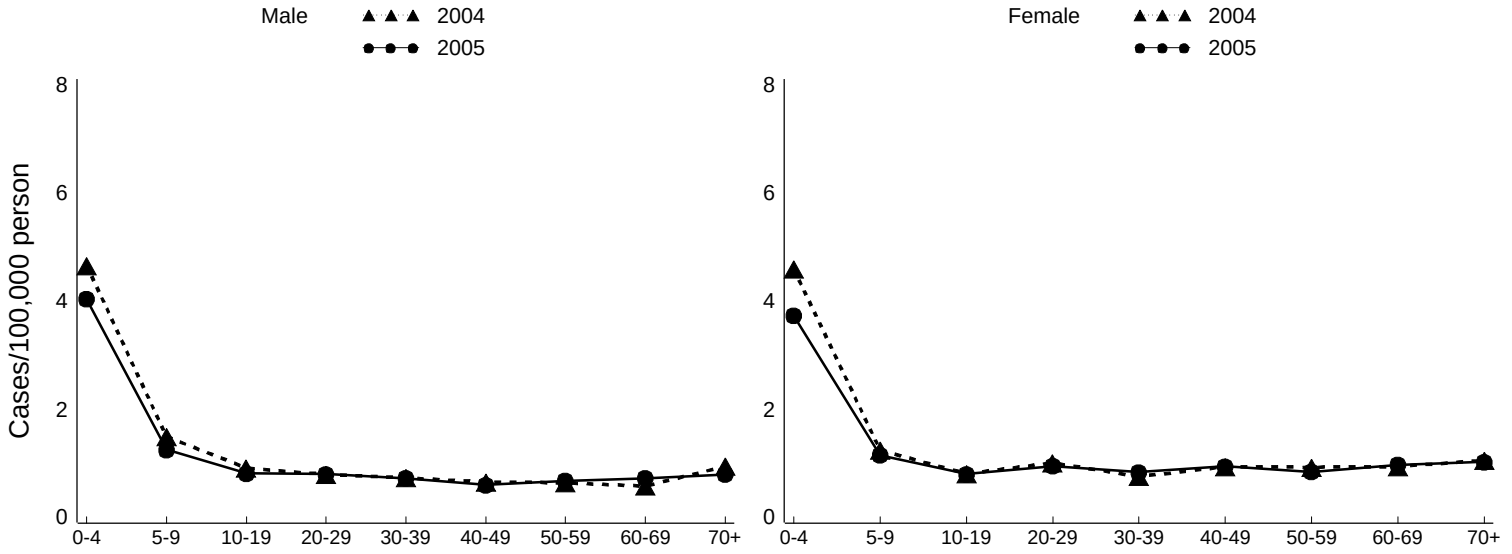


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	**Cases**	**Rate^**	**Cases**	**Rate^**	**Cases**	**Rate^**
CA	244	7.59	250	7.78	267	8.31
CO	170	6.73	183	7.24	168	6.95
CT	275	7.89	257	7.38	243	7.03
GA	793	9.13	911	10.5	827	9.70
MD	414	7.52	486	8.82	400	8.61
MN	336	6.64	340	6.72	348	6.94
NM	108	5.76	141	7.52	141	7.52
NY	264	6.12	236	5.47	214	6.90
OR	208	5.84	228	6.41	199	5.68
TN	0	0.00	423	7.24	305	7.58
ALL	2812	7.36	3455	7.84	3113	7.82

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

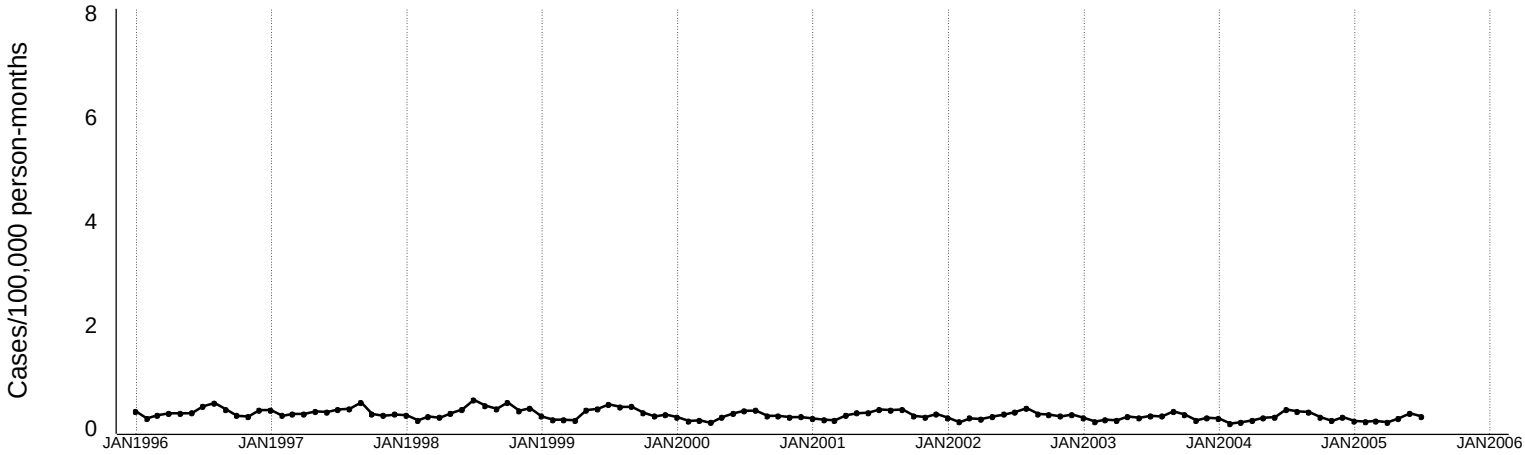
Calendar year through July: Rates for 2004 and 2005 by age group and sex



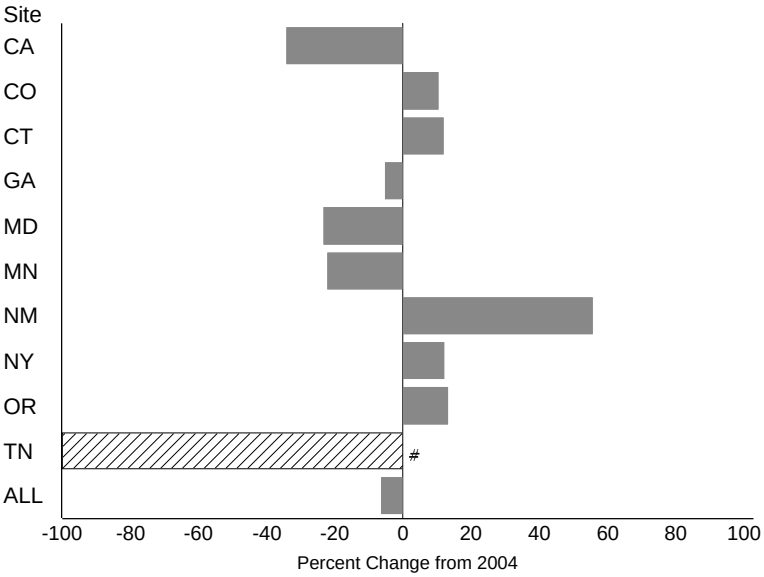
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Salmonella Typhimurium

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

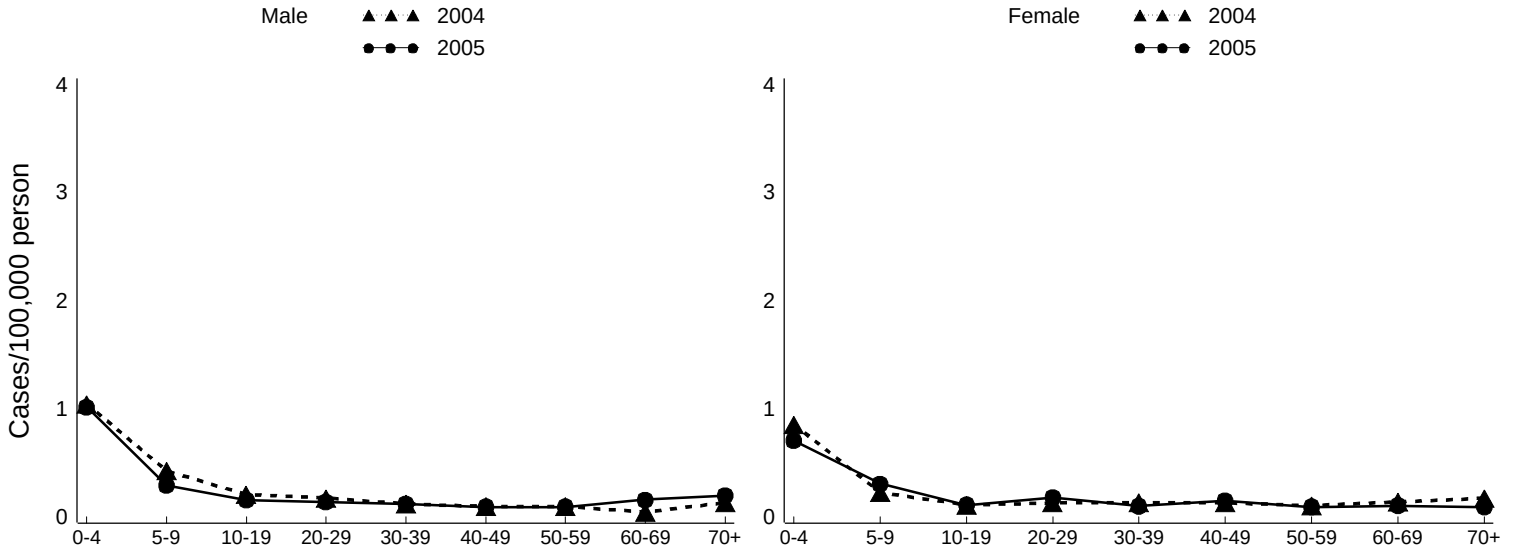


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	33	1.03	50	1.56	43	1.34
CO	43	1.70	39	1.54	43	1.79
CT	57	1.64	51	1.46	49	1.41
GA	127	1.46	134	1.54	143	1.68
MD	53	0.96	69	1.25	73	1.63
MN	67	1.32	86	1.70	90	1.79
NM	28	1.49	18	0.96	18	0.96
NY	47	1.09	42	0.97	41	1.36
OR	52	1.46	46	1.29	41	1.17
TN	0	0.00	89	1.52	71	1.81
ALL	507	1.33	624	1.42	611	1.56

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

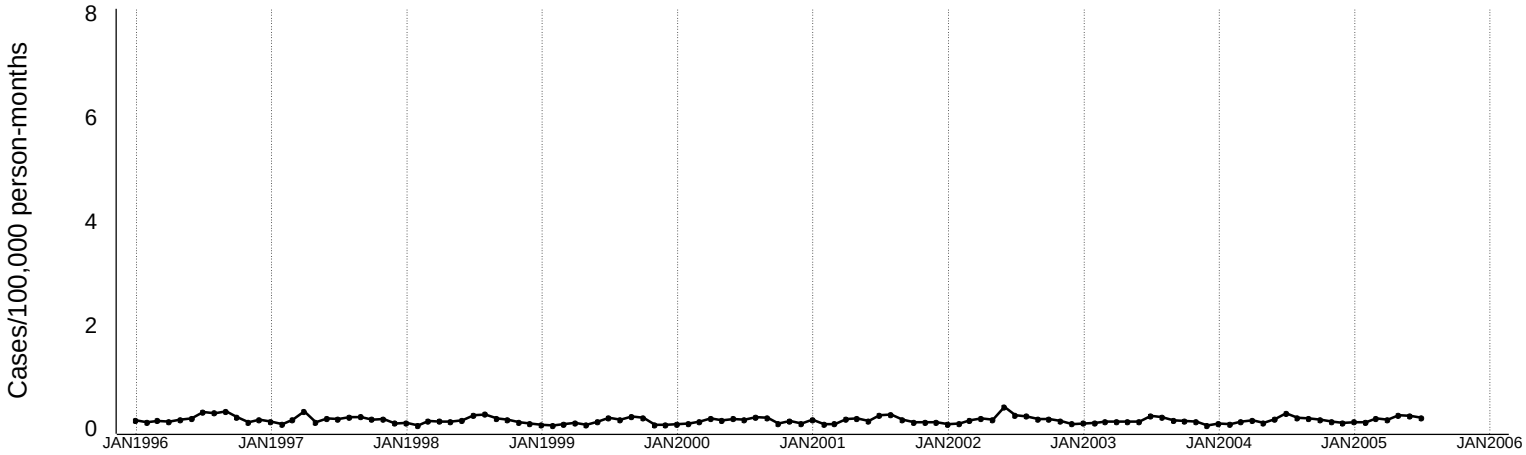
Calendar year through July: Rates for 2004 and 2005 by age group and sex



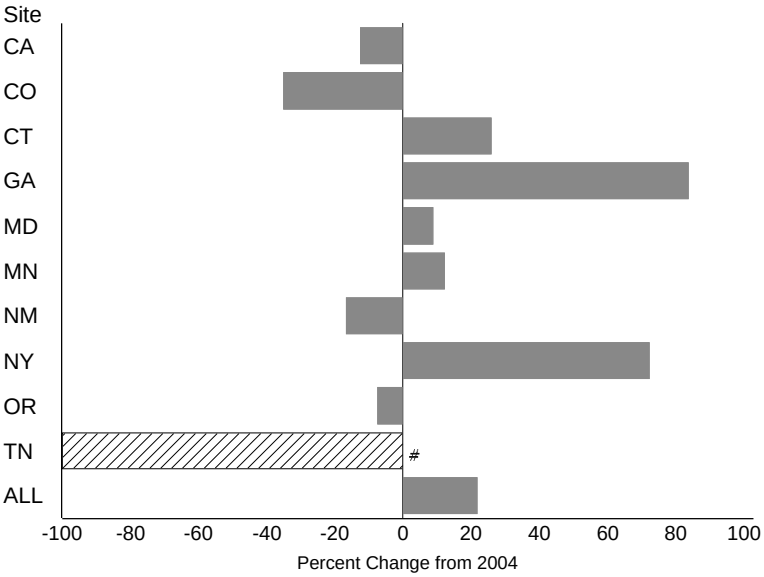
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Salmonella Enteritidis

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

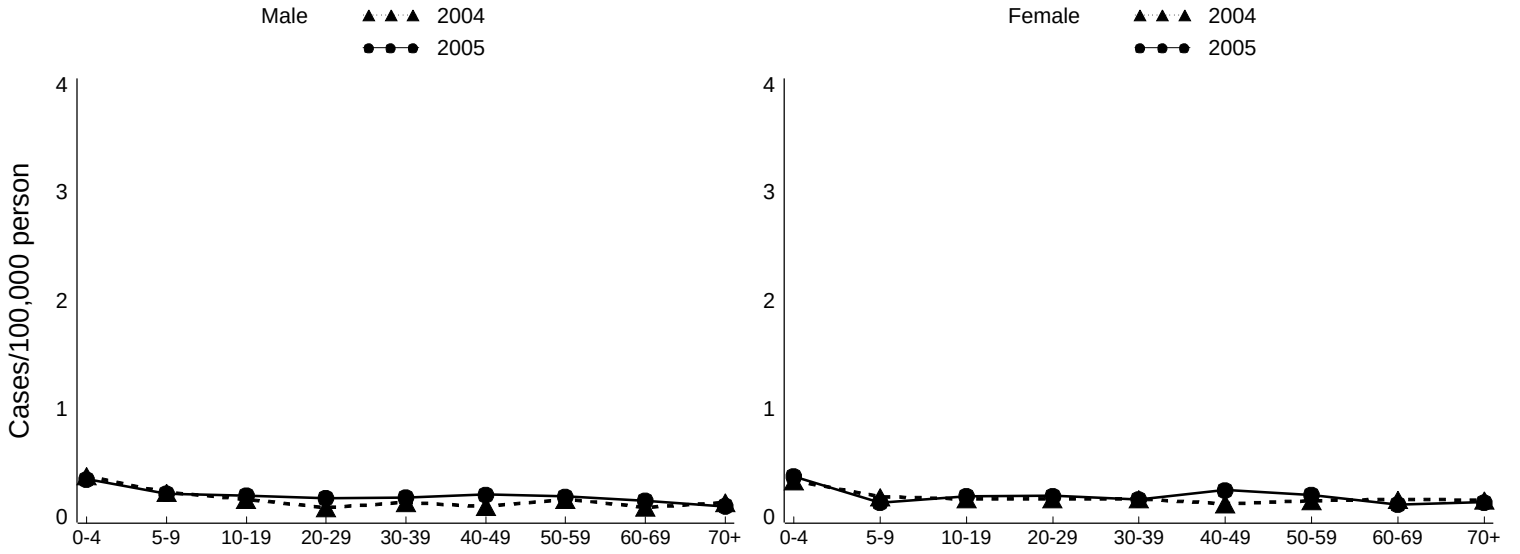


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	42	1.307	48	1.494	40	1.257
CO	26	1.029	40	1.583	29	1.179
CT	73	2.096	58	1.665	53	1.546
GA	79	0.910	43	0.495	47	0.557
MD	125	2.269	115	2.088	108	2.393
MN	74	1.463	66	1.305	67	1.338
NM	10	0.533	12	0.640	12	0.640
NY	62	1.437	36	0.834	48	1.502
OR	38	1.068	41	1.152	32	0.921
TN	0	0.000	42	0.719	25	0.614
ALL	529	1.384	501	1.137	463	1.183

