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Centered on Food Safety

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HIGHLIGHTING PRODUCTS AND ACTIVITIES OF THE INTEGRATED FOOD SAFETY CENTERS OF EXCELLENCE

CDC has designated six Integrated Food Safety Centers of Excellence (CoEs) each comprising a state health department and affiliated university partners. The Centers are Colorado, Florida, Minnesota, New York, Oregon, and Tennessee.

The Centers work together to identify model practices in foodborne disease surveillance and outbreak response and to serve as resources to assist other state and local public health professionals in implementing these practices.

CoE tools and resources can be accessed at <http://www.CoEFoodSafetyTools.org>.

New Outbreak Case Studies Added to Training Series

MN Center of Excellence releases two new case studies for training use

As part of its outbreak investigation case study series, the Minnesota Integrated Food Safety Center of Excellence has released two additional case studies with a focus on methods used to generate, develop, and confirm hypotheses about outbreak vehicles:

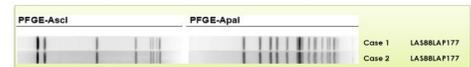
- *E. coli* O157:H7 associated with hazelnuts
- *Listeria monocytogenes* associated with soft cheese

The outbreak examples detail what epidemiologists were thinking and doing step-by-step as each investigation progressed. Because the nuances, complexities, obstacles, and decision nodes involved in such investigations are nearly impossible to fully describe in the space of a peer-reviewed manuscript, each of the case studies seeks to capture these intricacies in a detailed timeline format. Case studies developed by the MN CoE can be accessed on the site's training page (http://bit.ly/MNCOE_Training) or on the CoE Tools website (<http://www.CoEFoodSafetyTools.org>).

If you have an investigation to nominate for this case study series, we would love to work with you and highlight your successes. The format works best with relatively small, quickly solved outbreaks, but we would be thrilled to entertain any suggestions! Please contact Kirk Smith (kirk.smith@state.mn.us).

JUNE 27 10:00 A.M. (DAY 1 OF INVESTIGATION)

This story starts with the receipt of two clinical *Listeria monocytogenes* (LM) isolates of the Minnesota Department of Health (MDH) Public Health Laboratory (PHL) on June 13 and June 20, 2013 (submission of clinical LM isolates to MDH is mandatory in Minnesota). By June 27, subdividing of the two cases' LM isolates revealed that they were indistinguishable by pulsed-field gel electrophoresis (PFGE). The MDH PHL notified MDH foodborne epidemiologist, and a cluster investigation was initiated.



How common is the PFGE pattern?

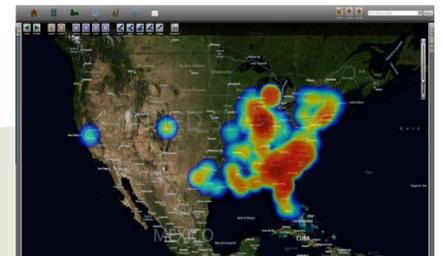
- Less than 20 LM cases are identified in Minnesota each year, and this PFGE pattern combination had not been seen previously in MN. This suggested that this cluster represented a true common source outbreak.
- Are there other cases with this PFGE pattern in other states?
- A PulseNet search revealed that there were recent 2-enzyme PFGE profiles among clinical isolates from Indiana, Illinois, and Ohio (see esp. curve below). Notably this was a common pattern combination and not above baseline; however, the Minnesota specific information suggested that this was indeed a common source outbreak. Although not a large outbreak at this point, the geographic distribution of cases suggests a widely distributed food item was responsible and as such an aggressive investigation was warranted.



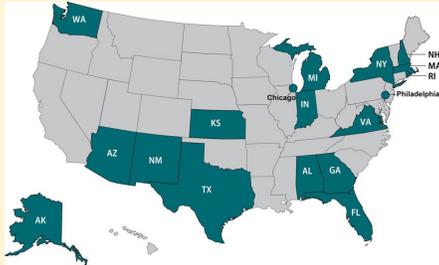
SEDRIC Training Integrates Data and Multi-Site Partners

FL Center of Excellence delivers training on web-based coordination tool

CDC's System for Enteric Disease Response, Investigation, and Coordination (SEDRIC) is a web-based platform that allows outbreak response personnel in different locations to work together more effectively and securely. In February, the Florida CoE hosted a regional training for public health staff from the Alabama, Florida, and Puerto Rico Departments of Health, as well as the Florida Department of Agriculture and Consumer Services Laboratory, Florida Department of Health Bureau of Public Health Laboratories, and the FDA - Florida District Office. The one-day training covered use of SEDRIC's outbreak dashboards, maps, traceback diagrams, and line lists. If you are interested in having your CoE host a regional SEDRIC workshop, please reach out to your point of contact.



