

CDC *Vital Signs* Town Hall Teleconference  
Q&A

Preventing Norovirus Outbreaks from Contaminated Food  
June 10, 2014  
2:00 pm EDT

Dr. Judy Monroe: Wow, well, thanks to all of our presenters for our very engaging presentations. I think they got our attention. So before we go to questions I would like to remind everyone that you can get into the queue to a question by pressing star 1, say your name when prompted, and then you'll be announced into the conference by the operator when it's your turn to ask your question of our speakers.

I encourage you to take advantage of this opportunity to share strategies, lessons learned, challenges, and success stories that you might want to share with all of us as well.

So operator, let me just ask, do we have anyone in the queue?

Coordinator: Yes, your first question comes from Marbella Ivery and your line is now opened.

Marbella Ivery: Marbella Ivery, my question is - okay, let's say today we served spaghetti and we serve it again on Thursday. And if there's some more spaghetti left over could we serve it on Saturday? Or do we need to throw the remainder away?

Dr. Aron Hall: Hi, this is Aron Hall from CDC. I think that might be best answered by Danny Ripley as a food inspection specialist. So Danny, would you mind taking that one?

Danny Ripley: Sure, the - with regards to the - if we're talking about potential norovirus contamination or are we talking about bacterial contamination, and our concern? I'm not sure I understand the question and how it relates to norovirus?

Marbella Ivery: It is related to the norovirus because - to prevent viruses from spreading or contaminating I'm asking about the frequency of serving leftovers. Let's say we freshly serve some spaghetti and let's say some is left over.

And so we serve some again on Thursday and if some is leftover again can we serve that same spaghetti again on Saturday? How many days should we wait before we throw away leftovers?

Danny Ripley: Well, I think first of all we should understand that viruses don't grow on food. And that also we should be focusing on our employees in terms of controlling the virus, not necessarily the foods; although it's my understanding that cooking will denature or move the virus.

With that being said, I think the focus should be on having policies in place that ensure ill workers aren't present. Now if you suspect an ill worker was present and the food was contaminated there is nothing - there's no other option but discarding the food, don't take the chance on throwing it away - excuse me, using it.

If you have evidence or you believe someone with GI symptoms was involved in preparing or working with that food or the equipment used to build that food then you shouldn't take a chance. And again, it's not that the virus is - the food's contaminated with the virus, it's not going to proliferate in the food.

It's not going to grow in the food like bacteria would. It's going to be present. And if there is any chance that the food's contaminated your best advice would be to discard the food, don't take any chances because it does have such a low infectious dose rate, it's not worth taking the chance. Does that help answer the question?

Marbella Ivery: It does somewhat but as a health inspector, when you inspect a facility that serves food have you - do you ever make recommendations as to how many days they need to wait until they throw the food away is what I'm asking?

Danny Ripley: Yes, we would but that would only be based on bacterial contamination, and generally it's seven days once the food has been opened or been prepared. It's generally seven days of shelf life.

Marbella Ivery: Okay, that's what I was asking for, okay. Thank you.

Coordinator: The next question comes from Toby Levim with the Westchester County Department of Health.

Toby Levim: Yews, I guess we had two questions. We certainly agree that reporting of ill food workers and exclusions are critical measures but I think there's some significant barriers to that in our experience. One of those is the lack of paid sick leave and the other one - you know, that goes hand in hand in that with I guess is just how do you encourage or promote people staying out of work until they've been symptom free for the appropriate length of time?

So we were just interested in any strategies or things that people found to be effective for promoting this.

Dr. Aron Hall: Hi, this is Aron Hall again. I can take an initial stab at that and others may want to contribute as well. I appreciate your points and we certainly agree that the recommendations are somewhat challenging to implement. We have some information that's been collected from restaurant workers that perhaps can help guide how best to overcome these barriers.

I think some of the best information available suggests that the reasons why workers are working while ill are often influenced by lack of sick pay as you point out, fear of job loss, and in particular also fear of leaving their coworkers short-staffed.

And so in our recommendations for the food service industry to enable food workers to stay home while ill, we suggest practices such as having on-call staffing so having kind of backup staff available that can be called upon when a worker reports that they're ill so that - that kind of cross-coverage issue is addressed.

As well as developing sick pay policies that kind of remove those financial barriers for workers to come in while they're ill.

I don't know if others had suggestions as well, Danny or Amy?

Danny Ripley: Yes, Dr. Hall. I would add to that and just saying that, you know, our program here emphasizes the importance of communicating and - communicating illnesses to - and reporting to their employees, helping to ensure that employees are reporting back.

And there is challenges. There certainly are challenges, rather, with - in terms of sick pay and folks actually on the other side of the spectrum, taking advantage of sick leave.

But it's restaurant's responsibility ultimately and I think restaurants have to understand that the outcome of an outbreak associated with norovirus or anything else for that matter is just simply not worth not taking those extra measures.

And that all restaurants can't provide sick leave, it's just not going to happen, but I think that at least with good communication from restaurant operators to their

employees that these incidents can be addressed and hopefully be dealt with at the restaurant level before foods get contaminated.

