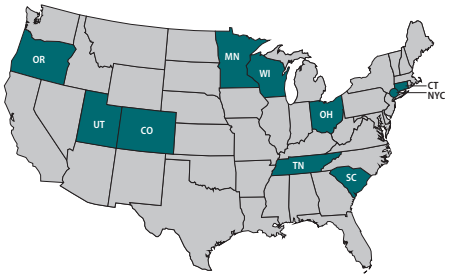
FoodCORE: Year Five Summary

Foodborne Disease Centers for Outbreak Response Enhancement

January 1 – December 31, 2015

Background

Foodborne Diseases Centers for Outbreak Response Enhancement (FoodCORE) centers address gaps in foodborne disease response through enhanced capacity in laboratory, epidemiology, and environmental health to improve timeliness and completeness of outbreak response activities. The FoodCORE centers during Year Five (January 1 – December 31, 2015) were: Colorado, Connecticut, Minnesota, New York City, Ohio, Oregon, South Carolina, Tennessee, Utah, and Wisconsin.



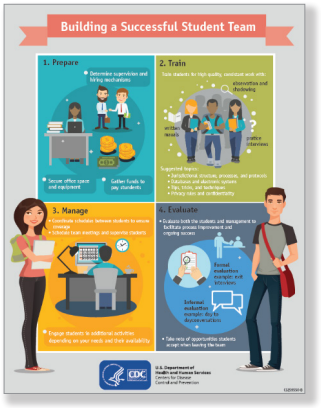
Program Highlights

In Year Five, FoodCORE program participants and the FoodCORE team delivered presentations at meetings and conferences across the country. Program overviews presented at scientific conferences, programmatic meetings, and invited talks showcased the improvements FoodCORE centers have made. This includes presentations at:

- Council of State and Territorial Epidemiologists (CSTE) Annual Meeting
- International Association for Food Protection (IAFP) Annual Meeting
- American Public Health Association (APHA) Annual Meeting
- Food and Drug Administration (FDA) Rapid Response Team (RRT) Annual Program Meeting
- Integrated Foodborne Outbreak Response and Management (InFORM) Conference
- International Conference on Emerging Infectious Diseases (ICEID)

Two **FoodCORE Success Stories** were added to the FoodCORE website in Year Five. These stories describe successful projects that FoodCORE centers have completed and demonstrate how the program advanced public health across the United States.

- In March, a story was published about New York City's use of online restaurant reviews to detect foodborne outbreaks
- In August, a story was published about a study Tennessee conducted on splash pads throughout the state



After much anticipation, the **FoodCORE Model Practice** on student interview teams was completed and added to the FoodCORE website in October. This model practice describes the ways FoodCORE centers have successfully established, implemented, and maintained a team of students to support routine work and provide surge capacity in state and local health departments. Student teams exist in various forms and can be tailored to meet the needs of a variety of programs and settings. The model practice is a great resource for health departments that wish to establish a team of their own. This model practice was advertised through social media, listservs, and at meetings and conferences, including a poster at the InFORM conference.

At the beginning of Year Five, four regional PulseNet/OutbreakNet meetings were held across the country to bring together laboratorians, epidemiologists, and environmental health specialists involved with foodborne and enteric disease outbreak response. FoodCORE centers were heavily involved in developing the agenda for each of these meetings and presented on FoodCORE performance and accomplishments in their health departments.

Program Performance

Centers report metrics twice a year to evaluate changes resulting from the targeted FoodCORE resources. Metrics for *Salmonella*, Shiga toxin-producing *Escherichia coli* (STEC), and *Listeria* have been collected since late 2010. Metrics for norovirus, other etiologies, and unknown etiology investigations have been collected since 2012. The metrics collected by FoodCORE centers are continually revised to best meet program needs. See page two for figures and graphs for select metrics. Information on all of the metrics and complete data tables are available on the FoodCORE website.

FoodCORE Web Resources:

FoodCORE program website:
https://www.cdc.gov/foodcore/index.html

FoodCORE Success Stories and Highlights:
https://www.cdc.gov/foodcore/successes.html

