

Epi Monthly Report

Foodborne Outbreak at a Holiday Party in a Long Term Care Facility, Miami-Dade, November 2007

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Background

Prevention of foodborne illness is an important activity of local public health agencies. On Monday, November 19, 2007, the Miami-Dade County Health Department (MDCHD) Office of Epidemiology and Disease Control (OEDC) received a foodborne outbreak report from Long Term Care Facility A. The Risk Manager of this facility initially reported that 9 staff members became ill with gastrointestinal (GI) symptoms on Friday, November 16, 2007. Symptoms reported included nausea, vomiting, diarrhea, headache, abdominal pain, bloating and cramps. These were apparently related to a Holiday Party. No residents of this facility reported signs or symptoms of illness. Food is typically prepared in the same kitchen for both staff and residents, however, only staff ate food from there on the day of the party. The food menu included: stuffing, turkey, ham, potatoes, vegetables, soup, and sweet potato pie. No food samples were available when OEDC arrived to interview.

Methods

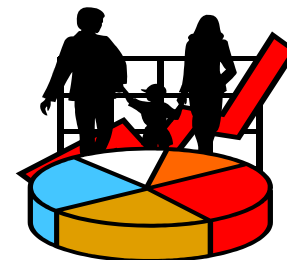
A questionnaire was faxed to the Risk Manager to distribute among staff members who participated in the holiday party. Both ill and non-ill employees were asked to complete a questionnaire. The MDCHD Office of Environmental Health performed an inspection of the kitchen. A case was defined as: any staff member who participated in the Holiday Party on November 16, 2007 with one or more of the major GI symptoms of either vomiting, diarrhea, or abdominal pain and either two or more minor symptoms of nausea, cramps, chills or bloating. Questionnaires were analyzed using Epi-Info software.

Results

All 53 staff who attended the party submitted questionnaires to OEDC. The median age was 43 years old (range: 27 to 60 years). Age information was missing for 13 individuals. Females represented 70% of party attendees (37/53) who responded. Almost all of the respondents (98.1%, 52/53) ate food; and 11 of the 52 (21.2%) of those who ate became ill. Those who ate stuffing had the highest attack rate of 34.5% (P value 0.014) (Table 1). Almost 30% had an incubation period of 30 minutes or less and 90.9% had an incubation period of less than 3 hours (Table 2). In this outbreak, nausea and abdominal pain were the most frequent symptoms reported by ill persons (81.8%, 9/11), followed by vomiting and diarrhea (54.5%, 6/11) (Table 3). Since the facility notified the health department two days after the event, all of the ill persons had recovered from their illness. No stool samples were available for testing. None of the individuals required medical attention.

Environmental Health Inspection

An environmental investigation of the facility was carried out on Monday, November 26, 2007 by staff from the MDCHD Office of Environmental Health. Results showed that ingredients used to make the stuffing included cornbread, onions, peppers and chicken broth. The stuffing was made two days before the Holiday Party and kept in the refrigerator on three trays. Information received from the Risk Manager showed that staff had complained about a foul smell and taste in the stuffing. At the time of inspection, milk and liquid eggs expiration dates were within the recommended period. Temperatures in the refrigerators and freezers were satisfactory.



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Conclusions

Unfortunately, neither food nor stool samples were available for laboratory testing. Due to the incubation period (less than 3 hours after exposure) and symptoms of nausea and vomiting, staphylococcus toxin may be a likely source of this outbreak. The onset of symptoms in staphylococcal food poisoning is usually rapid and in many cases acute, depending on individual susceptibility to the toxin, the amount of contaminated food eaten, the amount of toxin ingested, and the general health of the victim. Common symptoms in a staphylococcal food outbreak caused by the enterotoxins which some strains of *S. aureus* produce are nausea, vomiting and abdominal cramping. As a recommendation, special care must be taken in the preparation of foods that requires multiple ingredients and much handling. Foods such as stuffing should be prepared with gloves and washed hands. After preparation, it must be refrigerated immediately to prevent the growth and proliferation of bacteria and their toxins.

Acknowledgements: We would like to acknowledge Arnoldo Aguilera, Sanitation and Safety Supervisor, of Division of Environmental Health at MDCHD.

