FoodNet Active Manuscripts

Status	#	Lead	Coauthors	Title	Journal	Updated	Comment
9							
	114	Hoefer, Dina	Malone, Shauna, Marcus, Ruthanne, Frenzen, Paul D., Scallan, Elaine, Zansky, Shelley M.	Knowledge, Attitude, and Practice of the Use of Irradiation Among Respondents to the FoodNet Population Survey in Connecticut and New York	Journal of Food Protection	10/11/2006	
8							
	105	Fullerton, Kathleen E.	Ingram, Amanda, Jones, Timothy F., Anderson, Bridget J., McCarthy, Patrick V., Hurd, Sharon, Shiferaw, Beletshachew, Vugia, Duc J., Haubert, Nicole, Hayes, Tameka, Wedel, Stephanie, Scallan, Elaine, Henao, Olga L., Angulo, Fredrick J., EIP FoodNet Working Group	Risk Factors for Infant Campylobacter Infections: A FoodNet Case-Control Study	PIDJ	7/13/2006	Accepted to PIDJ
	24	Jones, Timothy F.	Ingram, Amanda, Fullerton, Kathleen E., Marcus, Ruthanne, Anderson, Bridget J., McCarthy, Patrick V., Vugia, Duc J., Shiferaw, Beletshachew, Haubert, Nicole, Wedel, Stephanie, Angulo, Fredrick J.	A Case Control Study of Salmonella Infection in Infants, FoodNet, 2002-2004	Pediatrics	7/13/2006	Accepted to Pediatrics
	460	Jones, Timothy F.	Angulo, Fredrick J.	Eating in Restaurants: A Risk Factor for Foodborne Disease?	CID	7/11/2006	Accepted to CID
	65	Jones, Timothy F.	McMillian, Marcella B., Scallan, Elaine, Thomas, Stephanie M., Cronquist, Alicia B., Frenzen, Paul D., Angulo, Fredrick J.	A Population-Based Estimate of the Substantial Burden of Diarrheal Disease in the United States; FoodNet, 1996-2003	Epidemiology and Infection	1/6/2006	Accepted to Epi and Infection
	121	Samuel, Michael C.	Vugia, Duc J., Koehler, Kathleen M., Marcus, Ruthanne, McNees, Alexander A., Deneen, Valerie C., Damaske, Barbara, Shiferaw, Beletshachew, Hadler, James L., Angulo, Fredrick J.	Consumption of Risky Foods Among Adults at High Risk for Severe Foodborne Diseases: Room for Improved Targeted Prevention Messages		10/5/2006	Accepted to Journal of Food Safety
	104	Scallan, Elaine	Jones, Timothy F., Cronquist, Alicia B., Thomas, Stephanie M., Frenzen, Paul D., Hoefer, Dina, Medus, Carlota, Angulo, Fredrick J.	Estimating the Burden of Foodborne Illness: Factors Associated with Seeking Medical Care and Submitting a Stool Sample		9/18/2006	Accepted to Foodborne Pathogens and Disease

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Status	#	Lead	Coauthors	Title	Journal	Updated	Comment
	113	Varma, Jay K.	Samuel, Michael C., Marcus, Ruthanne, Hoekstra, Robert M., Medus, Carlota, Segler, Suzanne D., Anderson, Bridget J., Jones, Timothy F., Shiferaw, Beletshachew, Haubert, Nicole, Megginson, Melanie, McCarthy, Patrick V., Graves, Lewis M., Van Gilder, Thomas J., Angulo, Fredrick J.	Listeria Monocytogenes Infection From Food in the Regulatory Era: A Case-Control Study of Risk Factors for Sporadic Illness in the United States	CID	10/11/2006	Accepted to CID
	118	Voetsch, Andrew C.	Rabatsky-Ehr, Therese R., Lance-Parker, Susan, Thomas, Stephanie M., Smith, Kirk E., Mohle-Boetani, Janet C., Keene, William E., Mead, Paul S.	Risk Factors for Sporadic Shiga Toxin-Producing Escherichia coli O157 Infections in FoodNet Sites, 1999-2000	Epidemiology and Infection	5/23/2006	Accpted to Epidemiology and Infection.
7							
	463		Rabatsky-Ehr, Therese R., Marcus, Ruthanne, Ogunmodede, Folashade, ,	Feasibility of Using Ophthamologists for Toxoplasmosis Surveillance: Results of a Survey in Three Sites, 1999-2001			Submitted to J. Public Health Management and Practice
	455	Aragon, Tomas J.	Vugia, Duc J., Shallow, Sue, Samuel, Michael C., Reingold, Art, Angulo, Fredrick J., Bradford, William Z.	A Case-Control Study of Shigellosis in San Francisco: The Role of Sexual Transmission and HIV Infection		9/14/2006	Submitted to JID
	461	Jones, Timothy F.	Scallan, Elaine, Angulo, Fredrick J.	FoodNet: Overview of a Decade of Achievement		9/18/2006	Submitted to Foodborne Pathogens and Disease
	325	Shiferaw, Beletshachew		Comparison of Three Surveillance Systems for Hemolytic Uremic Syndrome in Oregon		6/6/2006	Submitted to AJPH.
	107	Voetsch, Andrew C.		Analysis of Trends in Listeriosis in the FoodNet Sites, 1996-2003		9/14/2006	Submitted to CID
6							
	124	Dunne, Eileen F.	Griffin, Patricia M., Snider, Cynthia J., Bender, Jeffrey B., Beletshachew, Shiferaw, Vugia, Duc J., Dembek, Zygmunt F., Wesolowski, Laura G., Carter, Michael A., Zansky, Shelley M., Boothe, Effie J., Burnite, Steve, Wells, Joy G., Bibb, William, Mead, Paul S., Henao, Olga L., EIP FoodNet Working Group	Pediatric Hemolytic Uremic Syndrome in the United States, 1997-2002: A Study of 379 Cases			

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Status	#	Lead	Coauthors	Title	Journal	Updated	Comment
	117	Patrick, Mary	Griffin, Patricia M., Mead, Paul S., Voetsch, Andrew C.	The Effectiveness of Recall Notification: Community Response to a Nationwide Recall of Hot Dogs and Deli Meats		10/5/2006	Submitted to JFP
5							
	22	Crump, John A.	Crump, John A., Joyce, Kevin W., Vugia, Duc J., Megginson, Melanie, Segler, Suzanne D., Hurd, Sharon, Luedeman, Jeff, Shiferaw, Beletshachew, Hanna, Samir S., Stevenson, Jennifer E., Angulo, Fredrick J.	Clinical Consequences of Typhoid Fever due to Salmonella Typhi with Decreased Susceptibility to Ciprofloxacin		9/11/2006	
	394	Nelson, Jennifer M.	Nadle, Joelle, Daniels, Allison, Clogher, Paula, Gillespie, Jennifer, Furuno, Jon P., Plantenga, Melissa, Bernarczyk, Robert, Ingram, Amanda	Foods Associated with Listeria monocytogenes Infections Are Common at Long-Term Care Facilities in Eight States, FoodNet 2005		7/11/2006	
	465	Scallan, Elaine		Activities, Achievements, and Lessons Learned During the First 10 Years of FoodNet		9/18/2006	
	459	Voetsch, Andrew C.		Case-Only Manuscript (dissertation)		5/23/2006	
4							
	119	Watt, James P.	Bales, Michael, Dannenberg, Andrew L., Imhoff, Beth, Mullins, Scott R., Dowell, Scott F.	Impact of a Health-Related Internet Hoax on a Public Health Agency and the Public: Implications for Health Communication			
3							
	323	DeBess, Emilio E.		Food Handler Survey: Knowledge and Attitudes of Foodborne Illnesses in Two Oregon Counties			
	109	Demma, Linda	Snider, Cynthia J., Shiferaw, Beletshachew, Vugia, Duc J., Hurd, Sharon, Zansky, Shelley M., Scheftel, Joni, Voetsch, Andrew C., Angulo, Fredrick J., Griffin, Patricia M., EIP FoodNet Working Group	Risk Factors for Developing Hemolytic Uremic Syndrome or Death Among Persons with Escherchia coli O157 Infection, FoodNet sites, 1997-2002			
	363	Hassan,Valley	Kirk, Martyn D., Scallan, Elaine, Angulo, Fredrick J., Hall, Gillian,	Reporting Rates of Campylobacter Infections in Australia and the United States - Exploring Reasons for the Difference		8/2/2006	

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Status	#	Lead	Coauthors	Title	Journal	Updated	Comment
	26	Majowicz, Shannon E.	Scallan, Elaine, Hall, Gillian, Banerjee, Anyana, Kirk, Martyn D., Angulo, Fredrick J.	Respiratory Symptoms Among Persons with Gastrointestinal Illness		6/21/2006	
	464	Townes, John M.	Swanson, Ellen, Deodhar, Atul, Smith, Kirk E., Krug, Hollis, Wagner, Molly M., Barkhuizen, Andre, Thompson, Mollie, Sobel, Jeremy	Rheumatologic Sequelae of Enteric Bacterial Infection in Minnesota and Oregon: A Population-based Study		9/14/2006	
	360	Voetsch, Andrew C.	Henao, Olga L., Cronquist, Alicia B., Hurd, Sharon, Thomas, Stephanie M., Scheftel, Joni M., McMillian, Marcy, Megginson, Melanie, Hatch, Julie, Angulo, Fredrick J., EIP FoodNet Working Group	Surveillance Trends for Vibrio Infections in FoodNet sites, 1996-2004		11/9/2005	
2							
	103	Ailes, Elizabeth	Nelson, Jennifer M.	Foodborne Diseases Active Surveillance Network Surveillance Summary, 1996-2003			
	115	Bair, Heather	FoodNet Education Working Group	Foodborne Diseases in the United States: Lessons Learned from FoodNet, 1996-2002			
	116	Cheung, Michelle	Ray, Susan M., Shiferaw, Beletshachew,	Foodborne Pathogens Causing Illness in the First 7 Days of Life: FoodNet, 1996-2001			
	344	Henao, Olga L.	Ryan, Patricia A., Scallan, Elaine, Choudhuri, Julie, Norton, Dawn M., Edge, Karen, Ryan, Patricia A., Tobin-D'Angelo, Melissa, Nelson, Jennifer M., Hanna, Samir S., Jones, Timothy F., Angulo, Fredrick J., EIP FoodNet Working Group	Proportion of Visits to Health Care Providers Resulting in Request of Stool Samples: Data from the National Ambulatory Medical Care Survey (NAMCS) and the Foodborne Diseases Active Surveillance Network (FoodNet) Population Survey			
	331	Long, Cherie	Hayes, Tameka, Vugia, Duc J., Ryan, Patricia A., Scheftel, Joni, Shiferaw, Beletshachew, Jones, Timothy F., Demma, Linda, Voetsch, Andrew C., EIP FoodNet Working Group	Yersenia pseudotuberculosis infections in FoodNet, 1996-2005			
	432	Maldonado, George		Blending Project		1/3/2006	

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Status	#	Lead	Coauthors	Title	Journal	Updated	Comment
	341	Snider, Cynthia J.	Lynch, Michael, Cronquist, Alicia B., Phan, Quyen, Vugia, Duc J., Burnett, Cindy, Morse, Dale L., Keene, William E., Edwards, Leslie, Swanson, Ellen, Jones, Timothy F., EIP FoodNet Working Group,	Factors Associated with Confirming an Etiology During Foodborne Outbreak Investigations, FoodNet Sites, 2001-2004		8/2/2006	
	462	Steinmuller, Nicole	Demma, Linda, Hoekstra, Robert M., Angulo, Fredrick J.	Higher Incidence of Escherichia coli O157:H7 Infection in Rural Counties and Possible Association with Animal Contact			
	458	Voetsch, Andrew C.		S. Heidelberg Using Repeated Sampling from the 1996-1997 Population Survey			
1							
	326	Boxrud, David		Salmonella Enteritidis Case-Control Study PFGE Comparison			
	364	Daly, Leslie	Scallan, Elaine, Majowicz, Shannon E., Hall, Gillian, Angulo, Fredrick J.	Estimating the Duration of Illnes from Population Surveys of Acute Gastroenteritis			
	381	Demma, Linda	Vugia, Duc J., Hurd, Sharon, Segler, Suzanne D., Kielbauch, Julie, Leano, Fe, Dumas, Nellie B., Hatch, Julie, Hanna, Samir S., Angulo, Fredrick J., Barrett, Timothy J.	Is the Incidence of Campylobacter coli Infection Increasing? Speciation by Clinical Diagnostic and Public Health Laboratories in Food Net, 1997-2004		11/16/2005	
	102	Dunn, John R.		Substantial Decline in the Incidence of Escherichia coli O157:H7 Infections in FoodNet, 2003		6/8/2006	
	110	Frenzen, Paul D.		Consumer Interest in Irradiated Foods			
	321	Hedberg, Craig W.		Look at EFORS Data from FoodNet Sites to Determine the Value of the Contributing Factors			
	386	Hurd, Sharon	Demma, Linda, Shin, Sam, Cronquist, Alicia B., Segler, Suzanne D., Kielbauch, Julie, Swanson Laine, Ellen, Smith, Glenda, Hatch, Julie, Hanna, Samir S., Fitzgerald, Collette, EIP FoodNet Working Group	Clinical Laboratory Practices for the Identification of Campylobacter in FoodNet Sites: Do Differences Explain Variation in Incidence Rates?		11/16/2005	

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Status	#	Lead	Coauthors	Title	Journal	Updated	Comment
	88	Nelson, Jennifer M.	Hurd, Sharon	Multiple Pathogens Isolated Over a Short Period, FoodNet 1996-2002			
	101	Scallan, Elaine	Vugia, Duc J., Cronquist, Alicia B., Marcus, Ruthanne, Thomas, Stephanie M., Blythe, David, Fuller, Candace, Zansky, Shelley M., Cieslak, Paul R., Jones, Timothy F.	Burden of Bacterial Foodborne Illness in the United States			
0							
	322	Hoekstra, Robert M.		Protective Exposures in Matched Case-Control Studies of Foodborne Illness			
	100	Scallan, Elaine	Frenzen, Paul	The Economic Cost of Diarrheal Illness in the United States			

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-----Original Message-----
From: Sharon Hurd [mailto:Sharon.HUrd@yale.edu]
Sent: Mon 9/18/2006 11:50 AM
To: Griffin, Patricia M. (CDC/CCID/NCID); Warnock, David (CDC/CCID/NCID)
Cc: Angulo, Fred (CDC/CCID/NCID); Sam Shin; joelle; Nicole Haubert; Cronquist, Alicia (CDC state.co.us); Bridget J. Anderson; Shelley Zansky; Candace Fuller; Stephanie Mickelson; Karen Edge; Stepy Thomas; Suzanne Segler (E-mail); Leonard Lindsay; Beletshachew SHIFERAW; Julie HATCH; ruthanne marcus; 'Sharon Hurd'; Teates, Kathryn (CDC/CCID/NCID) (CTR); Patrick, Mary E. (CDC/CCID/NCID) (CTR); Scallan, Elaine (CDC/CCID/NCID); Long, Cherie (CDC/CCID/NCID) (CTR)
Subject: FoodNet mid-year coordinators meeting

Dear Drs. Warnock and Griffin,

As FoodNet coordinators, we would like to thank the Branch for its support of the first mid-year Coordinator Meeting hosted by New Mexico. The purpose of the meeting was for FoodNet coordinators and CDC staff involved in the day-to-day operations of FoodNet to discuss very specific issues and concerns. In the past, we have met for a half day at the start of the annual Vision Meeting in March. However, at the last Vision Meeting we felt that we needed more time for discussion of issues that face FoodNet in the sites and it was suggested that we hold a mid-year meeting. (Many of us also felt that it was important to attend the Scientific Meeting, held in the afternoon on the same day as our meeting, which prevented our morning meeting from being extended).

We met for a day and a half in Albuquerque and during that time had some interesting and informative discussions. Topics included IRB concerns, special studies, IT issues and surveillance activities, among others. We felt the meeting enhanced communication among the sites and CDC staff. The time was well-spent and productive. We believe this was a positive experience for all participating and we would like to keep the mid-year Coordinators Meeting as a high priority for next year. Our goal is to continue meeting for a half day in conjunction with the Vision Meeting to review progress/concerns of the larger issues and our priorities, while using the mid-year meeting to get into more specifics.

Karen Edge (New Mexico coordinator) and the CDC staff (Cherie Long and Kathryn Teates) did a great job planning, hosting and moderating the meeting.

Sincerely,

FoodNet Coordinators

--
Sharon Hurd, MPH
Project Coordinator, FoodNet
Connecticut Emerging Infections Program
One Church St 7th floor
New Haven, CT 06510
Phone: 203-764-4362
Fax: 203-764-4357

FoodNet Population Survey – AMENDMENT PROPOSAL
October 2006

I. Objectives of the amendment

1. Examine potential misclassification for certain exposures (information bias)
2. Introduce questions on diet diversity, control bank and alternate administration methods
3. Provide opportunity for states to introduce changes to state specific questions

II. Purpose of amendment

1. Examine potential misclassification for certain exposures (information bias)
   - Information bias may result when there is systematic error in the collection of exposure information. If the same questions can be asked in more than one way to a study participant (e.g., by phone and also by mail), the effect of information bias can be partially assessed. Although only a small fraction of the U.S. population keeps a food diary or journal (the exact percentage is not known, but estimated by FoodNet staff to be 1-2% based on people in diet programs who record what they eat), the information in these written records may be used to validate answers provided in a telephone interview.
2. Introduce questions on diet diversity
   - Will allow us to get a better idea of how diverse the diet of the population under surveillance is and may allow us to examine the association between a diverse diet and illness or consumption of specific food items
3. Introduce questions on control bank
   - Will allow us to identify potential controls for future case control studies or outbreak investigations.
4. Alternate administration methods
   - Will allow us to investigate the feasibility of alternate modes of administration of the population survey.
5. Provide opportunity for states to introduce changes to state specific questions
   - States may add questions on factors that were identified as factors of interest after the survey was launched.

III. Proposed additions

1. Examine potential misclassification for certain exposures (information bias)
   - During the telephone interview all respondents will be queried as to whether or not they maintain a food diary or journal. Those who do will be asked if they would be willing to complete a mailed 1-page questionnaire using their food diaries. A self-addressed stamped enveloped will be enclosed to return the questionnaire. Food histories provided via telephone will be compared to the mailed responses for persons returning the mailed questionnaire.

   - Questionnaire and accompanying materials (see Appendix 1)

2. Introduce questions on diet diversity
   - A set of questions to assess diet diversity will be added to sections 1 and 2 of the 2006-07 Population Survey.

   - Questions to be added

Now I'll be asking how many times during the day yesterday [you/your child] ate foods from certain general categories

Yesterday, how many times did [you/your child] eat or taste *(read categories if necessary)***:**	NONE	ONE TIME	TWO TIMES	THREE TIMES	FOUR TIMES	FIVE OR MORE TIMES	DON'T KNOW/ NOT SURE	REFUSED
1. Vegetables (excluding corn and potatoes)?	0	1	2	3	4	5	7	9
2. Fruits (excluding fruit juice)	0	1	2	3	4	5	7	9
3. Cereals, breads, crackers, rice or pasta	0	1	2	3	4	5	7	9
4. Milk, soy milk, yogurt, cheese, or other dairy products	0	1	2	3	4	5	7	9
5. Meats such as fish, chicken, turkey, beef, or pork	0	1	2	3	4	5	7	9
6. Eggs	0	1	2	3	4	5	7	9
7. Peas, nuts, seeds, lentils, or beans (excluding green beans or string beans)	0	1	2	3	4	5	7	9

3. Introduce question on control bank
   - This question will allow us to create a list of potential control households in the FoodNet sites. All households that indicate YES, would have their address and phone number automatically added to a call bank list which will be distributed to the sites.

   - Question to be added **at the end of the population survey:**

Would you be willing for you household to serve in a call bank to be contacted for future studies related to foodborne illness?

1 Yes
2 No
7 Don't know/Not sure
9 Refused

4. Alternate administration methods questions
   - For individuals who refuse to participate:
     - A question regarding alternate modes of administration will be asked to determine if refusers would have been more likely to respond if they had received the survey via mail or e-mail.
   - For all respondents:
     - Question will be asked at the end of the survey to determine if another methods of administration would have been better received (this may help guide decisions for future pop surveys)

   - Questions to be added

- For individuals who refuse to participate:

Would you be willing to participate in this survey if it were sent to you by mail or e-mail or if you were instructed to go to a web-page to complete it?

1 Yes
2 No
7 Don't know/Not sure
9 Refused

If yes, which method would you have preferred?

1 Mail
2 E-mail
3 Go to web page to complete
4 Other (specify_____)
7 Don't know/Not sure
9 Refused

- For all responders (to be added at end of survey)

Would you have preferred completing this survey if it had been sent to you by mail or e-mail or if you had been instructed to go to a web-page to complete it?

1 Yes
2 No
7 Don't know/Not sure
9 Refused

If yes, which method would you have preferred?

1 Mail
2 E-mail
3 Go to web page to complete
4 Other (specify_____)
7 Don't know/Not sure
9 Refused

5. Provide states opportunity to introduce changes to state specific questions (will differ by state based on needs)

IV. Logistics and timeline

Because we do not want to halt administration of the current survey, all amendments would be submitted to CDC-IRB and state-IRB for approval with the stipulation that changes are to go into effect on January 1, 2007. This stipulation would allow for the currently approved version of the Population Survey to continue to be administered through Dec 2006. Meanwhile, all changes would be submitted to CDC and State IRB boards for approval (October/November 2006). After approval by IRB the changes would be provided to the contractor for programming (December 2006). Any changes would be in effect for the period of January 1, 2007 – April 30, 2007.

V. Population Survey WG

To make final decision on whether to submit all or part the proposed amendments, the Pop Survey WG will be reconvened. The WG will also discuss potential analysis and future direction for the Population Survey.

Appendix 1 - Proposed addition to examine potential misclassification of food exposures

Steps:

1. Ask respondents if they keep a food diary
2. If they answer yes, they are asked if they can be sent a short questionnaire via mail regarding certain food exposures
3. Compare responses obtained via phone interview to responses obtained via mailed questionnaire

Example of question suggested for inclusion in survey for determination of who keeps a food diary:

S3_6. Do you commonly use a food diary or journal to track the food you eat each day?

1 Yes
2 No
7 Don't know/Not sure
9 Refused

IF YES,
S3_6a. Did you use the food diary to help you remember what you ate during this interview?

1 Yes
2 No
7 Don't know/Not sure
9 Refused

S3_6b. May we send you via mail, a short questionnaire about foods eaten to answer using your food diary or journal? The results of this survey will give us valuable information about the foods you eat and will take about 10 minutes to fill out. You will be provided with a self addressed stamped envelope to return the survey to us.

1 Yes
2 No
7 Don't know/Not sure
9 Refused

If YES, To what mailing address should we send this questionnaire?

Street address:_____

Introduction letter and questionnaire (see next 2 pages):

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention

[date]

Dear Resident,

You recently completed a telephone survey for the Centers for Disease Control and Prevention. During the survey we asked if you used a food diary or journal to track the foods you eat. We also asked if we could send a short questionnaire to fill out using your food diary. The questionnaire is attached. Please have your food diary or journal with you when you fill the questionnaire out. Make sure that the questionnaire is filled out for the 7 day period listed at the top of the form. When you finish filling out the questionnaire, place it in the self addressed stamped envelope and mail it to us.

The results of this questionnaire will give us valuable information about the foods you eat. It will take about 10 minutes to fill out. You may choose not to complete the questionnaire or to answer only some questions. The information collected is confidential which means you will not be identified in any of the results. A number is included in the top right hand corner of the questionnaire. This number does not identify you in any way but does allow add the information you give us in this questionnaire to the information you gave us over the phone.

If you have any questions about the questionnaire or this letter, please call Dr. Olga Henao at (404) 639-3680. Please leave a message including your name and phone number.

Thank you,

Olga L. Henao, PhD, MPH
Foodborne Diseases Active Surveillance Network (FoodNet)
Foodborne and Diarrheal Diseases Branch
Centers for Disease Control and Prevention
1600 Clifton Road MS-D63
Atlanta, GA 30333
Phone: (404) 371-5318
www.cdc.gov/foodnet

Food Questionnaire

ID: __ __ __ __ __ __ __ __

This forms asks about the food you ate between ___ / ___ / ___ and ___ / ___ / ___

Please mark with an 'X' the box that best describes whether you ate each food. **Please answer the questions while referring to your food diary or journal.** For each question answer YES if you remember eating or even tasting the food or answer NO if you remember not eating or tasting the food. If you do not know whether or not you ate the food, then check the ? column. We are referring to both raw and cooked items, unless we specify something is cooked or raw. We are interested in whether these items were prepared at home or outside the home, unless we specify a location. Please make sure you consult your food diary or journal as you answer these questions.

DAIRY, EGGS, & CHEESE	**Yes**	**No**	**?**
eggs (anything anywhere from fresh eggs)	☐	☐	☐
anything that had eggs that were still raw in it (e.g., dough,	☐	☐	☐
any pasteurized ("regular") milk.	☐	☐	☐
any blue-veined cheese (Bleu, gorgonzola,...)	☐	☐	☐
any cheese made from goat or sheep milk	☐	☐	☐
homemade Mexican-style (*queso fresco, q. blanco*)	☐	☐	☐
store-bought Mexican-style (*queso fresco, q. blanco*)	☐	☐	☐

SEAFOOD	**Yes**	**No**	**?**
store-bought fresh fish	☐	☐	☐
crab	☐	☐	☐
shrimp/prawns	☐	☐	☐
raw oysters	☐	☐	☐
sushi, sashimi, or ceviche made with raw fish or shellfish	☐	☐	☐

FRESH FRUIT (NOT FROZEN OR COOKED)	**Yes**	**No**	**?**
strawberries	☐	☐	☐
raspberries	☐	☐	☐
blueberries	☐	☐	☐
blackberries	☐	☐	☐
other fresh berries (specify) _____	☐	☐	☐
green grapes	☐	☐	☐
red grapes	☐	☐	☐
any other kind of grape (specify)_____	☐	☐	☐

MISCELLANY	**Yes**	**No**	**?**
any apple juice/cider that is freshly pressed and not	☐	☐	☐
any fresh squeezed orange juice (not from a carton or concentrate)	☐	☐	☐
any juice that is not pasteurized and not from a concentrate (often bought from farms or orchards, but may be sold commercially with a label saying it is unpasteurized and may contain bacteria)	☐	☐	☐

MEAT & POULTRY	**Yes**	**No**	**?**
any chicken prepared at home (i.e., not take-out)	☐	☐	☐
any chicken prepared or eaten *away* from home	☐	☐	☐
pre-frozen hamburger patties eaten at home	☐	☐	☐
fresh (not store-frozen) hamburger patties at home	☐	☐	☐
anything else made with ground beef at home	☐	☐	☐
any burgers or ground beef at a fast-food place	☐	☐	☐
any other burger/ground beef away from home	☐	☐	☐
ground turkey	☐	☐	☐
any other turkey (whole or parts)	☐	☐	☐
pork	☐	☐	☐

FRESH VEGETABLES ***(****NOT FROZEN****)***	**Yes**	**No**	**?**
green onions (scallions)	☐	☐	☐
anything with raw tomatoes	☐	☐	☐
alfalfa sprouts	☐	☐	☐
any lettuce	☐	☐	☐
any *fresh* salsa	☐	☐	☐

PREMADE AND DRIED FOODS	**Yes**	**No**	**?**
store-bought fruit salad	☐	☐	☐
store-bought pasta salad	☐	☐	☐
store-bought potato salad	☐	☐	☐
store-bought egg salad	☐	☐	☐
store-bought cole slaw	☐	☐	☐

Thank you for completing this questionnaire!!!

