

Manisha Juthani, MD Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

Epidemiology and Emerging Infections Program
Infectious Diseases Section

March 17, 2023

Dear Local Director of Health:

The purpose of this letter is to request continued collaboration on follow-up interviews of foodborne/enteric disease cases, which will reduce duplication of efforts, and to provide an update on preliminary 2020/2021/2022 foodborne disease data.

This is the 28th year that Connecticut has participated in the Foodborne Diseases Active Surveillance Network (FoodNet), the principle foodborne disease component of the Centers for Disease Control and Prevention (CDC) Emerging Infections Program. It is also the 12th year that Connecticut will participate in the Foodborne Diseases Centers for Outbreak Response Enhancement (FoodCORE), through which all participating centers work toward developing better methods to detect, investigate, respond to, and control local and multistate foodborne outbreaks. Additional information about these programs can be found at: www.cdc.gov/foodnet/ and www.cdc.gov/foodcore/.

In 2023, FoodNet/FoodCORE staff will continue to interview all cases of cyclosporiasis, Enterotoxigenic *E. coli* (ETEC), *E. coli* O157 and non-O157 Shiga toxin-producing *E. coli* (STEC) infection, listeriosis, salmonellosis, shigellosis and vibriosis. Selected campylobacteriosis (those cases reported by Quest Diagnostics), as part of a FoodNet project focusing on antibiotic resistant foodborne/enteric infections, will be targeted for interview by FoodNet/FoodCORE staff and indicated as such in the "Notes" field of the CT Electronic Disease Surveillance System (CTEDSS). All data from *any*



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interview conducted by FoodNet/FoodCORE will be entered or attached to the patient's record in CTEDSS. When an ill person who works in a high-risk occupation (i.e. food handler, health-care worker, daycare attendee/staff) is identified, the relevant local health department(s) will be notified.

Local health departments (LHDs) should continue to conduct interviews on all other foodborne/enteric disease cases. These include cases of campylobacteriosis not reported by Quest, and yersiniosis using the appropriate pathogen-specific "General Enteric Diseases Interview Form" (GEDIF) (attached). Completed GEDIF information should be entered directly into CTEDSS using the GEDIF Wizard.

Please share these documents with your staff responsible for foodborne disease surveillance and follow-up. If you have any questions about FoodNet or FoodCORE, please contact Tamara Rissman (tamara.rissman@yale.edu) at Yale School of Public Health or Christina Turner at DPH (christina.turner@ct.gov).

Sincerely,

Lynn Sosa, MD

Acting State Epidemiologist

Tamara Rissman, MPH

FoodNet Coordinator

Christina Turner, MPH FoodCORE Coordinator

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Preliminary 2020-2022 FoodNet/FoodCORE Data

(as of 01/11/2023)

Table 1. Number of Cases Reported and Interviewed, 2020-2022

| | 2020 | | 2021 | | 2022 | |
|------------------------------------------------|-----------------------------|------------------------------------|-----------------------------|------------------------------------|-----------------------------|------------------------------------|
| Pathogen | No. of Cases Reported | No. (%) of Cases Interviewed | No. of Cases Reported | No. (%) of Cases Interviewed | No. of Cases Reported | No. (%) of Cases Interviewed |
| Campylobacter* | 493 | 349 (71%) | 706 | 386 (55%) | 690 | 288 (42%) |
| Cyclospora | 7 | 6 (86%) | 27 | 23 (85%) | 25 | 22 (88%) |
| Enterotoxigenic Escherichia coli (ETEC)* | 29 | 20 (69%) | 62 | 38 (61%) | 134 | 74 (55%) |
| Escherichia coli (shiga toxin-producing)* | 77 | 66 (86%) | 115 | 96 (83%) | 145 | 111 (77%) |
| Listeria* | 10 | 10 (100%) | 21 | 14 (67%) | 15 | 13 (87%) |
| Salmonella* | 355 | 307 (86%) | 442 | 372 (84%) | 472 | 373 (79%) |
| Shigella* | 46 | 35 (76%) | 91 | 68 (75%) | 116 | 74 (64%) |
| Vibrio* | 48 | 41 (85%) | 52 | 33 (63%) | 55 | 37 (67%) |
| Yersinia | 51 | 21 (41%) | 73 | 28 (38%) | 97 | 31 (32%) |

^{*}pathogens interviewed by DPH/FoodNet/FoodCORE: selected Campylobacter, all Cyclospora, all STEC, all Listeria, all Shigella, all Vibrio, all Salmonella for LHDs (~90%) that deferred to FoodCORE.

