Prevention of Campylobacter exposure in the retail food environment

Gloria Lam, MPH
Communicable Disease Investigator

Lyna Nguyen, REHS *Program Assistant*

Emmy S. Myszka, MPH, REHS Principal Investigator San Mateo County Environmental Health



Outline

- EHS-Net Cooperative Agreement
- Campylobacter & Campylobacteriosis
- Communicable Disease Investigations
- Risk & Knowledge Assessments
- Restaurant Intervention Study
- Preliminary Findings
- Outlook to the Future

Cooperative Agreement

- CDC's National Center for Environmental Health
- EHS-Net
- 5 year grant cycle (2010-2015)
- \$149,000/year
- Practice project
- CDC technical advisors



Goals & Objectives

GOALS

- Build capacity of EH to implement system-wide interventions to reduce incidence of reported Campylobacter cases
- Change perception of EH from regulatory agency to pro-actively inform, educate & empower businesses & residents

OBJECTIVES

- Reduce incidence of Campylobacter infection in SMC
- Decrease food facility risk factors associated with raw chicken handling
- Increase food handler knowledge of Campylobacter risk & safe chicken handling
- Increase public's knowledge & awareness of EH

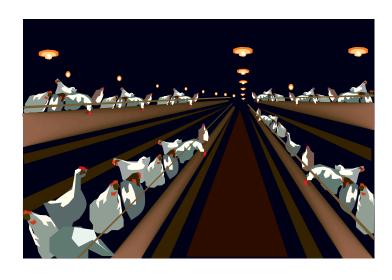
Activities

- Communicable Disease Investigations
- Case-control study
- CDI Notifications to EHS
- Risk & Knowledge Assessments in restaurants that prepare raw chicken
- Intervention

Campylobacter & Campylobacteriosis



What is Campylobacter?



- Bacteria endemic in flocks of chickens
- In 2008, FDA's NARMS found 65% of chicken breast tested at retail in CA was infected
- Spread through common water source or contact with infected fecal matter
- At slaughter, infected intestinal organisms can contaminate meat
- Other non-chicken sources

What is Campylobacteriosis?

- Incubation period:
 - 2-5 days average
 - 1-10 days range
- Infectious dose:
 - 500 organisms
- Symptoms:
 - Diarrhea, cramping, abdominal pain, fever, vomiting
- Treatment:
 - Wait it out or antibiotics
- Most common acute gastroenteritis in USA



Campylobacter vs. Salmonella

	Campylobacter / Campylobacteriosis	Salmonella / Salmonellosis
Transmission	Raw chicken, unpasteurized milk, recreational water, international travel	Contaminated food, water, or contact with infected animals
% chickens infected (2008)	65% in CA 48.8% nationwide	15.8% in CA 12.1% nationwide
Incubation period	2-5 days average (range 1-10 days)	12 to 72 hours
Symptoms	Diarrhea, cramping, abdominal pain, fever	Diarrhea, fever, abdominal cramps
Duration	1 week	4 to 7 days
Infectious dose	500 organisms	10 ³ to 10 ⁶
Cases	Isolated, sporadic events	Outbreaks

Campylobacteriosis in SMC

SAN MATEO COUNTY

- 2000-2009, avg 218 cases/year of culture-confirmed Campylobacter infections
- Annual incidence rate:
 - In SMC, 30.8 per 100,000 persons
 - In USA, 13.6 per 100,000 persons
- Multiplier of 34 = projected true burden of *Campylobacter* infections in 2009 was 7,786 or > 1,000 cases per 100,000

HEALTHY PEOPLE GOALS

- Health People 2010 target was 12.3 cases per 100,000 persons
- Healthy People 2020 target is 8.5 infections per 100,000 persons

Communicable Disease Investigations

Campylobacter Disease Reporting

1. Patient (Case):

- Restriction and exclusion measures
- Health education
- Testimonials



County Public Health Department:

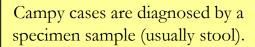
- Communicable Disease Control Program

2. Environmental Health:

- Restriction and exclusion measures
- Notification of disease outbreaks
- Meal history notifications to health inspectors

