Public Health—Madison and Dane County

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Population Health Spotlight on ACD Team

Foodborne Illness: a collaborative venture

What did 730 employees of a local health care system have in common recently? They all had an opportunity to be part of a large, food borne illness outbreak. Following a holiday event.

A call from the hotel restaurant manager reporting customer illness two days after the event got the ball rolling.

Intake and the Communicable Disease Intake staff gathered preliminary information to help establish the clinical definition, which would help lead us to hypotheses about possible causes. Data collected about onset of illness after the meal helped us further define what might be causing the problem.

Stool specimens collected provided a likely culprit: Clostridium perfringens—a bacterium that produces a toxin or poison that causes illness very quuickly after exposure.

Do you know what a tilt-skillet is? Well, if you've ever attended a large party or conference-sized meal, your food has likely been prepared using this particular method. And it

appears that the suspect food—beef brisket—had been cooked in large quantities without adequate measurement and assurance of proper cooking and holding temperatures. Our sanitarians were on the scene shortly after we received notification that there was a suspect outbreak.

By the time we made it onto the scene, only a few samples of food were still available. These were sampled and tested yielding evidence of *C perfringens*. This was also confirmed with five specimens from ill persons. We are awaiting

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Foodborne illness

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- Who, me?????

Naughty Little Biters *(no, NOT mosquitos)*

A frequent call to Intake and CommDisease Intake is a question from parents, school staff and child care providers. A child has bitten another child. What should be done?

In this day and age of bloodborne diseases, fear lurks behind these questions. But transmission of bloodborne diseases in schools and childcare settings is highly unlikely.

It is estimated that 50% of kids in child care will have one or more bites from their kiddie colleagues. Care of the bite wound will depend on the depth of the bite. Most surface cuts will just require cleansing with soap and water and a check to make sure the child has had her tetanus immunizations. Those bite wounds that are deeper will definitely require more care, including direct medical evaluation, sustained rinsing with saline solution and possible antibiotic treatment. More info is available at http://emedicine.medscape.com/article/925938-overview

WEDSS—Wisconsin's Epidemiologic Surveillance System

WEDSS is a component of the Public Health Informa-

Want to see a public health nurse tear out her or his hair? Welcome to the role of WEDSS pilot crew.

Although PHMDC was not selected as one of the public health teams to pilot WEDSS, we have essentially served in that role since July, 2008. Our TB team took up the challenge of following individuals with TB infection, using the WEDSS Case Manager module.

It hasn't been easy.

Folllowing that, ACD Team members began use of WEDSS Reporter to enter demographic data. Now we are collecting our client AND case data in Reporter and are entering a final phase of learning how to use this complex system.

The STI team has moved from their DOS based system to WEDSS with the last 5 months. While the previous system was pretty out of date, WEDSS has proven challenging as staff struggle to gather index case and contact information at the same time, moving from one data tab to another.

We're hoping that a move soon (can't be too soon) to another server will help speed up the process.

Another challenge: as we orient our partner providers to the system, they also need to adjust their internal processes. Not an easy thing.

Our goal: paperless in 2010!!

Top Ten Diseases—2008

Top Ten Diseases NOT INCLUDING our all time top two diseases: chlamydia and gonorrhea

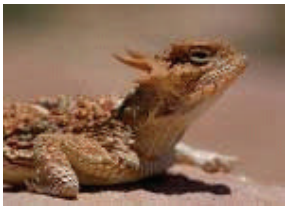
These results are still preliminary, but the top ten reportable diseases reported to us in 2008 :

1. Shigella 183
2. Hepatitis C 163
3. Campylobacter 110
4. Lyme disease 103
5. Hepatitis B 71
6. Cryptosporidiosis 62
7. Salmonella 58
8. Giardia 54
9. Strep pneumonia invasive disease 45
10. Enterohemorrhagic E coli 44

If you want to read more about any of these diseases, go to:

http://dhs.wisconsin.gov/communicable/factsheets/index.htm

Babies and Communicable Diseases



Desert horned lizard

Recently, we had a 3 month old child reported to us for a salmonella infection. And we had a 7 week old infant reported to us with campylobacter.

Although we didn't come up with an absolute source for either, PHN staff and Amanda had some ideas about how these infections might have been prevented. Besides thorough handwashing by persons preparing bottles for infants, always remember to

Prepare food separately from infant bottle preparation. Thoroughly clean sink and surfaces between preparation of chicken and prep of bottles, for example.

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confirmation that the *C. perfringens* toxin was found in the food as well (specialized test kits were not immediately available.*)*.

A handy tool that we have just begun to use, is Survey Monkey. The Monkey allowed quick development by Amanda Kita-Yarbro, our mighty Communicable Disease Epidemiologist, of an on line (Web-based) questionnaire that our Clostridium victims could now access and easily complete.

Following data collection, data were aggregated or gathered and migrated into an epidemiologic analysis tool, like EpiInfo. Data is analyzed, leading to an even better understanding of why and how the foodborne illness occurred.

And once that is complete, the information is shared with staff, with State epidemiology staff, and, of course, with the people who suffered through the illness.

We have attached an electronic copy of the complete report, so you can get a sense of all the critical work done by staff.

We salute the hard work done by Intake, Communicable Disease Team members and our crack Sanitarian team. And especially, kudos to Amanda Kita-Yarbro.

Amanda Kita-Yarbro, Epidemiologist

Caption describing picture or graphic.

Team Picture.

Team members include: Catherine Cerf, Frances Hough, Amanda Kita-Yarbro, Laurie Krenn, Kate Louther, Sara Mader, Jean Nerad, Brian Odegaard, Nancy Odell, Connie Relyea, Ellen Skatrud, Jane Steidl, Pa Vang, Nancy Wanek, Chris Watson, and (missing from picture): Suzanne Leimontes, Jan Raymond, Jennifer Weitzel. And (photographer) Judy Aubey.

Babies and Communicable Diseases cont.

Don't bathe your baby in the sink directly; use a plastic baby bathtub and clean the sink thoroughly before and after baby's bath

If you have reptiles, don't clean their living quarters in your sink or bathtub.

And in the particular case of this infant, don't place your child in their car seat on the counter next to the sink, as you cut and prepare raw chicken for cooking. And then, subsequently do not reinsert your child's binky in her mouth, without at least washing your hands first.

It's not a good move. From a car seat OR a campylobacter perspective.

For handwashing posters and brochures in English and Spanish, go to www.washup.org, web site for the American Society of Microbiology.