Please place it in the self-addressed stamped envelope and mail it back to us

Shiga Toxin Producing E.coli: Your Role in Discovering the Connection

FREE ~ Teleconference

October 17, 2006 1:00 p.m. - 2:05 p.m. EST

Sponsored by the **National Laboratory Training Network**

Description

- How did the public health system determine that the *E.coli* isolates recovered from patients who had consumed contaminated spinach were from the same source?
- How do I, as a clinical laboratory, fit into this PulseNet system, or do I?
- What is PulseNet? In response to a large outbreak of foodborne illness in the western United States scientists at CDC performed DNA "fingerprinting" by pulsed-field gel electrophoresis (PFGE) and determined that the strain found in patients had the same PFGE pattern as the strain found in hamburger patties served at a large chain of fast food restaurants. Prompt recognition of this outbreak and its cause may have prevented an estimated 800 illnesses. As a result, CDC in collaboration with the Association of Public Health Laboratories (APHL), created PulseNet so that scientists at public health laboratories throughout the country could rapidly compare the PFGE patterns of bacteria isolated from ill persons and determine whether they are similar.

Objectives

At the conclusion of this program, the participants will be able to:

- Discuss how to establish a protocol for detection of shiga toxin producing *E. coli* in the laboratory.
- State the role of your lab in interacting with public health to support surveillance activities of PulseNet.

Audience

This basic-level program is appropriate for health care providers and laboratory testing personnel in clinical, reference, and public health laboratories.

Agenda (All times are listed in Eastern Time, please adjust for your time zone).

1:00 p.m.	Welcome and Introductions
1:05 p.m.	PulseNet System Overview (Besser)
1:25 p.m.	Technical Aspects of the Toxin Test (Strockbine)
1:35 p.m.	Relating to PulseNet as a Clinical Laboratory (Somsel)
1:55 p.m.	Question and Answer
2:05 p.m.	Adjourn

Faculty

John Besser, MS Clinical Laboratory Manager, Public Health Laboratory Division, Minnesota Department of Health

Trish Somsel, DrPH Director, Division of Infectious Diseases, Michigan Department of Community Health

Nancy Strockbine, PhD Chief, National Reference Laboratory for Escherichia coli and Shigella, National Center for Infectious Diseases, Centers for Disease Control and Prevention

Continuing Education

The Association of Public Health Laboratories (APHL) is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E. Program. Participants who successfully complete this program will be awarded 1 contact hour.

Information

Participation is easy! Designate a site representative who will be responsible for the registration of your facility. After successful registration, the facilitator will receive information by e-mail on how to access the program and evaluation. Following the program, each individual participant requesting continuing education credit must complete the on-line evaluation.

Registration **NO CHARGE!** **Registration Deadline: October 16, 2006.**

Register online at www.nltn.org/courses. **Please use Promo Code: FREE** (*if you have difficulty with the online registration process, please e-mail registrar@aphl.org or phone 240-485-2727).* Upon receipt of your registration, a confirmation letter will be sent by e-mail to registered facilitators.

Special Needs

In compliance with the Americans with Disabilities Act (ADA), individuals requiring special accommodations should notify the NLTN office at 615-262-6315 at least two weeks prior to the program.

NATIONAL LABORATORY TRAINING NETWORK

The National Laboratory Training Network is a training system sponsored by the Association of Public Health Laboratories (APHL) and Centers for Disease Control and Prevention (CDC).

588-453-06

Proposed STEC changes

1. ISOLATE variable: FoodNet currently has 3 STEC Classifications, "E coli O157", "STEC nonO157", and "STEC O Ag Undet". Many times labs (specifically CDC reference lab) determine an STEC to be O-rough or O-undetermined despite extensive laboratory testing. Currently all these cases are entered into the FoodNet data with missing O antigen information; which does not accurately reflect the laboratory findings obtained.

Current STEC Classifications:

1. **E coli O157** – Any individual who had *E. coli* biochemically identified from a specimen with an identified O antigen of 157 and 1) H antigen reported as 7 **or** 2) positive for Shiga toxin production.

2. **STEC non-O157** – any individual who has *E. coli* biochemically identified from a specimen that was positive for Shiga toxin production and O antigen was determined not to be 157.

3. **STEC O Ag Undet** – any individual who had *E. coli* biochemically identified from a specimen that was positive for Shiga toxin production but due to limited O antigen information, could not determine if classification should be E. coli O157 or STEC non-O157.

To more accurately capture O antigen information in FoodNet data we propose splitting the "STEC O Ag Undet" classification into three classifications, "STEC O-Rough", "STEC O Ag Tested/Undet", and "STEC O Ag Not-Tested". Please see detailed definitions for the new STEC classifications below. These new categories will ensure we do not have too many case of with "missing" O antigen information at the end of the year. Furthermore, we will be able to distinguish between those cases with laboratory results of O-undetermined and those cases that were not tested and therefore O-undetermined.

Proposed STEC Classifications:

1. **E coli O157** – Any individual who had *E. coli* biochemically identified from a specimen with an identified O antigen of O157 and 1) H antigen reported as H7 **or** 2) positive for Shiga toxin production.

2. **STEC non-O157** – any individual who has *E. coli* biochemically identified from a specimen positive for Shiga toxin production and O antigen was determined not to be 157.

3. **STEC O Ag Rough** – any individual who had *E. coli* biochemically identified from a specimen that was positive for Shiga toxin production and O antigen laboratory result is 'O-rough'; isolate does not express a complete O antigen and can not be classified serologically as E. coli O157, STEC non-O157 or STEC O Ag Tested/Undet.

4. **STEC O Ag Undetermined** – any individual who had *E. coli* biochemically identified from a specimen that was positive for Shiga toxin production and O antigen laboratory result is 'O-undetermined'; isolate expresses an apparently complete O antigen that is serologically not consistent with O157 or other currently recognized O antigens.

5. **STEC O Ag Not Tested** – any individual who had *E. coli* biochemically identified from a specimen that was positive for Shiga toxin production but no test was performed for O antigen information; can not determine if classification should be E. coli O157, STEC non-O157, STEC O Ag Rough, or STEC O Ag Tested/Undet.

2. OANTIGNO variable: To allow us to determine what cases are reported by the laboratory as O-rough or O-undetermined we propose that sites enter the following 3 digit code into the O antigen number field (PHLIS variable name RES1X1P). Using this information the FoodNet Application will then classify the cases as detailed above. We believe this change will not require any changes to the sites' programs as the variable is already set up for a 3 digit entry. We have verified that this O antigen information is captured in NEDSS.

999 = OROUGH
777= O Ag Undetermined (based on results from laboratory)
Blank=Not Tested

3. SHIGTPOS variable: To better capture how Shiga toxin production is being identified from a specimen, we propose adding the following pick list options to the variable SHIGTPOS (PHLIS variable RES1X1O). This change would require sites to modify this variable's pick list to include these new options. We are working with our PHLIS contact to make this change made in PHLIS. We have verified that Shiga toxin positive by EIA is captured in NEDSS.

Currently picklist options:

1. Yes
2. No
3. Unsure/Not tested

Proposed picklist options: (Not Multi-Choice)

**FoodNet sites will be asked to not to select 'Yes'; if 'Yes' is selected CDC will follow-up with sites asking them to specify options 1-9.

1. EIA+
2. EIA-
3. EIA-/Not Tested, PCR stx1+
4. EIA+, PCR stx1+
5. EIA-/Not Tested, PCR stx2 +
6. EIA+, PCR stx2 +
7. EIA+, PCR-
8. EIA-/Not Tested, PCR stx1+, PCR stx2+
9. EIA+, PCR stx1+, PCR stx2+
10. Yes**
11. No
12. Unsure/Not tested

MDR Non-Typhi Salmonella Clinical Outcomes Study Counts as of September 28, 2006

State	Eligible	Interviewed	Pending	Refused	Other Not Enrolled	Estimated 12 Month	Predicted 12 Month	% of Predicted
CA	39	19	7	4	9	25	47	54%
CO	**69**	**51**	**6**	**10**	**8**	**68**	**62**	**110%**
CT	**76**	**63**	**2**	**0**	**11**	**84**	**79**	**106%**
GA	40	20	11	1	8	34	99	35%
MD	28	19	4	2	3	46	79	58%
MN	98	74	10	8	6	99	115	86%
NM	35	16	11	2	6	21	74	29%
NY	56	24	17	4	11	32	79	41%
OR	15	10	3	1	1	13	19	70%
TN	52	39	9	3	1	52	80	65%
Total	508	335	80	35	64	475	733	65%

Clinical Outcomes Study-EXTENSION PROPOSAL
October 2006

I. Objective

1. Increase the number of study cases in order to strengthen study results and conclusions.

II. Options

1. Increase sampling scheme
   i. Analysis can accommodate mid-year sampling scheme changes; however, all sites must be willing to adjust sampling scheme for the remainder of the study period.
2. Extend the study for one year
   i. Those sites that have reached predicted number of cases at the end of one year can stop the study and the remaining sites will continue the study for an additional year.

III. Recommendation

CDC FoodNet recommendation is to continue the study for one year without any changes to sampling schemes. Sampling scheme changes are more difficult to adjust for in analyses. Those sites who meet the predicted number of cases at the end of one year do not have to continue the study for an additional year.

IV. Data tables

Table included in the protocol (Based on 2003 FoodNet Surveillance Data)

FoodNet site	FoodNet cases	Sampling scheme	Estimated # of Study Cases	Prevalence of Hospitalization (based on FoodNet)	Estimated # Chart Abstractions
CA	466	0.10	47	17.65%	8
CO	247	0.25	62	14.63%	9
CT	393	0.20	79	24.43%	19
GA	1982	0.05	99	24.71%	24
MD	794	0.10	79	31.45%	25
MN	575	0.20	115	23.44%	27
NM	370	0.20	74	19.47%	14
NY	394	0.20	79	20.56%	16
OR	372	0.05	19	20.16%	4
TN	798	0.10	80	33.82%	27

Based on 2005 FoodNet Surveillance Data

FoodNet site	FoodNet cases	Sampling scheme	Estimated # of Study Cases	Prevalence of Hospitalization (based on FoodNet)	Estimated # Chart Abstractions
CA	448	0.10	45	19.87%	9
CO	329	0.25	82	18.54%	15
CT	459	0.20	92	22.22%	20
GA	1736	0.05	87	32.09%	28
MD	694	0.10	69	28.39%	20
MN	570	0.20	114	24.56%	28
NM	239	0.20	48	25.10%	12
NY	474	0.20	95	25.53%	24
OR	372	0.05	19	14.25%	3
TN	679	0.10	68	34.46%	23
Total	**6000**	**--**	**718**	**--**	**--**

Attrition rate: 0.10 646

Trends in Incidence of Listeriosis in Adults 50 Years of Age and Older, Foodborne Diseases Active Surveillance Network (FoodNet), 1996-2005.

Teates K, Henao OL, etc.

Background

Listeriosis is a serious infection most commonly caused by eating foods contaminated with *Listeria monocytogenes*. Each year in the United States, nearly 2,500 persons are infected with *L. monocytogenes* resulting in approximately 500 deaths. Based on data from the Foodborne Diseases Active Surveillance Network (FoodNet) more than half of *L. monocytogenes* infections reported are in individuals 50 years of age and older.

Methods

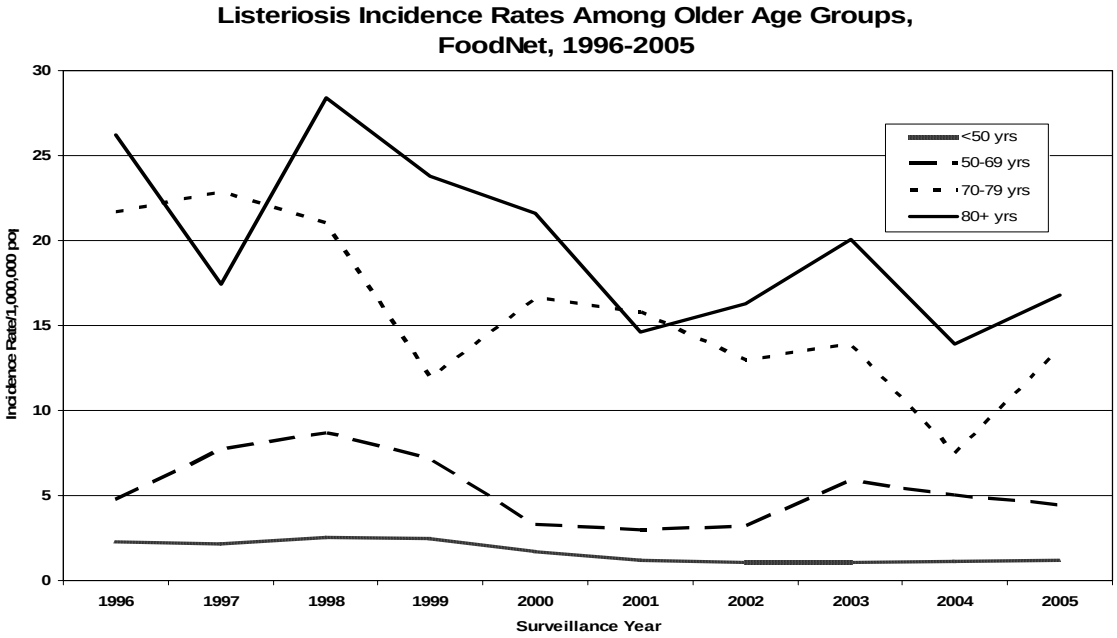
We examined population-based active surveillance data collected via FoodNet from 1996 through 2005 to determine the burden of disease and trends in *Listeria monocytogenes* infection among adults under 50 years and 50 years and older. Using the most recent FoodNet population survey we also examined the frequency of consumption of risky foods in these age groups.

Results

The proportion of listeriosis cases who are 50 years and older has increased from 61% in 1996 to 72% in 2005 whereas the proportion of individuals 50 years and older under surveillance has remained fairly constant. The average incidence of listeriosis in cases 50 years and older is 9.2 per 1,000,000 compared to 1.7 per 1,000,000 among persons less than 50 years of age. Among cases 50 years and older, the average incidence rate was highest among individuals 80 years and older (20.0 per 1,000,000). The majority of all cases with race and ethnicity information available were white and non-Hispanic. We found that the proportion of Hispanic cases 50 years of age and older was lower (2%) than among cases under 50 years of age (21%). The proportion of cases 50 and over that were hospitalized was 89% and did not differ from the proportion hospitalized among cases under 50 years (87%). Analysis of the population survey data revealed that consumption patterns for deli meats, unpasteurized milk and soft cheeses made from unpasteurized milk did not differ by age group. Individuals 50 years and over where more likely to be immunocompromised than individuals under 50 years of age (65% and 23%, respectively). There was no difference in the consumption patterns of deli meats, unpasteurized milk and soft cheeses made from unpasteurized milk by immunocompromised status.

Conclusion

Listeriosis disproportionately affects individuals 50 years of age and older. These individuals are likely to be immunocompromised and many continue to report consumption of foods that place them at higher risk for listeriosis. Further declines in listeriosis incidence require continued efforts of industry and government to reduce contamination of the food supply and to educate clinicians and consumers, particularly older non-Hispanic populations, about risks factors for *Listeria* infection.



Foods Associated with *Listeria monocytogenes* Infections Are Common at Long-Term Care Facilities in Eight States, FoodNet 2005

Jennifer M. Nelson MPH1,2, Robert Bednarczyk3, Joelle Nadle MPH4, Paula Clogher MPH5, Jennifer Gillespie MPH6, Allison Daniels MSPH7, Melissa Plantenga8, Amanda Ingram MPH9, Karen Edge MPH10, Jon P. Furuno PhD11, Elaine Scallan PhD, MA1, and the FoodNet EIP Working Group

1CDC, Atlanta, GA; 2Atlanta Research and Education Foundation, Atlanta, GA; 3New York Dept of Health, Albany NY; 4California EIP, Oakland, CA, 5Connecticut EIP, New Haven, CT, 6Georgia Division of Public Health, Atlanta, GA, 7Colorado Dept of Public Health and Environment, Denver, CO, 8Oregon Dept of Human Services, Portland, OR, 9Tennessee Dept of Health, Nashville, TN, 10University of New Mexico, Albuquerque, NM, 11University of Maryland, Baltimore, MD

Background: *Listeria monocytogenes* (LM) causes approximately 2,500 illnesses and 500 deaths annually in the U.S. Persons ≥65 years of age are at higher risk of LM infection and are, therefore, advised to avoid foods known to be associated with LM infection, such as unpasteurized milk and ready-to-eat deli meats unless the meat is heated steaming hot. We surveyed long-term care facilities (LTCFs) to assess food safety practices aimed at preventing LM and other foodborne infection.

Methods: Food service directors at LTCFs certified to receive Medicare and/or Medicaid reimbursement in 8 states (CA, CO, CT, GA, NM, NY, OR, and TN) participating in the Foodborne Diseases Active Surveillance Network (FoodNet) were surveyed using a mailed, self-administered questionnaire. The questionnaire asked about food preparation practices and the frequency of which residents were served foods known to be associated with LM and other foodborne infection.

Results: Surveys were distributed to 1630 LTCFs; 865 (55%) returned a completed questionnaire. Soft cheeses made from unpasteurized milk were served at 73 (9%) of 821 LTCFs. Most LTCFs reported routinely serving ready-to-eat deli meats; 646 (81%) of 801 served turkey, 671 (84%) of 798 ham, and 399 (57%) of 703 roast beef. Few LTCFs, however, reported always heating deli meats until steaming hot; 13% turkey, 11% ham, and 19% roast beef. Hot dogs were served at 555 (69%) of 805 LTCFs; of which, 95% reported always heating hot dogs until steaming hot. Few facilities served irradiated ground beef or irradiated poultry.

Conclusions: Although it is advised that persons ≥ 65 years of age avoid eating foods known to be associated with LM infections, several of these foods, including ready-to-eat deli meats, are commonly served at LTCFs and institutions with many elderly persons. Enhanced educational efforts of food safety practices aimed at LTCFs are needed.

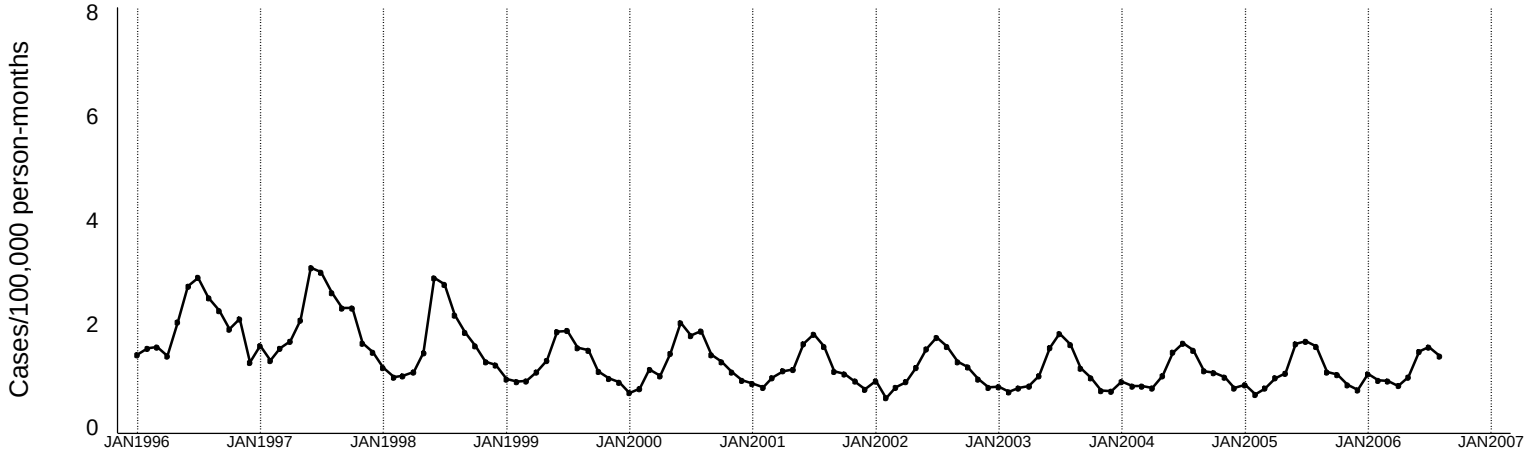
Approaches to Educating Hispanic Women of Childbearing Age about the Risks of Raw Milk and Milk Product Consumption to Unborn Children

Heather Bair-Brake MS DVM and Olga Henao MPH PhD and Jazmin Vojdani MS
Centers for Disease Control and Prevention, Atlanta, GA 30333

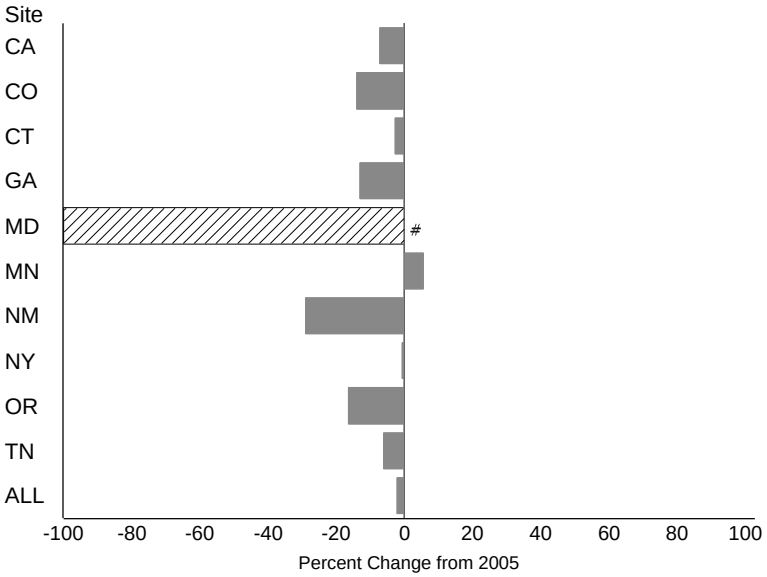
Recently there has been an increase in outbreaks related to consumption of raw milk and raw milk products. Though most states outlaw the sale of these items, raw milk and raw milk products are regularly consumed by dairy producers, farm employees and their families, and by certain ethnic populations. Studies indicate that up to 95% of bulk milk tanks are positive for coliform bacteria and 32% of those tanks may contain one or more zoonotic bacterial pathogens. Consumption of food products contaminated with pathogenic bacteria can lead to diarrhea, severe stomach cramps, or even death. Some pathogenic bacteria such as *Listeria monocytogenes* can cause stillbirths or spontaneous abortions. Approximately 22% of pregnancy related deaths occur each year due to *Listeria monocytogenes*. Because pregnancy associated disease is much more common among Hispanic women of child-bearing age than among non-Hispanic women of child-bearing age, a *Listeria* Working Group was formed at the Centers for Disease Control and Prevention. The group, which includes two native Spanish speakers, investigated approaches to educating Hispanic women of childbearing age. This presentation discusses cultural, language, and other barriers to educating the Hispanic population and some of the solutions.