3. CDPH

- Final reporting via CalREDIE





Patient





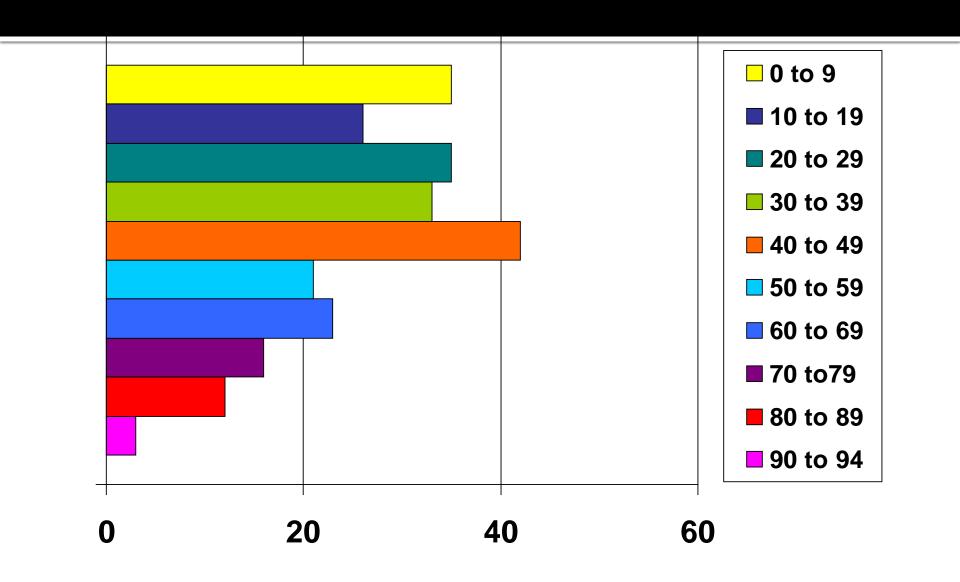


2011 Cases

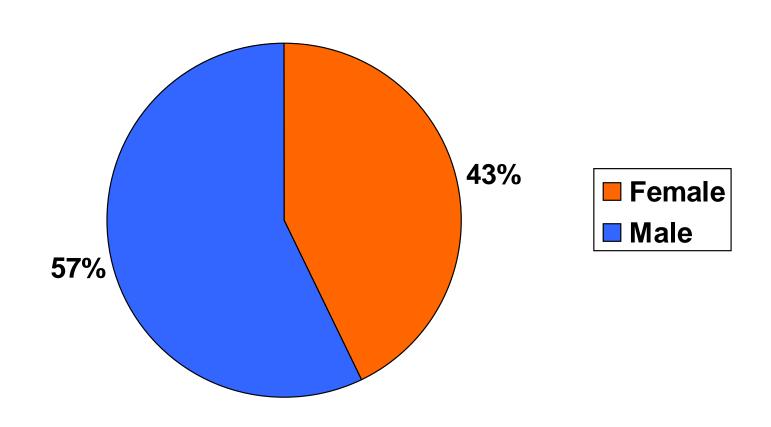
Quarter	n
1 st	53
2 nd	56
3 rd	70
4 th	67

246 total cases

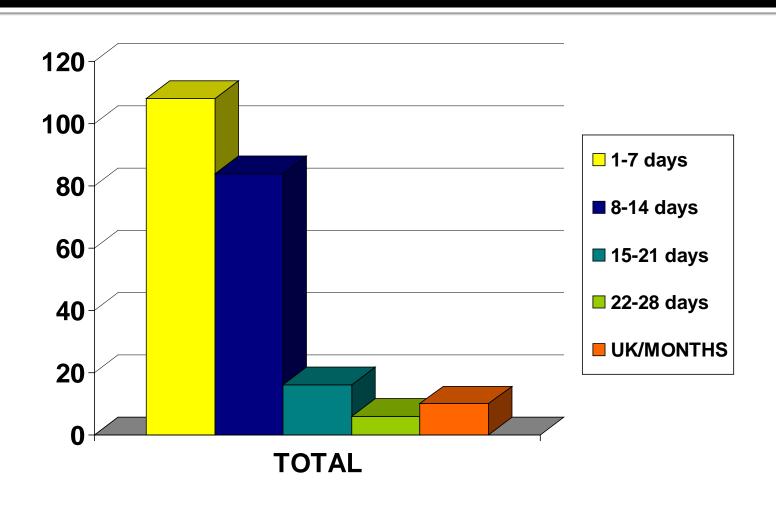
Year 2011 Cases – By Age, 10 year (n=246)