Table 2. Number of Clusters Identified and Investigated, 2020-2022

| Pathogen | 2020 No. of Clusters (n=58) | 2021 No. of Clusters (n=59) | 2022 No. of Clusters (n=56) |
|---------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Campylobacter | 12 | 10 | 2 |
| Cyclospora | 0 | 1 | 0 |
| E. coli (shiga toxin-producing) | 3 | 3 | 1 |
| Listeria | 0 | 2 | 1 |
| Salmonella | 39 | 37 | 47 |
| Shigella | 3 | 6 | 5 |
| Vibrio | 1 | 0 | 0 |
| Yersinia | 0 | 0 | 0 |

Table 3. Number of Outbreaks Identified and Investigated, 2020-2022

| Etiology | 2020 No. of Outbreaks (n=15)* | 2021 No. of Outbreaks (n=21)** | 2022 No. of Outbreaks (n=15)*** |
|---------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| Norovirus | 3 | 3 | 2 |
| Salmonella | 11 | 13 | 8 |
| Cyclospora | 0 | 1 | 0 |
| E. coli (shiga toxin-producing) | 1 | 0 | 0 |
| Listeria | 0 | 1 | 0 |
| Campylobacter | 0 | 1 | 1 |
| Undetermined | 0 | 1 | 3 |
| Clostridium perfringens | 0 | 1 | 0 |
| Enterotoxigenic E. coli | 0 | 0 | 1 |

^{*11} outbreaks were multistate

^{**10} outbreaks were multistate

^{***8} outbreaks were multistate

Connecticut Emerging Infections Program

Foodborne Diseases Active Surveillance Network (FoodNet) Foodborne Diseases Centers for Outbreak Response Enhancement (FoodCORE)

FoodNet/FoodCORE is interviewing the following cases:

- All cases of listeriosis (specialized CDC form)
- All cases of cyclosporiasis (*specialized CDC form*)
- All cases of *E. coli* O157 and non-O157 Shiga toxin-producing *E. coli* (STEC) infection (*specialized state form*)
- All cases of Enterotoxigenic E. coli (ETEC) infection (specialized state form)
- All cases of vibriois (*specialized CDC form*)
- All cases of shigellosis (shigellosis specific GEDIF)
- All cases of salmonellosis
- Selected cases of campylobacteriosis (reported by Quest Diagnostics)

Local health departments are responsible for interviewing all other cases of foodborne/enteric diseases with the appropriate General Enteric Diseases Interview Form (GEDIF) (unless otherwise noted):

- All cases of campylobacteriosis^ (NOT reported by Quest Diagnostics)
- All cases of versiniosis

Completed GEDIFs should be entered directly into CTEDSS, using the GEDIF Wizard.

Ideally, all interviews should be <u>attempted within 24-48 hours</u> and <u>completed within 1 week</u> of receipt of report. The following attempts are recommended:

- At least 3 telephone calls during normal working hours on multiple days
- If possible, at least 1 call outside normal working hours (i.e. evening and/or weekend)
- Consider sending a text message if phone number is associated with a cell phone

The FoodCORE team is available to provide assistance with interviewing. To request assistance, please contact FoodCORE: tamara.rissman@yale.edu

<u>^Special Note on Campylobacter</u>: Campylobacter cases reported by Quest will be interviewed by FoodCORE/FoodNET. LHDs must check CTEDSS in order to know which cases will be interviewed by FoodCORE/FoodNet. A message indicating "CASE TO BE INTERVIEWED BY FoodCORE/FoodNet" will be entered into the "Notes" field in CTEDSS for selected Campylobacter cases targeted interviews. LHDs should interview all other Campylobacter cases.

For more information regarding FoodNet or FoodCORE, please contact:

Tamara Rissman, FoodNet Coordinator 203-737-6803 <u>tamara.rissman@yale.edu</u> Christina Turner, FoodCORE Coordinator 860-509-7994 <u>christina.turner@ct.gov</u>