Campylobacter

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

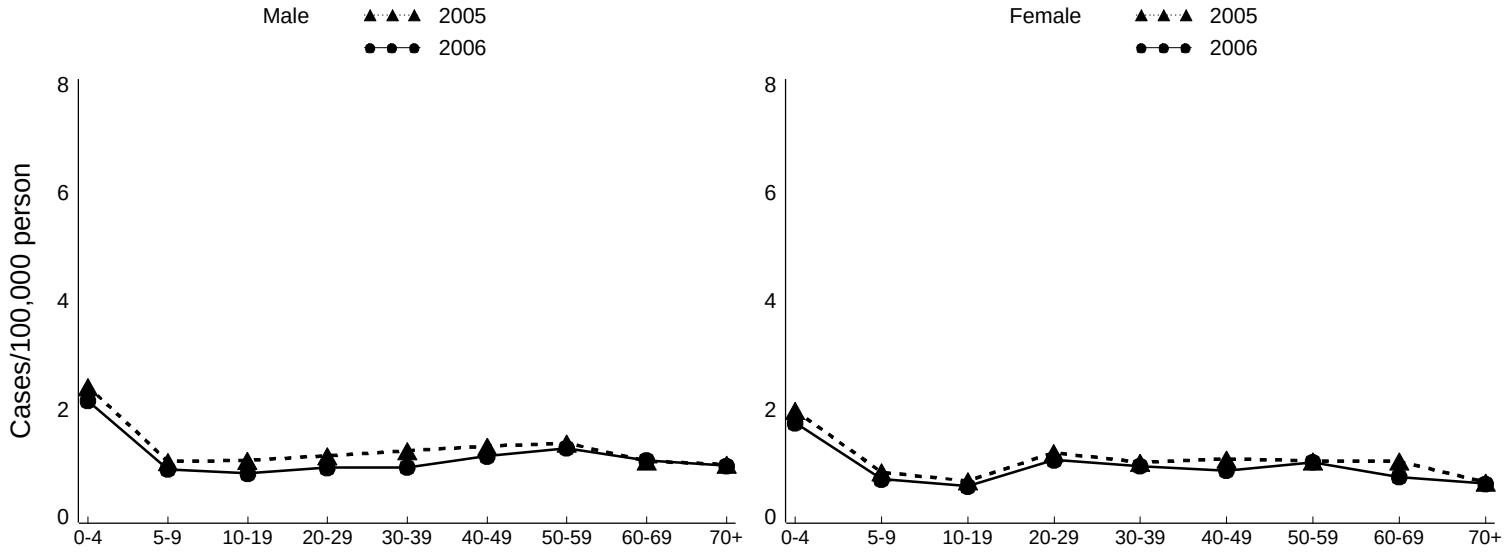


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	578	18.03	623	19.43	655	20.37
CO	315	12.18	366	14.15	302	12.22
CT	369	10.51	379	10.80	377	10.84
GA	373	4.111	429	4.729	442	5.081
MD	0	0.000	283	5.053	254	4.814
MN	635	12.37	602	11.73	636	12.58
NM	179	9.282	252	13.07	241	12.55
NY	347	8.055	349	8.101	300	8.322
OR	401	11.01	480	13.18	436	12.26
TN	275	4.612	293	4.914	240	5.080
ALL	3472	8.923	4056	9.121	3883	9.206

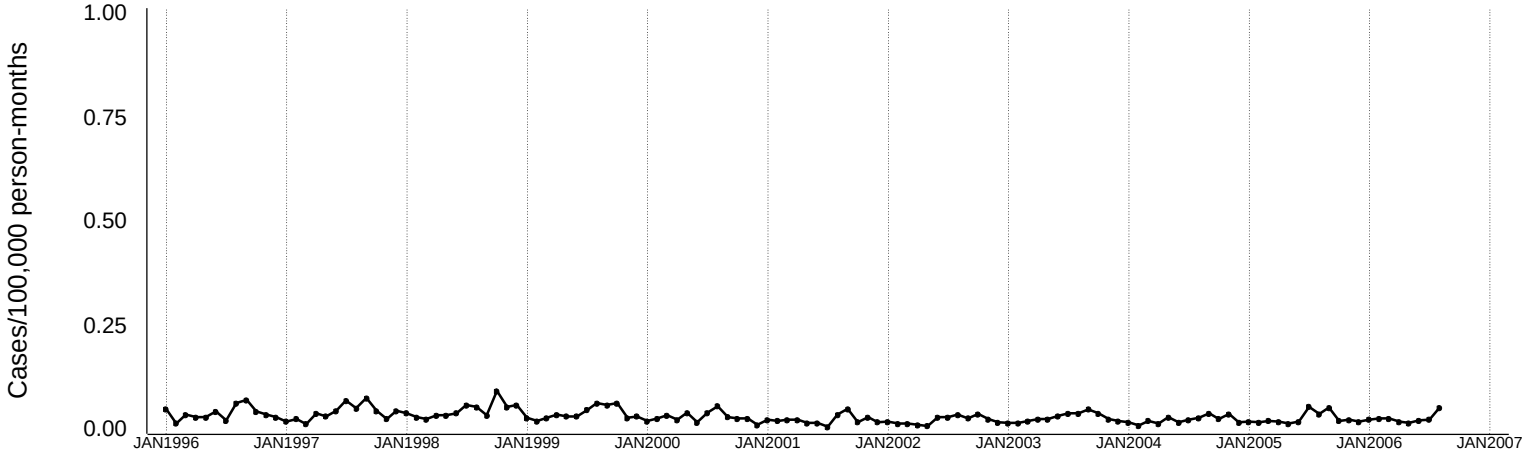
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

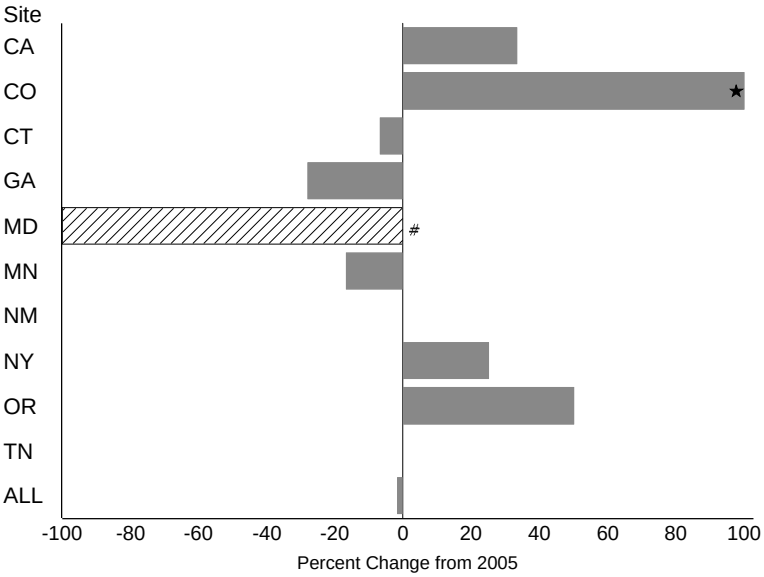


Listeria

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

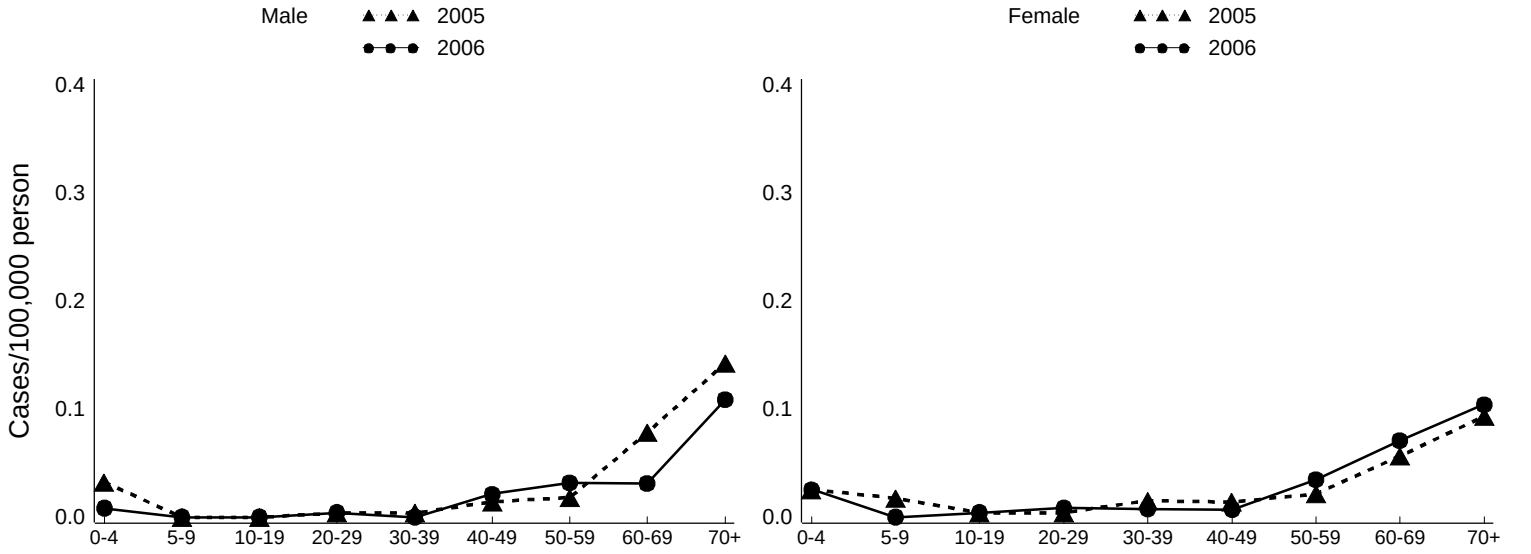


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	8	0.250	6	0.187	9	0.286
CO	3	0.116	1	0.039	3	0.124
CT	14	0.399	15	0.427	12	0.333
GA	13	0.143	18	0.198	14	0.155
MD	0	0.000	14	0.250	12	0.230
MN	5	0.097	6	0.117	2	0.043
NM	4	0.207	4	0.207	2	0.104
NY	10	0.232	8	0.186	8	0.216
OR	9	0.247	6	0.165	5	0.141
TN	8	0.134	8	0.134	5	0.109
ALL	74	0.190	86	0.193	72	0.172

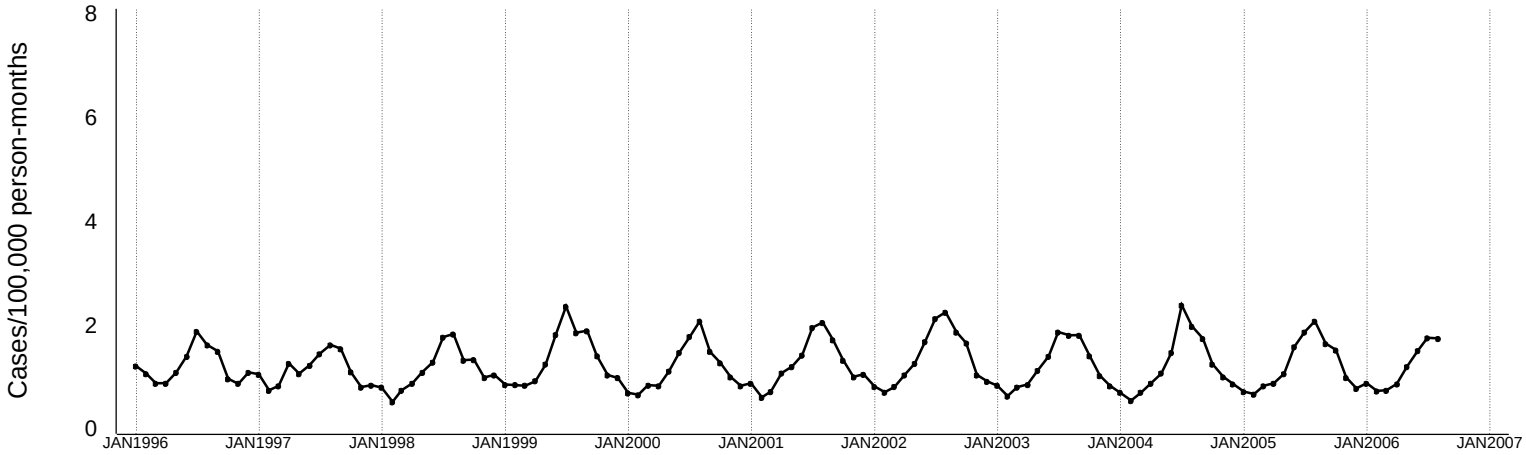
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

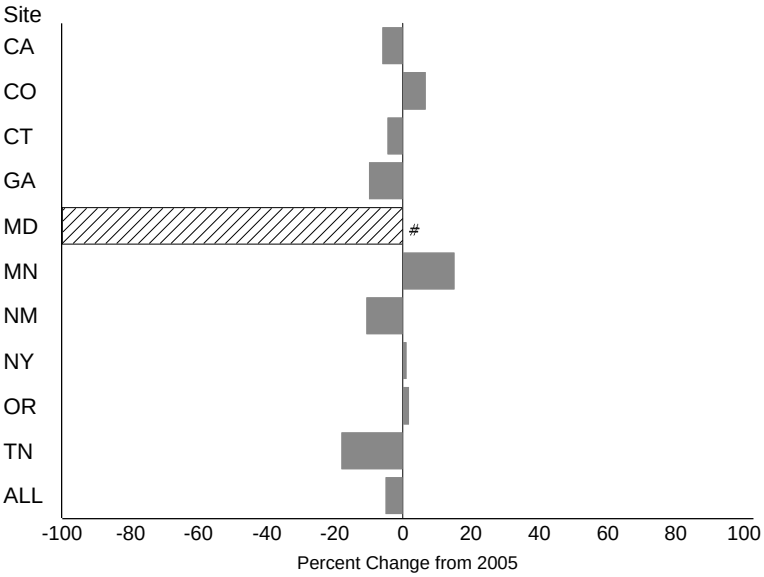


Salmonella, all serotypes

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

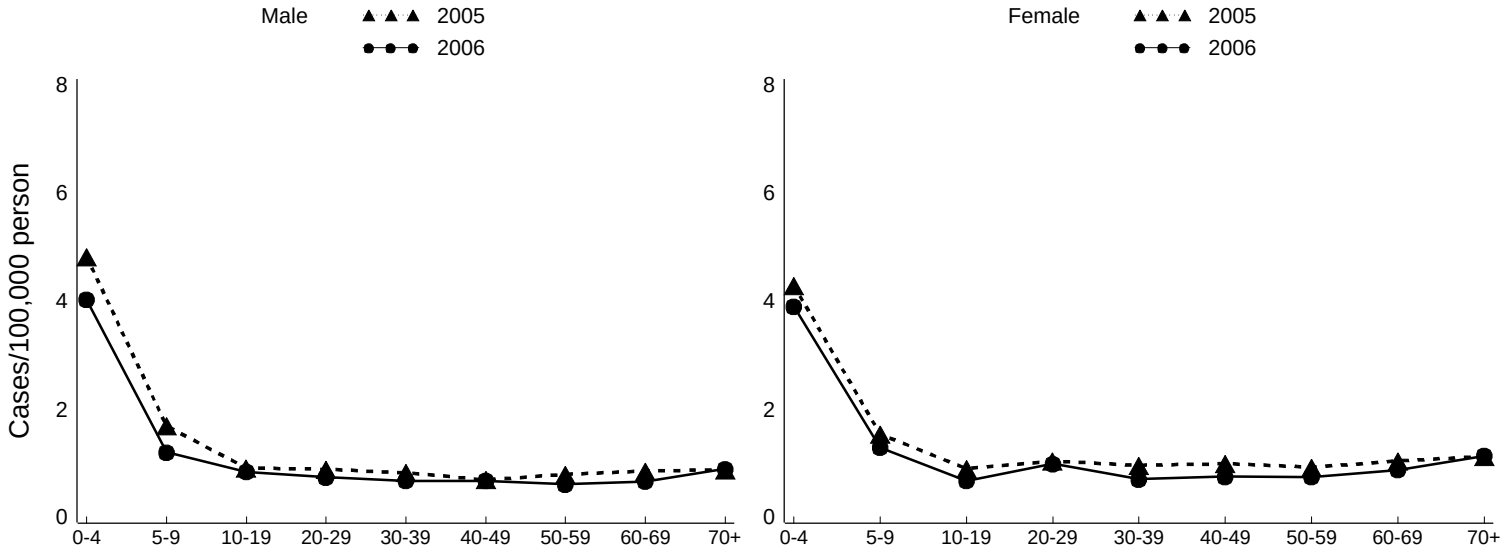


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	304	9.48	323	10.1	330	10.2
CO	263	10.2	247	9.55	212	8.61
CT	320	9.12	335	9.54	313	8.99
GA	1004	11.1	1114	12.3	1129	13.0
MD	0	0.00	540	9.64	550	10.4
MN	461	8.98	401	7.81	414	8.19
NM	161	8.35	180	9.33	184	9.61
NY	339	7.87	336	7.80	298	8.46
OR	261	7.17	257	7.06	244	6.84
TN	474	7.95	577	9.68	452	9.93
ALL	3587	9.22	4310	9.69	4126	9.88

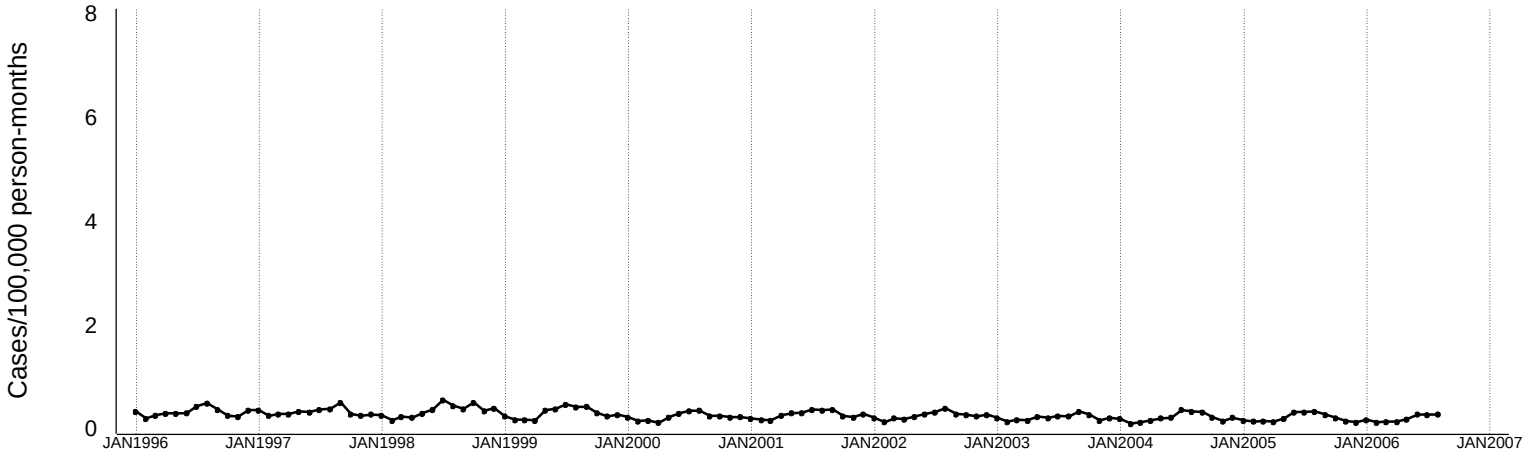
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

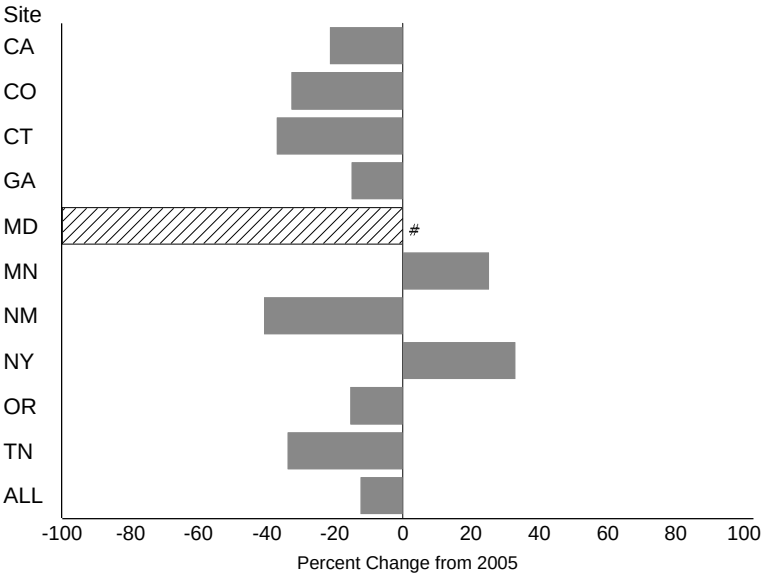


Salmonella Typhimurium

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

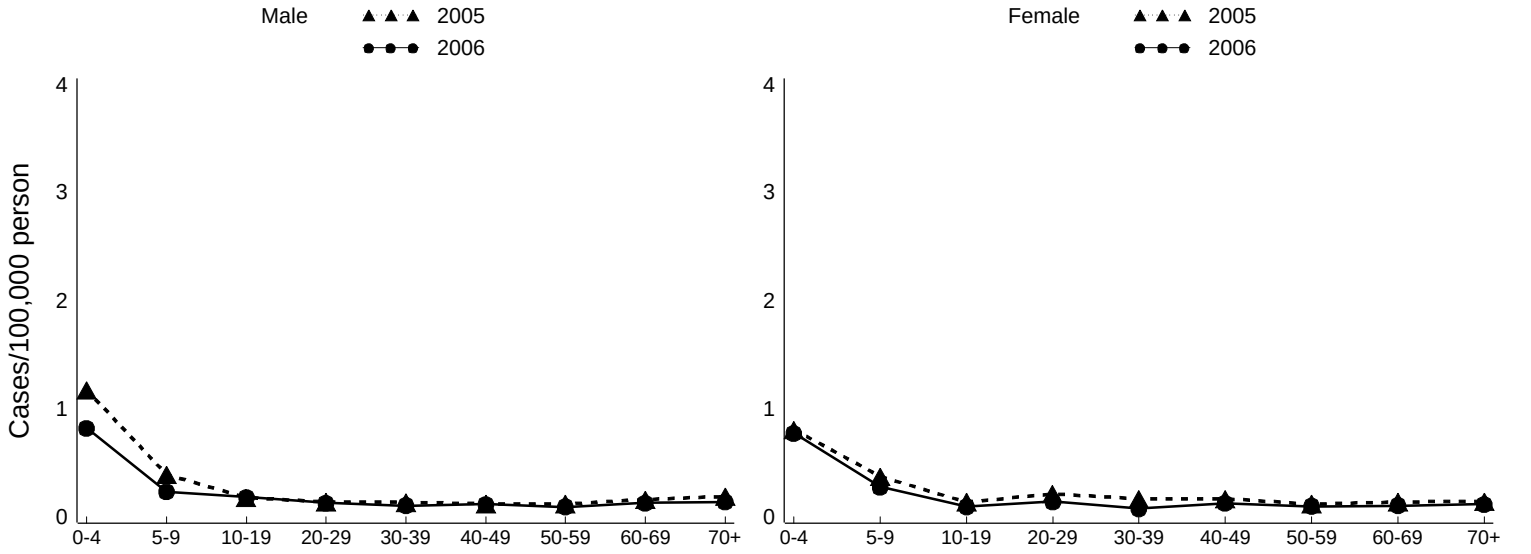


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	48	1.50	61	1.90	55	1.72
CO	52	2.01	77	2.98	56	2.31
CT	41	1.17	65	1.85	62	1.77
GA	142	1.57	167	1.84	178	2.05
MD	0	0.00	80	1.43	90	1.72
MN	100	1.95	80	1.56	97	1.91
NM	22	1.14	37	1.92	34	1.77
NY	89	2.07	67	1.56	58	1.69
OR	50	1.37	59	1.62	52	1.47
TN	77	1.29	116	1.95	98	2.22
ALL	621	1.60	809	1.82	781	1.88

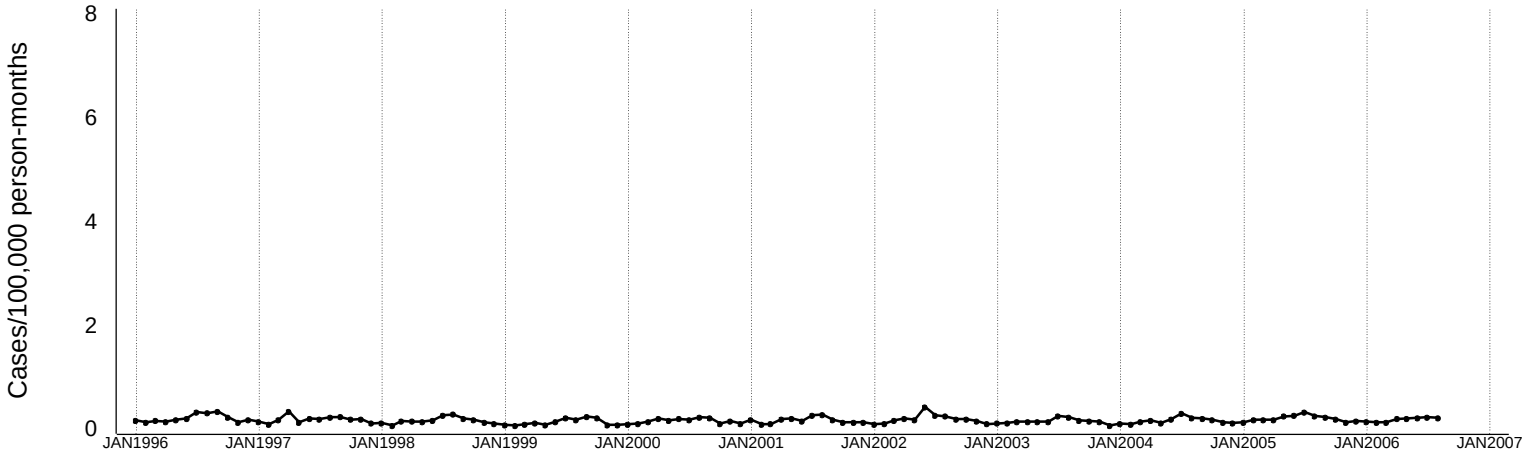
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

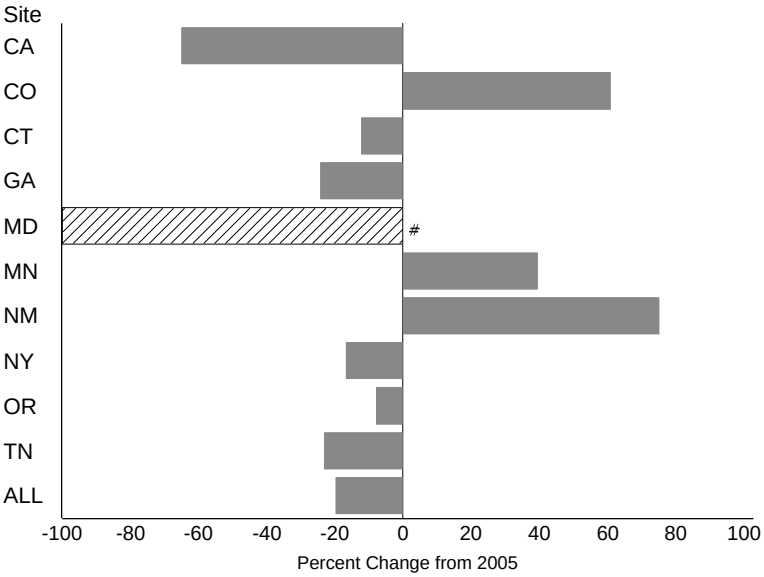


Salmonella Enteritidis

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

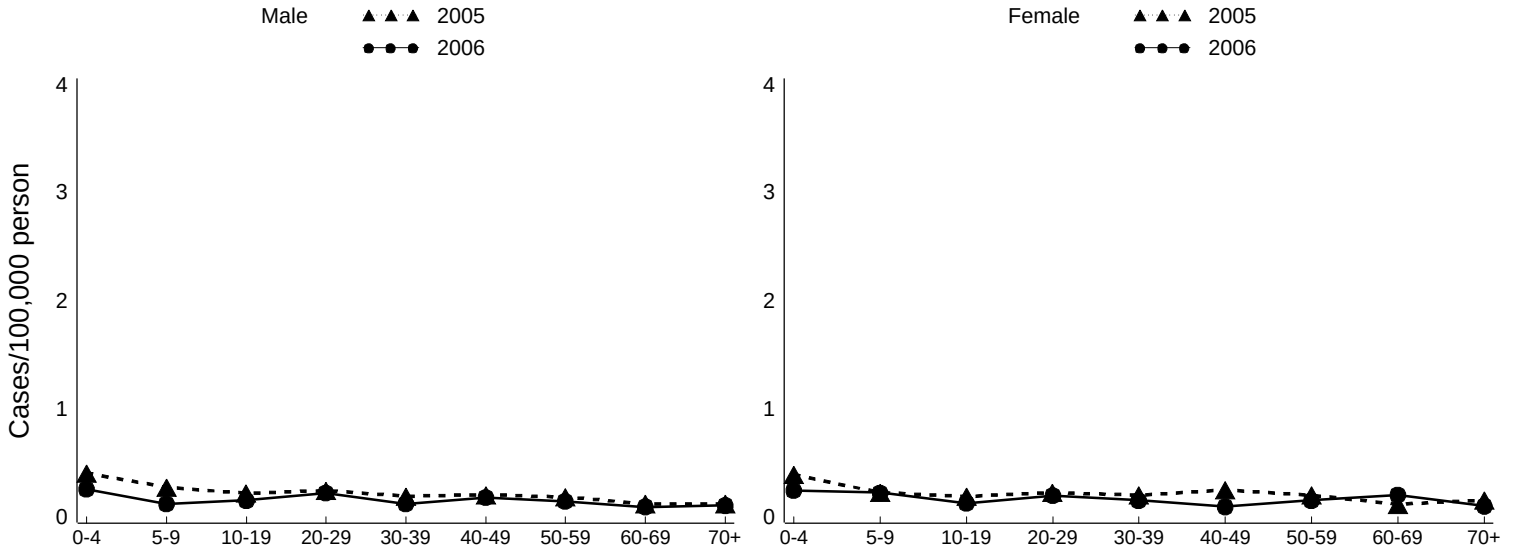


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	31	0.967	88	2.745	56	1.748
CO	45	1.740	28	1.083	34	1.378
CT	80	2.279	91	2.592	73	2.099
GA	79	0.871	104	1.146	68	0.772
MD	0	0.000	162	2.893	148	2.816
MN	117	2.279	84	1.637	80	1.587
NM	21	1.089	12	0.622	13	0.653
NY	65	1.509	78	1.811	66	1.889
OR	48	1.318	52	1.428	40	1.131
TN	64	1.073	83	1.392	43	0.875
ALL	550	1.413	782	1.758	621	1.508