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

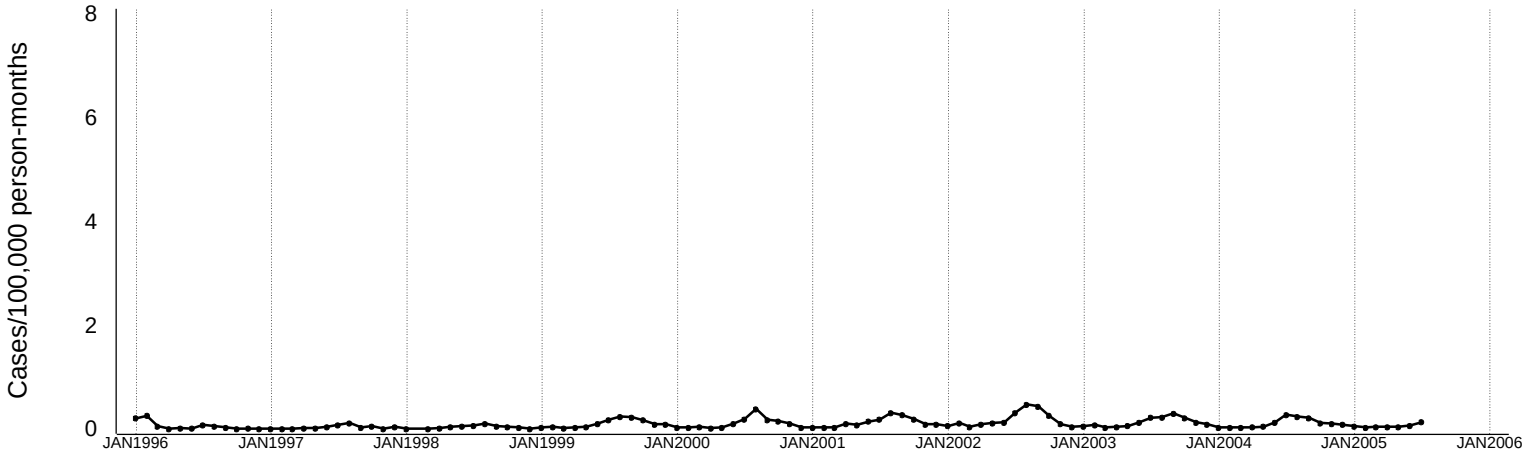
Calendar year through July: Rates for 2004 and 2005 by age group and sex



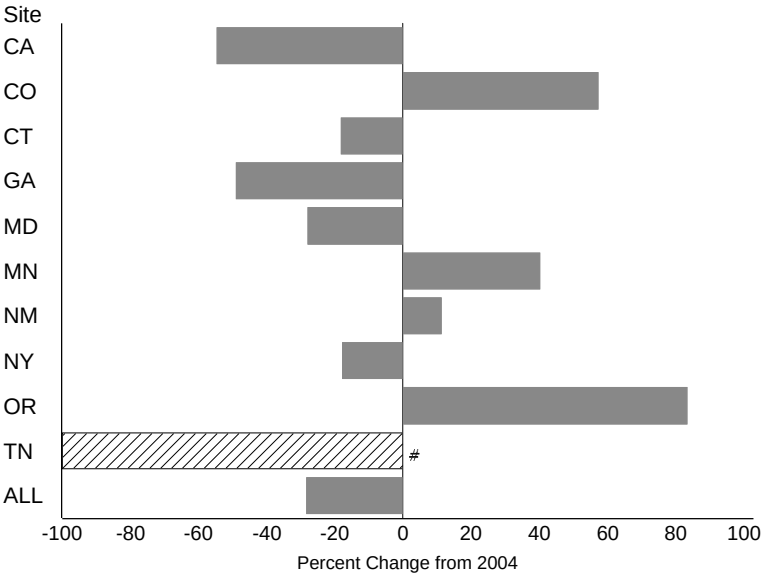
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Salmonella Newport

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

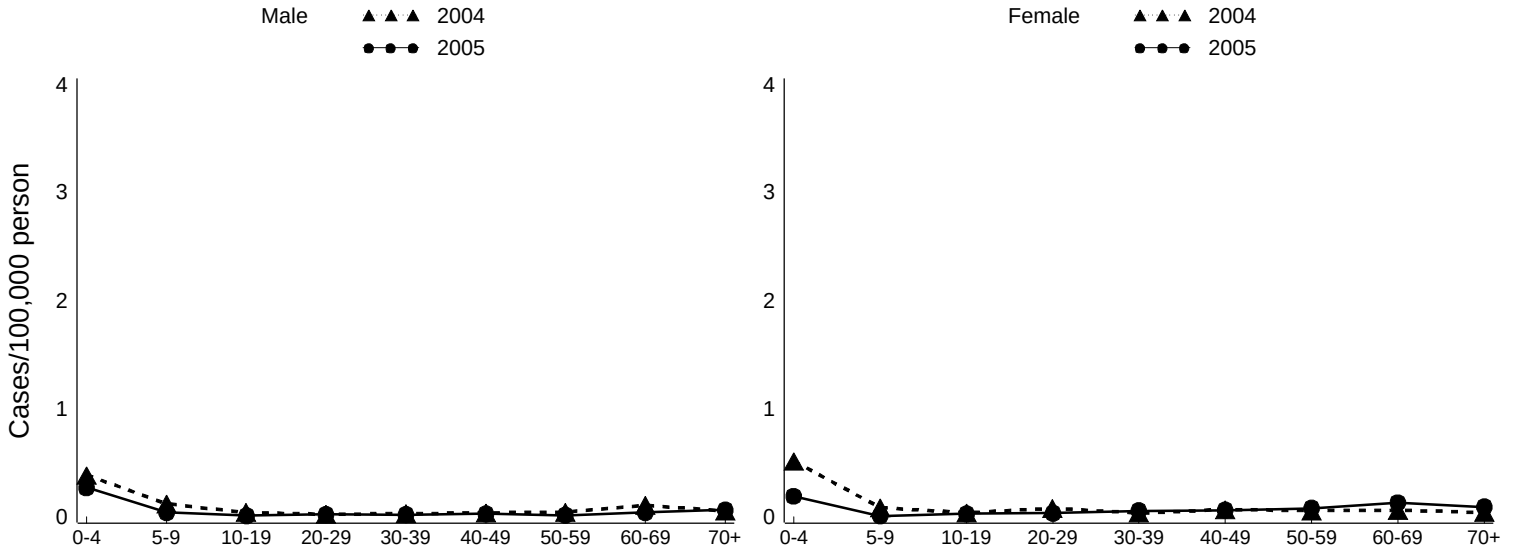


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	5	0.156	11	0.342	16	0.497
CO	11	0.435	7	0.277	14	0.557
CT	9	0.258	11	0.316	21	0.609
GA	66	0.760	129	1.485	105	1.232
MD	13	0.236	18	0.327	17	0.354
MN	21	0.415	15	0.296	18	0.354
NM	10	0.533	9	0.480	9	0.480
NY	14	0.325	17	0.394	18	0.564
OR	11	0.309	6	0.169	14	0.409
TN	0	0.000	34	0.582	21	0.535
ALL	160	0.419	257	0.583	253	0.636

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

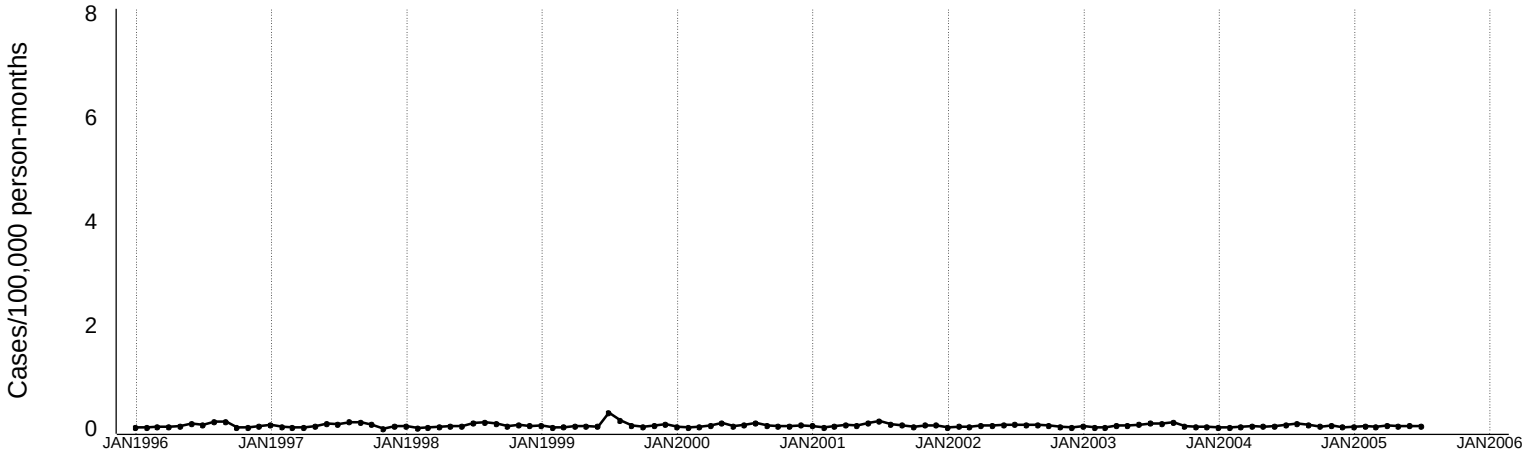
Calendar year through July: Rates for 2004 and 2005 by age group and sex



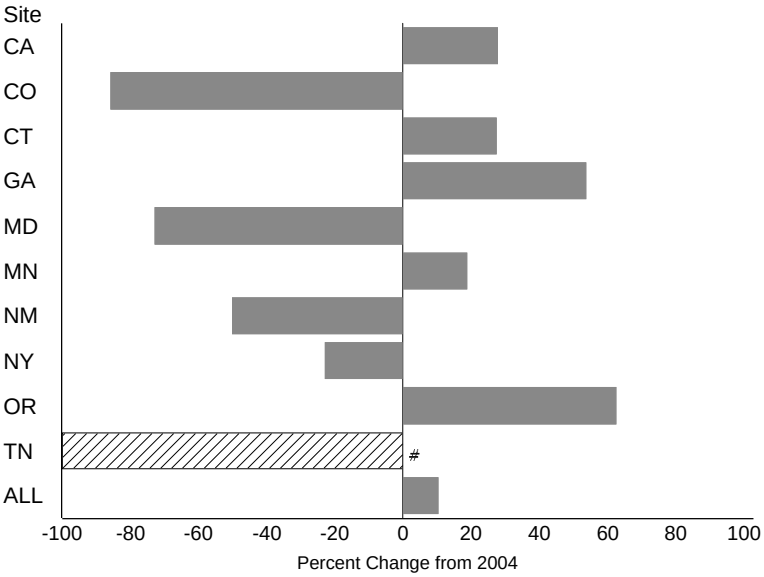
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Salmonella Heidelberg

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

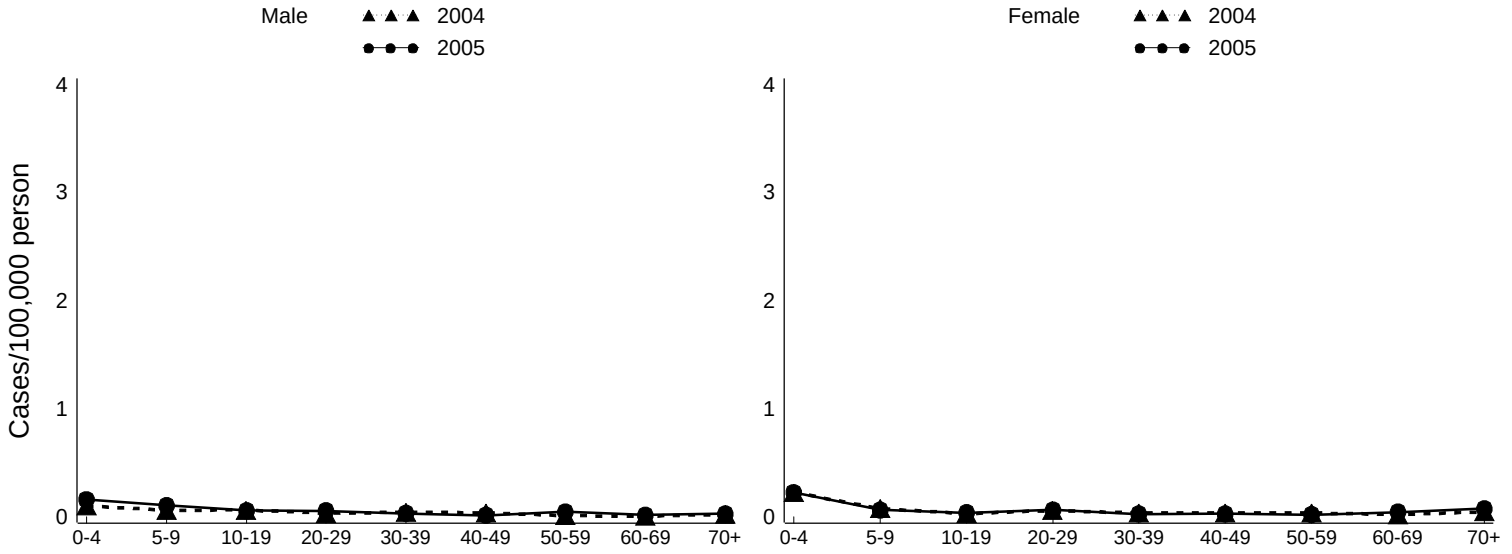


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	23	0.716	18	0.560	25	0.765
CO	1	0.040	7	0.277	10	0.434
CT	14	0.402	11	0.316	13	0.370
GA	43	0.495	28	0.322	40	0.475
MD	6	0.109	22	0.399	17	0.371
MN	19	0.376	16	0.316	21	0.412
NM	2	0.107	4	0.213	4	0.213
NY	17	0.394	22	0.510	21	0.721
OR	26	0.730	16	0.449	12	0.336
TN	0	0.000	14	0.240	15	0.379
ALL	151	0.395	158	0.359	177	0.458

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

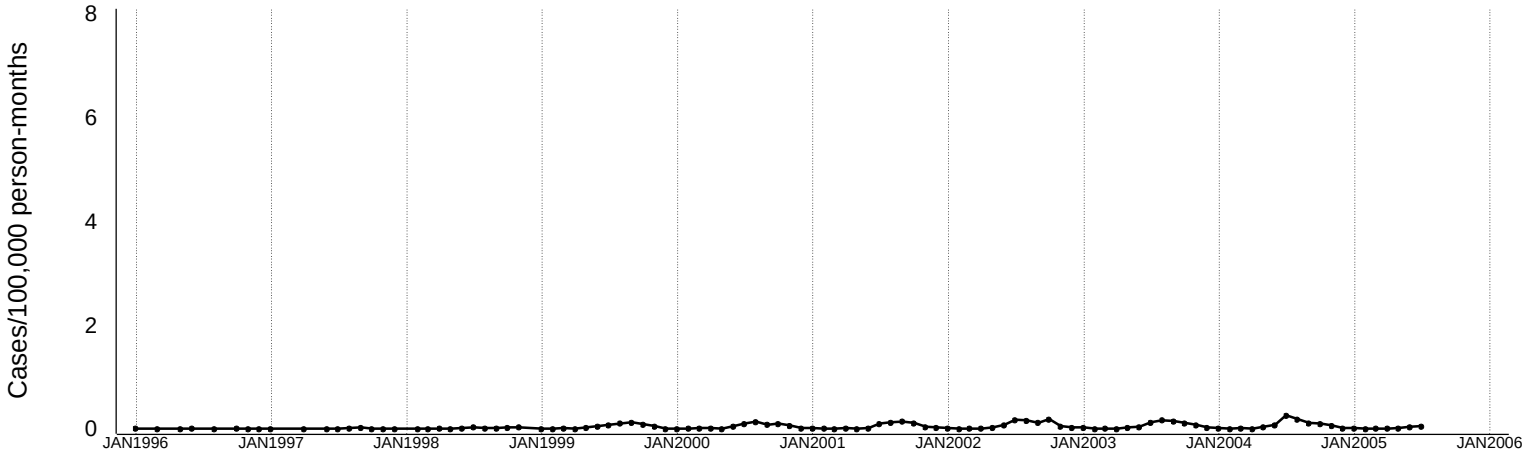
Calendar year through July: Rates for 2004 and 2005 by age group and sex



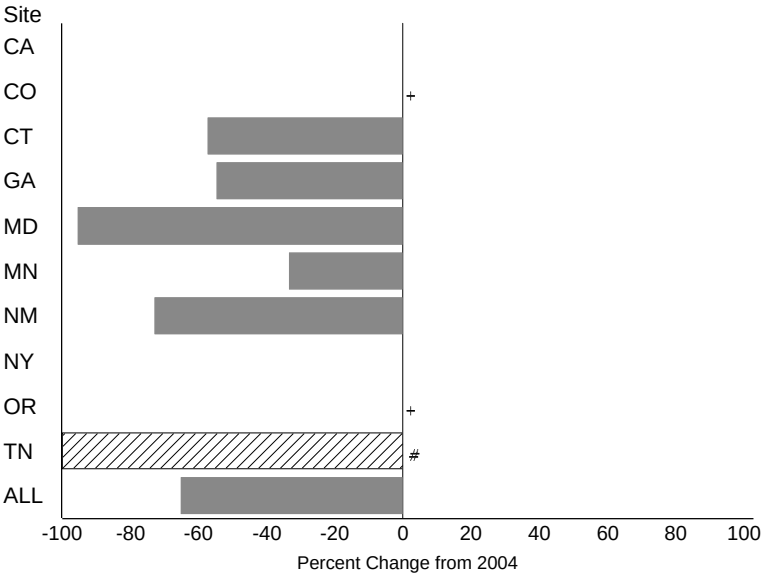
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Salmonella Javiana

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

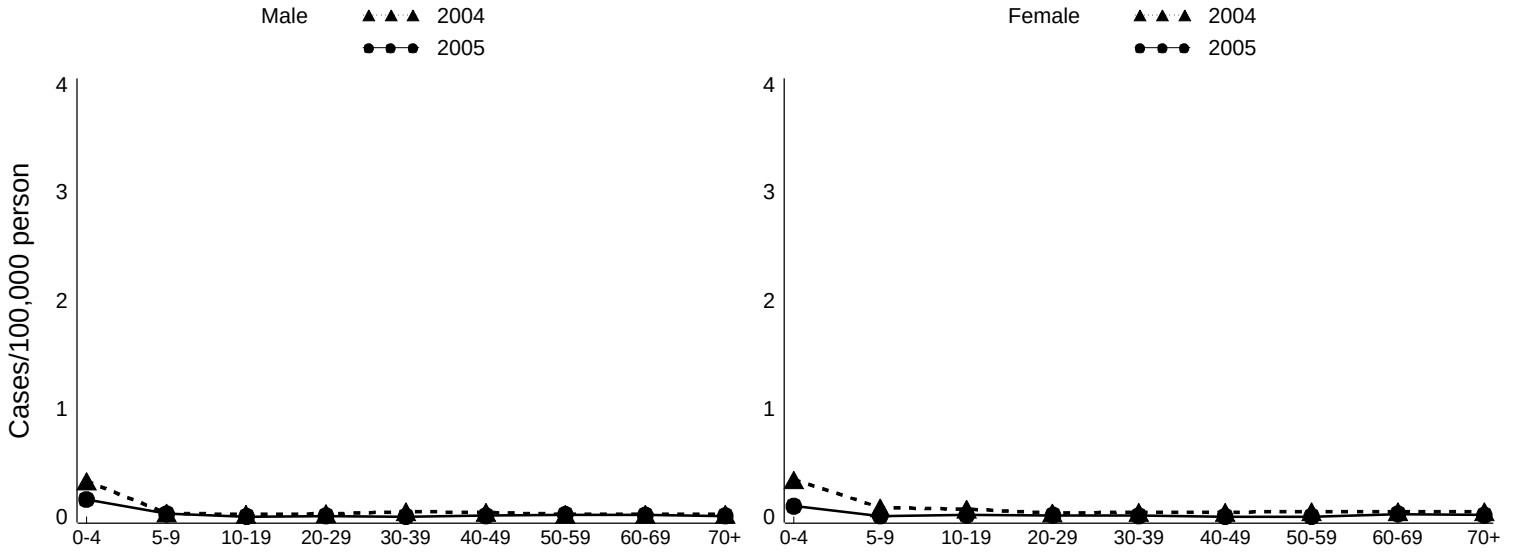


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	1	0.031	1	0.031	3	0.081
CO	0	0.000	0	0.000	2	0.060
CT	3	0.086	7	0.201	2	0.069
GA	45	0.518	99	1.140	70	0.813
MD	3	0.054	64	1.162	18	0.341
MN	2	0.040	3	0.059	4	0.088
NM	3	0.160	11	0.587	11	0.587
NY	4	0.093	4	0.093	2	0.065
OR	0	0.000	0	0.000	3	0.080
TN	0	0.000	12	0.205	11	0.282
ALL	61	0.160	201	0.456	125	0.297