FoodCORE Model Practices:
https://www.cdc.gov/foodcore/resources.html

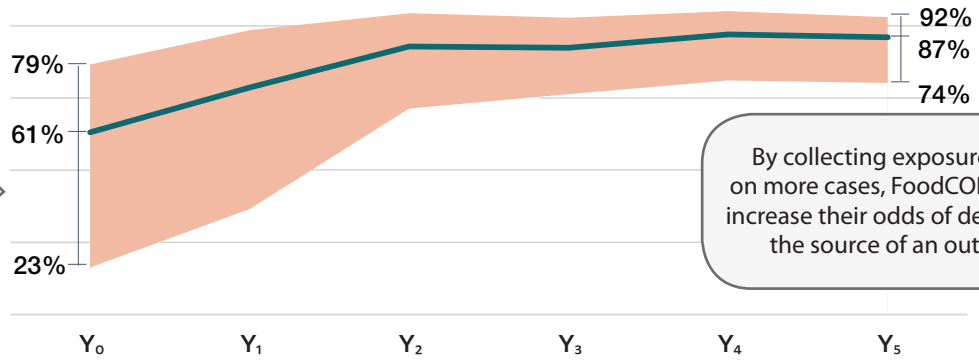
National Center for Emerging and Zoonotic Infectious Diseases
Division of Foodborne, Waterborne, and Environmental Diseases

CS264395

Graphs for Select Metrics – Year Five

Percent of *Salmonella*, *STEC*, and *Listeria* (SSL) cases with an exposure history

FoodCORE centers now collect exposure history for more of their cases compared to baseline. Not only has the **average** percent of cases with exposure history increased, the **minimum** has increased by over 50%.

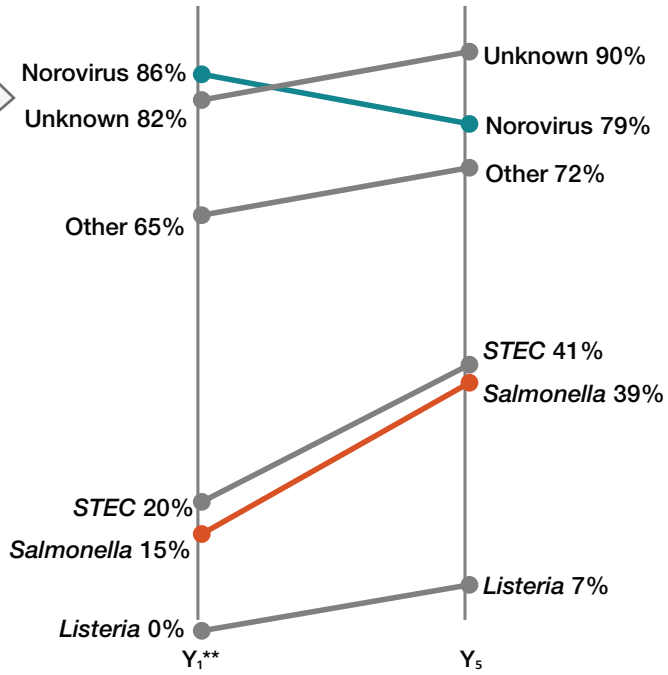


By collecting exposure history on more cases, FoodCORE centers increase their odds of determining the source of an outbreak.

Change in the percent of investigations* with environmental health assessments from Year 1** to Year 5

Since Year 1, the percent of investigations for which environmental health assessments were conducted has increased for most pathogens.

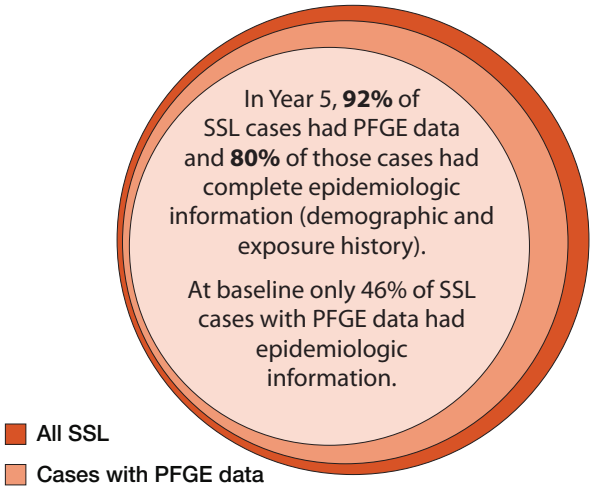
The increase was greatest for ***Salmonella*** investigations. **Norovirus** investigations decreased.



*NOU metrics are only reported for foodborne and point-source investigations

**NOU metrics were not collected in Year 1, so Year 2 values are reported

Environmental health assessments help determine the factors that led to a person becoming ill. This information can inform guidelines and policies to prevent future illnesses.



FoodCORE centers have demonstrated that targeted investments can improve the completeness and timeliness of outbreak response activities. They have strengthened their outbreak response programs to conduct faster, better, and more complete investigations, to ultimately help stop the spread of foodborne disease.

Baseline (Y0) = October 2010 – March 2011
Y_1 = October 2010 – September 2011
Y_2 = October 2011 – December 2012
Y_3 = January 2013 – December 2013
Y_4 = January 2014 – December 2014
Y_5 = January 2015 – December 2015