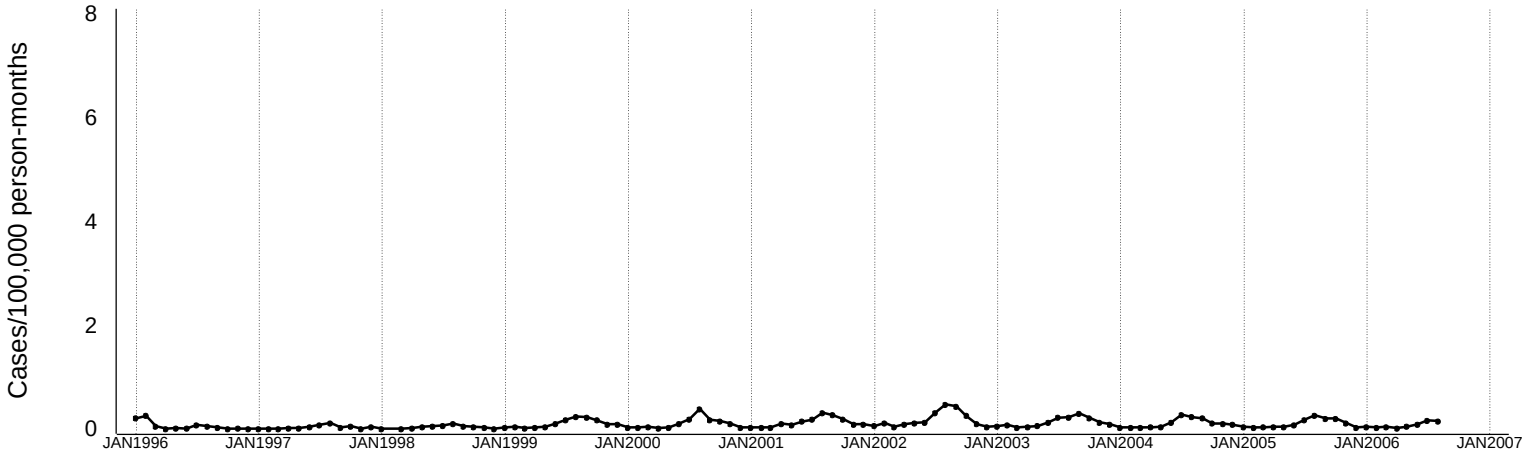
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

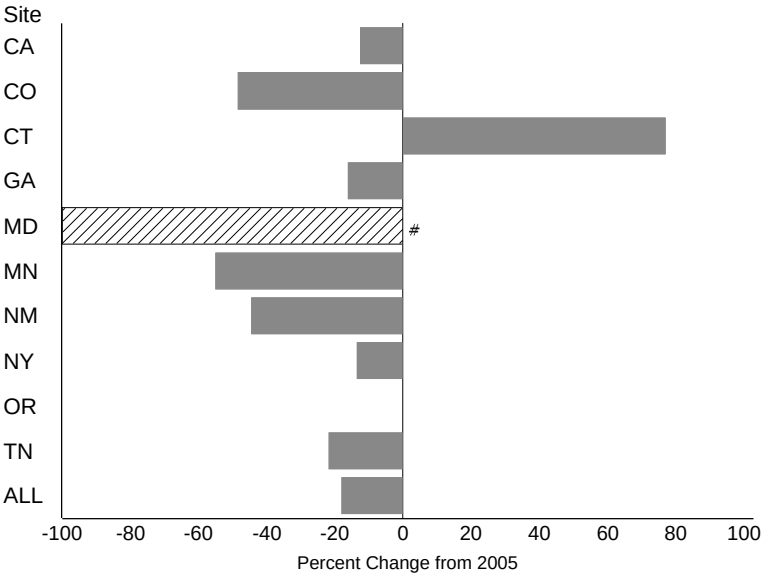


Salmonella Newport

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

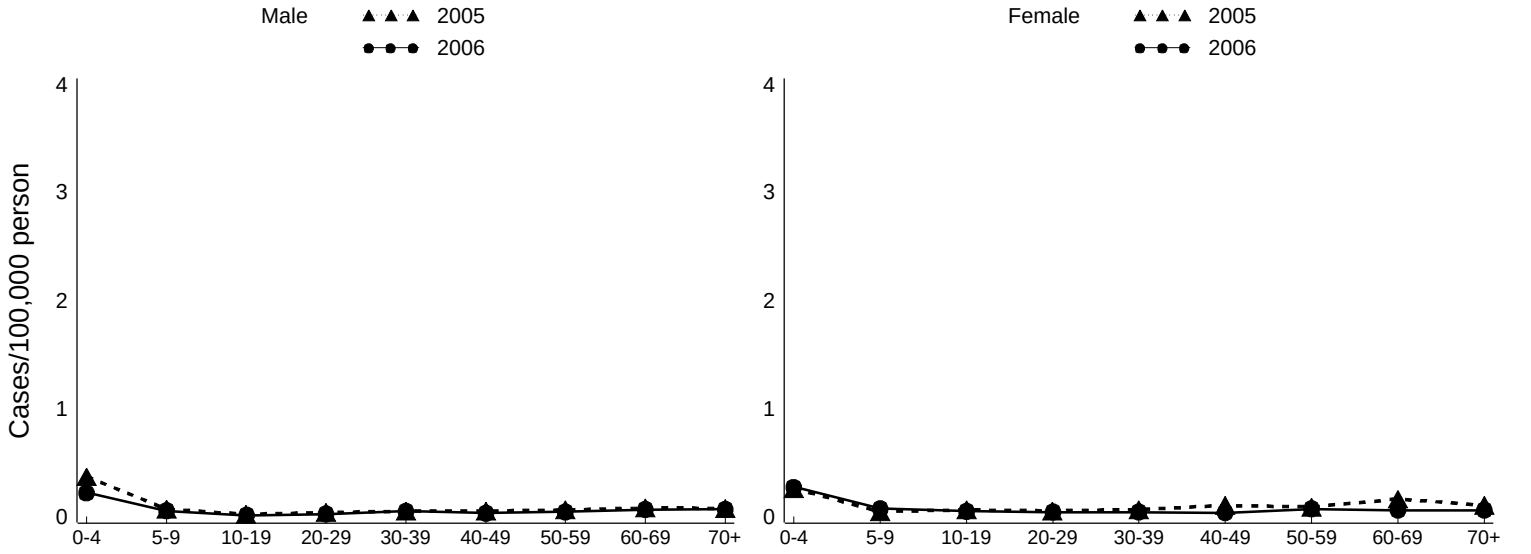


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	14	0.437	16	0.499	20	0.627
CO	16	0.619	31	1.198	18	0.743
CT	23	0.655	13	0.370	26	0.739
GA	105	1.157	125	1.378	159	1.834
MD	0	0.000	30	0.536	34	0.636
MN	14	0.273	31	0.604	31	0.621
NM	10	0.519	18	0.933	18	0.913
NY	13	0.302	15	0.348	27	0.753
OR	11	0.302	11	0.302	17	0.473
TN	29	0.486	37	0.620	38	0.910
ALL	235	0.604	327	0.735	388	0.939

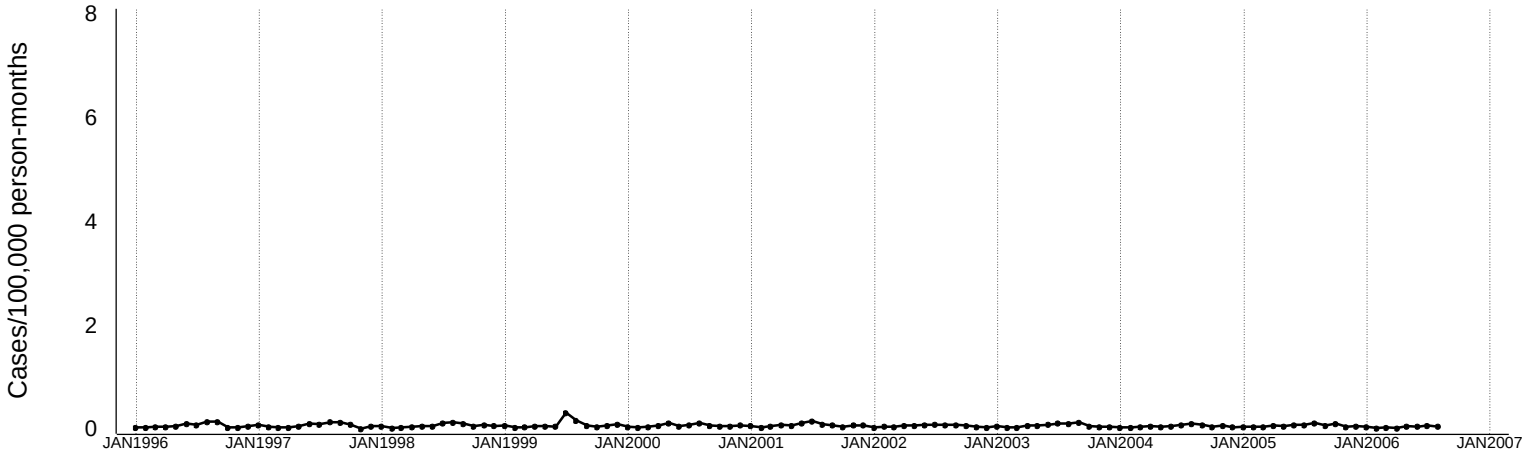
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

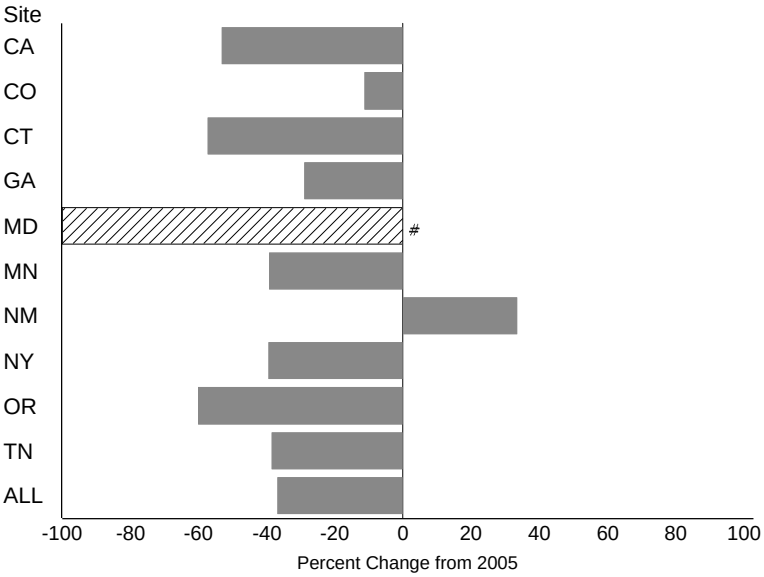


Salmonella Heidelberg

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

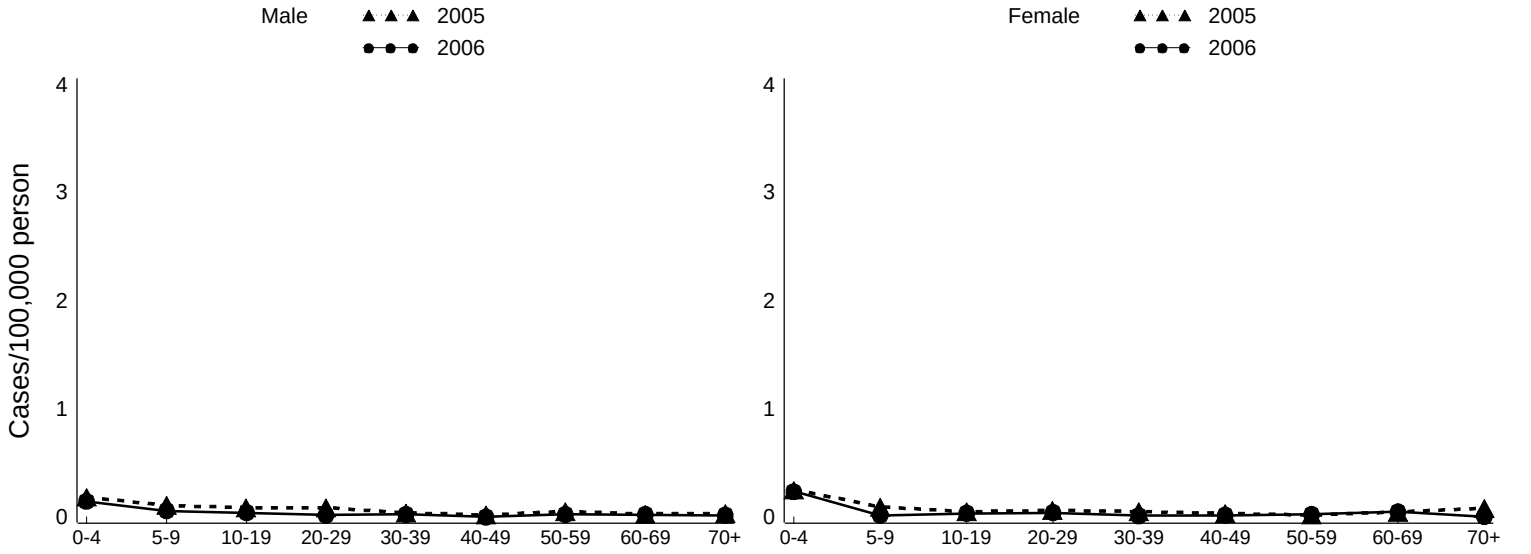


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	16	0.499	34	1.060	35	1.088
CO	8	0.309	9	0.348	12	0.481
CT	9	0.256	21	0.598	16	0.454
GA	37	0.408	52	0.573	48	0.553
MD	0	0.000	14	0.250	21	0.395
MN	14	0.273	23	0.448	24	0.472
NM	4	0.207	3	0.156	5	0.235
NY	17	0.395	28	0.650	24	0.697
OR	12	0.330	30	0.824	21	0.577
TN	16	0.268	26	0.436	21	0.467
ALL	133	0.342	240	0.540	225	0.551

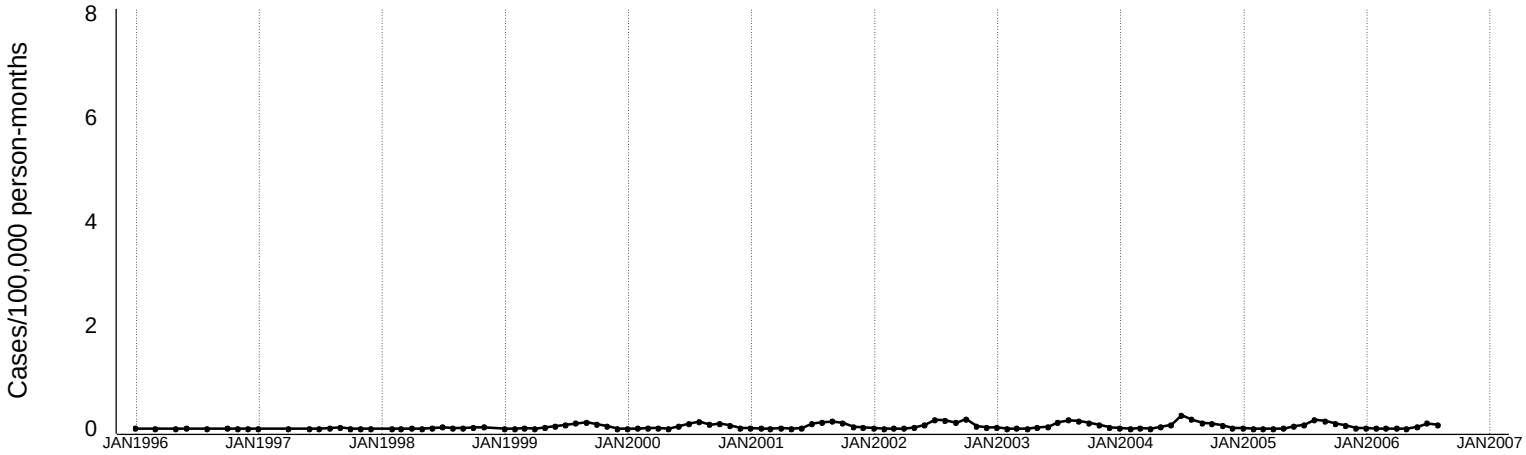
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

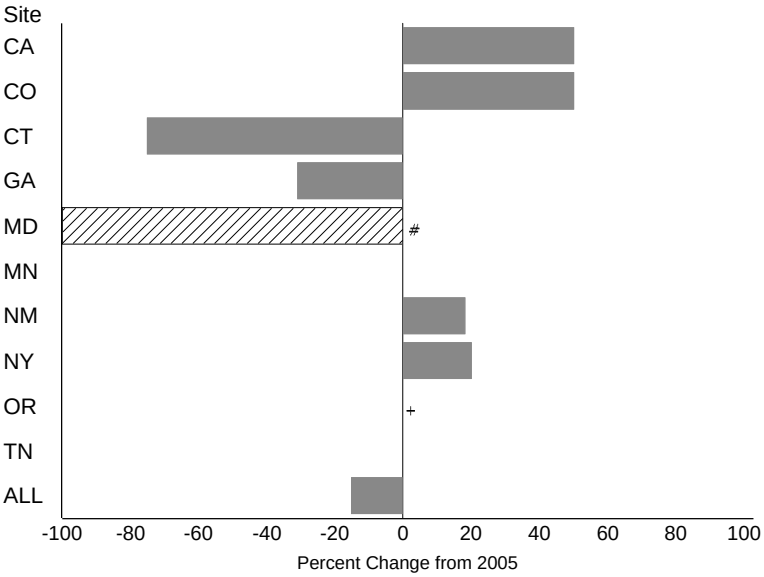


Salmonella Javiana

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

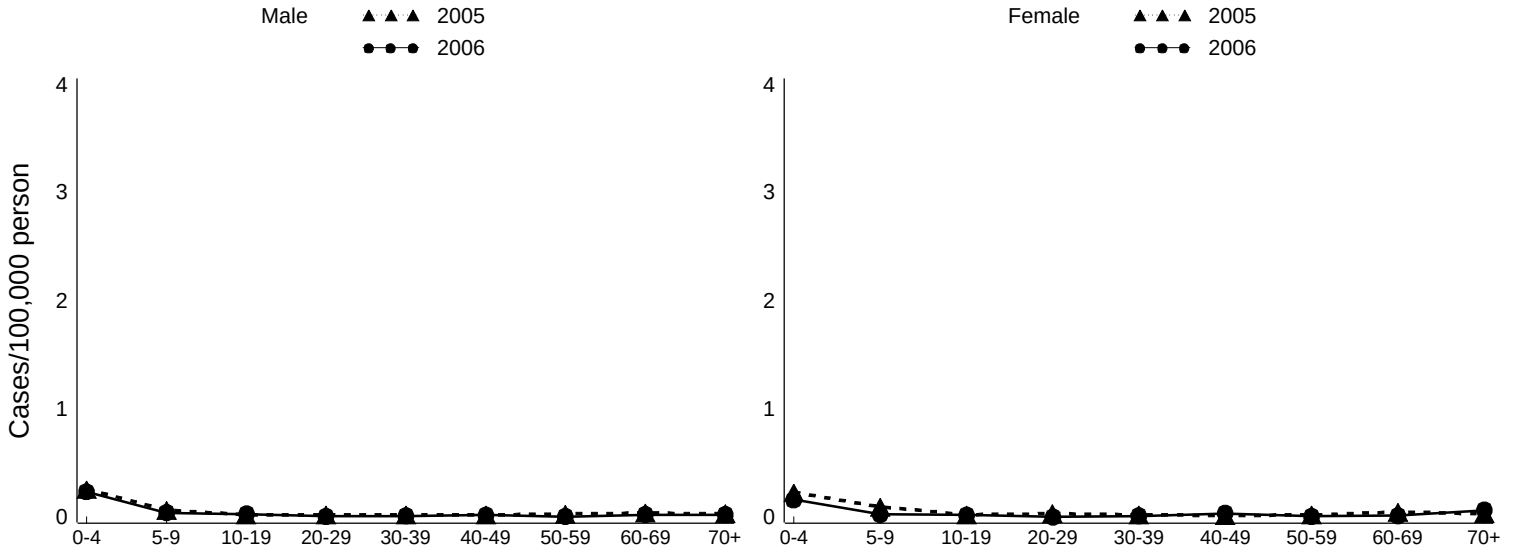


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	3	0.094	2	0.062	2	0.056
CO	3	0.116	2	0.077	2	0.087
CT	1	0.028	4	0.114	5	0.132
GA	74	0.816	107	1.179	120	1.376
MD	0	0.000	13	0.232	25	0.459
MN	2	0.039	2	0.039	5	0.091
NM	13	0.674	11	0.570	13	0.679
NY	6	0.139	5	0.116	5	0.118
OR	2	0.055	0	0.000	2	0.062
TN	17	0.285	17	0.285	17	0.396
ALL	121	0.311	163	0.367	195	0.455

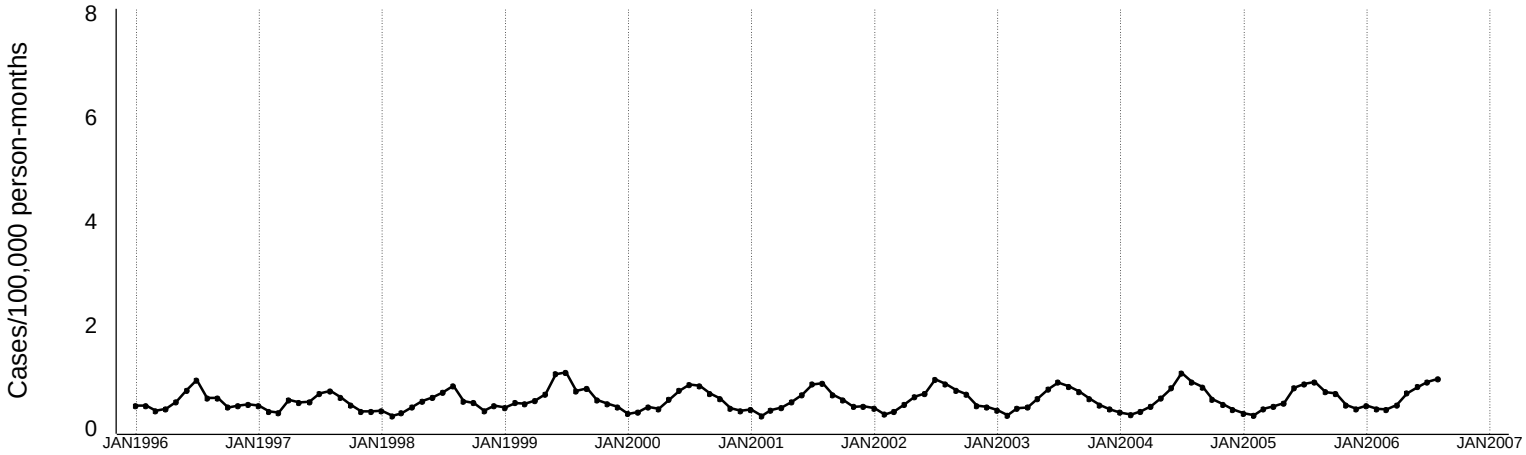
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

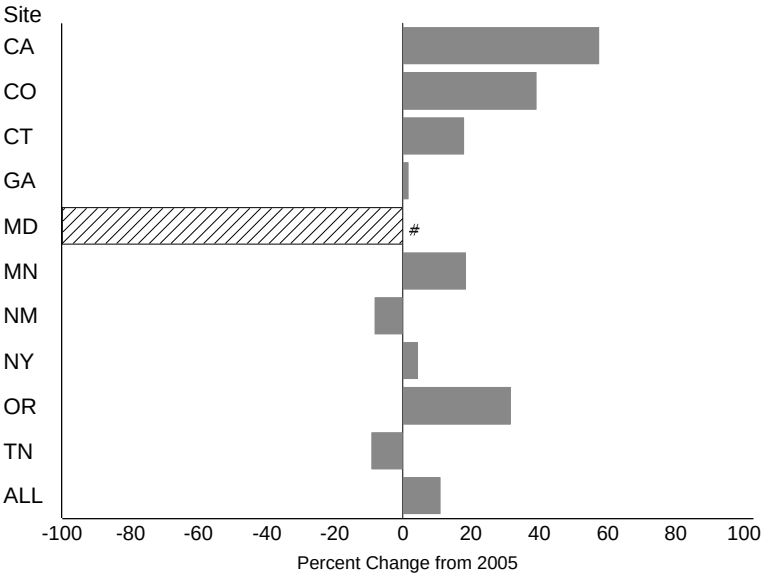


Salmonella, all others

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

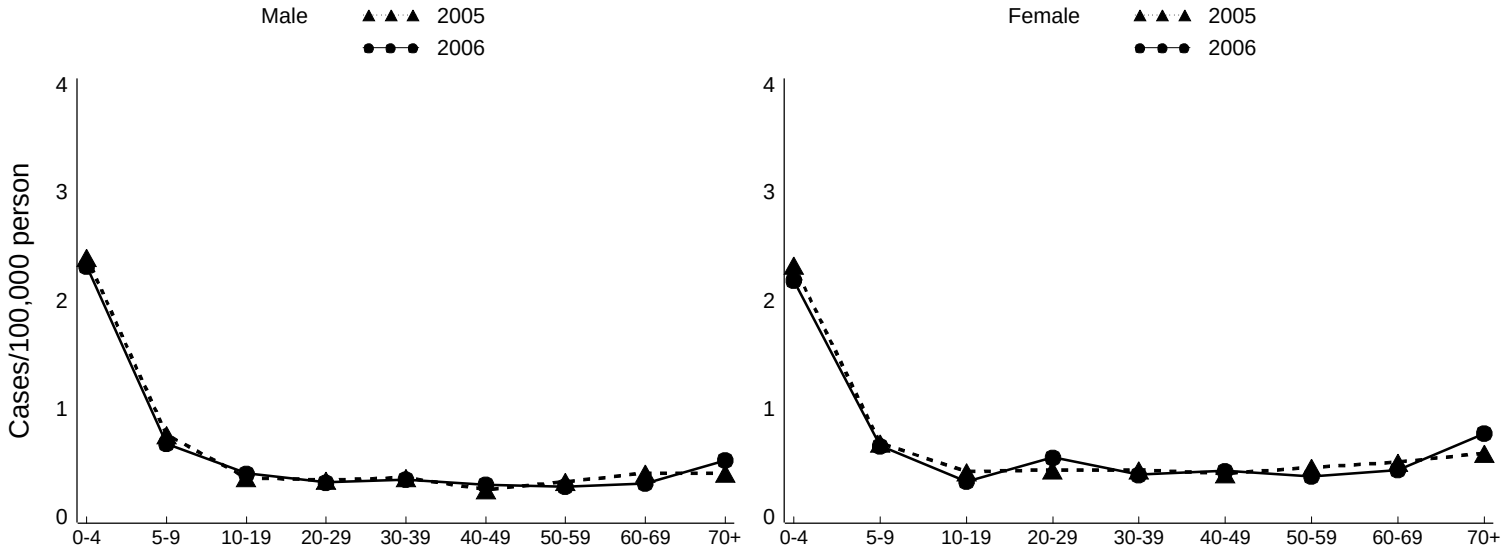


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	192	5.99	122	3.81	161	5.00
CO	139	5.37	100	3.87	89	3.62
CT	166	4.73	141	4.02	132	3.79
GA	567	6.25	559	6.16	556	6.38
MD	0	0.00	241	4.30	232	4.40
MN	214	4.17	181	3.53	177	3.51
NM	91	4.72	99	5.13	103	5.35
NY	149	3.46	143	3.32	118	3.31
OR	138	3.79	105	2.88	111	3.13
TN	271	4.54	298	5.00	235	5.07
ALL	1927	4.95	1989	4.47	1915	4.54