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

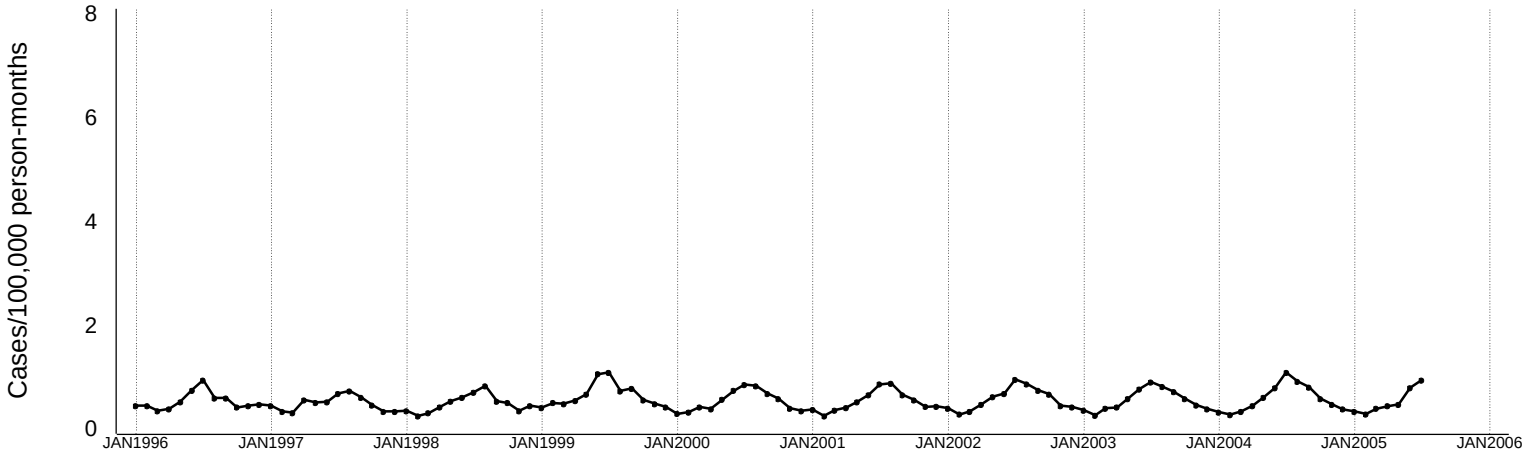
Calendar year through July: Rates for 2004 and 2005 by age group and sex



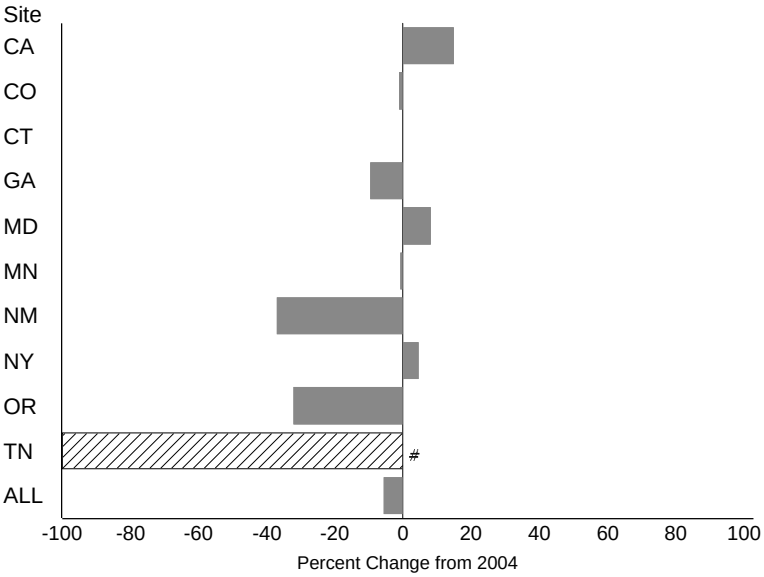
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Salmonella, all others

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

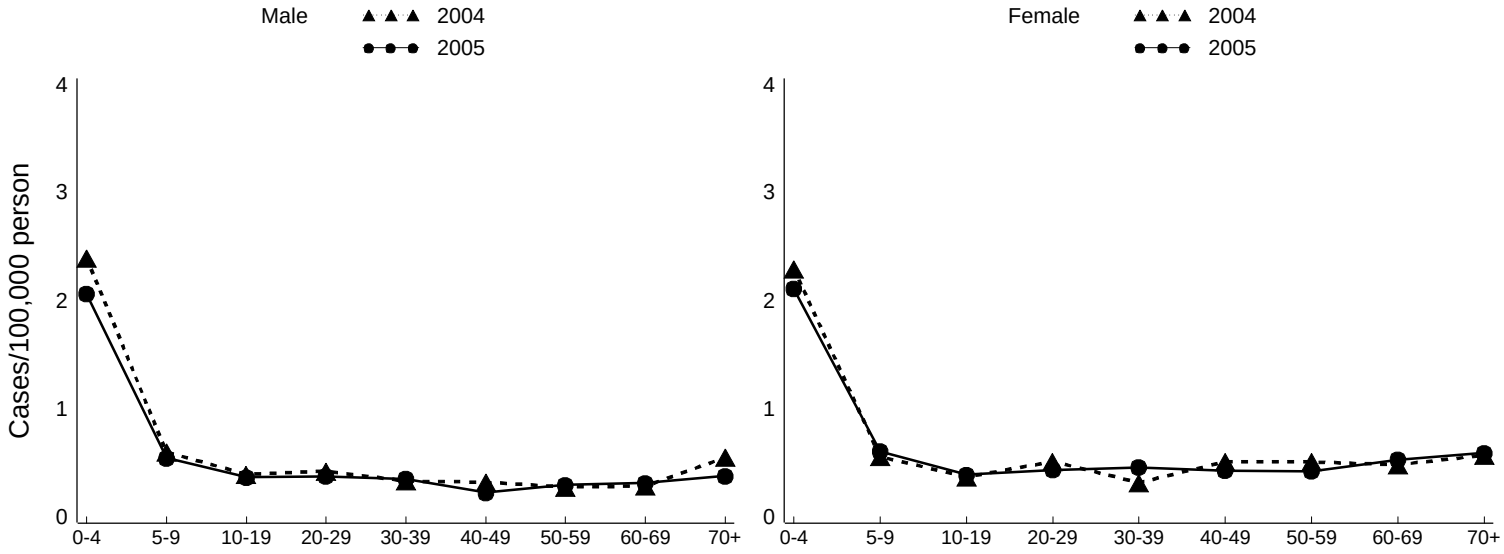


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	140	4.36	122	3.80	140	4.37
CO	89	3.52	90	3.56	71	2.94
CT	119	3.42	119	3.42	105	3.03
GA	433	4.99	478	5.50	421	4.94
MD	214	3.88	198	3.59	168	3.53
MN	153	3.02	154	3.04	148	2.96
NM	55	2.93	87	4.64	87	4.64
NY	120	2.78	115	2.67	84	2.69
OR	81	2.28	119	3.34	97	2.76
TN	0	0.00	232	3.97	162	3.96
ALL	1404	3.67	1714	3.89	1484	3.68

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

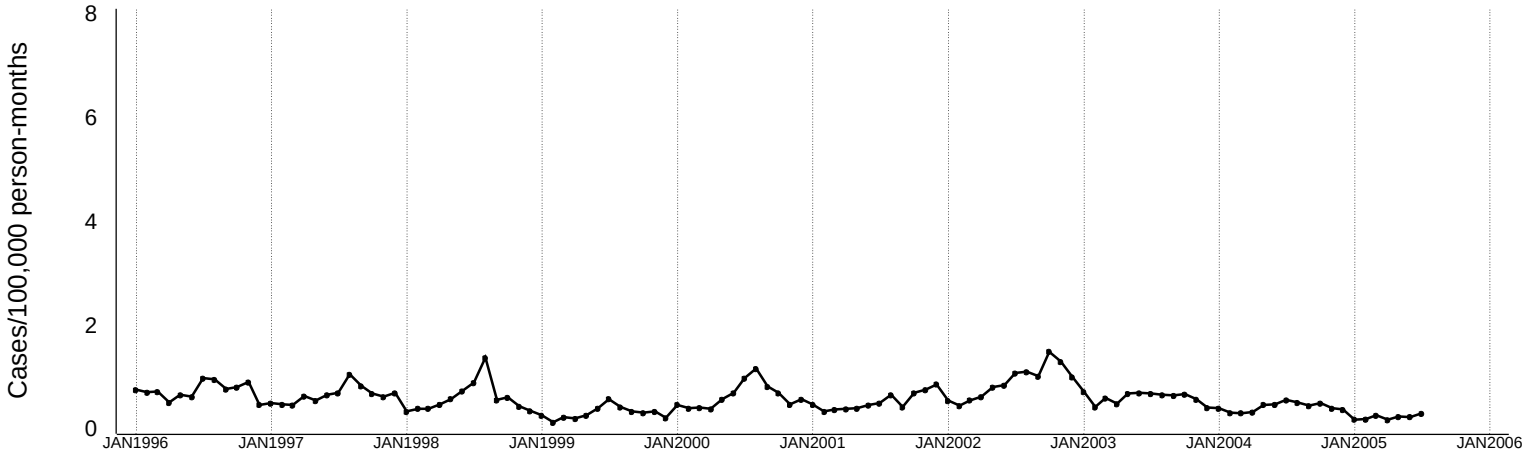
Calendar year through July: Rates for 2004 and 2005 by age group and sex



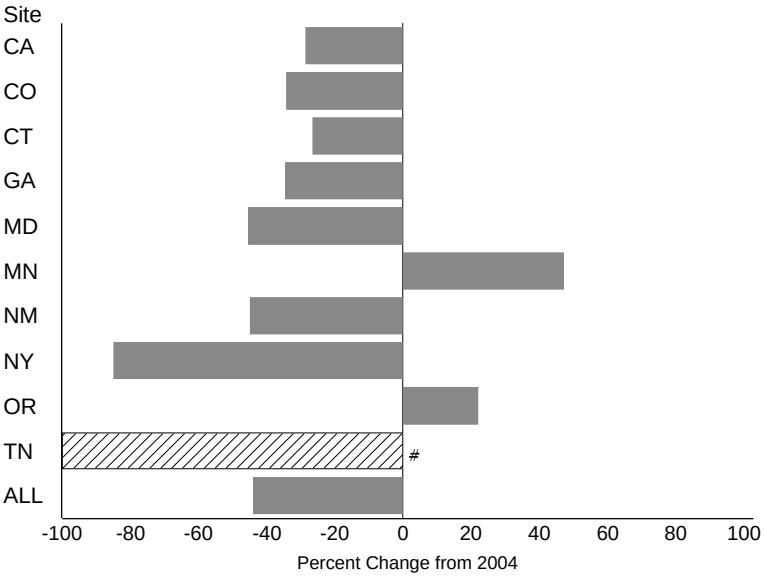
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Shigella, all species

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

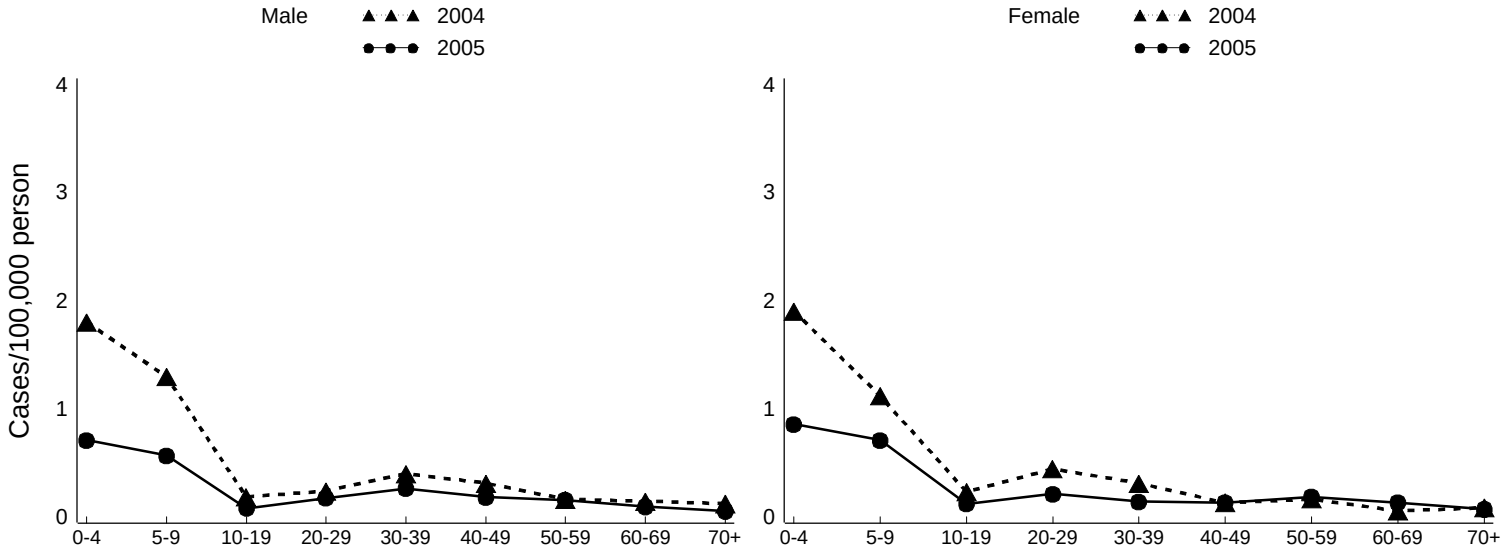


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	98	3.05	137	4.26	209	6.49
CO	31	1.23	47	1.86	65	2.70
CT	28	0.80	38	1.09	36	1.05
GA	257	2.96	392	4.51	452	5.26
MD	41	0.74	75	1.36	219	4.24
MN	50	0.99	34	0.67	183	3.67
NM	42	2.24	76	4.05	76	4.05
NY	28	0.65	184	4.27	62	1.64
OR	39	1.10	32	0.90	53	1.50
TN	0	0.00	246	4.21	151	3.68
ALL	614	1.61	1261	2.86	1505	3.79

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

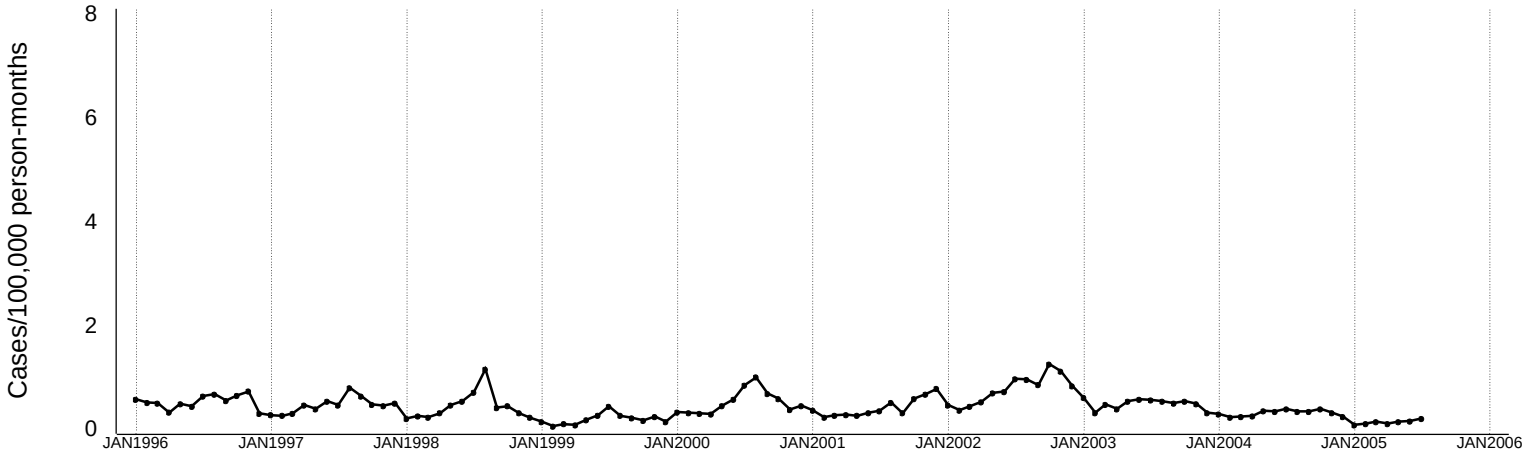
Calendar year through July: Rates for 2004 and 2005 by age group and sex