Table 1. Table 1. Food-specific attack rates at long term care center A, November 16, 2007 (N = 52)

Food	Ate			Did not Eat			P value
	Ill	Well	Attack Rate (%)	Ill	Well	Attack Rate (%)	
Stuffing	10	19	34.5	1	22	4.3	0.014
Turkey	7	20	25.9	4	21	16.0	0.381
Ham	5	20	20.0	6	21	22.2	0.845
Potatoes	4	23	14.8	7	18	28.0	0.245
Vegetables	2	9	18.2	9	32	22.0	1.000
Soup	0	15	0.0	11	26	29.7	0.022
Eggs	4	9	30.8	7	32	17.9	0.435

* Participants who became ill and did not eat soup are the same that became ill and ate stuffing

Table 2. Incubation period among ill staff at long term care center A, November 16, 2007 (N = 11)

Incubation Period	N	%	Cumulative %
Less than 30 minutes	3	27.3	27.3
45 minutes	2	18.2	45.5
1 hour – 1 hour 45 minutes	4	36.4	81.8
2 hours 15 minutes	1	9.1	90.9
More than 3 hours	1	9.1	100.0

Table 3. Frequency of symptoms among ill staff in long term care center A, November 16, 2007 (N = 11)

Symptoms	Number	Percent
Abdominal pain	9	81.8
Nausea	9	81.8
Diarrhea	6	54.5
Vomiting	6	54.5
Chills	1	9.1



Tips from the National Sleep Foundation

- Get **7—9 hours of sleep** a night!
- Do not eat or drink alcohol at least 3 hours before bedtime
- Create a sleep environment that is dark, quiet and comfortable
- Exercise regularly but be sure to finish 3 hours before bedtime
- Avoid caffeine and nicotine, especially late at night
- If you find yourself snoring or gasping for air during the night, or you have difficulty sleeping, consult a doctor



1-866-SEAT-CHECK

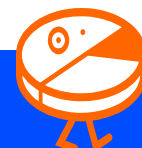


Being in a motor vehicle crash is the number one cause of death for children aged 0—17 years in Miami-Dade County.

Prevention

Get a **FREE** child car seat inspection in your county:
Call 1-866-SEAT-CHECK!

www.seatcheck.org



March is



- National Brain Injury Awareness Month
- National Colorectal Cancer Awareness Month
- National Endometriosis Awareness Month
- National Multiple Sclerosis Education and Awareness Month
- National Nutrition Month
- Save Your Vision Month
- National Patient Safety Awareness Week (2—8)
- National Sleep Awareness Week (3—9)
- National School Breakfast Week (3—7)
- National Poison Prevention Week (16—22)
- American Diabetes Alert Day (25)


TO REPORT ANY DISEASE AND FOR INFORMATION CALL: Office of Epidemiology and Disease Control

Childhood Lead Poisoning Prevention Program	305-470-6877
Hepatitis	305-470-5536
Other diseases and outbreaks	305-470-5660
HIV/AIDS Program	305-470-6999
STD Program	305-325-3242
Tuberculosis Program	305-324-2470
Special Immunization Program	786-845-0550

PATIENT SAFETY AWARENESS WEEK

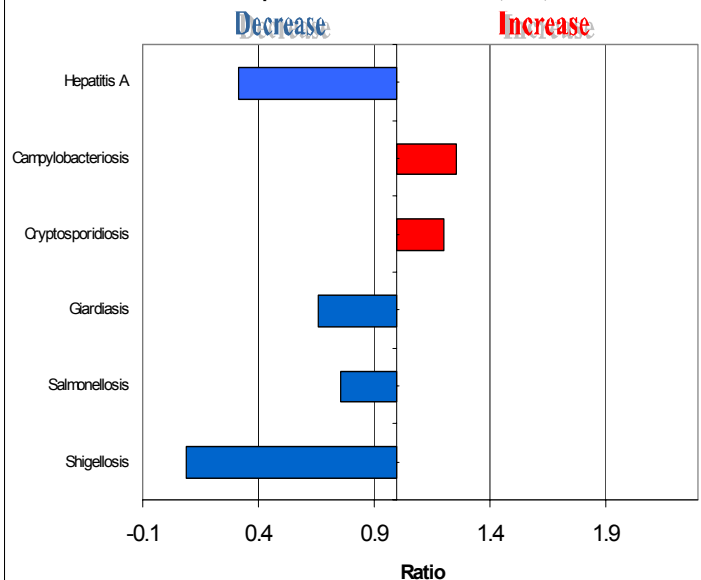
Sponsored by National Patient Safety Foundation® 

Actions to help protect your safety

- Rid your medicine cabinets of old and expired medications.
- Bring all of your medications to both your doctor and pharmacist for review.
- Obtain copies of all your healthcare records and keep them in a safe place.
- Write down and carry with you all of your prescriptions, over the counter medications (including doses), conditions, and allergies.
- Wear a medical bracelet/identifier. 
- Talk with your family or other individuals about what your preferences are for your healthcare, in case you are unable to speak for yourself.