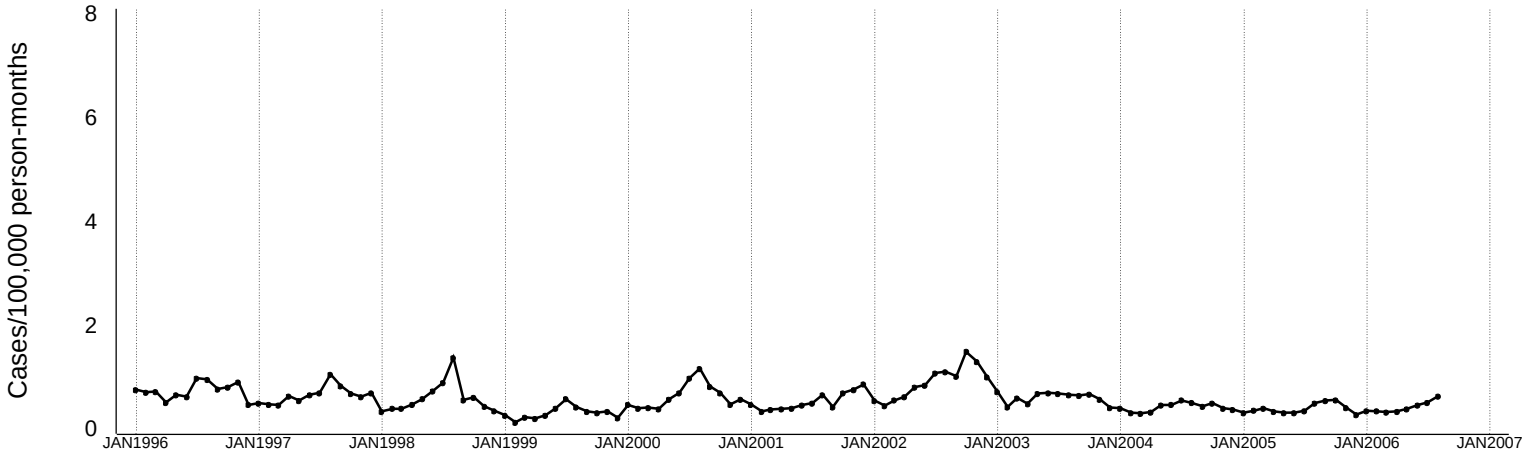
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

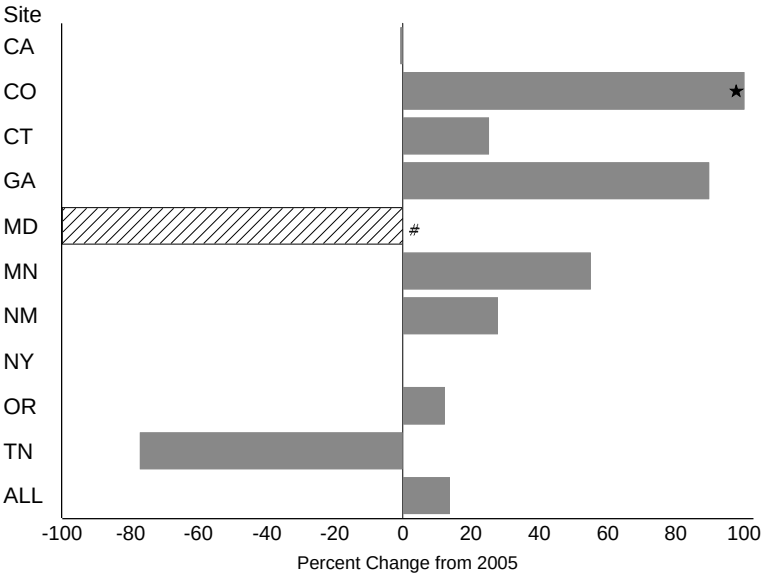


Shigella, all species

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

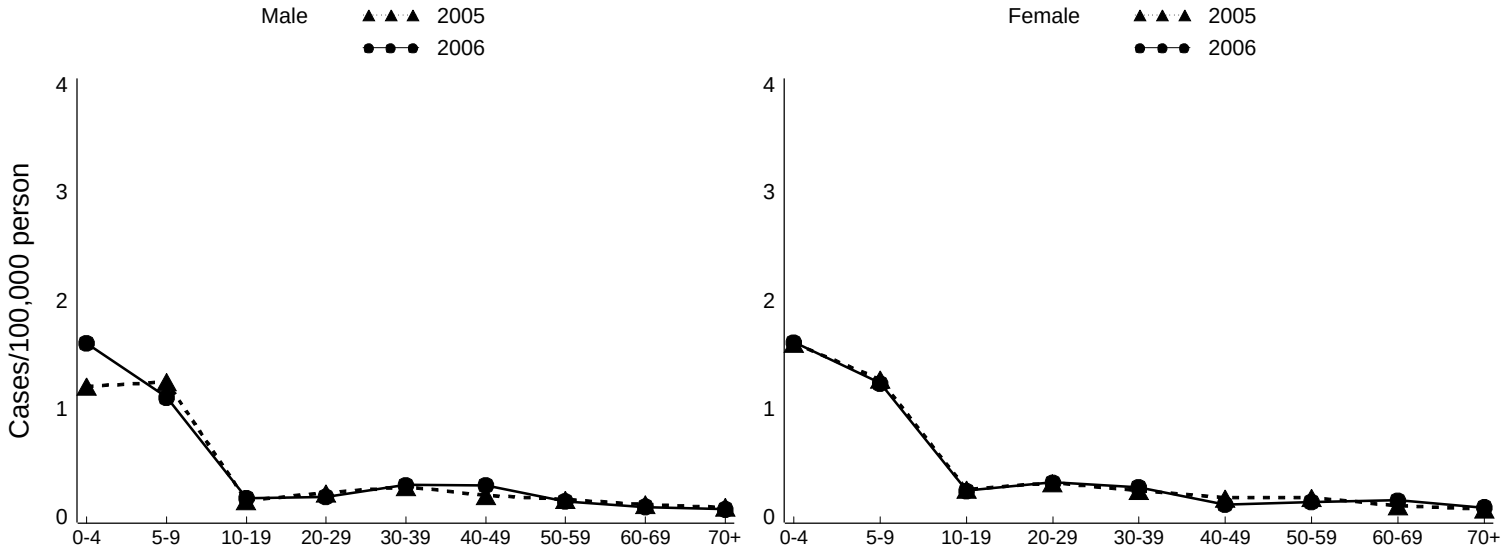


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	163	5.08	164	5.12	224	6.96
CO	92	3.56	44	1.70	79	3.25
CT	45	1.28	36	1.03	45	1.28
GA	601	6.62	317	3.49	534	6.14
MD	0	0.00	60	1.07	273	5.06
MN	93	1.81	60	1.17	137	2.74
NM	83	4.30	65	3.37	77	4.00
NY	38	0.88	38	0.88	74	1.87
OR	65	1.79	58	1.59	61	1.71
TN	103	1.73	448	7.51	222	4.15
ALL	1283	3.30	1290	2.90	1724	4.16

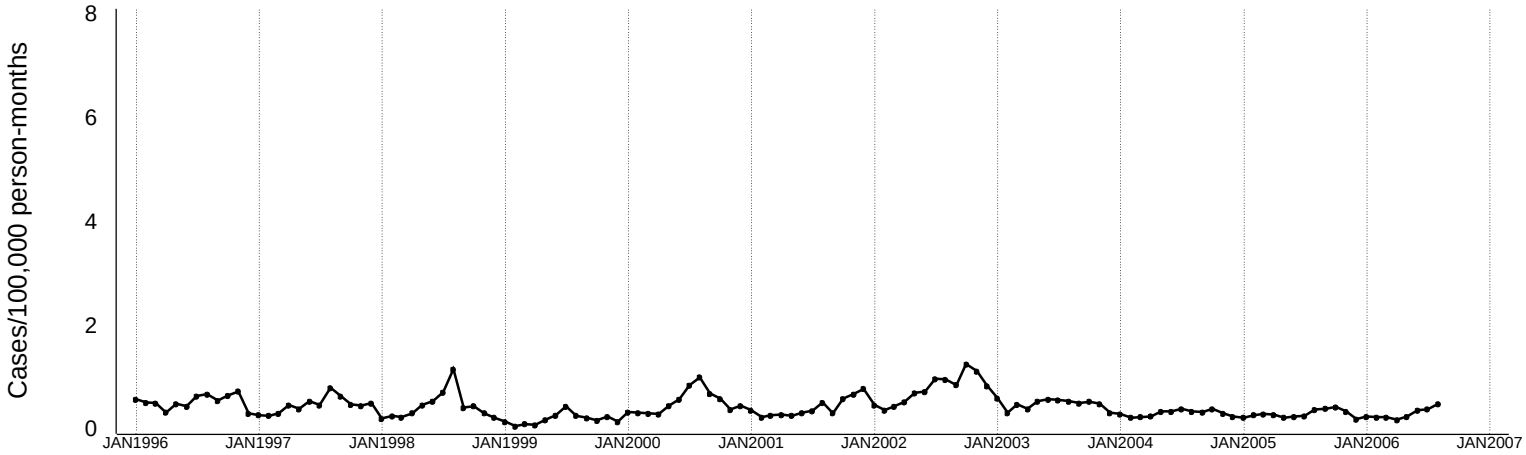
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

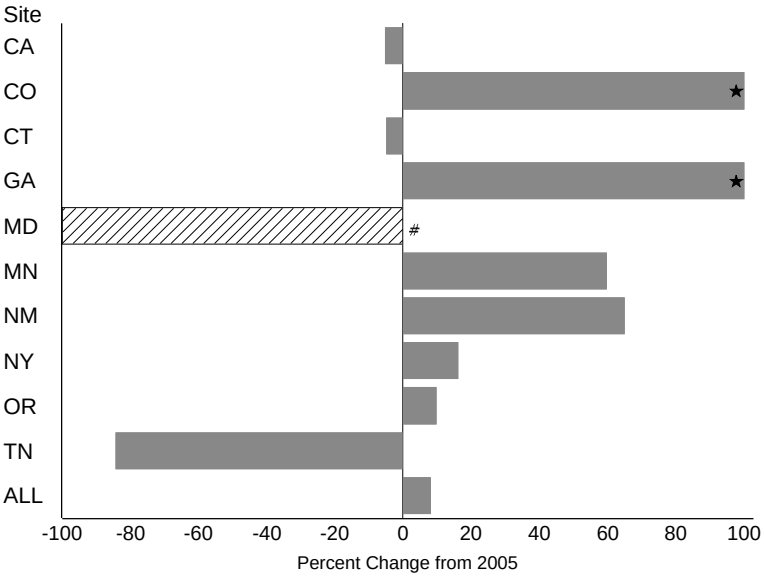


Shigella sonnei

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

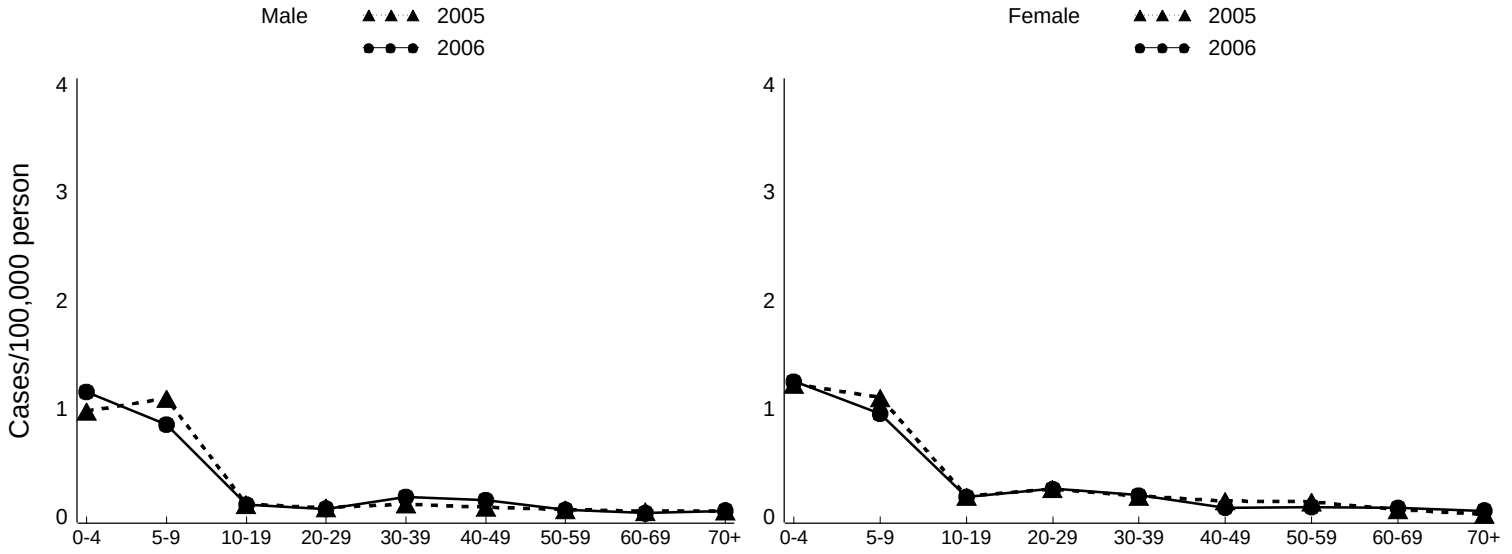


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	91	2.838	96	2.994	137	4.264
CO	60	2.320	27	1.044	55	2.253
CT	20	0.570	21	0.598	30	0.857
GA	469	5.169	225	2.480	430	4.948
MD	0	0.000	29	0.518	237	4.368
MN	67	1.305	42	0.818	114	2.278
NM	61	3.163	37	1.919	44	2.273
NY	29	0.673	25	0.580	65	1.615
OR	45	1.236	41	1.126	33	0.937
TN	66	1.107	418	7.010	192	3.502
ALL	908	2.333	961	2.161	1336	3.254

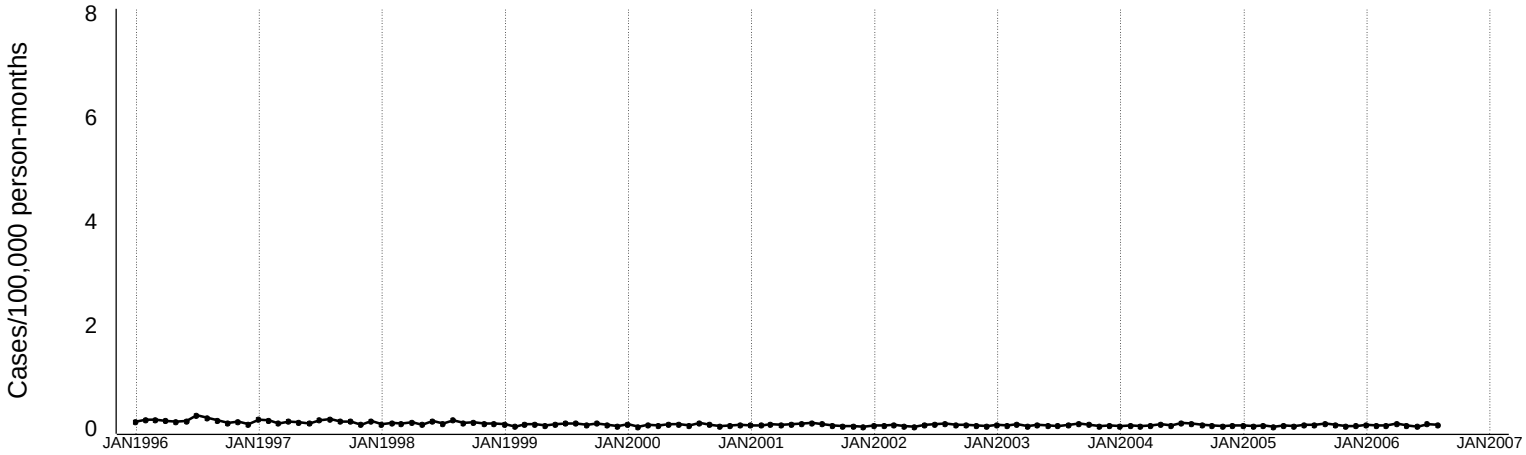
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

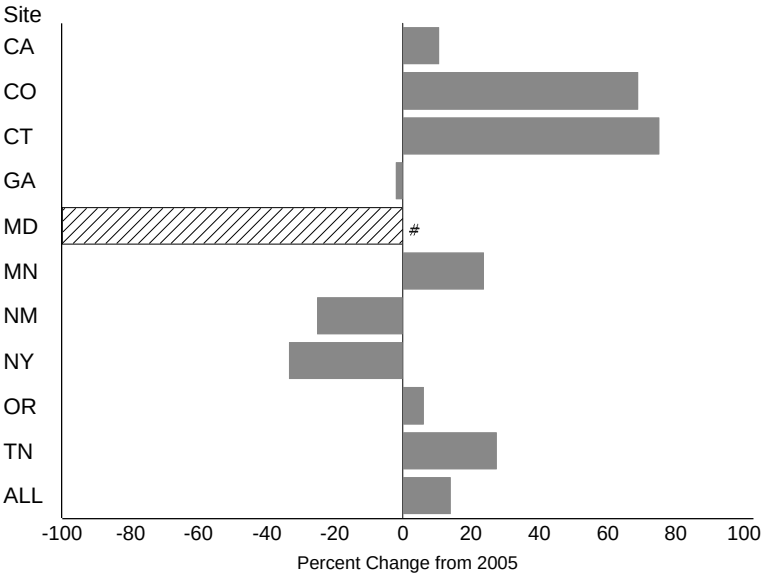


Shigella flexneri

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

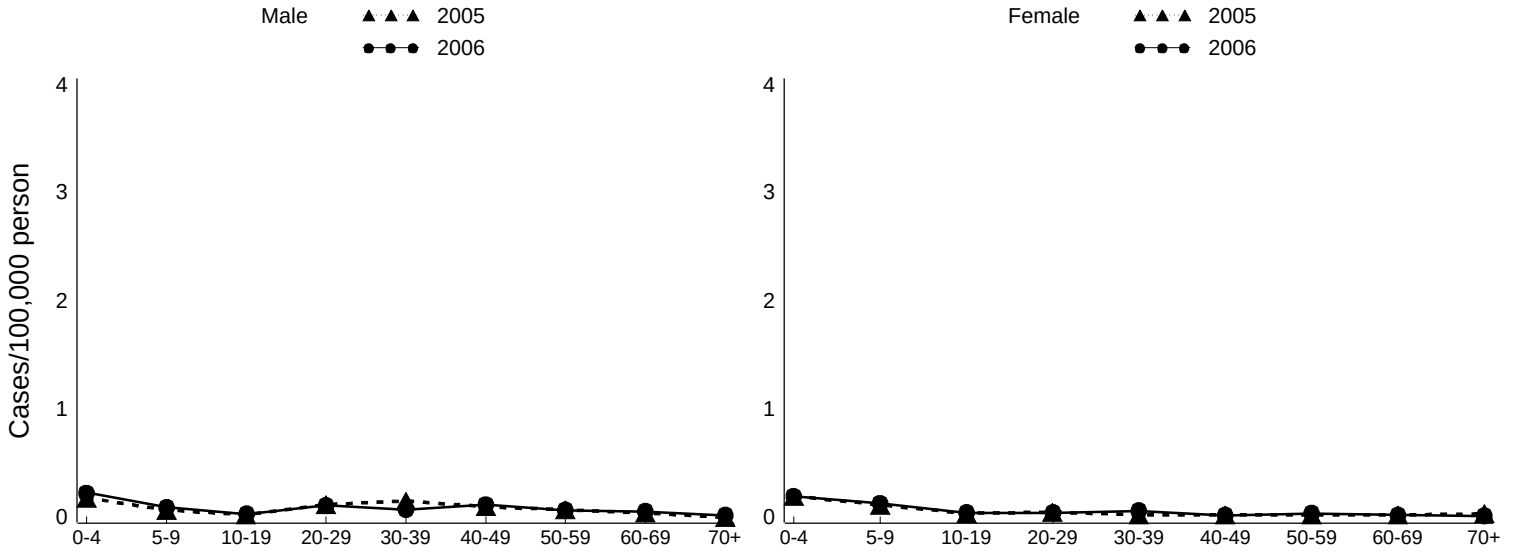


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	64	1.996	58	1.809	67	2.070
CO	27	1.044	16	0.619	20	0.806
CT	21	0.598	12	0.342	12	0.356
GA	48	0.529	49	0.540	53	0.613
MD	0	0.000	26	0.464	28	0.541
MN	21	0.409	17	0.331	19	0.376
NM	15	0.778	20	1.037	27	1.412
NY	6	0.139	9	0.209	7	0.205
OR	18	0.494	17	0.467	24	0.684
TN	14	0.235	11	0.184	11	0.244
ALL	234	0.601	235	0.528	268	0.622

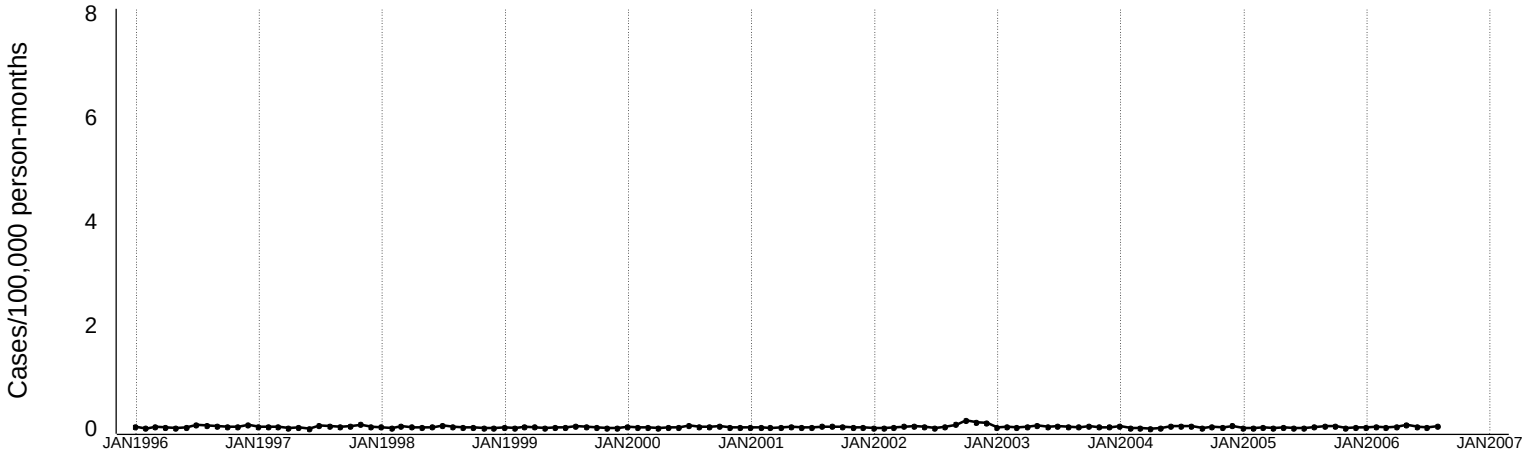
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

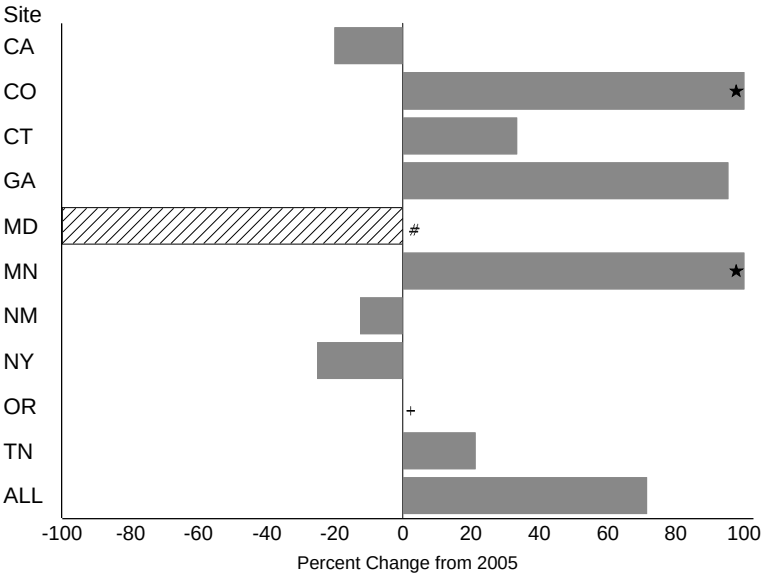


Shigella, all others

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

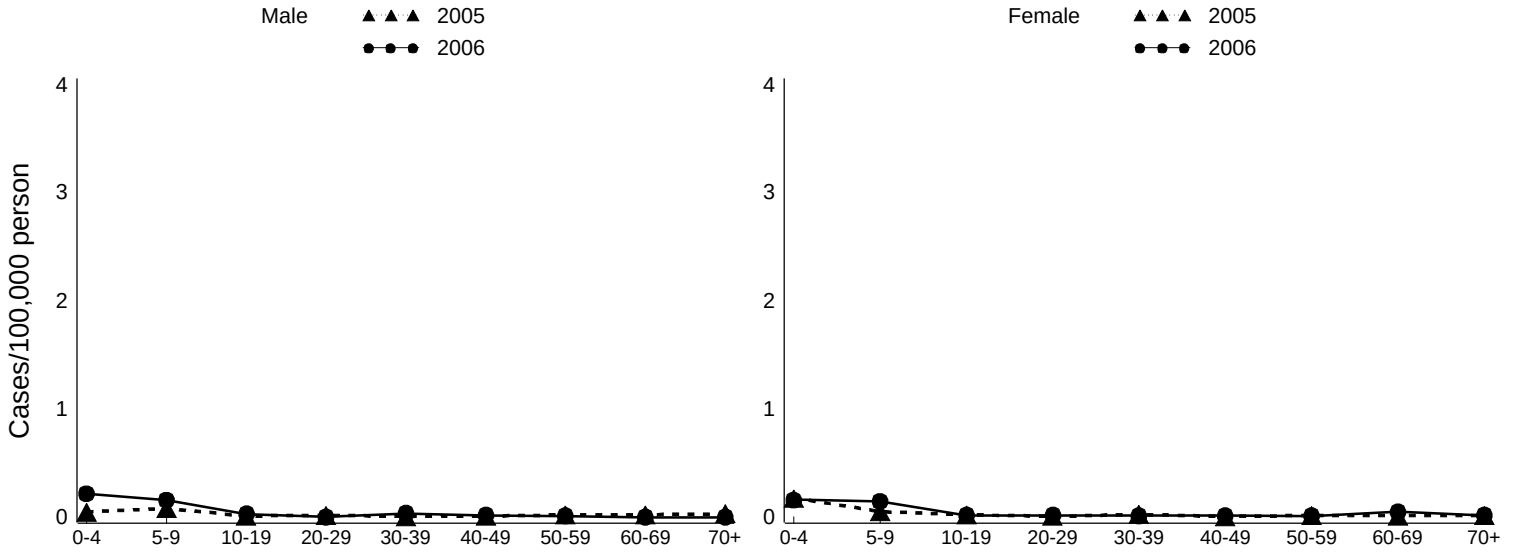


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	8	0.250	10	0.312	20	0.621
CO	5	0.193	1	0.039	4	0.187
CT	4	0.114	3	0.085	2	0.069
GA	84	0.926	43	0.474	50	0.578
MD	0	0.000	5	0.089	8	0.155
MN	5	0.097	1	0.019	4	0.084
NM	7	0.363	8	0.415	6	0.313
NY	3	0.070	4	0.093	2	0.047
OR	2	0.055	0	0.000	3	0.086
TN	23	0.386	19	0.319	20	0.408
ALL	141	0.362	94	0.211	120	0.287