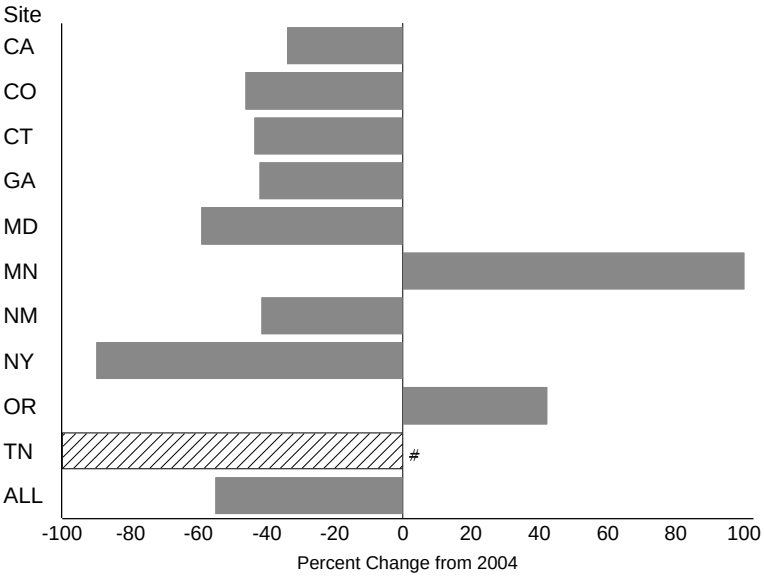
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Shigella sonnei

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

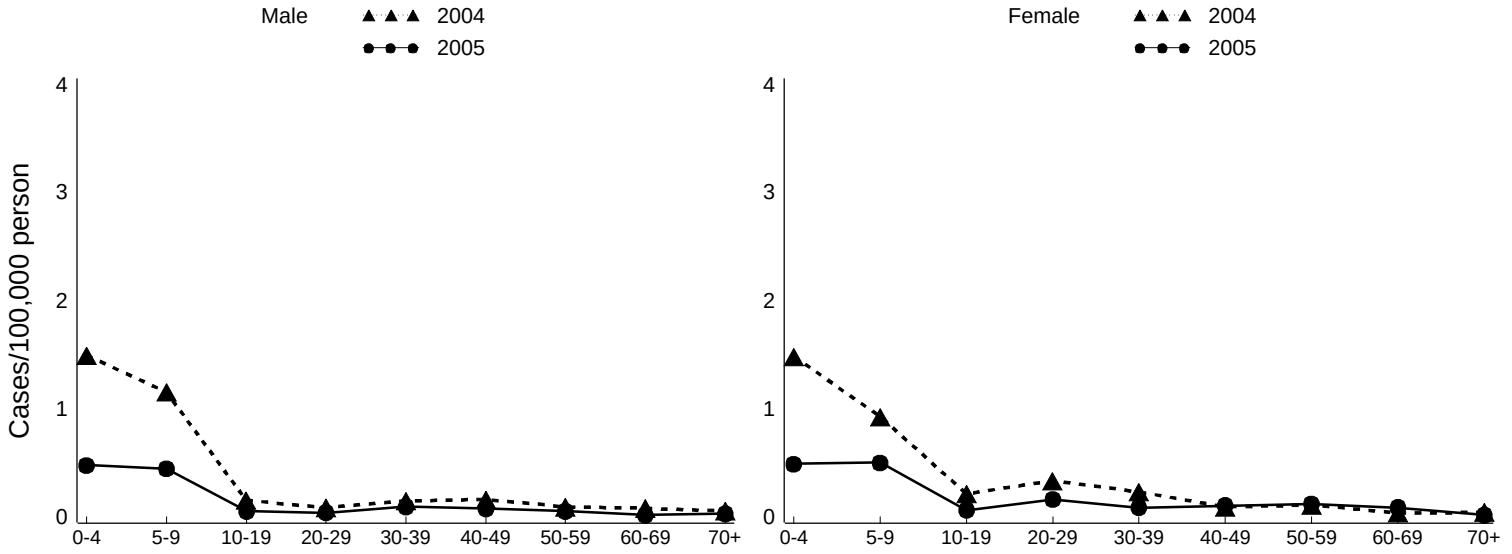


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	37	1.151	56	1.742	128	3.983
CO	14	0.554	26	1.029	44	1.843
CT	13	0.373	23	0.660	24	0.706
GA	168	1.934	289	3.328	364	4.230
MD	18	0.327	44	0.799	192	3.686
MN	36	0.712	18	0.356	162	3.259
NM	27	1.440	46	2.454	46	2.454
NY	18	0.417	175	4.056	56	1.437
OR	27	0.759	19	0.534	28	0.796
TN	0	0.000	220	3.766	127	3.064
ALL	358	0.937	916	2.079	1171	2.981

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

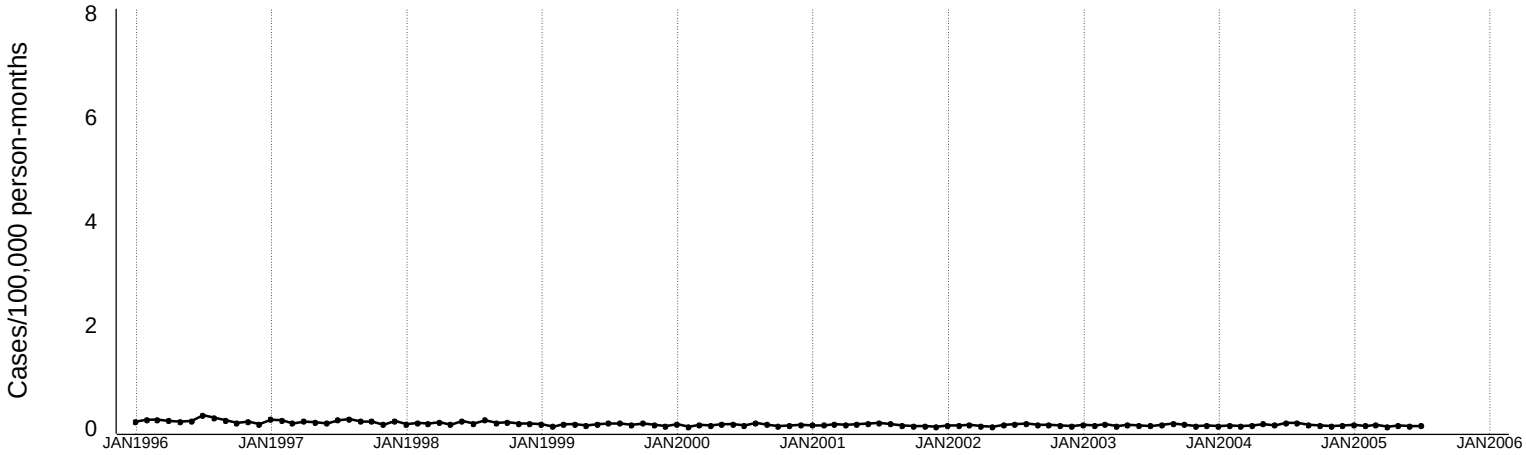
Calendar year through July: Rates for 2004 and 2005 by age group and sex



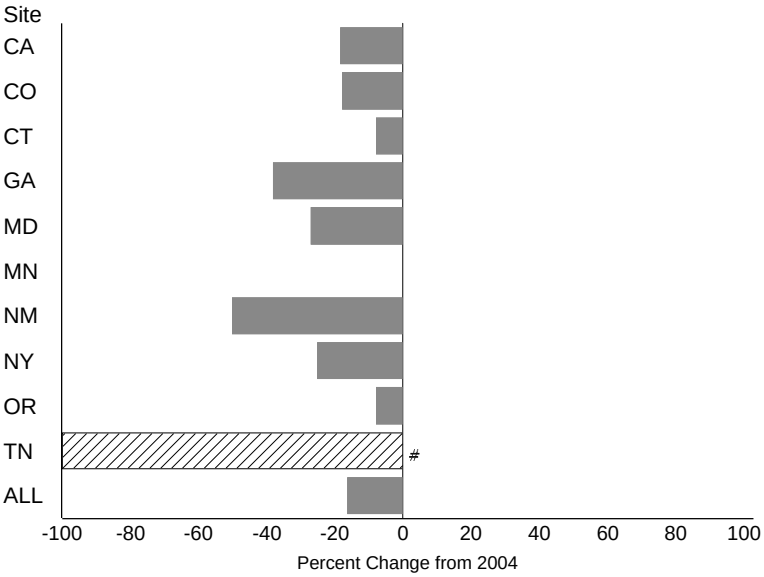
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Shigella flexneri

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

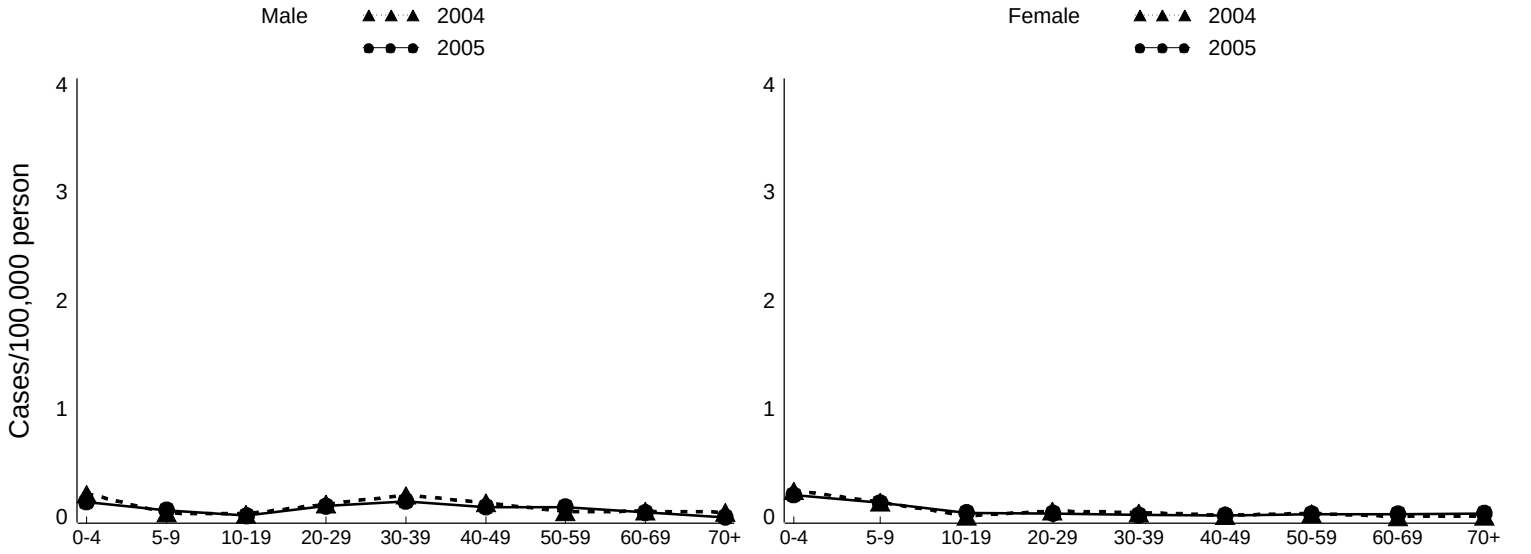


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	49	1.525	60	1.867	61	1.912
CO	14	0.554	17	0.673	17	0.683
CT	12	0.344	13	0.373	10	0.284
GA	36	0.415	58	0.668	45	0.532
MD	19	0.345	26	0.472	20	0.414
MN	13	0.257	13	0.257	18	0.355
NM	14	0.747	28	1.494	28	1.494
NY	6	0.139	8	0.185	5	0.181
OR	12	0.337	13	0.365	22	0.640
TN	0	0.000	5	0.086	6	0.171
ALL	175	0.458	241	0.547	233	0.548

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

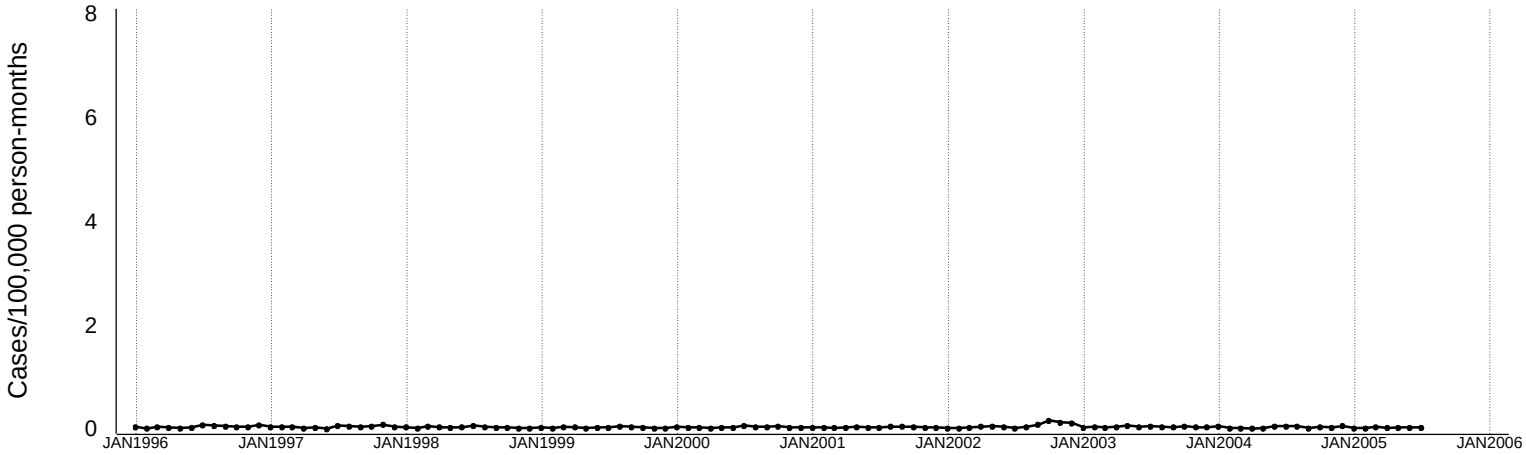
Calendar year through July: Rates for 2004 and 2005 by age group and sex



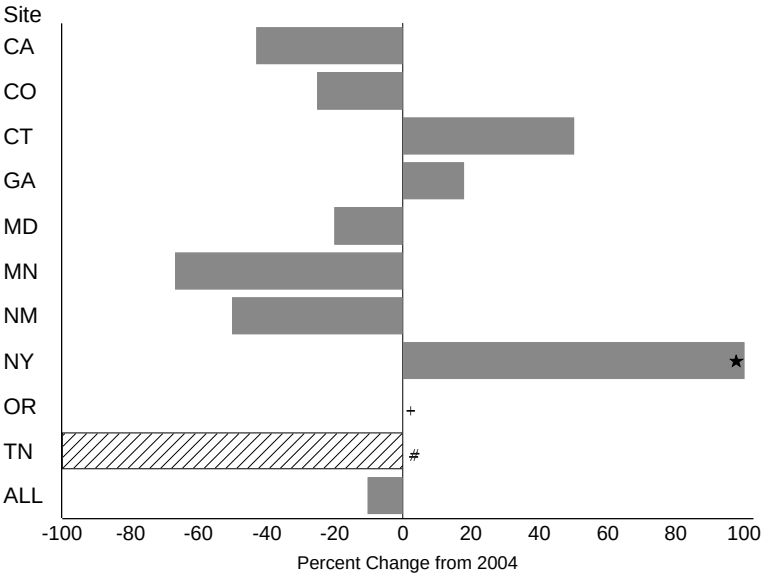
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Shigella, all others

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

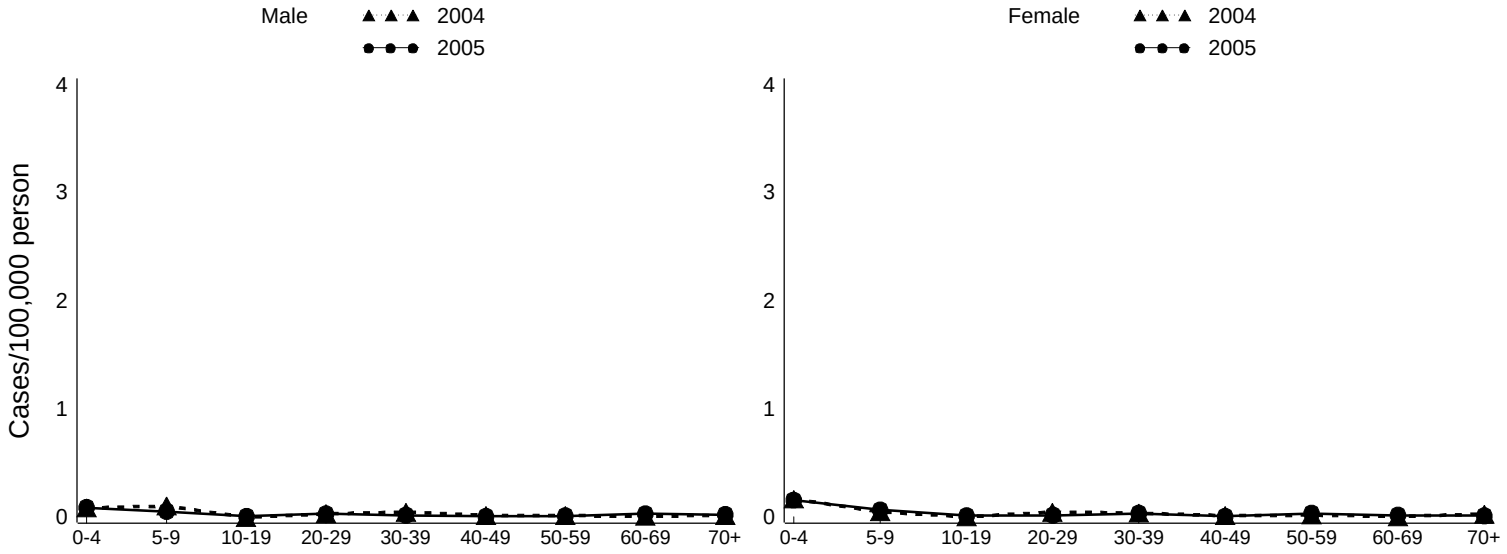


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	**Cases**	**Rate^**	**Cases**	**Rate^**	**Cases**	**Rate^**
CA	12	0.373	21	0.653	19	0.598
CO	3	0.119	4	0.158	4	0.172
CT	3	0.086	2	0.057	2	0.058
GA	53	0.610	45	0.518	43	0.502
MD	4	0.073	5	0.091	7	0.139
MN	1	0.020	3	0.059	3	0.060
NM	1	0.053	2	0.107	2	0.107
NY	4	0.093	1	0.023	1	0.024
OR	0	0.000	0	0.000	2	0.069
TN	0	0.000	21	0.359	18	0.446
ALL	81	0.212	104	0.236	101	0.259