I don't have a magic answer for that question. I know it's something that we studied within SNAT and I know that agencies and restaurants and the restaurant communities, the public health communities are struggling with this.

There's no one solution other than it's just folks understand the importance of communication and their staff understanding that they must report and they must take action.

Dr. Judy Monroe: Yes, this is Judy Monroe. It's certainly - it is a complex issue but certainly the norovirus outbreaks - when I was the health officer in Indiana that occurred in some of the restaurants, it's not good press for the restaurants either. So the restaurant owners really do need to balance that - their obligations and the risks.

Do we have other questions? Anyone else in the queue?

Coordinator: There are no additional questions at this time. Once again, if you'd like to ask a question please press star 1 and when prompted record your first and last name. That's star 1 and when prompted record your first and last name, thank you.

Dr. Judy Monroe: So while we're waiting on other questions I was curious, do we see variation in foodborne norovirus outbreak reporting between the states?

Dr. Aron Hall: Yes, thanks, this is Aron Hall again. So you know, we highlight this issue in the MMWR *Vital Signs* report. And indeed, there really is tremendous variation between the states in the reporting rate of foodborne norovirus outbreaks. Certainly the number per state varies but obviously some states have many more people than others.

So we, you know, kind of normalize by looking at the rate per population. And we actually see a 100 fold difference between the reporting rates of the highest reporting states versus the lowest reporting states. And to us this really signals the need to work with states and local governments to help build up capacity to investigate and report outbreaks to really kind of stabilize the reporting across the country.

Certainly there could be differences in true incidents but we think this variation is largely a function of differences in surveillance which, you know, we're anxious and have several programs to work with state and local governments to help address.

Dr. Judy Monroe: Wow, thank you, that's an impressive variation. I believe we have another question in the queue?

Coordinator: Yes, the next question comes from Dorothy Vilven. Your line is open. Ms. Vilven, your line is opened. Please unmute your phone.

Dorothy Vilven: Okay, I am unmuted, right?

Coordinator: Yes, we can hear you now.

Dorothy Vilven: Sorry. Yes, it's Dee Dee Vilven here at Salt Lake County Health Department in Utah. But really enjoyed your presentation. I've dealt a lot with long term care facilities and norovirus and I was just wondering, do you guys have the same kind of reporting system as far as, like, how they - in terms of either the nurse or whoever is at the long term care - how they report to you guys?

Or is it a different person taking those reports and it's not necessarily a foodborne or a restaurant - so I was just wondering what you guys do differently, your...

Amy Saupe: Yes, great question. This is Amy in Minnesota. And we identify those very similarly to our foodborne outbreaks.

So we would consider those a call to our foodborne illness hotline because they actually do come to the same phone number and to the same person, which is actually helpful in case for some reason we received a call from the public who maybe visited a nursing home who is currently having an outbreak, they're actually all being sort of funneled into the same line and the same place, which is really helpful.

So yes, often, you know, it is going to be the nurse or whoever's in charge of infection control at the long term care facility or just another person in charge at the facility who does give us a call to report the outbreak.

And we, you know, ask them to report any time they are basically above baseline on their number of gastroenteritis cases that they're seeing in the facility.

And we do kind of a basic intake with them and get some information about what's happening at the facility.

We send them a packet of paperwork that includes a lot of prevention measures that they can do, kind of a checklist for them to go through during the outbreak, and as well as our person who staffs that hotline talks to them about, you know, different things that they can do depending on their situation, like, limiting self-service foods, limiting patient transfers, you know, doing a little bit of quarantine and cohorting as people who are sick and that type of thing.

So she kind of talks them through all of that, answers any questions. And then what we ask them to do is fill out a list of people in their facility that have been sick, what their symptoms are, and kind of their onset dates.

So if it for some reason looks like it's a foodborne outbreak as opposed to, you know, just a person-to-person transmission, then we would, you know, take that farther. But ones that we are pretty clearly looking like a person-to-person outbreak, those are kind of main steps that we would take.

Do you have any other kind of specific questions about what we do for person-to-person outbreaks? I'm happy to elaborate more.

Dorothy Vilven: No, that was great. And then I mean do you stress as far as, like, the staff - even, like, the nurses or the kitchen staff if they have a dedicated kitchen staff, do you stress taking samples?

Amy Saupe: Do you mean stool samples?

Dorothy Vilven: Yes.

Amy Saupe: Yes, so definitely that's one of the pieces that we do with them is, you know, ensure during their first report that they have not had any food or kitchen staff that had been sick. And we go over with them making sure that they are excluding those staff and other food safety preparation measures and the kitchen.

And in terms of stool samples we don't do anything where we would ask them to submit samples seeing if they can go back to work or anything like that for norovirus.

But we do try to collect - and that's actually something that has improved with our participation in NoroSTAT as well as we didn't used to have nearly as much funding or the time to do as many stool samples from person-to-person outbreaks of norovirus. But now we do try to do testing of all of our long term care facility outbreaks that are reported.