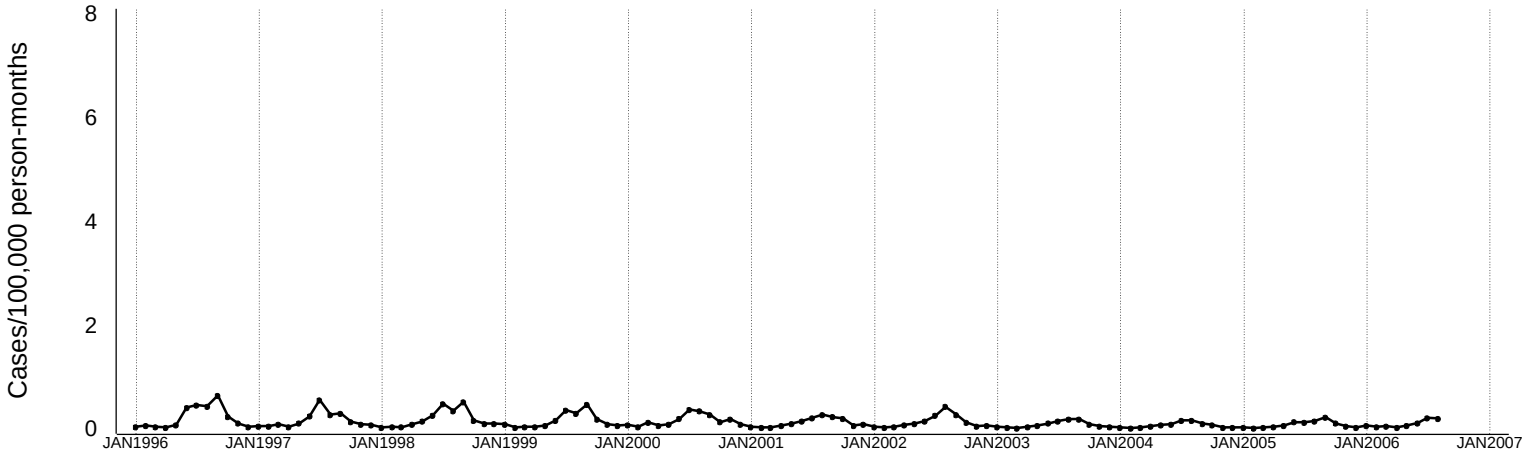
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

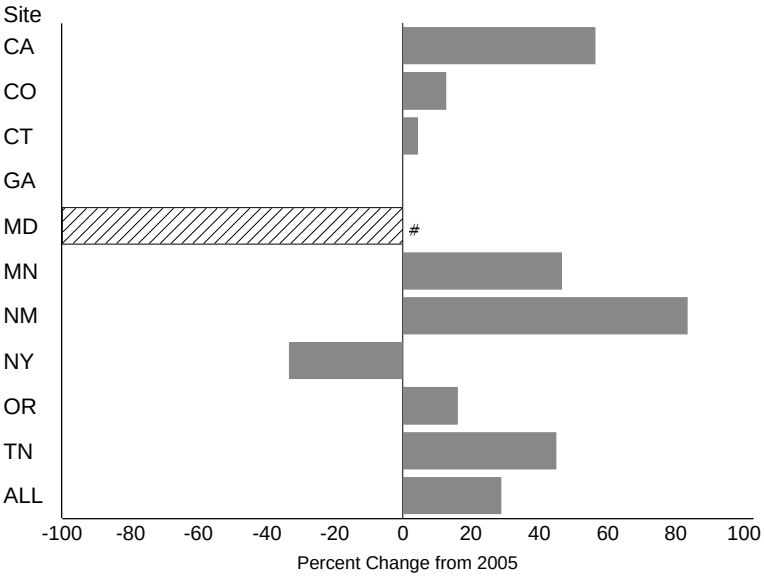


STEC O157

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

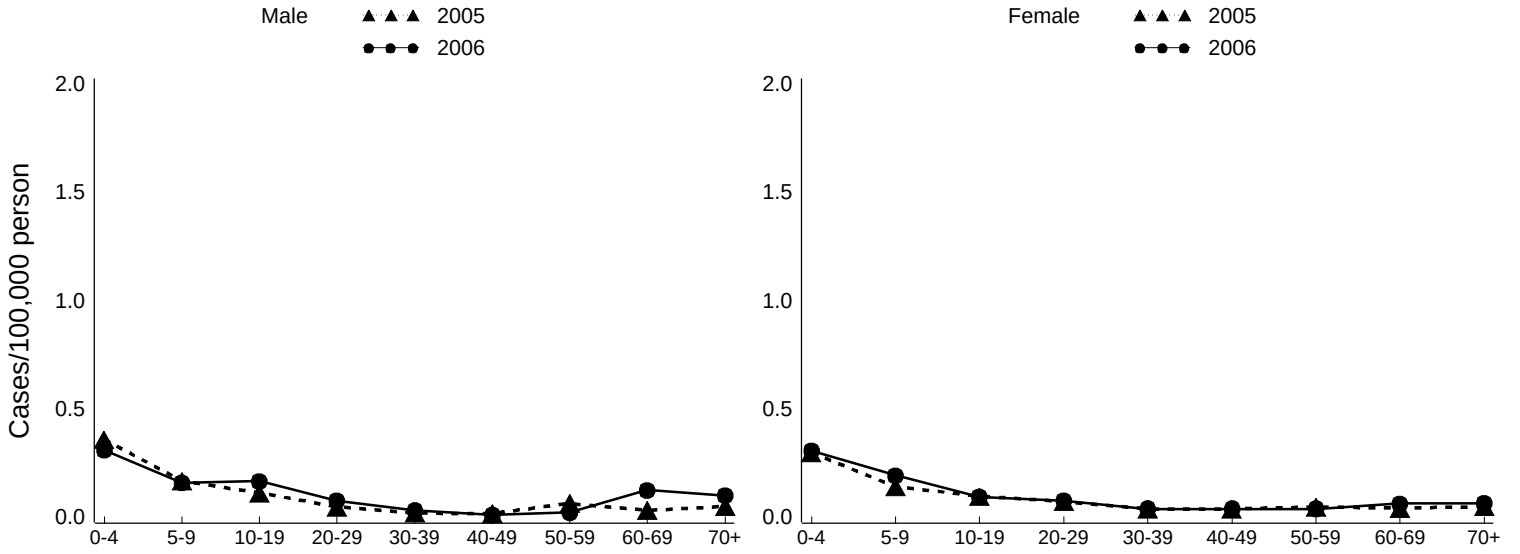


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	25	0.780	16	0.499	21	0.652
CO	18	0.696	16	0.619	27	1.101
CT	25	0.712	24	0.684	27	0.783
GA	23	0.254	23	0.254	22	0.258
MD	0	0.000	16	0.286	15	0.289
MN	82	1.598	56	1.091	91	1.796
NM	11	0.570	6	0.311	7	0.339
NY	30	0.696	45	1.045	34	0.964
OR	44	1.208	38	1.044	56	1.584
TN	55	0.922	38	0.637	27	0.591
ALL	313	0.804	278	0.625	327	0.807

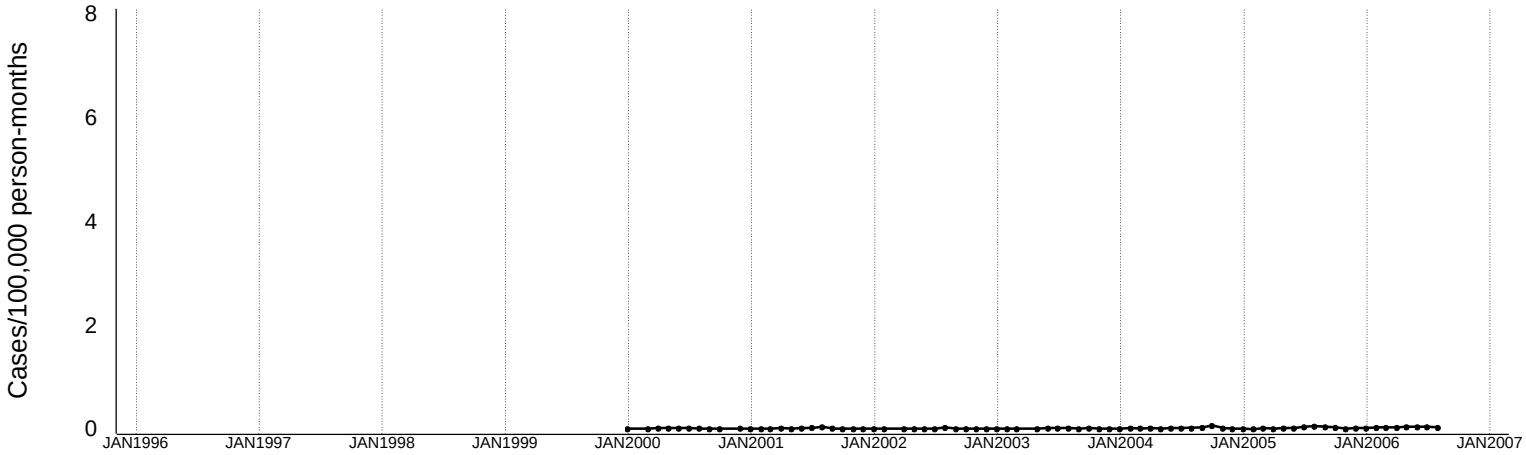
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

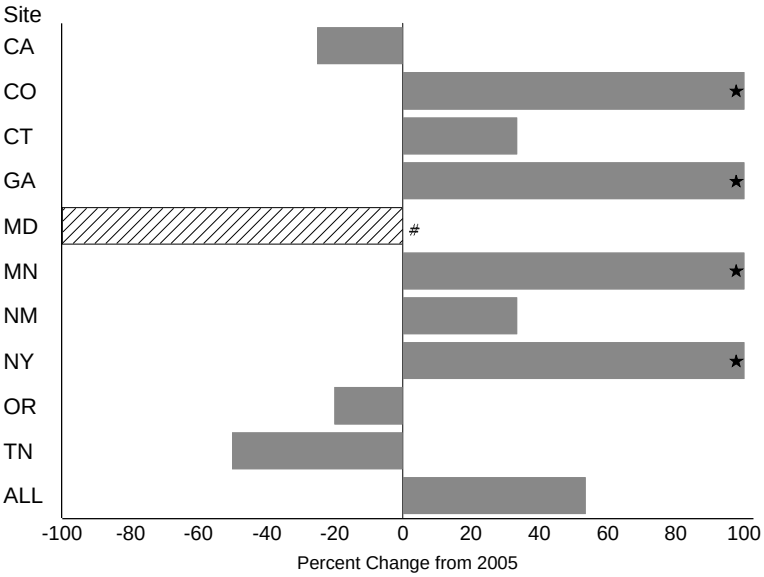


STEC Non-O157

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

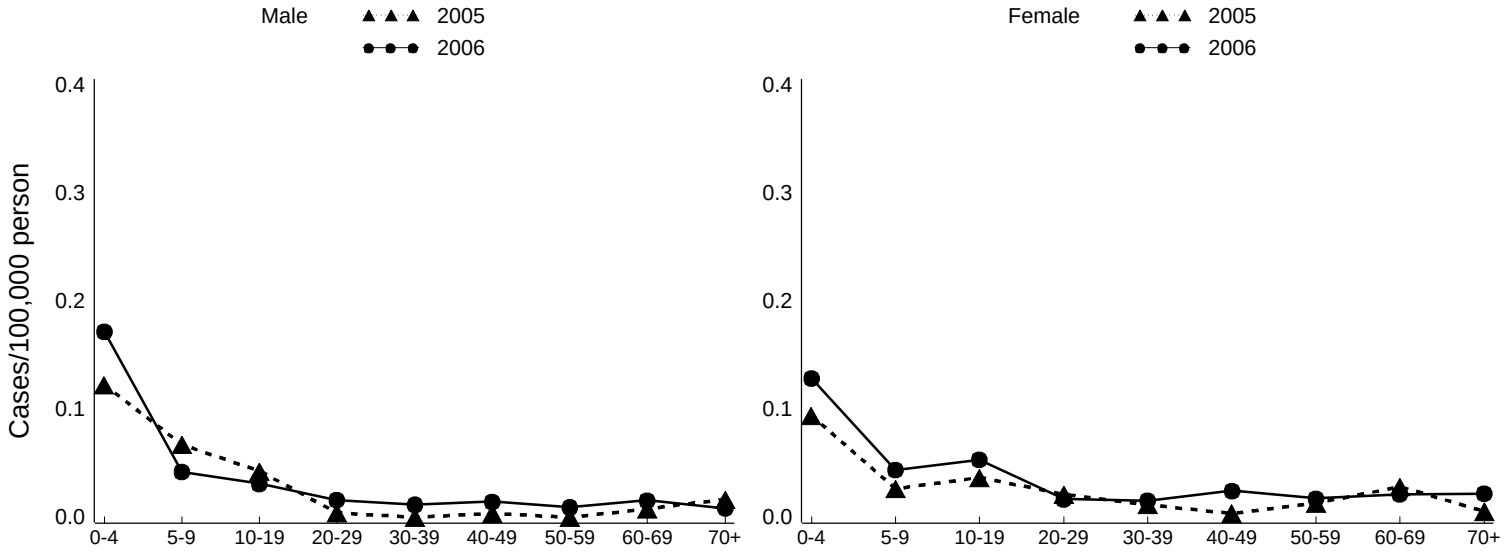


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	3	0.094	4	0.125	1	0.025
CO	8	0.309	2	0.077	2	0.076
CT	20	0.570	15	0.427	16	0.471
GA	9	0.099	3	0.033	3	0.037
MD	0	0.000	15	0.268	4	0.079
MN	36	0.701	18	0.351	13	0.253
NM	12	0.622	9	0.467	8	0.391
NY	13	0.302	6	0.139	2	0.047
OR	4	0.110	5	0.137	3	0.084
TN	1	0.017	2	0.034	1	0.014
ALL	106	0.272	79	0.178	53	0.117

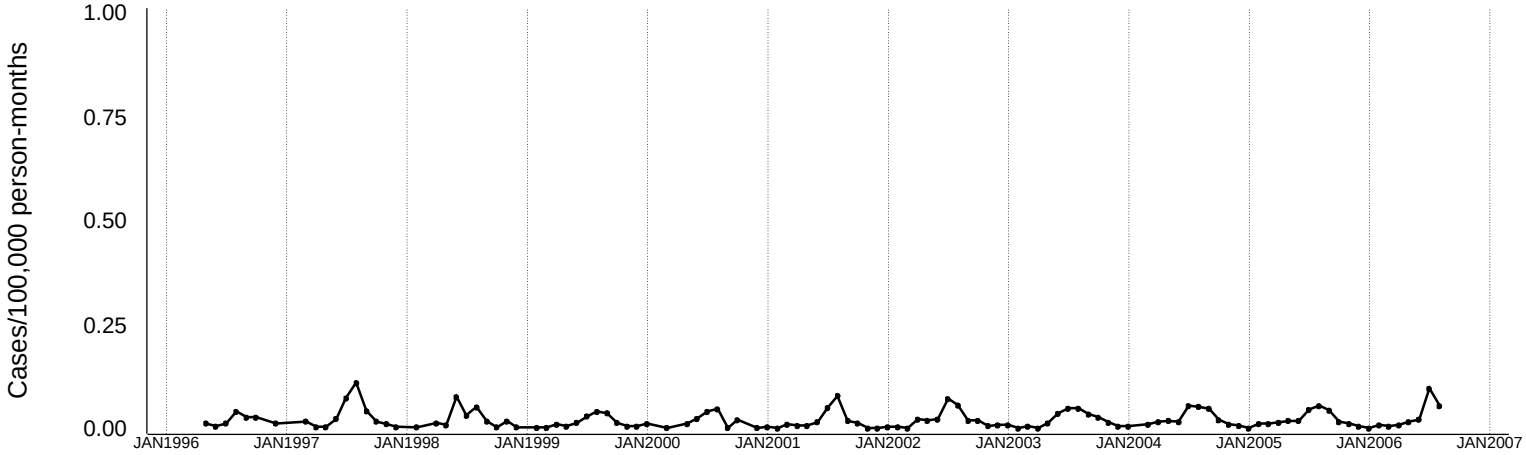
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

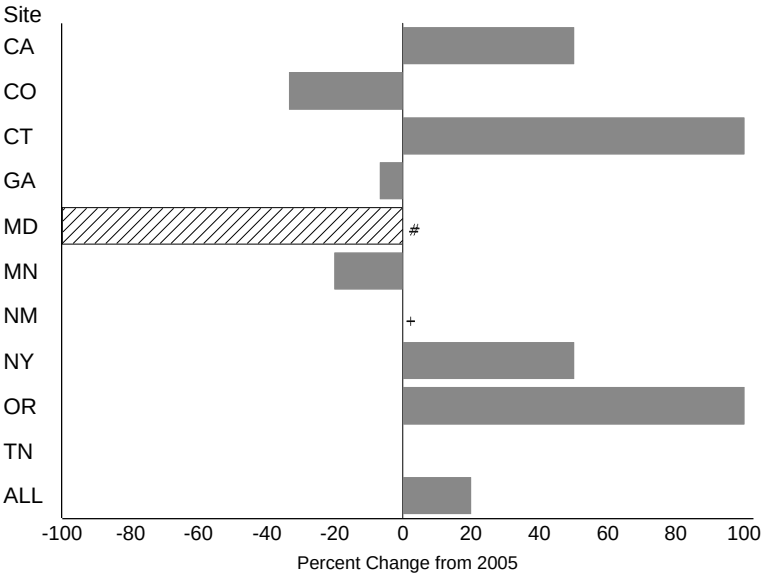


Vibrio, all species

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

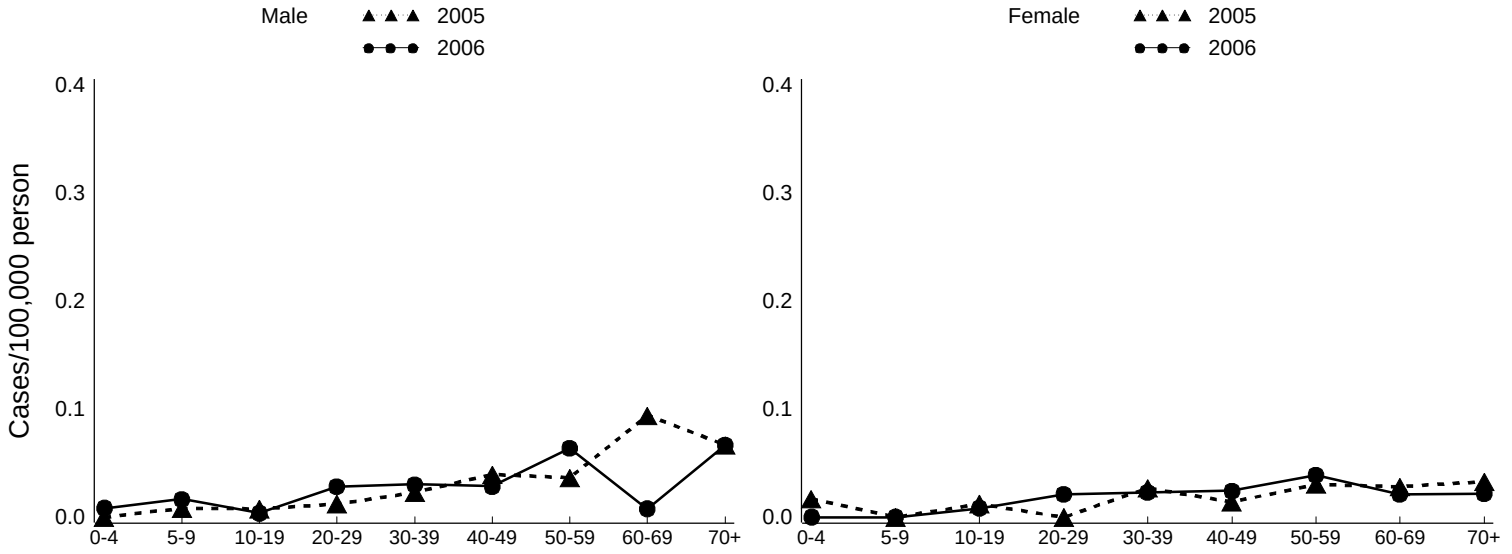


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	27	0.842	18	0.561	12	0.373
CO	4	0.155	6	0.232	4	0.147
CT	16	0.456	8	0.228	8	0.230
GA	14	0.154	15	0.165	17	0.198
MD	0	0.000	18	0.321	17	0.326
MN	4	0.078	5	0.097	4	0.071
NM	1	0.052	0	0.000	1	0.026
NY	9	0.209	6	0.139	4	0.106
OR	10	0.275	5	0.137	6	0.174
TN	3	0.050	3	0.050	5	0.114
ALL	88	0.226	84	0.189	77	0.189

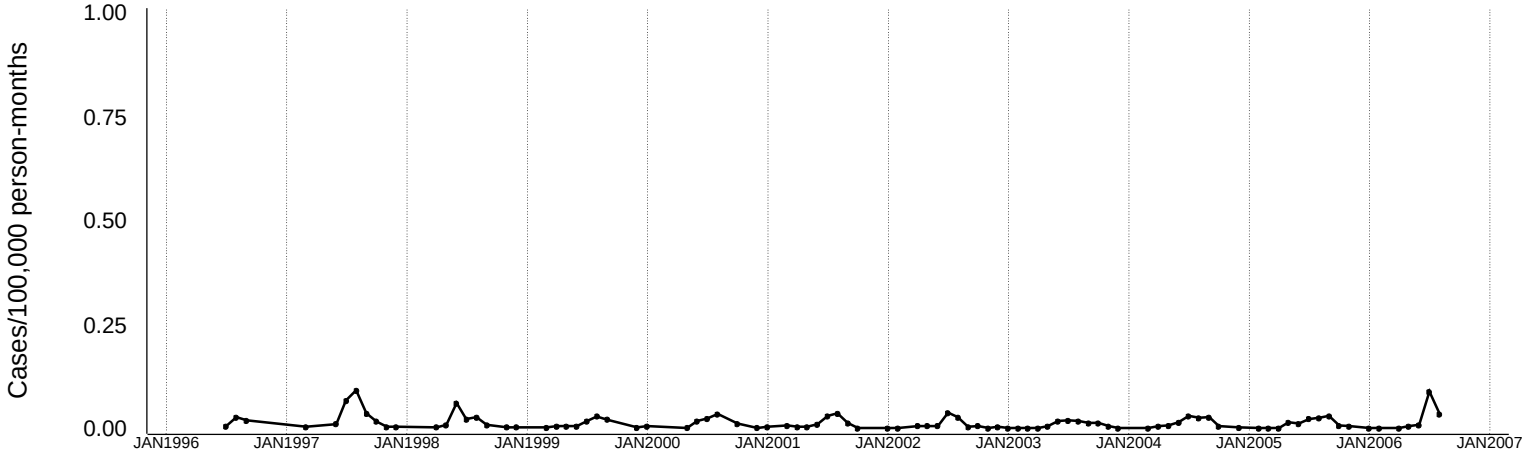
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

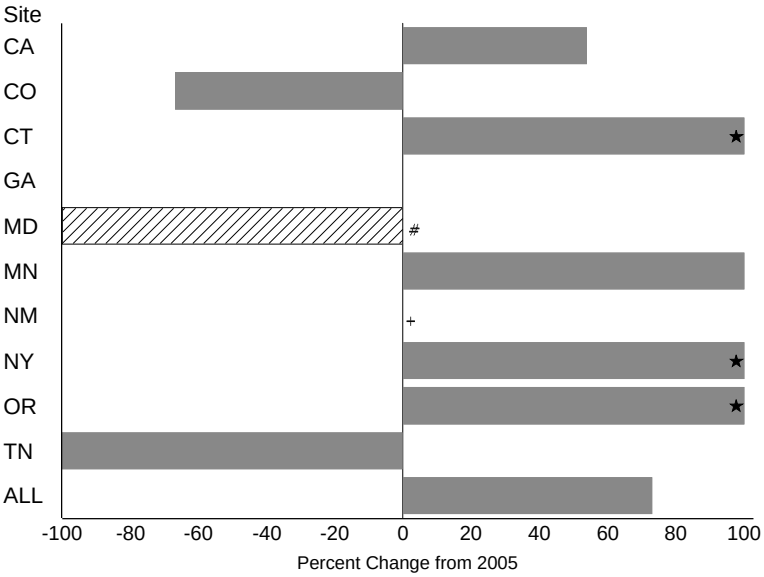


Vibrio parahaemolyticus

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

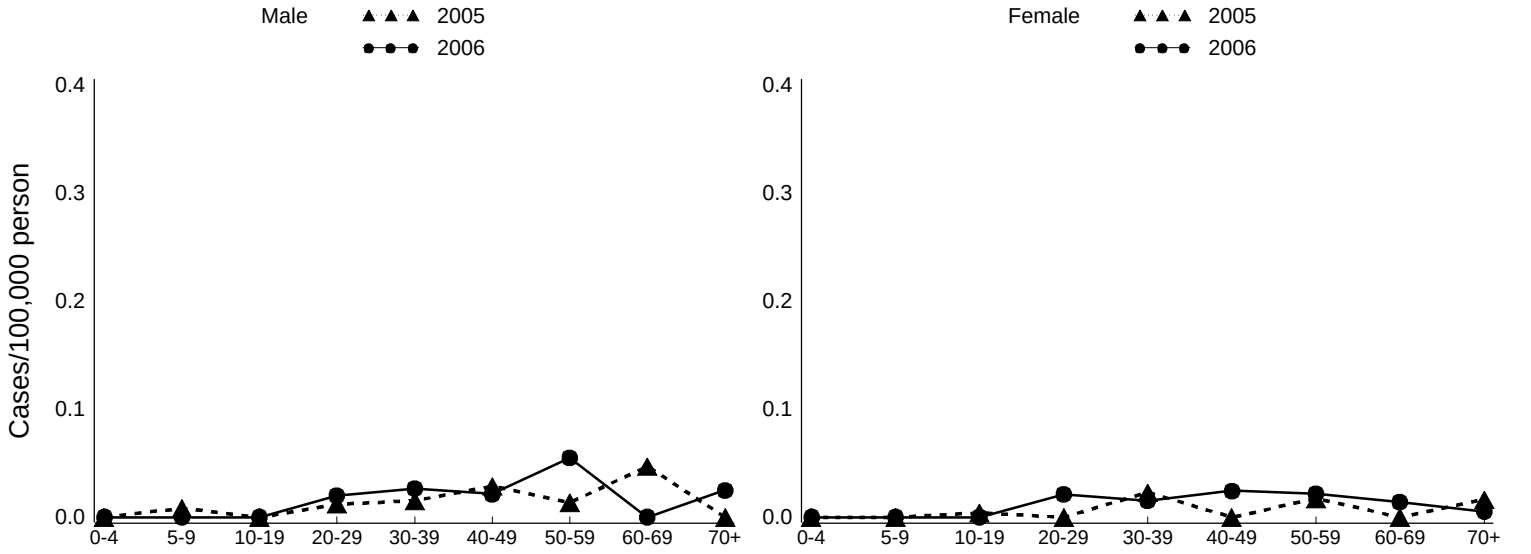


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	20	0.624	13	0.405	9	0.274
CO	2	0.077	6	0.232	3	0.114
CT	14	0.399	3	0.085	5	0.133
GA	4	0.044	4	0.044	4	0.051
MD	0	0.000	6	0.107	7	0.140
MN	2	0.039	1	0.019	1	0.024
NM	0	0.000	0	0.000	1	0.026
NY	7	0.162	2	0.046	1	0.036
OR	10	0.275	3	0.082	5	0.129
TN	0	0.000	1	0.017	2	0.038
ALL	59	0.152	39	0.088	38	0.092