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

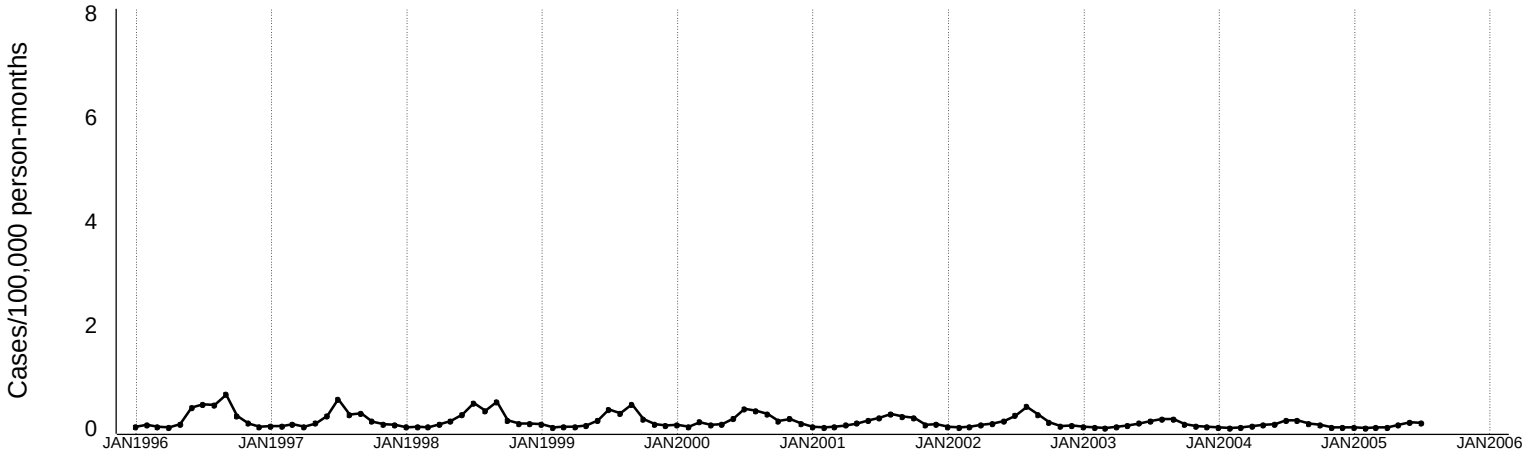
Calendar year through July: Rates for 2004 and 2005 by age group and sex



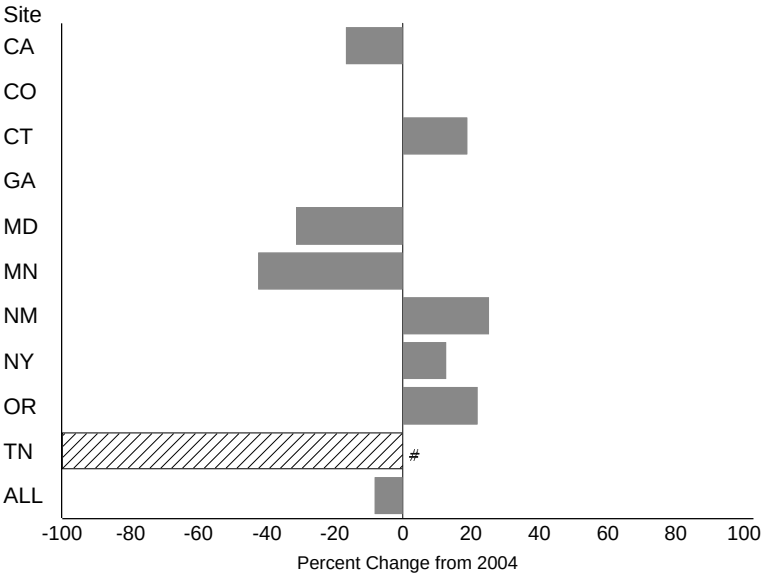
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

E. coli O157

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

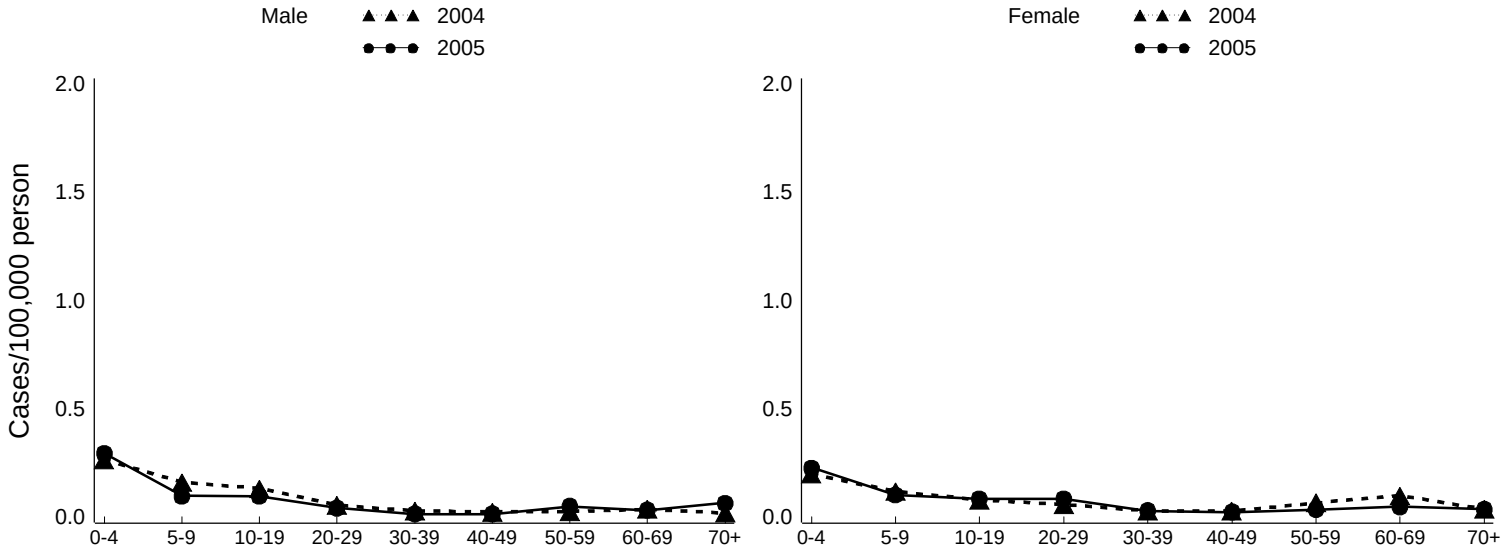


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	10	0.311	12	0.373	16	0.511
CO	15	0.594	15	0.594	26	1.089
CT	19	0.545	16	0.459	28	0.807
GA	15	0.173	15	0.173	22	0.262
MD	11	0.200	16	0.290	9	0.203
MN	34	0.672	59	1.166	75	1.491
NM	5	0.267	4	0.213	4	0.213
NY	36	0.834	32	0.742	27	0.918
OR	28	0.787	23	0.646	32	0.916
TN	0	0.000	25	0.428	19	0.523
ALL	173	0.453	217	0.492	258	0.684

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

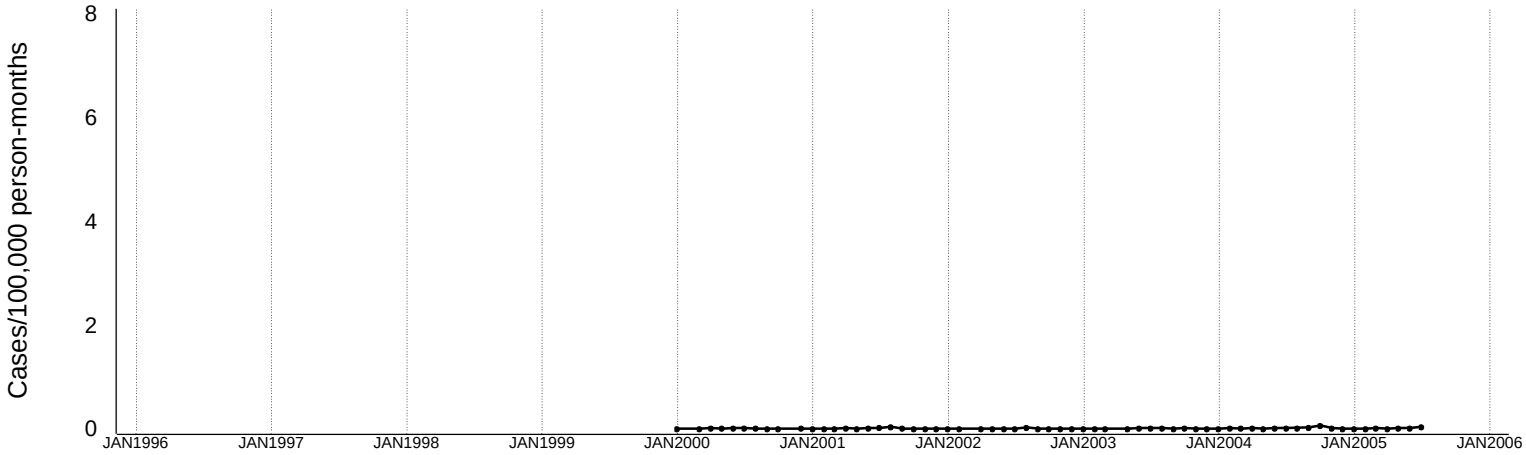
Calendar year through July: Rates for 2004 and 2005 by age group and sex



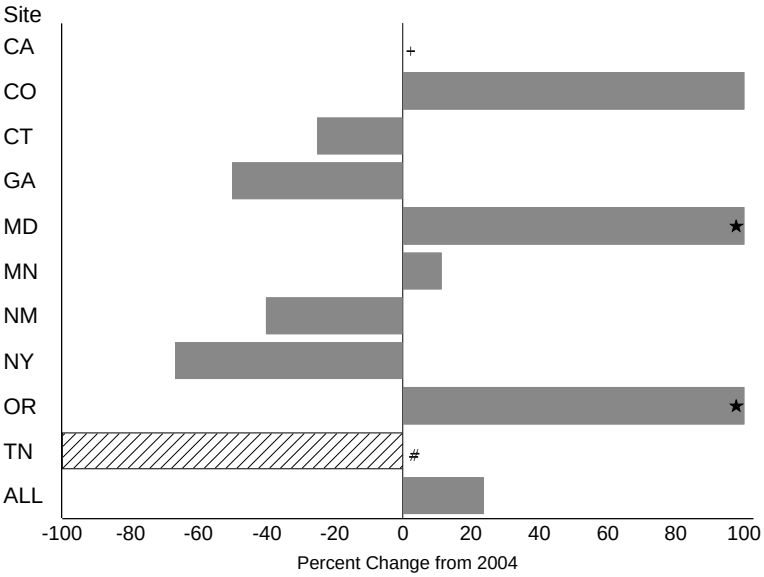
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

STEC Non-O157

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

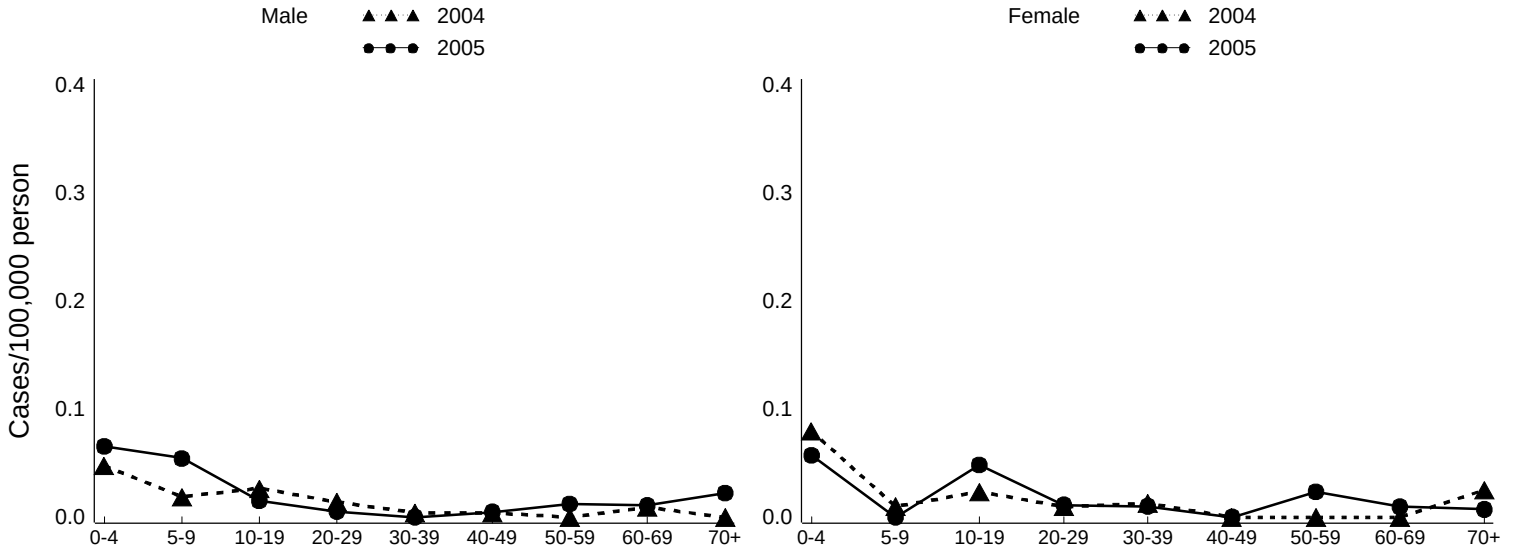


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	0	0.000	0	0.000	0	0.000
CO	2	0.079	1	0.040	1	0.053
CT	12	0.344	16	0.459	12	0.341
GA	1	0.012	2	0.023	2	0.023
MD	12	0.218	4	0.073	1	0.022
MN	10	0.198	9	0.178	8	0.152
NM	3	0.160	5	0.267	5	0.267
NY	1	0.023	3	0.070	1	0.019
OR	4	0.112	1	0.028	2	0.046
TN	0	0.000	1	0.017	1	0.014
ALL	45	0.118	42	0.095	32	0.072

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

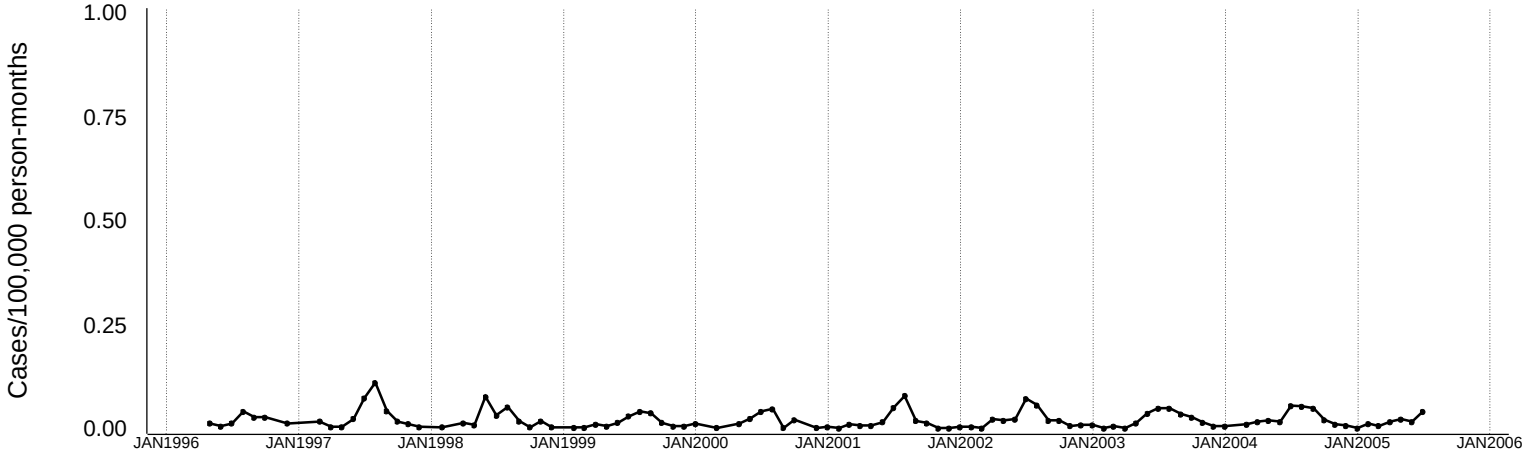
Calendar year through July: Rates for 2004 and 2005 by age group and sex



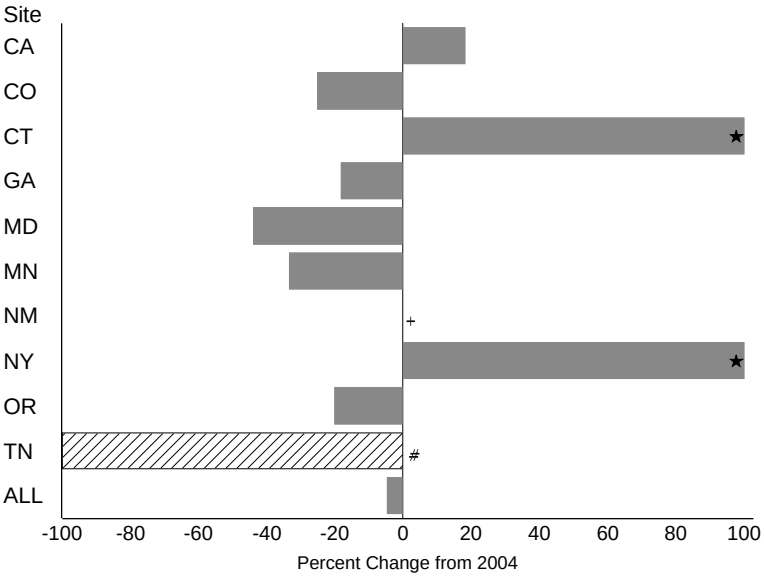
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Vibrio, all species