Unfortunately we do get a lot of refusals because a lot of them kind of have the attitude that they've been there, done that, and kind of know what's going on and are glad to be done with it. But we do try to do stool sample testing just to confirm the outbreak etiology and also for that genotyping information to get an idea of what the characteristics are.

Dorothy Vilven: Yes, yes, thanks, Amy.

Dr. Aron Hall: This is Aron. I just wanted to add to that that, just at that national level that reporting of both foodborne and person-to-person norovirus outbreaks is basically done through the same system, both through NORS and CaliciNet on the epi and lab sides respectively.

All of those outbreaks, be they foodborne or person-to-person, otherwise transmitted can be entered through those same systems.

Coordinator: The next question comes from Karey Shundler. Your line is open.

Karey Shundler: Hi, we just had a couple questions here about the role of the CD program.

Ellen: Yes, hi. My name is Ellen. I'm working with Karey. So the question is what is the role of CD program in outbreaks where restaurants are mentioned and two ill customers already reported and filed a complaint?

Dr. Aron Hall: Can you - I'm not sure I caught - the role of the city program?

Ellen: Yes, the communicable disease program because we noticed that on the slides there's the public health lab role and also the epi role. But I did not see the communicable disease program role in - during the outbreak investigations.

Amy Saupe: I think - this is Amy in Minnesota. And I think I'm looking at the right thing and understanding what you're asking. And I think the answer would be that the communicable disease role would be the epi role.

So those - our epidemiologists at the state level or they could also be epidemiologists for the few local jurisdictions that do their own outbreak investigations in Minnesota. Most of our outbreak investigations are all centralized at the state.

So where you see the epi role and you see kind of that sea foam green color that would be our - basically communicable disease staff that are doing those - that epi side of the outbreak investigation. Did that answer your question?

Ellen: Yes, I just got confused on that part. And then the second follow-up question is how far along from onset of illness of ill customers do you suggest or ask for a stool specimen? Because basically some of them will report they were ill a week ago, they will call our hotline.

And then we will just be notified after a week. Would you recommend having the specimens from the ill customers and ill workers a week later or after two weeks of onset of illness?

Amy Saupe: Yes, I can quick answer kind of what we tend to do here and I'm sure Aron can provide a better memory of what sort of the general recommendation is. And I

believe it's up to a week after onset of symptoms is a really good time to collect norovirus stools.

And for us it kind of depends. If we have a really critical stool that we really would like to get from, say, a food worker who prepared a significant food item, you know, we might try to test that person as far out as ten days or even - sometimes we might even go two weeks after that person's onset of illness.

And we try to warn people in those cases that if you're negative it's not going to prove that you were not sick or that you were not - cause - or part of the cause of this outbreak.

But we actually - if it's a critical stool we call them we will actually try to test people farther out than that week. But generally we'll collect the stools from - if we just have a handful of people who are all part of a main group of patrons, say, of a restaurant, we'll just try to collect stools from obviously the people that were sick the most recently.

Ellen: Okay, thank you.

Coordinator: The next question comes from Bernice Jackson. Your line is open.

Bernice Jackson: Thank you, I was just wondering on the prevention side with the explosion of network cooking shows, so many of the people that are the hosts that are presenting these shows seem to stress the importance of putting their hands into the food.

And I'm just wondering if you're using any outreach to try to help redirect that idea so that consumers are getting the idea that they really ought to try to limit hand contact with food?

Danny Ripley: This is Danny. I'll take a stab at that question. Here at Davidson County we have done some outreach to the community focused on the general population, not restaurant operators or establishment owners, or operators or food workers per say.

And I think there's more that can be done. I think there is a culture out there, especially in what you described, these food networks and television shows where people are touching and feeling and doing these activities that might be normal and might be part of that culture over the years of culinary arts.

But it's something that is part of the past and needs to be changed for the future, obviously to help control the norovirus.

In our establishments, we try to emphasize no bare-hand contact. Here in Davidson County it has been minimized bare-hand contact for years so we have developed a culture where it's been okay to touch food with our bare hands. And of late we've changed that to no bare-hand contact.

But again, in the community, it's very challenging, every once in a while we'll get the opportunity to talk on the news and stress food safety via the news outlets. But other outlets and other communication seems to be more of a challenge for us to get the word out to the general public.

Dr. Judy Monroe: So we're at the top of the hour, this is Judy Monroe again. I want to thank everybody for the terrific questions that have been asked and, again, thanks to our presenters for the excellent presentations.

Before we close you can let us know how we can improve these teleconferences to be more beneficial to you. You can email suggestions to [OSTLTSfeedback@CDC.gov](mailto:OSTLTSfeedback@CDC.gov),

that's O-S-T-L-T-S, feedback, all one word, and we hope you'll join us or have your colleagues join us next month on July 8 when we're going to focus on prescription drug overdose as our topic.

So thanks to, again, to everyone who called in today. Have a great week.

Coordinator: Thank you for your participation in today's conference. Your call has ended and you may now disconnect. Once again, your call has ended and you may now disconnect. Thank you.