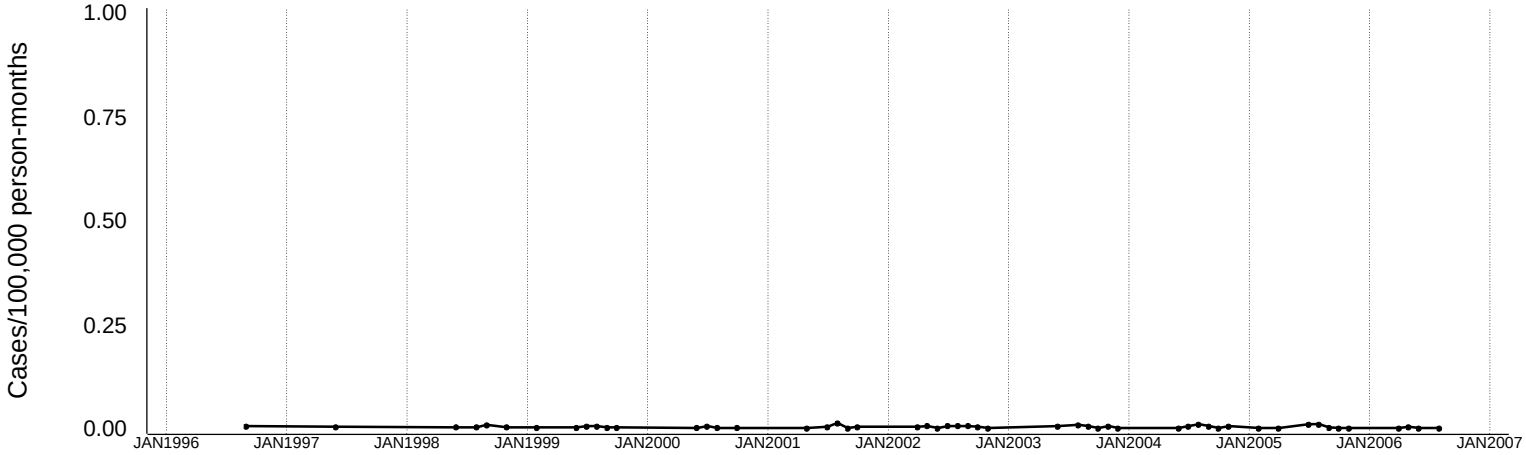
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

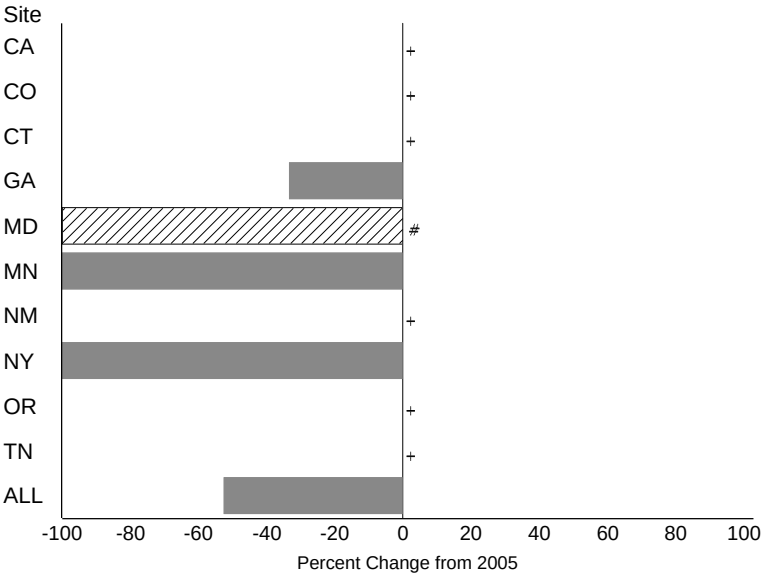


Vibrio vulnificus

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

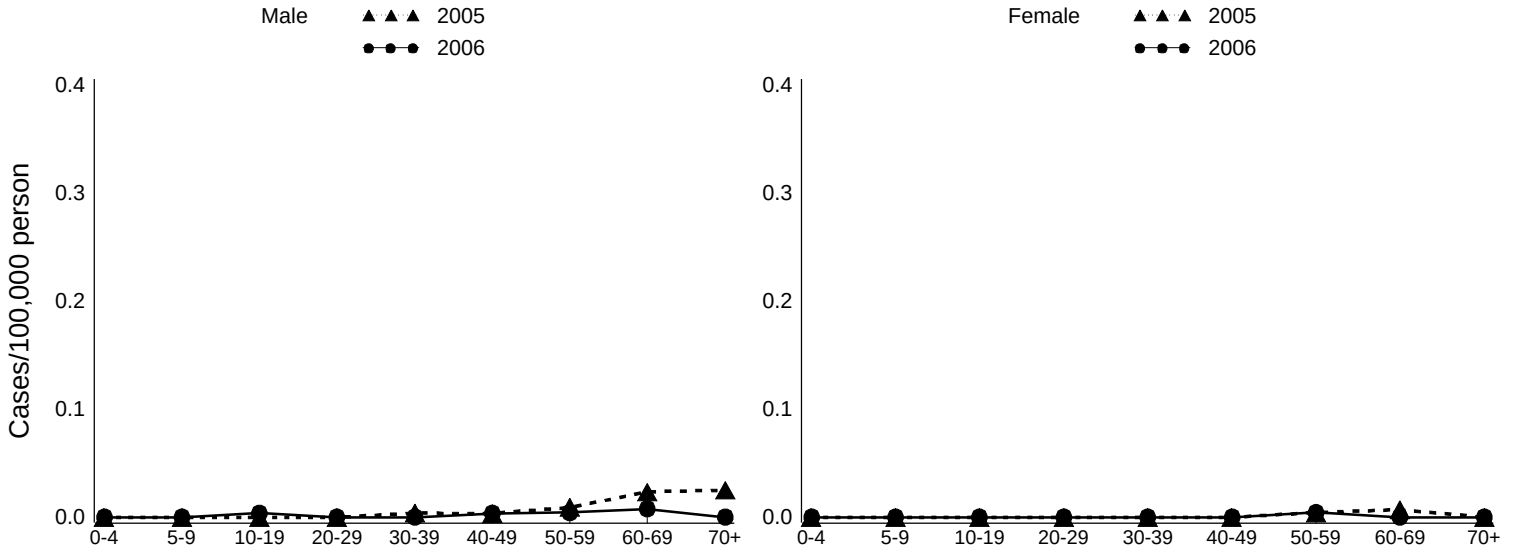


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	0	0.000	0	0.000	0	0.006
CO	0	0.000	0	0.000	0	0.000
CT	1	0.028	0	0.000	0	0.000
GA	2	0.022	3	0.033	3	0.035
MD	0	0.000	6	0.107	5	0.085
MN	0	0.000	1	0.019	0	0.004
NM	1	0.052	0	0.000	0	0.000
NY	0	0.000	2	0.046	0	0.009
OR	0	0.000	0	0.000	0	0.006
TN	1	0.017	0	0.000	1	0.031
ALL	5	0.013	12	0.027	10	0.024

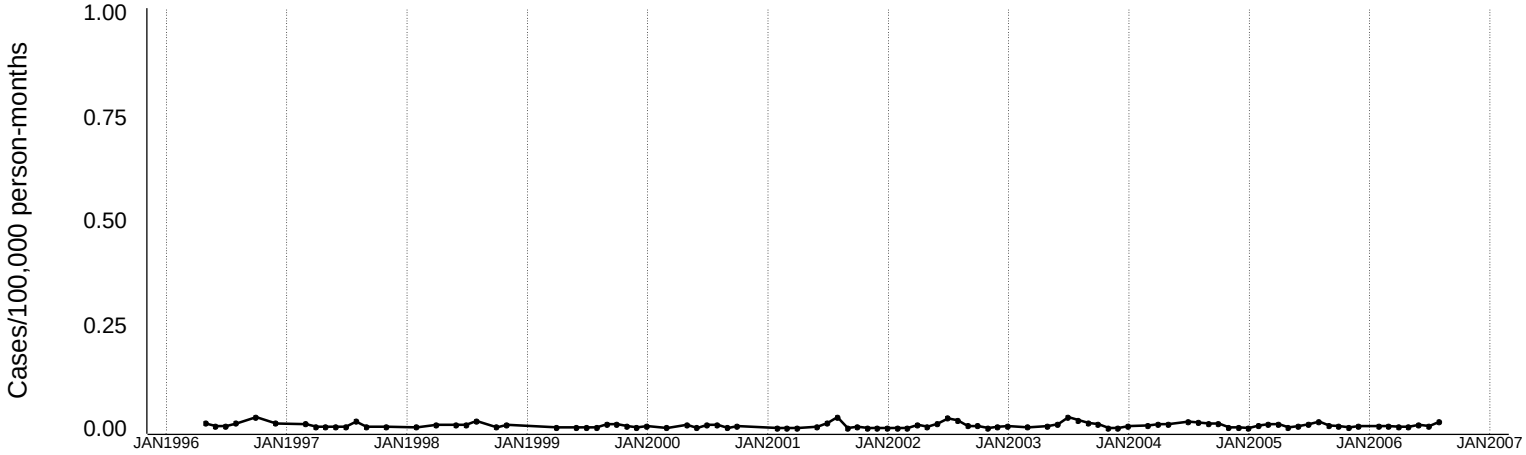
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

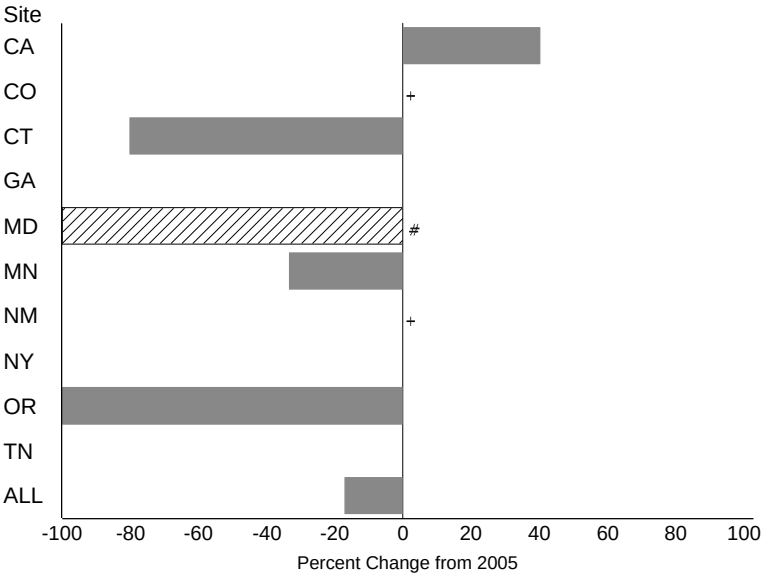


Vibrio, all others

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

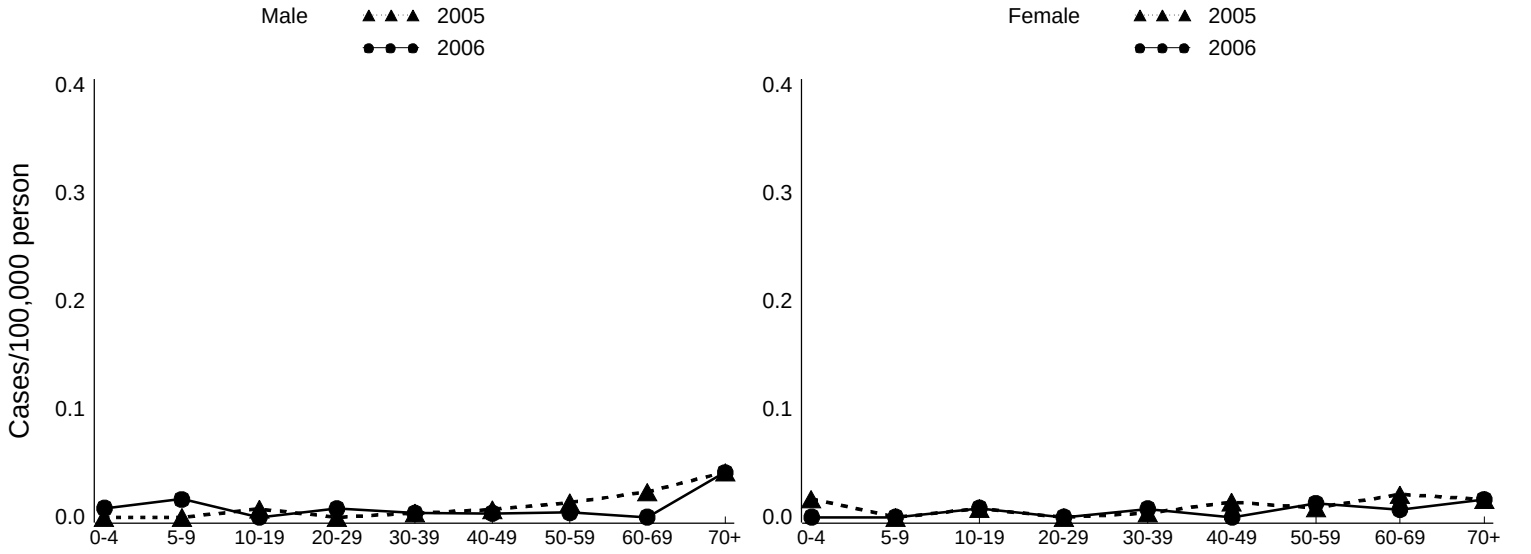


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	7	0.218	5	0.156	3	0.093
CO	2	0.077	0	0.000	1	0.033
CT	1	0.028	5	0.142	3	0.098
GA	8	0.088	8	0.088	10	0.113
MD	0	0.000	6	0.107	5	0.101
MN	2	0.039	3	0.058	2	0.043
NM	0	0.000	0	0.000	0	0.000
NY	2	0.046	2	0.046	2	0.060
OR	0	0.000	2	0.055	1	0.039
TN	2	0.034	2	0.034	2	0.044
ALL	24	0.062	33	0.074	30	0.074

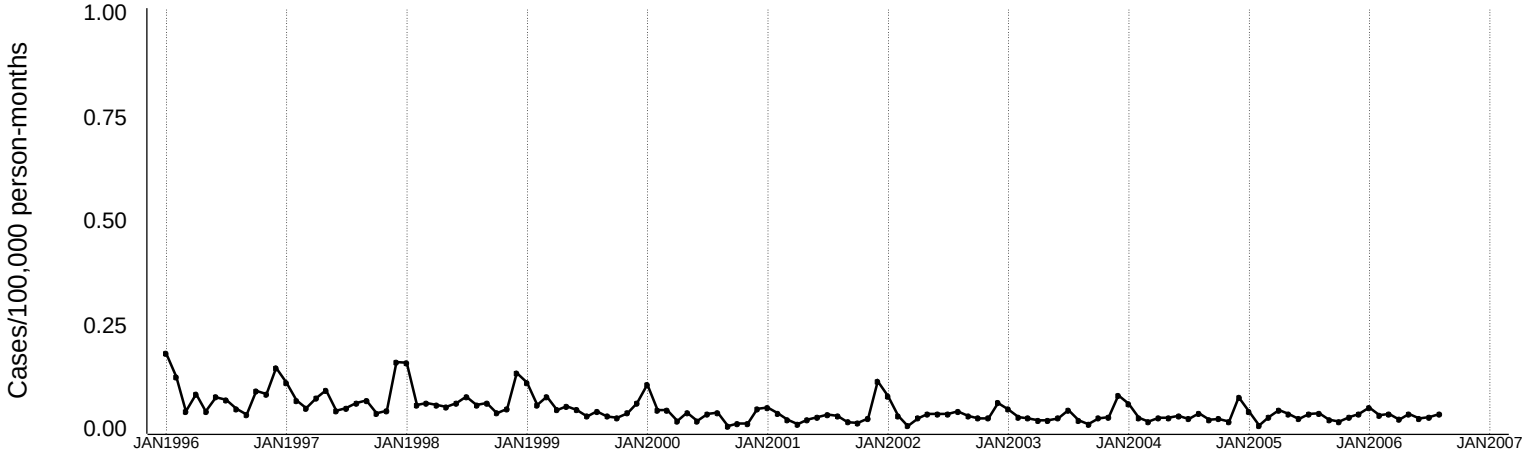
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

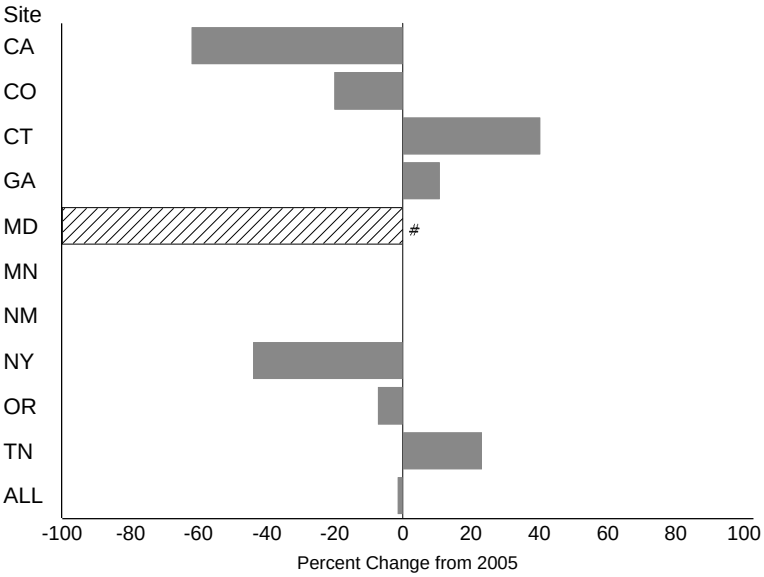


Yersinia

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

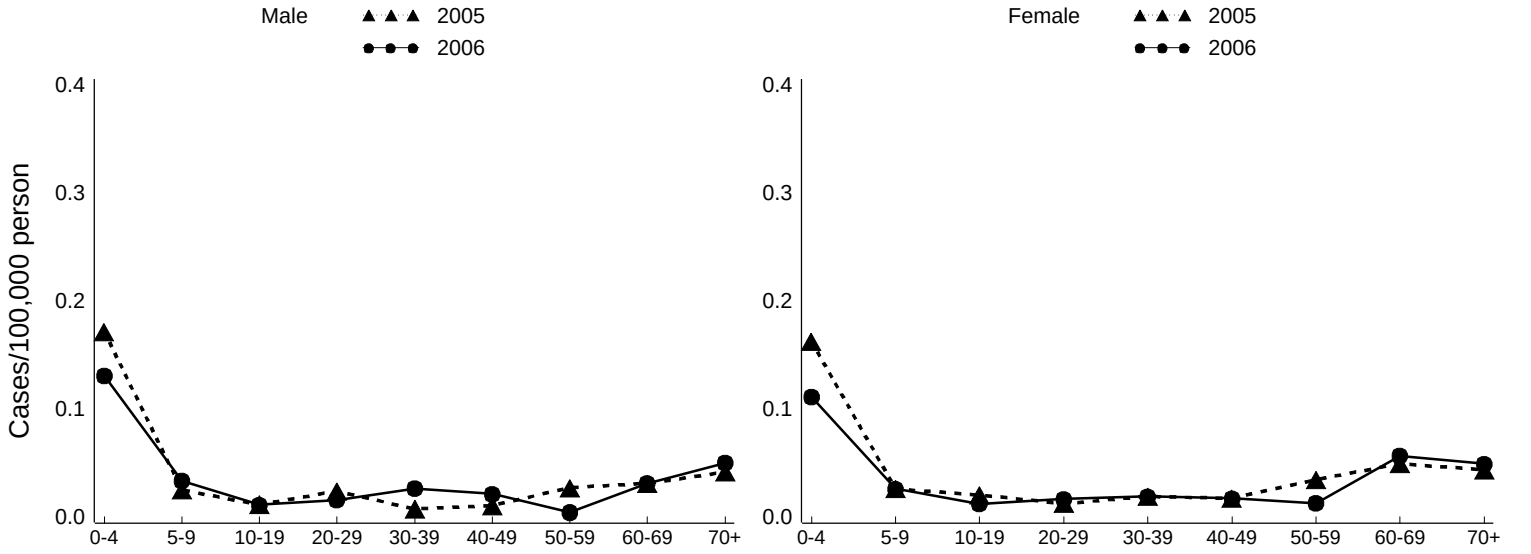


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	8	0.250	21	0.655	15	0.460
CO	4	0.155	5	0.193	5	0.217
CT	14	0.399	10	0.285	10	0.293
GA	21	0.231	19	0.209	23	0.262
MD	0	0.000	3	0.054	7	0.129
MN	13	0.253	13	0.253	13	0.261
NM	2	0.104	2	0.104	2	0.078
NY	9	0.209	16	0.371	10	0.268
OR	13	0.357	14	0.385	9	0.258
TN	16	0.268	13	0.218	12	0.271
ALL	100	0.257	116	0.261	106	0.258

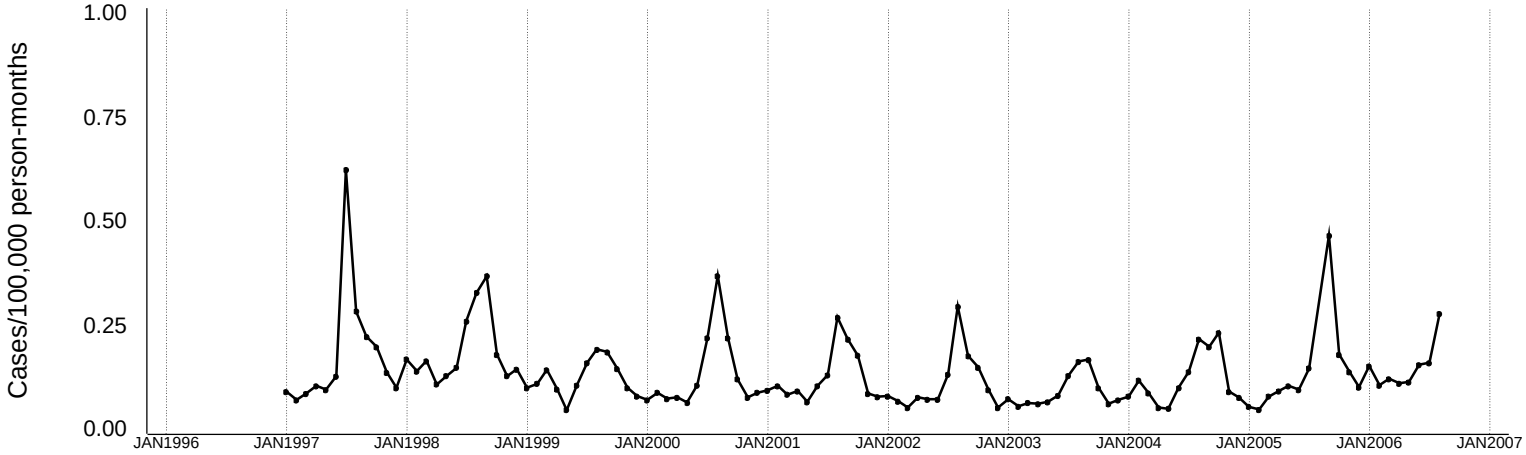
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