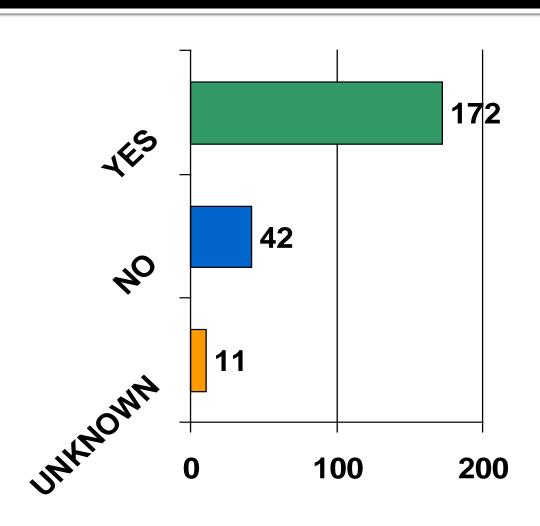
2011 Cases – By Gender (n=246)



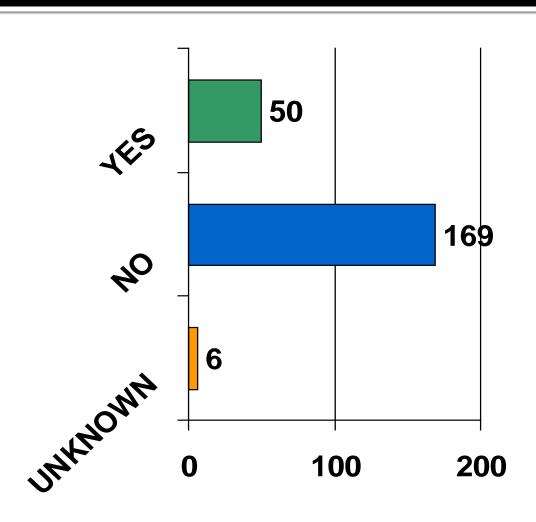
Duration of Symptoms (n=224)



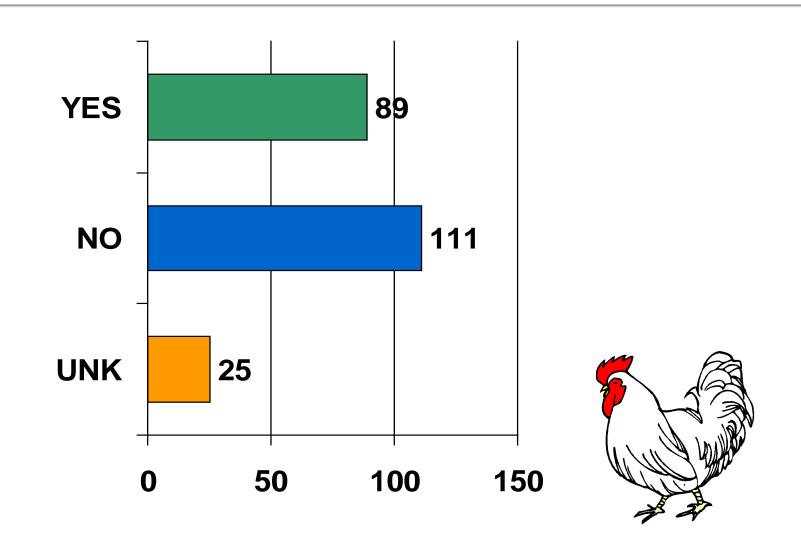
Food Consumption from Retail Facilities (n=224)



Food Consumption at Parties & Events (n=224)



Home Preparation of Chicken (n=224)



Summary of Risk Factors

Percentages of "Yes" responses of N = 225 (excludes LTFU cases)

Food consumption from retail facilities	76.4%
Food consumption at parties or events	22.2%
Raw milk product consumption	9.8%
Raw chicken consumption	9.3%
Home preparation of chicken	39.6%

International travel	20.4%
Contact w/ natural water sources	12.9%
Contact w/ sewage overflow or garbage	8.4%
Contact w/ farm animals or sick pets	11.1%
Oral-anal sex (of >18 y/o respondents)	2.2%

Restaurants named in Case Histories

- Confirmed cases of Campylobacteriosis
- Within the incubation period
- Look at inspection & violation history
- CDI Notifications to EHS
 - Routine within 5 days
 - Routine w/ food prep review within 5 days
 - Inspector's discretion based on food facility inspection history & other risky behaviors of case

Case Control Study

- Comparing restaurants named in food histories with violations at last two routine inspections
- To examine the strength of association between retail food facilities recalled in case food history reports & violations identified during routine inspections
- Violations:
 - contamination of food & food contact surfaces,
 - improper cooking time/temperature,
 - poor food handler hygiene & hand washing