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

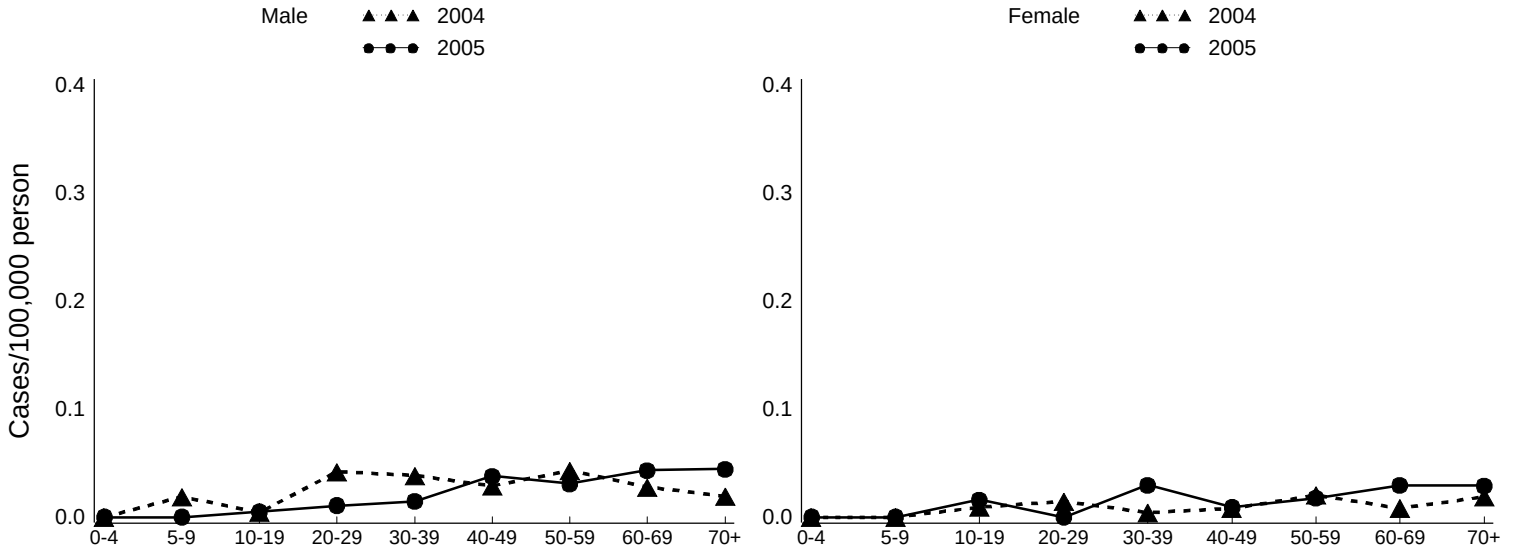


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	13	0.404	11	0.342	7	0.231
CO	3	0.119	4	0.158	3	0.104
CT	5	0.144	2	0.057	5	0.156
GA	9	0.104	11	0.127	10	0.119
MD	9	0.163	16	0.290	11	0.232
MN	2	0.040	3	0.059	3	0.052
NM	0	0.000	0	0.000	0	0.000
NY	3	0.070	1	0.023	1	0.038
OR	4	0.112	5	0.140	4	0.108
TN	0	0.000	5	0.086	3	0.076
ALL	48	0.126	58	0.132	48	0.123

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

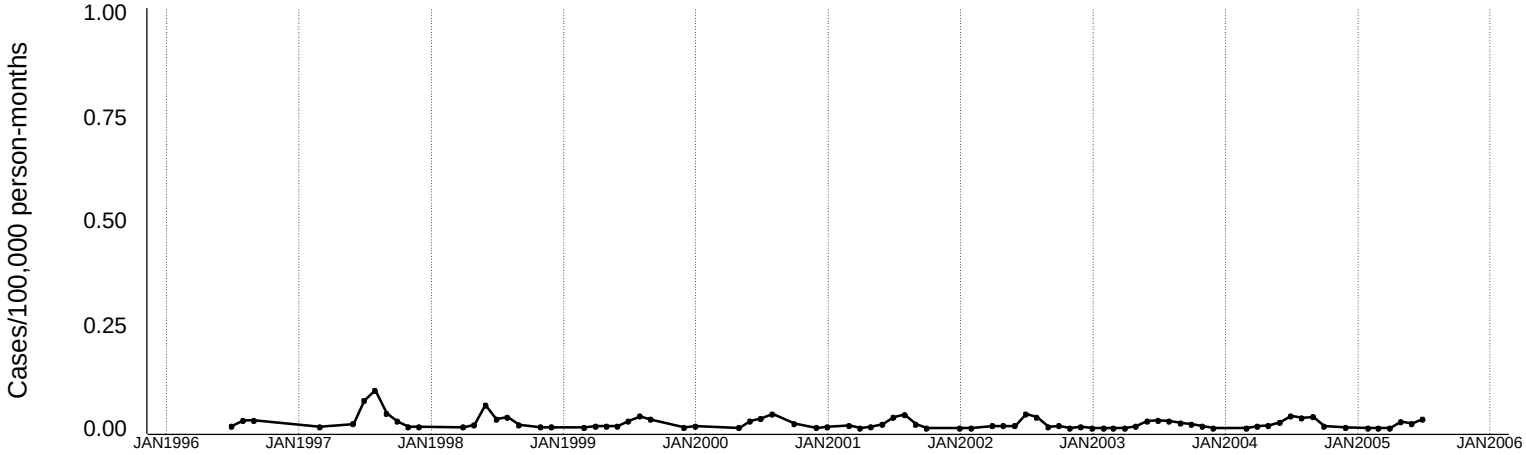
Calendar year through July: Rates for 2004 and 2005 by age group and sex



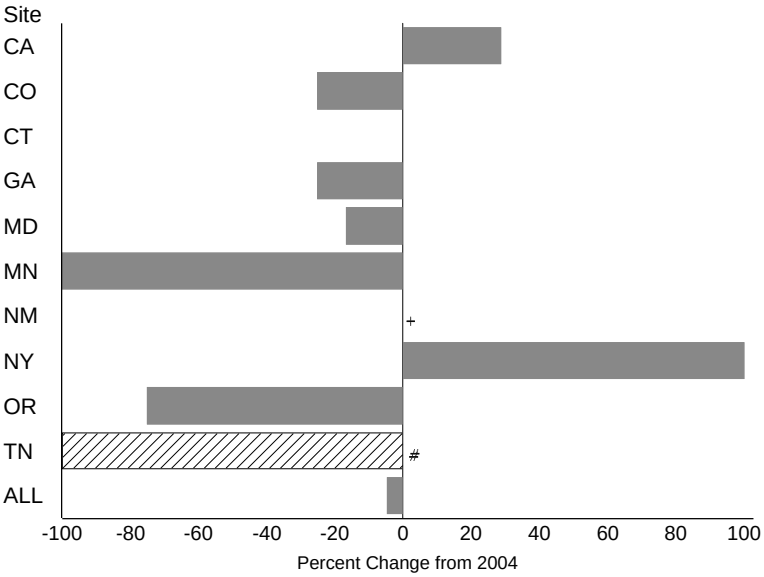
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Vibrio parahaemolyticus

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

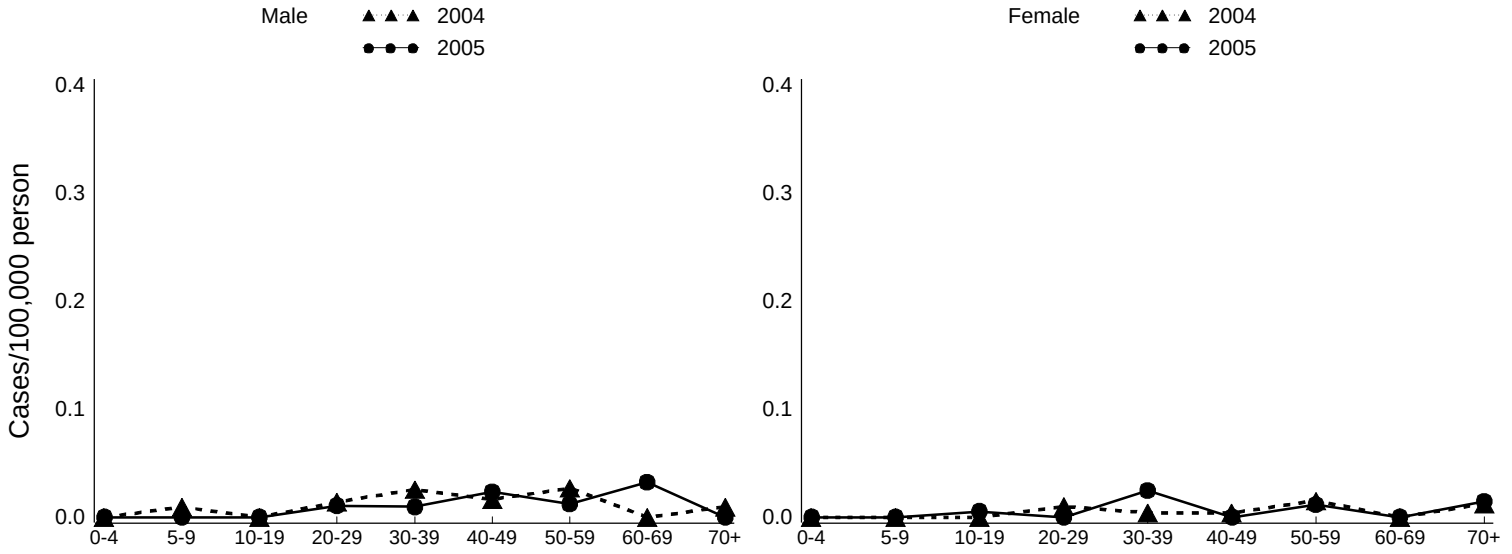


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	9	0.280	7	0.218	6	0.175
CO	3	0.119	4	0.158	1	0.040
CT	1	0.029	1	0.029	3	0.099
GA	3	0.035	4	0.046	3	0.033
MD	5	0.091	6	0.109	6	0.119
MN	0	0.000	1	0.020	1	0.020
NM	0	0.000	0	0.000	0	0.000
NY	2	0.046	1	0.023	1	0.016
OR	1	0.028	4	0.112	2	0.068
TN	0	0.000	1	0.017	1	0.024
ALL	24	0.063	29	0.066	24	0.062

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

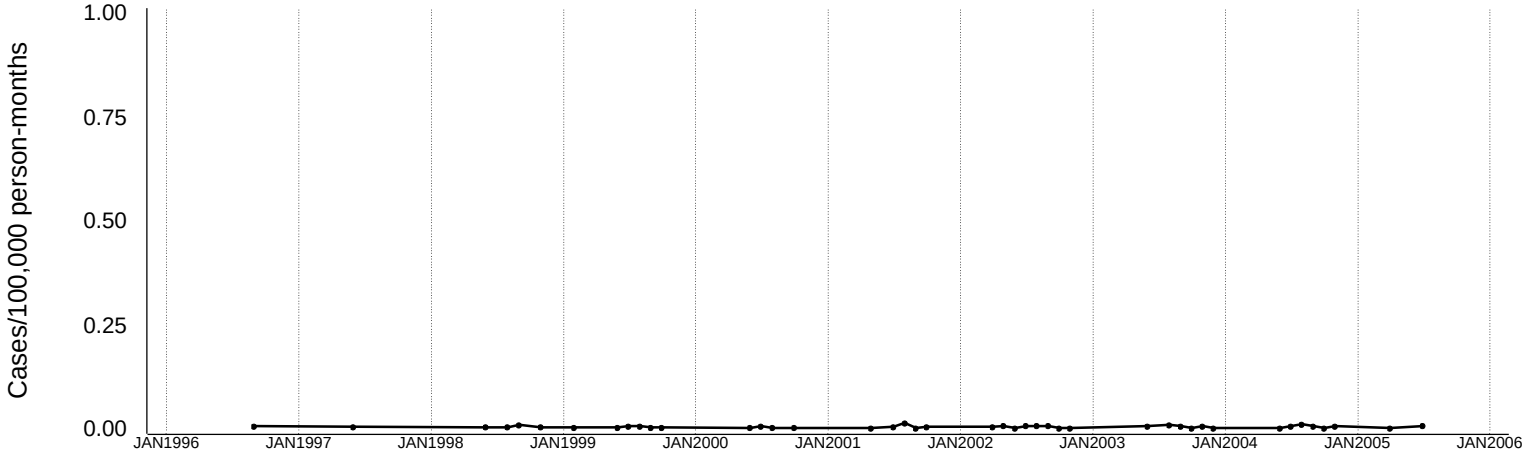
Calendar year through July: Rates for 2004 and 2005 by age group and sex



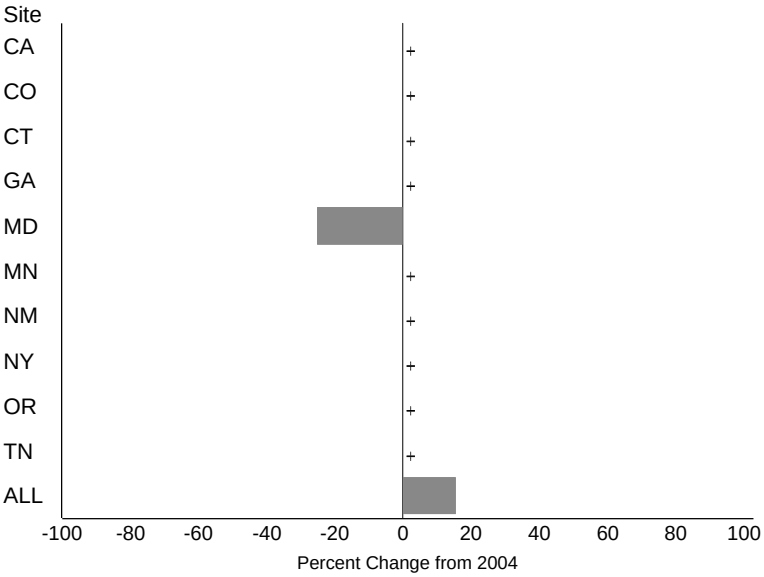
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Vibrio vulnificus

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

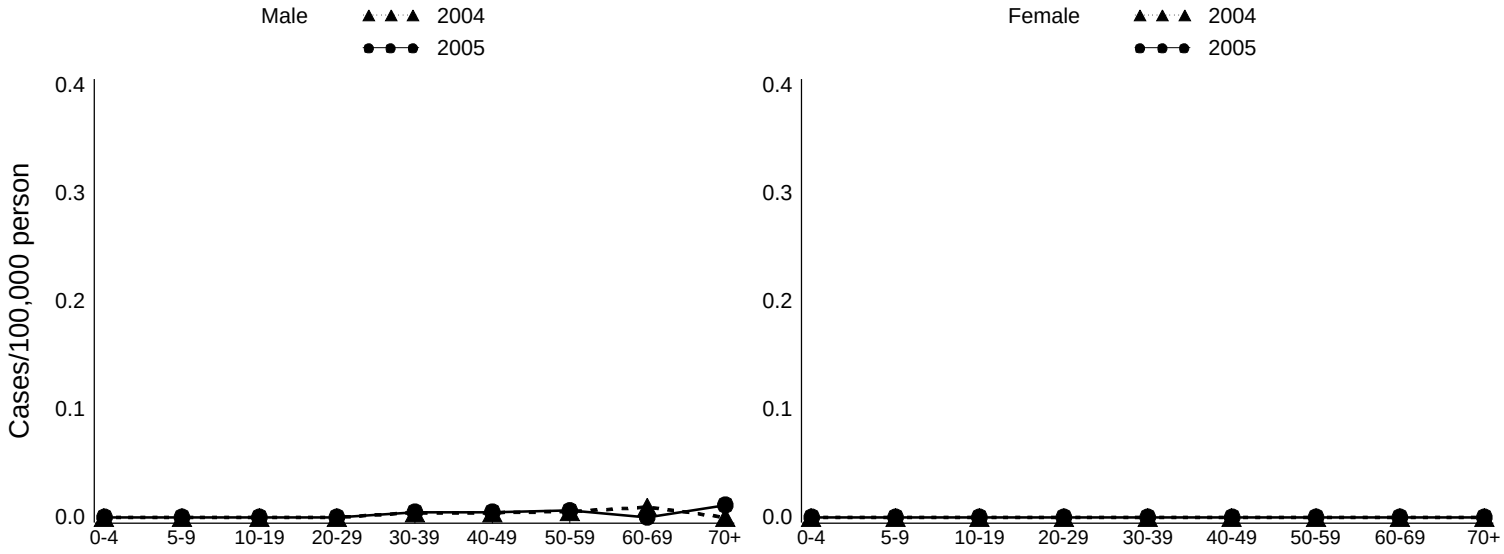


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	0	0.000	0	0.000	0	0.012
CO	0	0.000	0	0.000	0	0.000
CT	0	0.000	0	0.000	0	0.000
GA	1	0.012	0	0.000	1	0.012
MD	3	0.054	4	0.073	2	0.045
MN	0	0.000	0	0.000	0	0.000
NM	0	0.000	0	0.000	0	0.000
NY	0	0.000	0	0.000	0	0.000
OR	0	0.000	0	0.000	0	0.006
TN	0	0.000	0	0.000	1	0.017
ALL	4	0.010	4	0.009	4	0.012

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

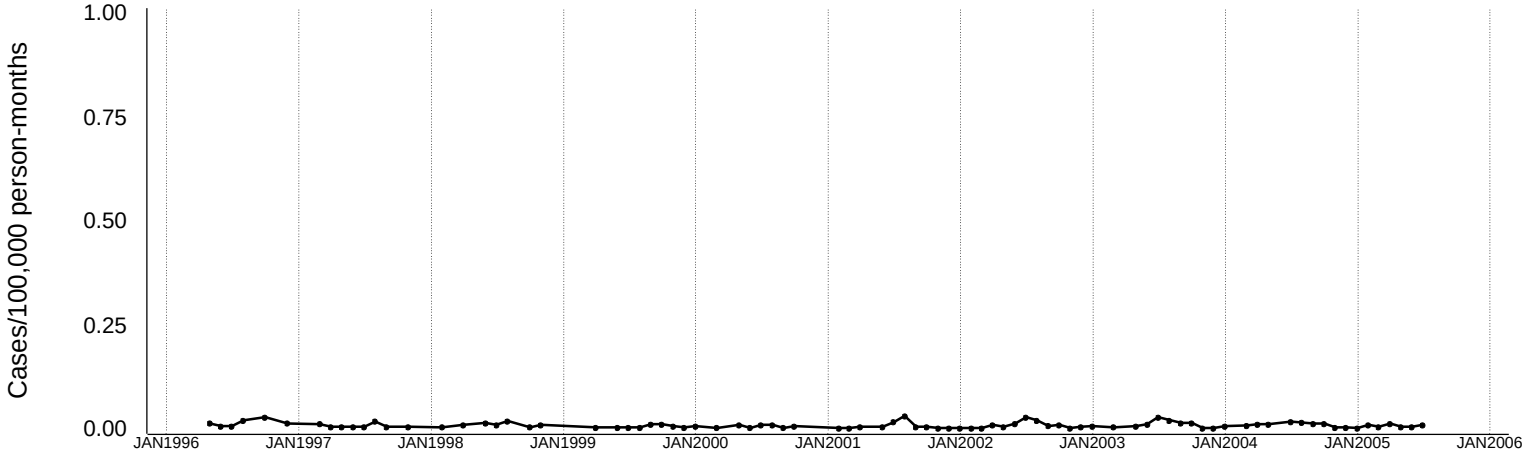
Calendar year through July: Rates for 2004 and 2005 by age group and sex