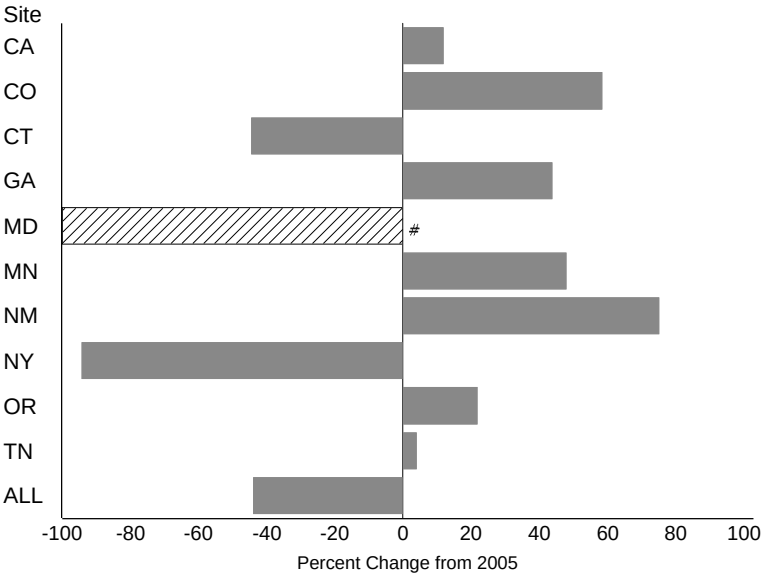


Cryptosporidium

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

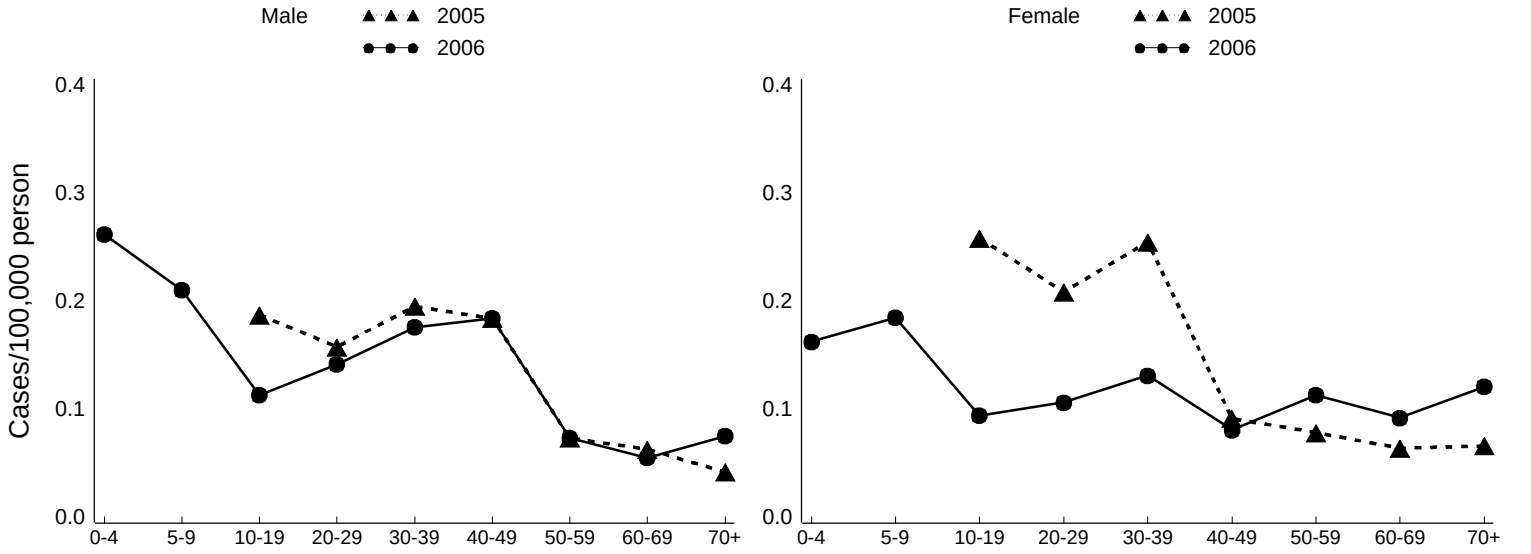


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	38	0.678	34	0.607	30	0.572
CO	19	0.735	12	0.464	13	0.511
CT	20	0.570	36	1.026	19	0.539
GA	125	1.378	87	0.959	90	1.036
MD	0	0.000	18	0.321	15	0.291
MN	136	2.650	92	1.792	108	2.134
NM	14	0.726	8	0.415	10	0.496
NY	34	0.789	583	13.53	133	3.164
OR	45	1.236	37	1.016	28	0.797
TN	27	0.453	26	0.436	23	0.470
ALL	458	1.177	933	2.098	468	1.082

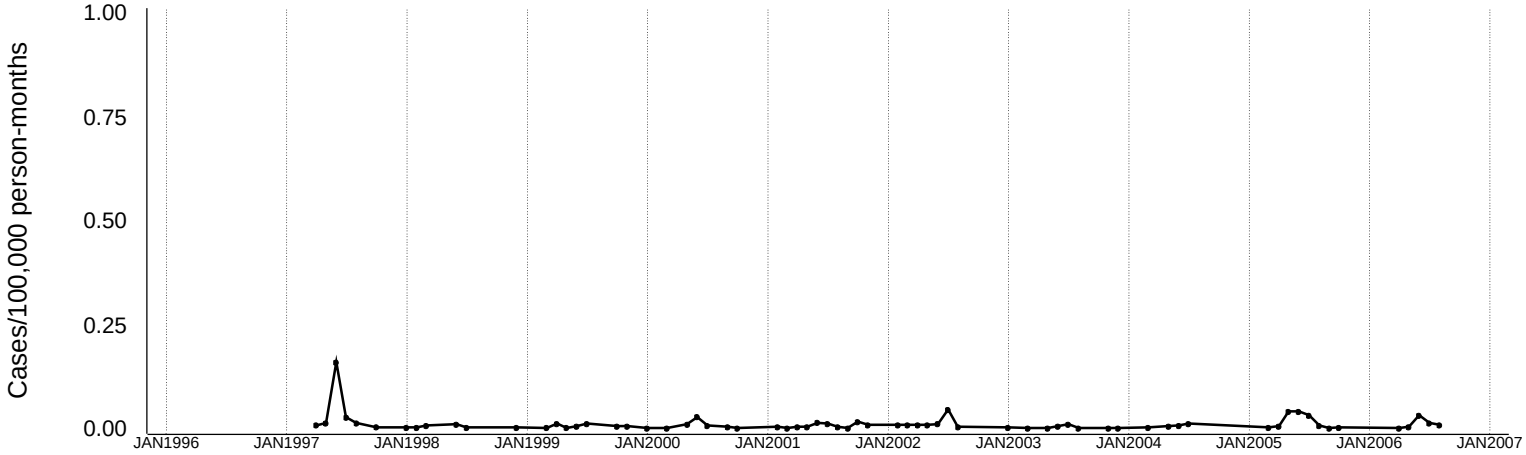
*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex

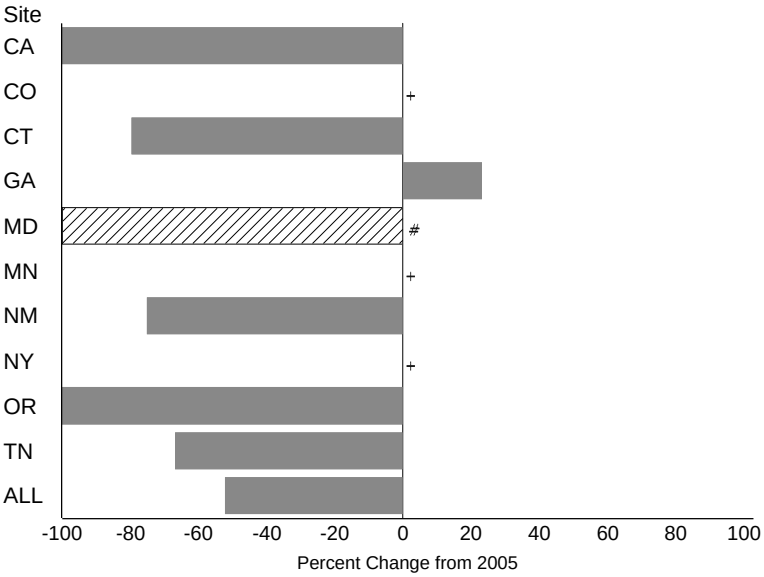


Cyclospora

Incidence rate of culture-confirmed infections, FoodNet sites, January 1996-August 2006



Calendar year through August: Percent change in rates between 2005 and 2006 by site

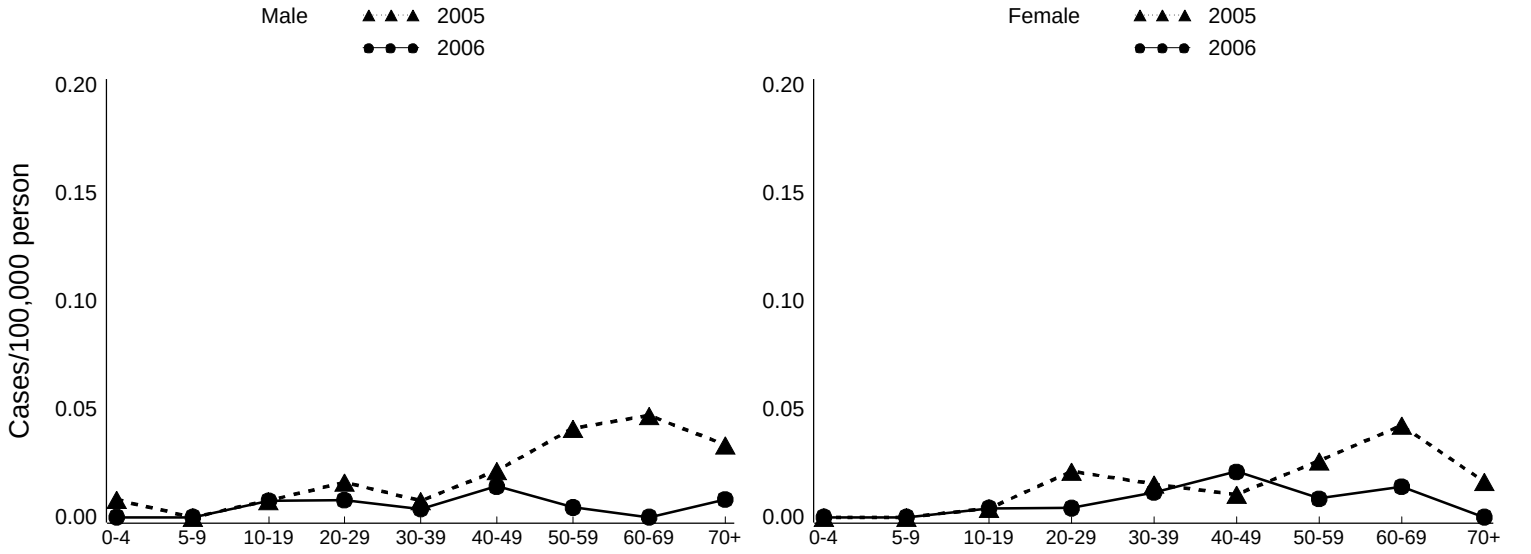


* Change exceeds 100%, +Percent increase cannot be calculated because 2005 rate is 0
\# Note: 2006 MD data entered but not available at CDC due to NEDSS PAM malfunction

	2006		2005		5 year mean*	
Site	Cases	Rate^	Cases	Rate^	Cases	Rate^
CA	0	0.000	1	0.018	1	0.014
CO	0	0.000	0	0.000	1	0.023
CT	7	0.199	34	0.969	11	0.315
GA	16	0.176	13	0.143	12	0.143
MD	0	0.000	3	0.054	1	0.025
MN	1	0.019	0	0.000	0	0.000
NM	1	0.052	4	0.207	2	0.104
NY	0	0.000	0	0.000	2	0.052
OR	0	0.000	4	0.110	1	0.022
TN	1	0.017	3	0.050	1	0.017
ALL	26	0.067	62	0.139	32	0.072

*year 2001-2005 except for NM (2004-2005)
^cases/100,000 person

Calendar year through August: Rates for 2005 and 2006 by age group and sex



Comparison of FoodNet 2005 and 2006 Incidence Rates without Maryland cases, data through August 2006

Pathogen	2005 count w/o MD	2006 count w/o MD	2005 rate w/o MD	2006 rate w/o MD	p-values	Comparison of 2006 rate to 2005 rate
Campylobacter	3773	3472	9.70	8.92	0.0004	Decrease
Listeria	72	74	0.19	0.19	0.9341	
Salmonella, all serotypes	3770	3587	9.69	9.22	0.0096	Decrease
S. Typhimurium	729	621	1.87	1.60	0.0033	Decrease
S. Enteritidis	620	550	1.59	1.41	0.0408	Decrease
S. Newport	297	235	0.76	0.60	0.0072	Decrease
S. Heidelberg	226	133	0.58	0.34	0.0000	Decrease
S. Javiana	150	121	0.39	0.31	0.0785	
Salmonella, all others	1748	1927	4.49	4.95	0.0033	Increase
Shigella, all species	1230	1283	3.16	3.30	0.2996	
Shigella sonnei	932	908	2.40	2.33	0.5759	
Shigella flexneri	209	234	0.54	0.60	0.2541	
Shigella, all others	89	141	0.23	0.36	0.0006	Increase
E. coli O157	262	313	0.67	0.80	0.0335	Increase
STEC non-O157	64	106	0.16	0.27	0.0013	Increase
Vibrio, all	66	88	0.17	0.23	0.0769	
V. parahaemolyticus	33	59	0.08	0.15	0.0067	Increase
V. vulnificus	6	5	0.02	0.01	0.7744	
Vibrio, all others	27	24	0.07	0.06	0.6678	
Yersinia	113	100	0.29	0.26	0.3742	
Cryptosporidium	915	458	2.35	1.18	0.0000	Decrease
Cyclospora	59	26	0.15	0.07	0.0003	Decrease

*cases/100,000 persons

Those highlighted show significant difference between 2005 and 2006 rates.

Presumed Community-Acquired C. difficile Surveillance - October update

State	Number of *C. difficile* toxin+ cases	Number of presumed CA *C. difficile* toxin+ cases	Number (%) of presumed CA *C. difficile* toxin+ case report forms	Number (%) of presumed CA *C. difficile* toxin+ stool cultured	Number (%) of presumed CA *C. difficile* toxin+ specimens culture positive	Number (%) of culture positive presumed CA *C. difficile* toxin+ specimens sent to CDC	Number (%) confirmed by CDC
CA*	755	13	13 100%	13 100%	9 69%	9 100%	5 56%
CO	Began September 1st						
CT*	173	22	22 100%	22 100%	9 41%	0 0%	- -
GA*	-	30	30 100%	23 77%	12 52%	12 100%	10 83%
MD*	-	14	0 0%	0 0%	- -	- -	- -
MN*	-	21	20 95%	21 100%	11 52%	0 0%	- -
NM	9	-	- -	- -	- -	- -	- -
NY*	111	24	23 96%	0 0%	- -	- -	- -
OR	17	-	- -	- -	- -	- -	- -
TN*	105	15	15 100%	15 100%	7 47%	0 0%	- -
total	**1170**	**139**	**123** 88%	**94 68%**	**48 51%**	**21 44%**	**15 71%**

*Completed 3 month surveillance

2006 FoodNet and NARMS Linking Data

Total NARMS Isolates in FoodNet Catchment / Total Cases Reported to FoodNet, 2006 (NARMS Sampling Percentages)

Isolate (Goal)	CA*		CO*		CT		GA		MD		MN		NM		NY*		OR		TN		ALL FN	
CAMPYLOBACTER	0 / 605	0%	0 / 342	0%	0 / 370	0%	0 / 377	0%	0 / 63	0%	0 / 660	0%	0 / 180	0%	0 / 359	0%	0 / 432	0%	0 / 283	0%	0 / 3671	0%
E. COLI O157 (5%)	1 / 25	4%	0 / 21	0%	1 / 25	4%	6 / 26	23%	0 / 2	0%	0 / 97	0%	1 / 13	8%	1 / 36	3%	11 / 56	20%	0 / 58	0%	21 / 359	6%
SALMONELLA (5%)	8 / 308	3%	0 / 267	0%	5 / 323	2%	11 / 1063	1%	2 / 84	2%	0 / 480	0%	8 / 165	5%	5 / 353	1%	5 / 273	2%	0 / 489	0%	44 / 3805	1%
SHIGELLA (5%)	0 / 172	0%	0 / 115	0%	1 / 45	2%	7 / 619	1%	1 / 26	4%	0 / 95	0%	1 / 83	1%	0 / 39	0%	2 / 71	3%	0 / 103	0%	12 / 1368	1%
TYPHI (100%)	5 / 13	38%	0 / 6	0%	1 / 1	100%	1 / 3	33%	0 / 2	0%	0 / 3	0%	0 / 1	0%	0 / 0	n/a	2 / 3	67%	0 / 1	0%	9 / 33	27%
VIBRIO (100%)	0 / 28	0%	0 / 4	0%	0 / 16	0%	1 / 15	7%	0 / 0	n/a	0 / 4	0%	0 / 1	0%	0 / 9	0%	0 / 10	0%	0 / 3	0%	1 / 90	1%

NARMS Cases Linked to FoodNet Cases / Total NARMS Isolates in FoodNet Catchment, 2006 (FoodNet-NARMS Linking Percentages)

Isolate (Goal)	CA*		CO*		CT		GA		MD		MN		NM		NY*		OR		TN		ALL FN	
CAMPYLOBACTER	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a
E. COLI O157 (100%)	1 / 1	100%	0 / 0	n/a	1 / 1	100%	4 / 6	67%	0 / 0	n/a	0 / 0	n/a	1 / 1	100%	1 / 1	100%	11 / 11	100%	0 / 0	n/a	19 / 21	90%
SALMONELLA (100%)	7 / 8	88%	0 / 0	n/a	4 / 5	80%	9 / 11	82%	1 / 2	50%	0 / 0	n/a	8 / 8	100%	4 / 5	80%	5 / 5	100%	0 / 0	n/a	38 / 44	86%
SHIGELLA (100%)	0 / 0	n/a	0 / 0	n/a	1 / 1	100%	7 / 7	100%	1 / 1	100%	0 / 0	n/a	1 / 1	100%	0 / 0	n/a	2 / 2	100%	0 / 0	n/a	12 / 12	100%
TYPHI (100%)	1 / 5	20%	0 / 0	n/a	1 / 1	100%	1 / 1	100%	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a	2 / 2	100%	0 / 0	n/a	5 / 9	56%
VIBRIO (100%)	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a	1 / 1	100%	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a	0 / 0	n/a	1 / 1	100%

*FoodNet catchment areas are not statewide.
Updated 10/4/06.
Note: All 2006 NARMS data received at CDC has not yet been entered.

Table 1. Summary of Foodborne Outbreaks with ≥ 2 ill, by FoodNet Site, 2006

(Data accessed October 2, 2006 (eFORS 2) PRELIMINARY DATA)

State	Outbreaks reported	2005 population	Rate/1,000,000 population	Median Number Ill	Known Etiology* No. (%)	Etiology (confirmed and suspected)	Known Vehicle** No. (%)	Restaurant-associated*** No. (%)
CA	10	3,228,717	3.10	12	5 (50)	Norovirus (4), *Salmonella* (1)	0 (-)	6 (60)
CO	15	2,507,484	5.98	13	14 (93)	*Campylobacter* unk (1), *Campylobacter* jejuni (1) Norovirus (10) *Salmonella* (1) Scrombroid (1)	7 (47)	9 (60)
CT	8	3,460,503	2.31	22	7 (88)	Norovirus (6), *C. perfringens* (1)	6(57)	6 (75)
GA	19	8,560,310	2.22	13	15 (79)	Norovirus (9), *Staph. aureus* (2) *Bacillus* (1), *C. perfringens* (1) *Salmonella* (2)	9(47)	12 (63)
MD	8	5,458,137	1.47	34	5(63)	Other viral (1), *Salmonella* (2) Norovirus (2)	2 (25)	3 (38)
MN	42	5,019,720	8.37	14	38 (90)	*C. perfringens* (3) Norovirus (26) Scrombroid (4) Salmonella (3) E. coli O157:H7 (1) *Cyclospora* (1)	23 (55)	28 (67)
NM	1	1,855,059	0.54	164	1 (100)	Norovirus (1)	0 (-)	0 (-)
NY	9	4,312,301	2.09	8	4 (44)	*Salmonella* (4)	1 (11)	2 (22)
OR	18	3,521,515	5.11	15	16 (89)	Norovirus (10), *Shigella sonnei* (1) *Salmonella* (2) Listeria (1) *V. parahaemolyticus*(1) *Campylobacter* jejuni (1)	9 (50)	8(44)
TN	19	5,797,289	3.28	22	11 (58)	Norovirus (4), *Salmonella* 3) E. coli O157:H7 (1)	3 (16)	12 (63)
Total	**149**	**43,721,035**	**3.41**	**17**	**116 (78)**		**60(40)**	**86(57)**
2005	**134**	**43,721,035**	**3.06**	**8**	**76 (57)**		**26 (19)**	**83 (62)**

*Known etiology- Confirmed and suspected etiologies
**Known vehicle- Any vehicle reported
***Restaurant-associated- Any outbreak where food item was prepared in a restaurant or deli

Table 2. Summary of Foodborne Outbreaks with ≥10 ill, by FoodNet Site, 2006

*** Data accessed October 2, 2006 (eFORS 2)**
*** 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	4	3,228,717	1.24	22	2 (50)	0 (-)	1 (25)
CO	8	2,507,484	3.19	20	8 (100)	5 (63)	7 (88)
CT	6	3,460,503	1.73	27	5 (83)	5 (83)	4 (67)
GA	7	8,560,310	0.82	29	7(100)	3 (43)	2 (29)
MD	4	5,458,137	0.73	63	4 (100)	0 (-)	1 (25)
MN	20	5,019,720	3.98	25	19 (95)	14 (70)	11 (55)
NM	1	1,855,059	0.54	164	1 (100)	0 (-)	0 (-)
NY	4	4,312,301	0.93	15	1 (25)	1 (25)	1 (25)
OR	10	3,521,515	2.84	22	10 (100)	6 (60)	6 (60)
TN	10	5,797,289	1.72	17	7 (70)	2 (20)	4 (40)
2006 Total	**74**	**43,721,035**	1.69	**36**	**64 (86)**	**36(49)**	**37(50)**
2005	**59**	**43,721,035**	**1.35**	**23**	**39 (66)**	**14 (24)**	**36 (61)**

*Known etiology- Confirmed and suspected etiologies
**Known vehicle- Any vehicle reported
***Restaurant-associated- Any outbreak where food item was prepared in a restaurant or deli

HUS Surveillance, 2006 Table A

Site	All cases (N=110)												In catchment (N=81)											
	<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	--	13	1 (6)	5	0 (0)	1	0 (0)	0	--	0	--	0	0.0	5	3.0	2	1.0	0	0.0	0	0.0	0	0.0
CO	4	1(25)	10	0 (0)	1	0 (0)	1	0 (0)	0	--	0	--	0	0.0	5	3.2	0	0.0	0	0.0	0	0.0	0	0.0
CT	0	--	3	0 (0)	1	0 (0)	1	0 (0)	0	--	0	--	0	0.0	3	1.8	1	0.4	1	0.4	0	0.0	0	0.0
GA	1	0 (0)	4	0 (0)	1	0(0)	0	--	2	0 (0)	0	--	1	0.7	4	0.7	1	0.2	0	0.0	2	0.0	0	0.0
MD	0	--	2	0 (0)	0	--	0	--	0	--	0	--	0	0.0	2	0.7	0	0.0	0	0.0	0	0.0	0	0.0
MN	0	--	9	0(0)	3	0 (0)	0	--	1	0 (0)	2	1 (0)	0	0.0	9	3.4	3	0.9	0	0.0	1	0.0	2	0.2
NM	0	--	4	0 (0)	0	--	0	--	0	--	0	--	0	0.0	4	3.8	0	0.0	0	0.0	0	0.0	0	0.0
NY	0	--	0	--	1	0 (0)	0	--	1	1 (100)	0	--	0	0.0	0	0.0	1	0.4	0	0.0	1	0.0	0	0.0
OR	0	--	5	0 (0)	0	--	2	0 (0)	3	0 (0)	0	--	0	0.0	5	2.8	0	0.0	2	0.8	3	0.1	0	0.0
TN	2	0(0)	19	0(0)	3	0(0)	3	0 (0)	2	0 (0)	0	--	1	1.3	16	5.2	2	0.5	3	0.8	1	0.0	0	0.0
Total	**7**	1(14)	**69**	1 (1)	**15**	**0 (0)**	**8**	**0 (0)**	**9**	1 (11)	**2**	1 (50)	**2**	0.3	**53**	2.2	**10**	0.34	**6**	0.19	**8**	0.26	**2**	0.1

*per 100,000 persons

Results of microbiologic testing for STEC infection among HUS cases, 2006 Table B

	Site																							
	CA		CO		CT		GA		MD		MN		NM		NY		OR		TN		**TOTAL**	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Diarrhea in 3 weeks before HUS diag./ Total patients	12 / 19	(63)	9 / 16	(56)	5 / 5	(100)	8 / 8	(100)	2 / 2	(100)	14 / 15	(93)	3 / 4	(75)	0 / 2	(0)	8 / 10	(80)	25 / 29	(86)	**86 / 110**	(78)
Stool specimen obtained/ Patients with diarrhea	12 / 12	(100)	1 / 9	(11)	5 / 5	(100)	7 / 8	(88)	1 / 2	(50)	14 / 14	(100)	3 / 3	(100)	0 / 0	--	6 / 8	(75)	22 / 25	(88)	**71 / 86**	(83)
E. coli O157 Isolation																						
Stool cultured for E. coli O157/ Patients with stool specimens obtained	12 / 12	(100)	1 / 1	(100)	4 / 5	(80)	6 / 7	(86)	1 / 1	(100)	14 / 14	(100)	3 / 3	(100)	2 / 0	--	6 / 6	(100)	21 / 22	(95)	**70 / 71**	(99)
E. coli O157 isolated from stool/ Patients with stool cultured for O157	11 / 12	(92)	0 / 1	(0)	3 / 4	(75)	4 / 6	(67)	0 / 1	(0)	11 / 14	(79)	2 / 3	(67)	0 / 2	(0)	4 / 6	(67)	14 / 21	(67)	**49 / 70**	(70)
Shiga toxin + Questions																						
Stool tested for Shiga toxin/ Patients with stool specimen obtained	11 / 12	(92)	0 / 1	(0)	3 / 5	(60)	7 / 7	(100)	0 / 1	(0)	10 / 14	(71)	4 / 3	(133)	0 / 0	--	2 / 6	(33)	6 / 22	(27)	**43 / 71**	(61)
Stool Shiga toxin-positive/ Patients with stool tested for Shiga toxin	9 / 11	(82)	0 / 0	--	1 / 3	(33)	3 / 7	(43)	0 / 0	--	8 / 10	(80)	2 / 4	(50)	0 / 0	--	1 / 2	(50)	6 / 6	(100)	**30 / 43**	(70)
Non-O157 Isolation																						
Stool tested for non-O157 STEC/ Patients with stool tested for Shiga toxin	0 / 11	(0)	0 / 0	--	3 / 3	(100)	2 / 7	(29)	0 / 0	--	3 / 10	(30)	1 / 4	(25)	0 / 0	--	0 / 2	(0)	1 / 6	(17)	**10 / 43**	(23)
Non-O157* STEC isolated from stool/ Patients with stool tested for Non-O157	0 / 0	--	0 / 0	--	0 / 3	(0)	0 / 2	(0)	0 / 0	--	0 / 3	(0)	0 / 1	(0)	0 / 0	--	0 / 0	--	0 / 1	(0)	**0 / 10**	(0)
Serum																						
Serum Tested/ Serum Collected	1 / 1	(100)	0 / 0	--	0 / 3	(0)	0 / 1	(0)	0 / 0	--	4 / 5	(80)	0 / 1	(0)	0 / 0	--	2 / 3	(67)	9 / 9	(100)	**16 / 23**	(70)
O157/Tested	1 / 1	(100)	0 / 0	--	0 / 0	--	0 / 0	--	0 / 0	--	0 / 4	(0)	0 / 0	--	0 / 0	--	0 / 2	(0)	5 / 9	(56)	**6 / 16**	(38)
Non-O157**/Tested	0 / 1	(0)	0 / 0	--	0 / 0	--	0 / 0	--	0 / 0	--	0 / 4	(0)	0 / 0	--	0 / 0	--	0 / 2	(0)	0 / 9	(0)	**0 / 16**	(0)
Total Stool																						
O157, non-O157 STEC, Shiga toxin +/ Total stool specimens tested	9 / 12	(75)	0 / 1	(0)	3 / 5	(60)	4 / 7	(57)	0 / 1	(0)	12 / 14	(86)	2 / 3	(67)	2 / 0	--	4 / 6	(67)	11 / 22	(50)	**47 / 71**	(66)

Non-O157 identified:
*Culture
**Serum