Risk & Knowledge Assessments

Assessments

FACILITY RISK

- Storage,
- Preparation, &
- Cooking of raw chicken

FOOD HANDLER KNOWLEDGE

- Campylobacter & food borne illness
- Safe chicken handling practices



Assessments: Round 1

TYPE OF ASSESSMENT	TOTAL
Risk (026)	1,627
Knowledge (027)	2,337
TOTAL	3,964

Lessons learned:

- Number of facilities that handle raw chicken
- Multiple visits to see preparation & cooking
- Chicken prep during offhours
- Certain days of the week

Limitations & Lessons Learned



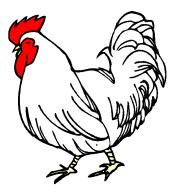
- Pilot test assessment forms & intervention before implementing county-wide
- Conduct standardization training for all EHS conducting assessments & intervention

Restaurant interventions

- Goals
- Strategy
- Evaluation

Goals

- To decrease food facility risk factors associated with raw chicken handling by 50%
 - Measured by: facility risk assessments
 - Cross-contamination of other foods or cooked chicken during storage, preparation & cooking
- To increase food handler knowledge of Campylobacter risk
 & safe food handling of raw chicken by 50%
 - Measured by: food handler knowledge assessments
 - Infective dose
 - Incubation period
 - Percent of infected chicken at retail



Audience





Theory



Barriers:

- Lack of accountability
- Lack of involvement of managers & coworkers
- Systems & policies
- Time pressure
- Inadequate facilities & supplies
- Engage restaurant owners/managers to influence food workers

"Food safety interventions in foodservice environment are more likely to be effective if organizational context is taken into consideration."

Strategy

- Training kit directed at owners/managers to give tools to train employees
 - Training manual
 - Facts about Campylobacter
 - Storage: WIC label for chicken shelf
 - Preparation: glow germ, cross-contamination messages
 - Cooking: thermometers
 - Train-the-Trainer Video



Graphic Design

- Contract with a graphic design company to design restaurant training kit
- Focus groups to evaluate designs with food handlers & community
- Translated into Spanish, Chinese, Tagalog

FACT: EIGHT OUT OF TEN CHICKENS ARE INFECTED WITH CAMPYLOBACTER, THE LEADING CAUSE OF FOOD POISONING.



One drop of raw chicken juice can make you sick.

Learn how to protect you and your family.

www.campylobacter.us | 1 (800) 123-1234



Even though it's inspected.



It could still be infected.

Campylobacter (kam-pi-lō-bak-tər)
is the leading cause of food poisoning and
found in 8 out of 10 chickens.

Just a drop can make you sick, so handle and prepare your chicken with care.

www.campylobacter.us 1 (800) 123-1234



KILLER CHICKEN

8 out of 10 chickens carry campylobacter bacteria

Only
1 drop of
campylobacter
can cause
illness in
2-5 days

Symptoms
include: nausea,
fever, cramps,
vomiting,
bloody diarrhea,
paralysis, even
death...

A DROP CAN MAKE YOU SICK

Learn how to handle and prepare your chicken safely.

Call 1 (800) 123-1234 Visit www.campylobacter.us



Intervention Project

- Study Design
 - Wait-listed Control
 - Simple Intervention Group: hand-delivered kit
 - Comprehensive Intervention Group: hand-delivered kit + in-person training with EHS
- Delivery
 - Random sample of approximately 600 restaurants
 - Best intervention implemented at facilities in control group
- Incentives
 - Report
 - Recognition ceremonies at Chambers of Commerce



Evaluation

- Measure with risk & knowledge assessments
- Control vs. Intervention groups
- Delivery method of intervention



Timeline: Intervention

- March-August 2012: Intervention development
- Sept-Oct 2012: Intervention implementation
- Jan-April 2013: Round 2 assessments to measure effectiveness of intervention
- Sept-Dec 2013: Round 3 assessments to measure longterm retention rates
- April-May 2014: Intervention @ control group
- Aug 2014-Jan 2015: Data analysis & reports
- Feb-June 2015: Dissemination of results

"Education must begin with the solution of the teacherstudent contradiction, by reconciling the poles of the contradiction so that both are simultaneously teachers and students." --Paulo Freire

Questions?

Emmy Myszka emyszka@smcgov.org 650.372.6211