Selected Notifiable Disease Reports, Miami-Dade County, Comparison with Historical Data, Feb, 2008



AVIAN FLU WATCH

Unless indicated, information is current as of
March 18, 2007



- **Since 2003**, there have been **373 human cases of avian influenza (H5N1)** confirmed by the World Health Organization (WHO). Of these, 236 cases have died. This means there is a (236/373) **63.2% fatality rate**.
- **14 Countries with confirmed human cases** include Cambodia, China, Djibouti, Indonesia, Thailand, Vietnam, Iraq, Azerbaijan, Egypt, Turkey, Nigeria, Pakistan, Myanmar, and Lao People's Democratic Republic .
- **No human cases of avian influenza (H5N1) have been reported in the United States.**
- **H5N1 has been confirmed in birds in several other countries since 2003.** H5N1 has been documented in birds in more than 30 countries in Europe & Eurasia, South Asia, Africa, East Asia and the Pacific, and the Near East. For a list of these countries, visit the World Organization for Animal Health Web Site at :
http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm.
- **No restrictions on travel to affected countries have been imposed.** Travelers should avoid contact with live poultry and monitor their health for ten days after returning from an affected country.

SOURCES: World Health Organization; World Organization for Animal Health; Centers for Disease Control and Prevention

PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

The Miami-Dade County Health Department
NEEDS Influenza Sentinel Providers!!

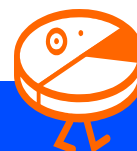
Sentinel providers are key to the success of the Florida Department of Health's Influenza Surveillance System. Data reported by sentinel providers gives a picture of the influenza virus and ILI activity in the U.S. and Florida which can be used to guide prevention and control activities, vaccine strain selection, and patient care.

- Providers of any specialty, in any type of practice, are eligible to be sentinel providers.
- Most providers report that it takes **less than 30 minutes a week** to compile and report data on the total number of patients seen and the number of patients seen with influenza-like illness.
- Sentinel providers can submit specimens from a subset of patients to the state laboratory for virus isolation **free of charge**.

For more information, please contact **Erin O'Connell** at 305-470-5660.

About the Epi Monthly Report

The Epi Monthly Report is a publication of the Miami-Dade County Health Department, Office of Epidemiology and Disease Control. The publication serves a primary audience of physicians, nurses, and public health professionals. Articles published in the Epi Monthly Report may focus on quantitative research and analysis, program updates, field investigations, or provider education. For more information or to submit an article, contact Erin O'Connell at 305-470-5660.



Monthly Report
Selected Reportable Diseases/Conditions in Miami-Dade County,
February 2008

Diseases/Conditions	2008 this Month	2008 Year to Date	2007 Year to Date	2006 Year to Date	2005 Year to Date	2004 Year to Date
AIDS ^{*Provisional}	167	222	127	245	229	230
Campylobacteriosis	16	23	22	16	8	12
Ciguatera Poisoning	3	3	0	0	0	0
Cryptosporidiosis	2	2	5	2	3	1
Cyclosporiasis	2	2	0	0	0	0
Dengue Fever	0	1	1	0	0	0
<i>E. coli</i> , O157:H7	0	0	0	0	0	0
<i>E. coli</i> , Non-O157	0	0	0	0	0	0
Encephalitis (except WNV)	0	0	0	0	0	0
Encephalitis, West Nile Virus	0	0	0	0	0	0
Giardiasis, Acute	14	20	21	23	13	25
Hepatitis A	2	5	5	6	4	5
Hepatitis B	0	1	3	3	2	4
HIV ^{*Provisional}	144	299	212	197	223	259
Influenza A (H5)	0	0	0	0	0	0
Influenza Isolates	0	0	0	0	0	0
Influenza Novel Strain	0	0	0	0	0	0
Influenza, Pediatric Death	0	0	0	0	0	0
Lead Poisoning	13	23	17	20	11	23
Legionnaire's Disease	0	1	0	0	1	0
Leptospirosis	0	0	0	0	0	0
Lyme disease	0	0	0	0	0	0
Malaria	0	0	0	0	0	0
Measles	0	0	0	0	0	0
Meningitis (except aseptic)	0	0	5	0	1	0
Meningococcal Disease	0	0	2	3	1	1
Mumps	1	1	0	0	0	0
Pertussis	0	0	7	1	0	0
Rubella	0	0	0	0	0	0
Rubella, Congenital	0	0	0	0	0	0
Salmonellosis	25	42	45	39	24	31
Shigellosis	2	3	20	19	22	21
<i>Streptococcus pneumoniae</i> , Drug Resistant	4	14	5	6	1	2
Tetanus	0	0	0	0	0	0
Toxoplasmosis	0	0	1	0	0	0
Tuberculosis ^{*Provisional}	21	27	30	32	29	23
Typhoid Fever	0	0	0	1	1	1
<i>Vibrio cholera</i> Type O1	0	0	0	0	0	0
<i>Vibrio cholera</i> Non-O1	0	0	0	0	0	0
West Nile Fever	0	0	0	0	0	0

* Data on AIDS are provisional at the county level and are subject to edit checks by state and federal agencies.

** Data on tuberculosis are provisional at the county level.