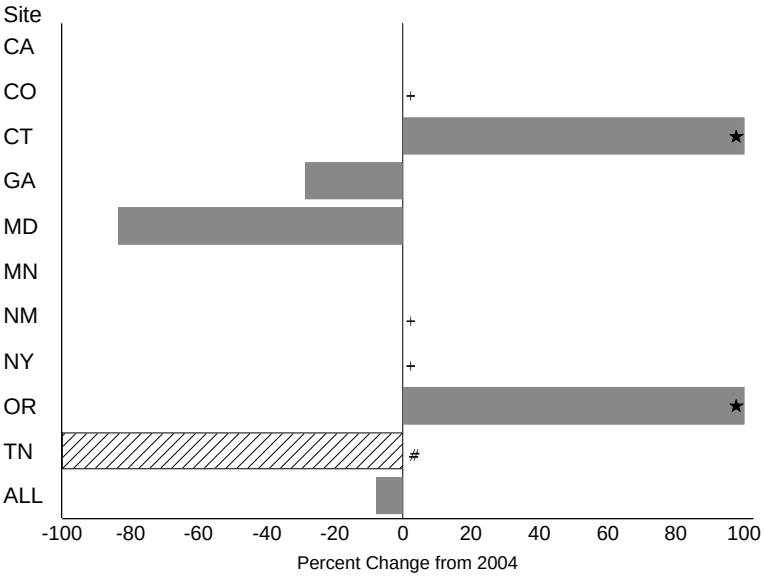
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Vibrio, all others

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

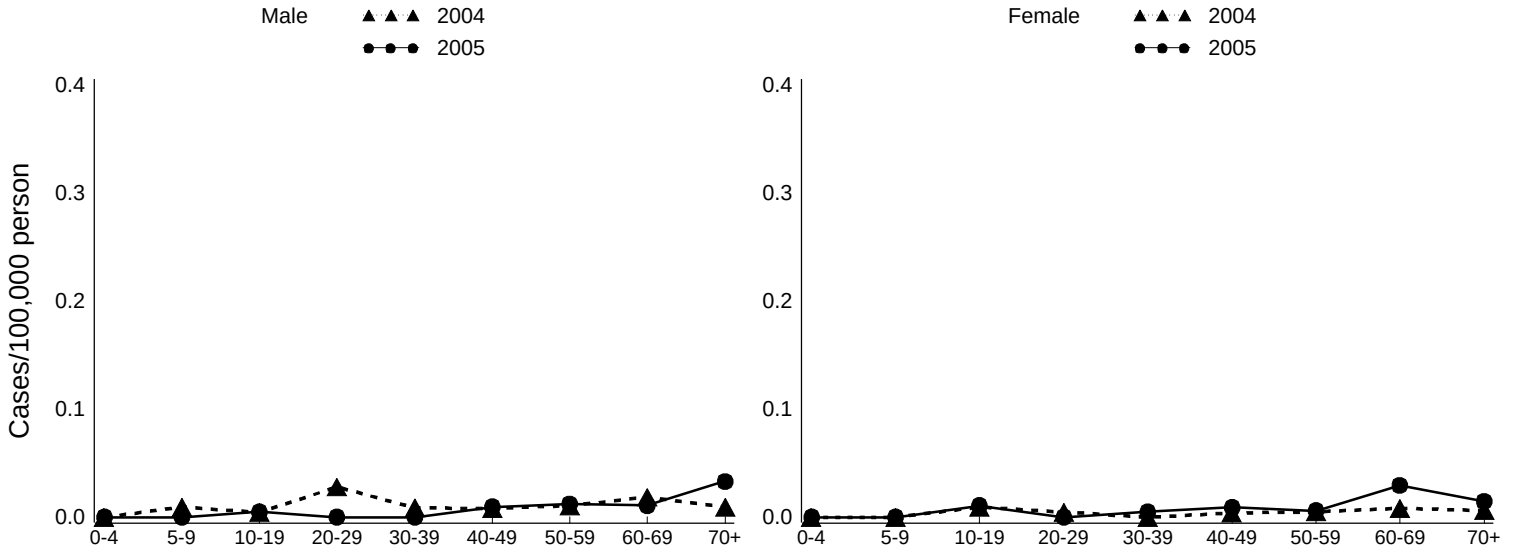


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	**Cases**	**Rate^**	**Cases**	**Rate^**	**Cases**	**Rate^**
CA	4	0.124	4	0.124	1	0.044
CO	0	0.000	0	0.000	2	0.065
CT	4	0.115	1	0.029	2	0.058
GA	5	0.058	7	0.081	6	0.075
MD	1	0.018	6	0.109	3	0.068
MN	2	0.040	2	0.040	2	0.032
NM	0	0.000	0	0.000	0	0.000
NY	1	0.023	0	0.000	1	0.022
OR	3	0.084	1	0.028	1	0.034
TN	0	0.000	4	0.068	2	0.034
ALL	20	0.052	25	0.057	20	0.050

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

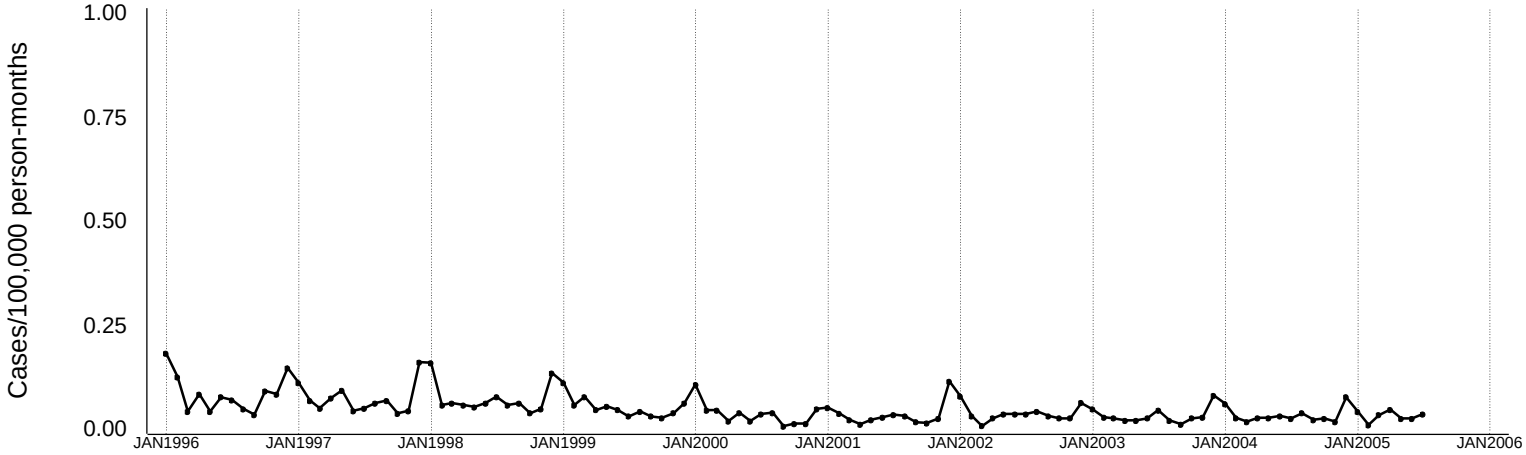
Calendar year through July: Rates for 2004 and 2005 by age group and sex



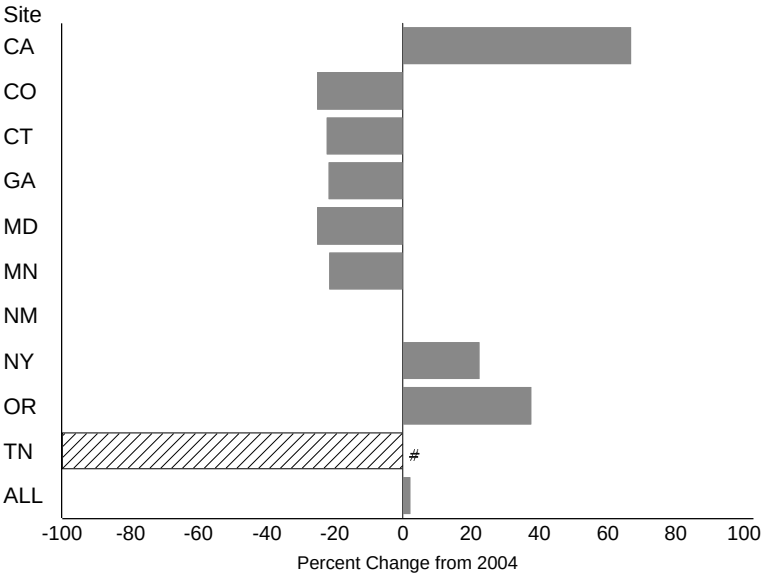
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Yersinia

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

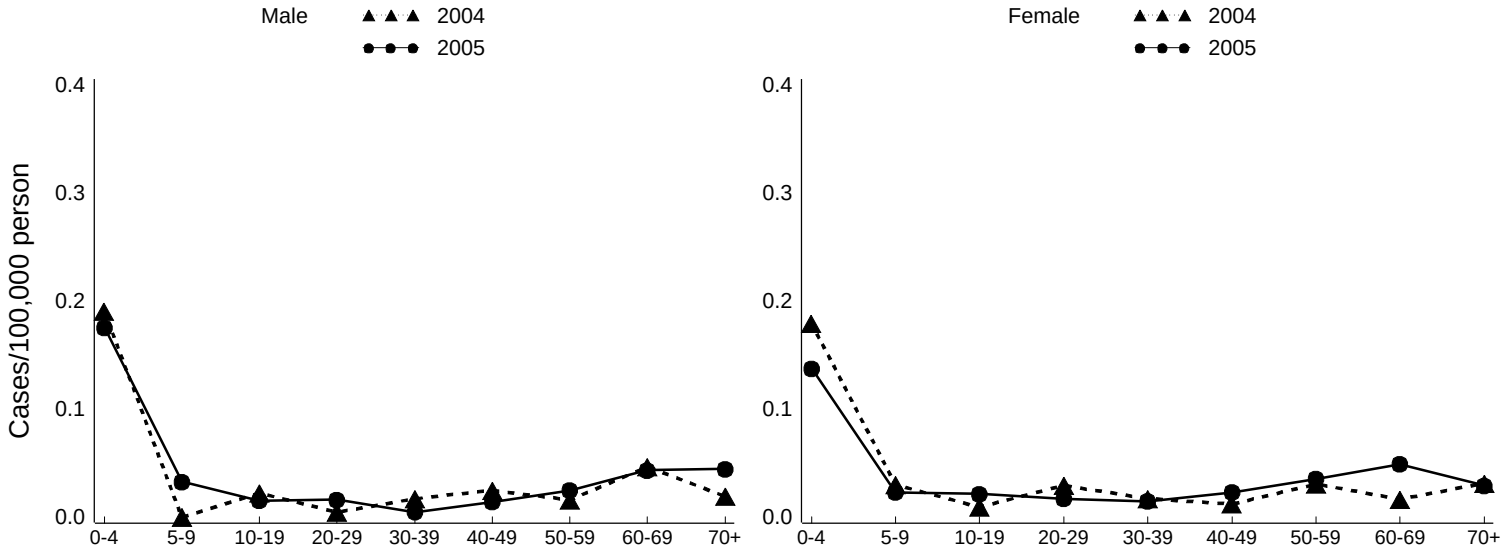


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	20	0.622	12	0.373	13	0.393
CO	3	0.119	4	0.158	4	0.179
CT	7	0.201	9	0.258	8	0.231
GA	18	0.207	23	0.265	24	0.287
MD	3	0.054	4	0.073	7	0.175
MN	11	0.217	14	0.277	10	0.207
NM	1	0.053	1	0.053	1	0.053
NY	11	0.255	9	0.209	7	0.203
OR	11	0.309	8	0.225	7	0.200
TN	0	0.000	12	0.205	11	0.268
ALL	85	0.222	96	0.218	92	0.243

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

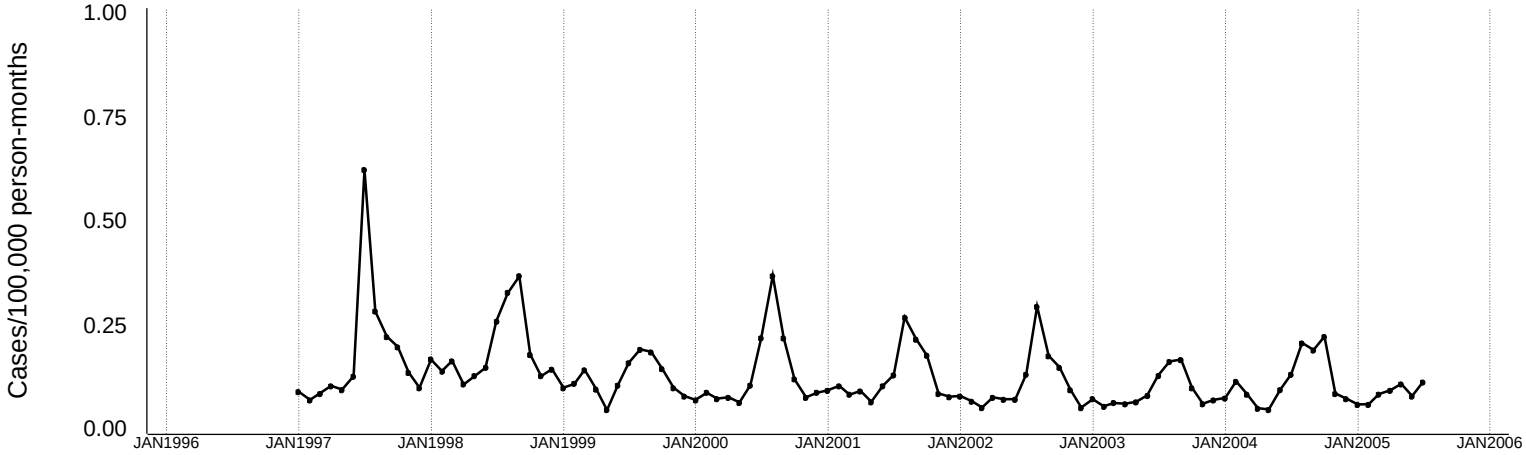
Calendar year through July: Rates for 2004 and 2005 by age group and sex



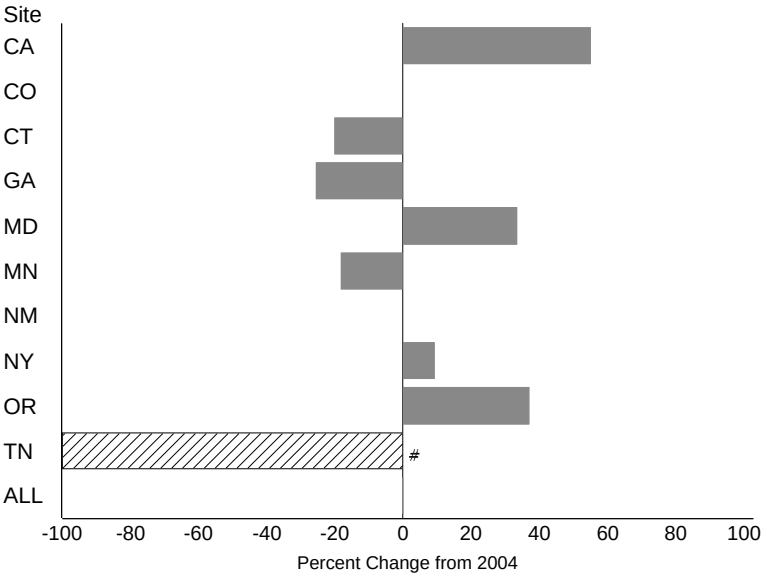
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Cryptosporidium

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

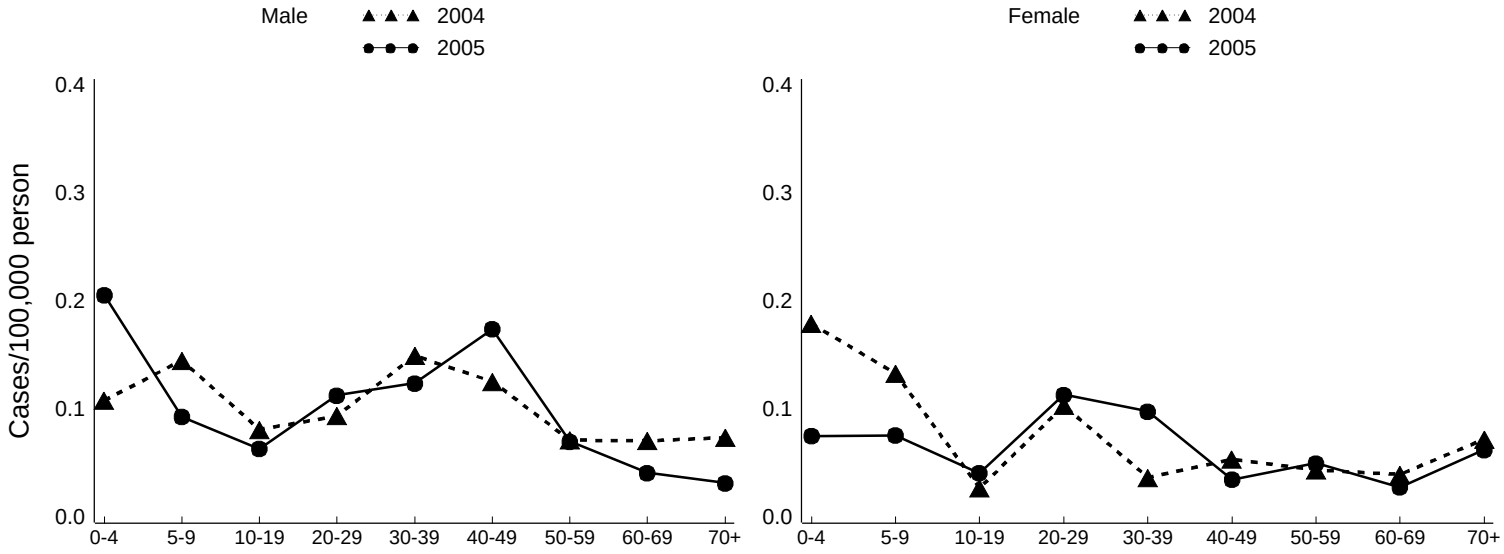


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	31	0.555	20	0.358	28	0.451
CO	11	0.435	11	0.435	10	0.411
CT	12	0.344	15	0.431	9	0.272
GA	56	0.645	75	0.864	74	0.877
MD	12	0.218	9	0.163	10	0.221
MN	63	1.245	77	1.522	67	1.333
NM	7	0.373	7	0.373	7	0.373
NY	24	0.556	22	0.510	13	0.395
OR	26	0.730	19	0.534	19	0.545
TN	0	0.000	22	0.377	16	0.382
ALL	242	0.596	277	0.596	253	0.608