PARTNER SPOTLIGHT: OutbreakNet Enhanced



OutbreakNet Enhanced (OBNE) is a CDC program that provides support to state and local health departments to improve their capacity to detect, investigate, control, and respond to enteric disease outbreaks.

OBNE sites work with the CoEs to complete a project to improve outbreak surveillance and response in their jurisdiction. OutbreakNet Enhanced sites choose projects based on their needs and develop a partnership with a CoE based on their area of expertise. Examples of joint OBNE-CoE projects include:

- Developing a foodborne complaint system
- Creating a student interview team
- Producing training materials for local health department staff
- Evaluating a state-wide foodborne epidemiology program to identify areas for improvement
- Additional examples of some of the work sites have done using OBNE funding are highlighted on the program website (<http://bit.ly/OBNEProjects>)

OBNE began in 2015 with 11 sites and expanded to 18 sites in August 2016. CDC plans to continue expanding the program over the next several years, if additional funding becomes available. If your agency is interested in joining OBNE, contact program staff at OBNE@cdc.gov for more information about program requirements and how to apply.

New CIFOR Products Rolled Out

Council tools support evaluation of metrics, outbreak decision-making

The Council to Improve Foodborne Outbreak Response (CIFOR) works to improve methods for detecting, investigating, controlling, and preventing foodborne disease outbreaks. Recent strategic planning has resulted in a list of priorities to guide the Council's future development of surveillance and outbreak response tools. The planning builds on CIFOR's success developing the CIFOR Guidelines and a newer metrics data entry tool known as C-MET.



The **C-MET tool**, developed in conjunction with the CoE Metrics Workgroup and the Association of Public Health Laboratories (APHL), allows states and large cities/counties to anonymously enter their metrics data for 16 CIFOR metrics with target ranges. Use of C-MET enables a jurisdiction to monitor its progress over time and allows comparison to aggregated data from other C-MET users. A very limited number of database administrators have access to data by population category, geographic region, participation in food safety programs, and type of jurisdiction. This protects the identity of the jurisdictions that participate, yet enables identification of nationwide gaps to guide development of additional training, resources, and tools. Visit <http://www.cifor.us/projmetrics.cfm> for additional details or contact your regional CoE for information about C-MET data collection and entry assistance.

In addition to C-MET, CIFOR recently released a tool designed to simplify specimen collection in the absence of a clear outbreak etiology. Investigators generally collect foodborne outbreak specimens with a specific agent in mind, but occasionally they may conclude that the etiology is undetermined; by that time the initial specimens may no longer be available and additional specimen collection may not be possible. To address the need for clear guidance in such situations, CIFOR has developed the **Outbreaks of Undetermined Etiology (OUE) Guidelines** which use outbreak profiles and key symptomology to recommend collection, shipment, rule-out testing, and long-term storage of outbreak specimens. In collaboration with CIFOR, the Oregon CoE has developed a mobile application for the OUE Guidelines as an iOS application; a Windows version may also be downloaded for use on a PC. Both files are available at <http://cifor.us/productOUE.cfm>.

Another CIFOR-CoE partnership is the New York CoE's ongoing webinar series designed to assist jurisdictions in using the CIFOR Guidelines Toolkit to evaluate their capacity for effective foodborne illness surveillance and investigation. Materials from the 10-part series can be accessed at http://bit.ly/NYCOE_CIFORWebinars. CIFOR continues to develop tools with the aim of ongoing program improvement for health jurisdictions at all levels (<http://cifor.us/curproj.cfm>). Please contact your regional CoEs to request assistance with implementation of any of the CIFOR tools.

FIND US ONLINE	
CDC	http://www.cdc.gov/foodsafety/centers/
Colorado	http://www.cofoodsafety.org/
Florida	http://foodsafetyflorida.org/
Minnesota	http://mnfoodsafetycoe.umn.edu/
New York	http://nyfoodsafety.cals.cornell.edu/
Oregon	http://www.healthoregon.org/fomes
Tennessee	http://foodsafety.utk.edu/
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