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

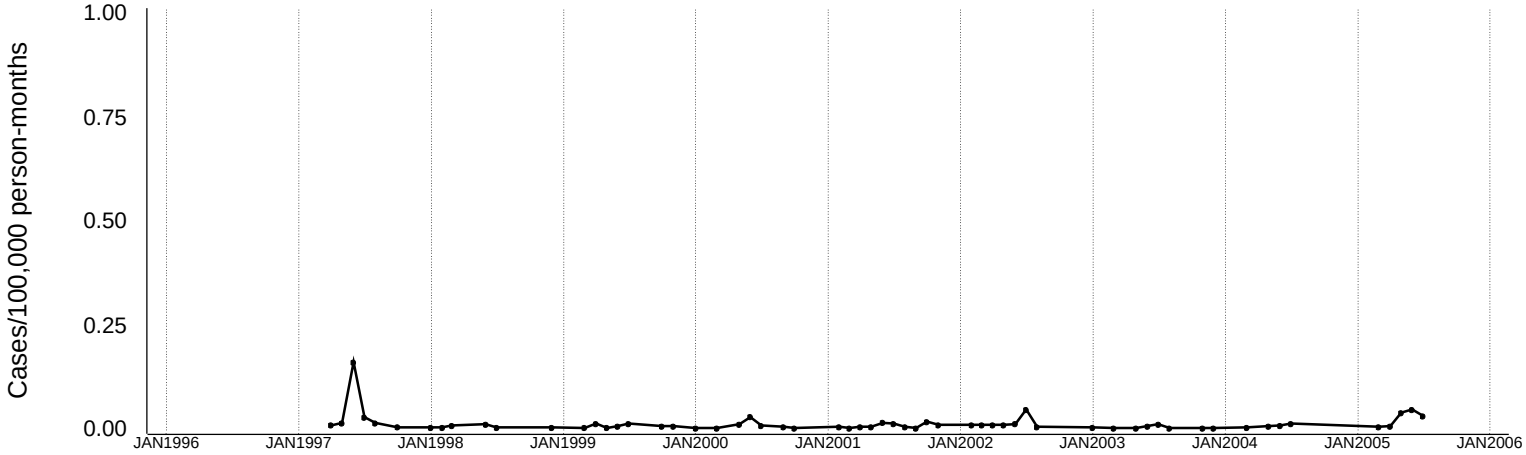
Calendar year through July: Rates for 2004 and 2005 by age group and sex



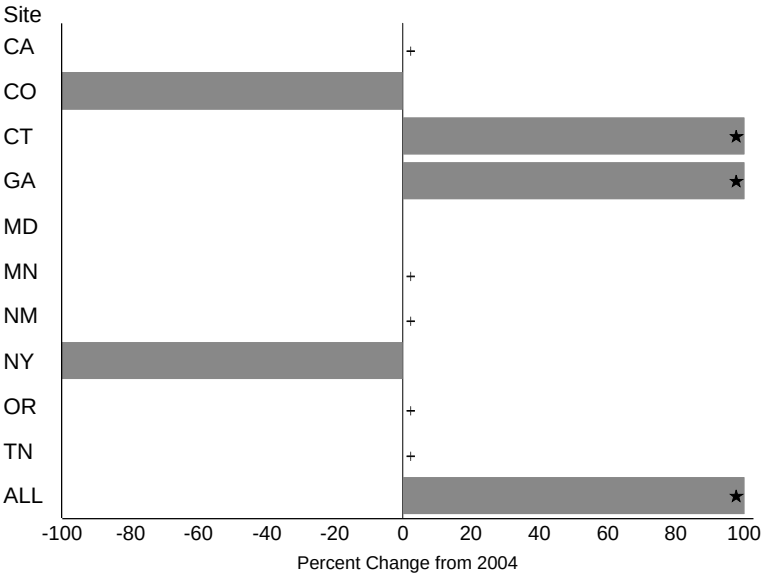
Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Cyclospora

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-July 2005



Calendar year through July: Percent change in rates between 2004 and 2005 by site

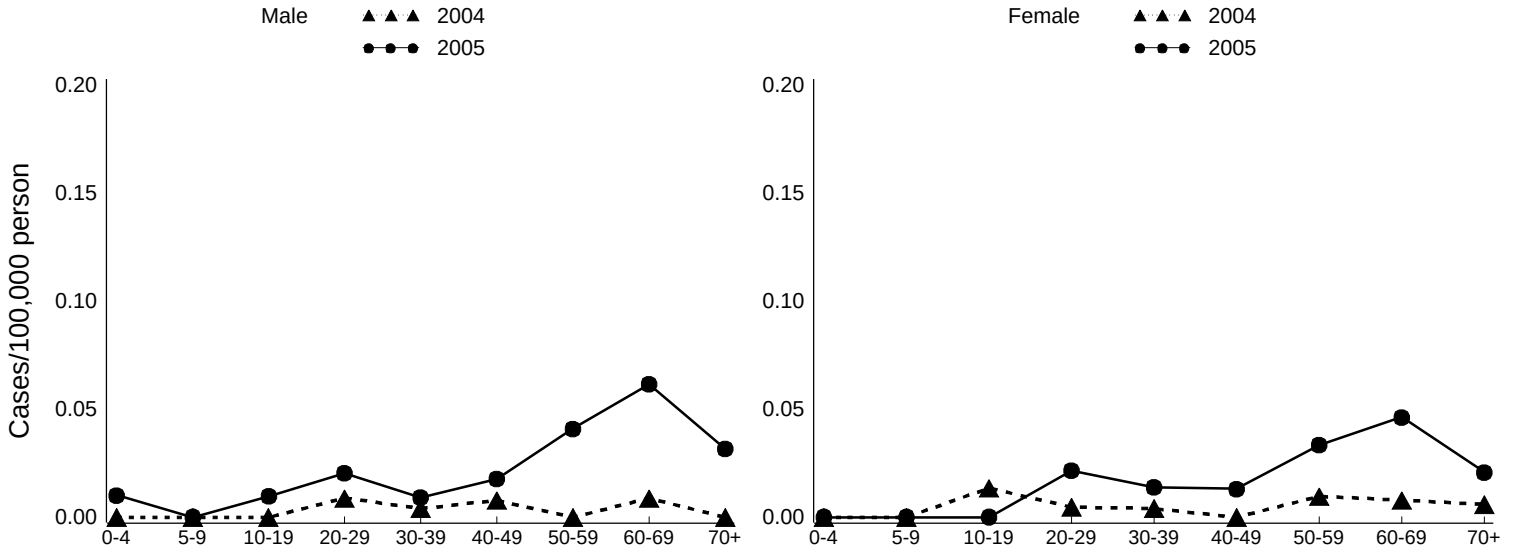


* Change exceeds 100%, +Percent increase cannot be calculated because 2004 rate is 0
# 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction.

	2005		2004		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	1	0.018	0	0.000	2	0.029
CO	0	0.000	3	0.119	1	0.030
CT	34	0.976	7	0.201	4	0.127
GA	10	0.115	2	0.023	11	0.130
MD	2	0.036	2	0.036	1	0.015
MN	0	0.000	0	0.000	0	0.000
NM	2	0.107	0	0.000	0	0.000
NY	0	0.000	1	0.023	2	0.061
OR	4	0.112	0	0.000	0	0.000
TN	0	0.000	0	0.000	0	0.007
ALL	53	0.131	15	0.032	21	0.052

*year 2000-2004 except for CO (2001-2004), NM (2004-)
^cases/100,000 person

Calendar year through July: Rates for 2004 and 2005 by age group and sex



Data source: Preliminary FoodNet data, subject to change, not for public distribution.
Note: 2005 TN data entered but not available at CDC because of NEDSS PAM malfunction. Report date: 25-August-2005

Table 1. Summary of Foodborne Outbreaks with ≥ 2 ill, by FoodNet Site, 2005

***Data accessed September 2nd, 2005**
***Preliminary data**

State	Outbreaks reported	2005 population	Rate/1,000,000 population	Median Number Ill	Known etiology No. (%)	Etiology (confirmed)	Known vehicle No. (%)	Restaurant-associated No. (%)
CA	9	3,228,717	2.79	6	1 (11)	*Salmonella* (1)	1 (20)	7 (77)
CO	5	2,507,484	1.99	6	2 (40)	*Campylobacter jejuni* (1) *Salmonella* (1)	0 (-)	4 (80)
CT	10	3,460,503	2.89	8	9 (90)	*Calicivirus, Norovirus* (6) *E. coli.*, Enterohemorrhagic (e.g. O157 or other STEC) (1) *Cyclospora* (1) *Salmonella* (1)	4 (40)	6 (60)
GA	14	8,560,310	1.64	7	6 (43)	*Salmonella* (3) *Calicivirus, Norovirus* (2) *Clostridium perfringens* (1)	0 (0)	7 (50)
MD	9	5,458,137	1.65	9	5 (56)	*Calicivirus, Norovirus* (3) *Clostridium perfringens* (1) *Campylobacter* (1)	0 (0)	8 (89)
MN	30	5,019,720	5.98	6.5	18 (60)	*Calicivirus, Norovirus* (13) *Clostridium perfringens* (2) *Salmonella* (2) Scromboid toxin (1)	14 (47)	23 (77)
NM	0	1,855,059	0.00	0	0 (-)		0 (-)	0 (-)
NY	10	4,312,301	2.32	7.5	5 (50)	*Salmonella* (3) *E. coli.*, Enterohemorrhagic (e.g. O157 or other STEC) (1) Hepatitis A (1)	1 (10)	3 (30)
OR	28	3,521,515	7.95	6.5	14 (50)	*Calicivirus, Norovirus* (10) *Salmonella* (2) E. coli., *Enterotoxigenic* (1) *Clostridium perfringens* (1)	3 (11)	15 (54)
TN	11	5,797,289	1.90	23	7 (64)	*Calicivirus, Norovirus* (3) Hepatitis A (2) *Salmonella* (2)	0 (0)	7 (64)
Total	**126**	**43,721,035**	**2.88**	**8**	**67 (53)**		**23 (18)**	**80 (63)**

Table 2. Summary of Foodborne Outbreaks with ≥10 ill, by FoodNet Site, 2005

*** Data accessed September 2nd, 2005**
*** Preliminary data**

State	Outbreaks reported	2005 population	Rate/1,000,000 population	Median Number Ill	Known etiology No. (%)	Known vehicle No. (%)	Restaurant-associated No. (%)
CA	3	3,228,717	0.93	32	0 (-)	1 (33)	2 (67)
CO	2	2,507,484	0.80	67.5	1 (50)	0 (-)	2 (100)
CT	4	3,460,503	1.16	17	4 (100)	3 (75)	3 (75)
GA	6	8,560,310	0.70	39	4 (67)	0 (0)	2 (33)
MD	4	5,458,137	0.73	19.5	2 (50)	0 (0)	3 (75)
MN	10	5,019,720	1.99	17.5	9 (90)	7 (70)	9 (90)
NM	0	1,855,059	0.00	0	0 (-)	0 (-)	0 (-)
NY	3	4,312,301	0.70	31	0 (-)	0 (-)	1 (33)
OR	11	3,521,515	3.12	18	9 (82)	2 (18)	5 (45)
TN	10	5,797,289	1.72	23	6 (60)	0 (0)	6 (6)
Total	**53**	**43,721,035**	**1.21**	**22**	**35 (66)**	**13 (25)**	**33 (62)**

HUS Surveillance, 2005

Data as of August 31, 2005

Site	All cases (N=55)												In catchment (N=41)											
	<1 yo		1-4 yo		5-9 yo		10-14 yo		15-59 yo		60+ yo		<1 yo		1-4 yo		5-9 yo		10-14 yo		15-59 yo		60+ yo	
	No.	Deaths (%)	No.	Deaths (%)	No.	Deaths (%)	No.	Deaths (%)	No.	Deaths (%)	No.	Deaths (%)	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
CA	0	--	5	0 (0)	2	0 (0)	0	--	0	--	0	--	0	0.0	3	1.8	0	0.0	0	0.0	0	0.00	0	0.00
CO	0	--	7	0 (0)	0	--	0	--	0	--	0	--	0	0.0	2	1.3	0	0.0	0	0.0	0	0.00	0	0.00
CT	0	--	1	0 (0)	1	0 (0)	1	0 (0)	1	0 (0)	0	--	0	0.0	1	0.6	1	0.4	1	1.0	1	0.05	0	0.00
GA	0	--	4	1 (25)	0	--	0	--	0	--	1	1 (100)	0	0.0	3	0.6	0	0.0	0	0.0	0	0.00	0	0.00
MD	0	--	1	0 (0)	0	--	0	--	0	--	0	--	0	0.0	1	0.3	0	0.0	0	0.0	0	0.00	0	0.00
MN	0	--	6	0 (0)	2	0 (0)	1	--	1	--	0	--	0	0.0	6	2.3	2	0.6	1	1.0	1	0.03	0	0.00
NM	1	1 (100)	0	--	0	--	0	--	0	--	0	--	1	3.8	0	0.0	0	0.0	0	0.0	0	0.00	0	0.00
NY	0	--	0	--	0	--	1	0 (0)	1	--	0	--	0	0.0	0	0.0	0	0.0	1	1.0	1	0.04	0	0.00
OR	0	--	4	0 (0)	0	--	0	--	0	--	0	--	0	0.0	4	2.2	0	0.0	0	0.0	0	0.00	0	0.00
TN	0	--	6	1 (17)	6	0 (0)	0	--	1	0 (0)	1	0 (0)	0	0.0	6	2.0	3	0.8	0	1.0	1	0.03	1	0.10
Total	1	1 (100)	34	2 (5)	11	0 (0)	3	0 (0)	4	0 (0)	2	1 (50)	1	0.2	26	1.1	6	0.2	3	0.10	4	0.014	1	0.01

*per 100,000 persons

Site	Laboratory Testing (all cases included N=55)							
	Shiga toxin	O157			Non-O157			
	No. pos/ tested (%)	No. culture pos/tested (%)	No. seropos[1]/ total serum collected[2] (%)	Total pos/total cases (by culture or serology)	Stx pos & SMAC-O157 neg No. pos/tested (%)	Non-O157 isolated	No. seropos[3]/ serum collected[2] (%)	Total pos/total cases (by culture or serology)
CA	3/4 (75)	4/6 (67)	0/2 (0)	4/7(57)	0/6 (-)	-	0/2 (0)	0/7 (0)
CO	0/0 (-)	0/0 (-)	0/0 (-)	0/7 (0)	0/0 (-)	-	0/0 (-)	0/7 (0)
CT	1/1(100)	2/3 (67)	1/2 (50)	3/4 (75)	0/1 (0)	-	0/2 (0)	0/4 (0)
GA	0/0 (-)	3/3 (100)	0/0 (-)	3/5 (60)	0/3 (-)	-	0/0 (-)	0/5 (0)
MD	1/1 (100)	1/1 (100)	0/0 (-)	1/1 (100)	0/1 (-)	-	0/0 (-)	0/1 (0)
MN	5/10 (50)	5/10 (50)	0/4 (0)	5/10 (50)	0/10 (0)	-	0/4 (0)	0/10 (0)
NM	0/1 (0)	0/0 (-)	0/1 (0)	0/1 (0)	0/0 (-)	-	0/1 (0)	0/1 (0)
NY	0/0 (-)	0/0 (-)	0/0 (-)	0/1 (0)	0/1 (-)	-	0/0 (-)	0/2 (0)
OR	0/0 (-)	1/1 (100)	0/1 (0)	1/4 (25)	0/0 (-)	-	0/1 (0)	0/4 (0)
TN	1/1 (100)	8/12 (67)	0/4 (0)	8/14 (57)	0/12 (-)	-	0/4 (0)	0/14 (0)
Total	11/18 (61)	24/36 (67)	1/14 (7)	25/55 (45)	0/34 (0)	-	0/14 (0)	0/55 (0)

[1] No. seropos is from 1. a "yes" response to "Were significant levels of antibodies against an STEC detected?" 2. LPS type=O157 and 3. Titer IgG≥320 and a "positive" interpretation or Titer IgM ≥320 and a "positive" interpretation

[2] The denominator is a "yes" response to the question: "Was serum obtained from this patient?" It was assumed that each "yes" response resulted in a test.

[3] No. seropos is from 1. "yes" response to "Were significant levels of antibodies against an STEC detected?" 2. LPS type≠O157 and 3. Titer IgG≥320 and a "positive" interpretation or Titer IgM ≥ 320 and a "positive" interpretation

Data as of August 31, 2005

2005 Additional Tables

Site	Additional Tables (all cases included N=55)															
	O157				Non-O157				Serum							
	No. cultured/total cases		No. isolated/no. cultured		No. cultured for Non-O157/total cases		No. isolated/no. cultured		No. serum collected/ total cases		No. of significant Ab detected/ no. tested		No. tested Shiga/total cases		Outbreak related/total cases	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
CA	6/7	85	4/6	67	0/7	0	0/0	0	2/7	29	0/2	0	4/7	57	0/7	0
CO	0/7	0	0/0	0	0/7	0	0/0	0	0/7	0	0/0	0	0/7	0	2/7	29
CT	3/4	75	2/3	67	1/4	25	0/1	0	2/4	50	1/2	50	1/4	25	1/4	25
GA	3/5	60	3/3	100	0/5	0	0/0	0	0/5	0	0/0	0	0/5	0	0/5	0
MD	1/1	100	1/1	100	0/1	0	0/0	0	0/1	0	0/0	0	1/1	100	0/1	0
MN	10/10	100	5/10	50	6/10	60	0/6	0	4/10	40	0/4	0	10/10	100	2/10	20
NM	0/1	0	0/0	0	0/1	0	0/0	0	1/1	100	0/1	0	1/1	100	0/1	0
NY	1/2	50	0/1	0	0/2	0	0/0	0	0/2	0	0/0	0	0/2	0	0/2	0
OR	1/4	25	1/1	100	0/4	0	0/0	0	1/4	25	0/1	0	0/4	0	1/4	25
TN	12/14	86	8/12	67	0/14	0	0/0	0	4/14	29	0/4	0	1/14	7	2/14	14
Total	37/55	67	24/37	65	7/55	13	0/7	0	14/55	25	1/14	7	18/55	26	8/55	15