INCIDENCE OF FOODBORNE DISEASES



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Disease foodborne? Criteria:

- "Food attribution" -
- Agent from patient(s) found in food ("fingerprinting")
- Food consumption matches among patients

Disease foodborne?

- Other criteria:
- "Fingerprints" match among patients
- Frequently foodborne disease
- Gastrointestinal symptoms

How do we know a disease is foodborne?

- Outbreaks vs. sporadic cases
 recognition of commonsource outbreaks
- Acute vs. chronic illnesses
 acute vs. chronic
 exposures

PulseNet

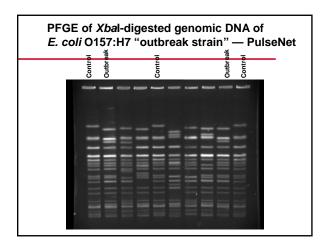
 A national network of public health laboratories that perform DNA "fingerprinting" on bacteria that may be foodborne

PulseNet (cont.)

 Permits rapid comparison of these "fingerprint" patterns through an electronic database at the CDC

PulseNet (cont.)

 Allows identification of concurrent outbreaks across wide geographical areas and aids identification of common source outbreaks



(~1990, CAST)	
Category People	<u>e (× 10⁶)</u>
 Pregnant women 	5.657
 Neonates 	4.002
◆Elderly (>65)	29.400

"At-risk" populations				
(~1990, CAST)				
Category People ($(\times 10^{6})$			
 In nursing homes 	1.553			
Cancer (nonhospitalized)	2.411			
♦Organ transplant	0.110			
 AIDS patients 	0.135			

How are foodborne illnesses reported?

- Reporting channels
- Compilation
- Reporting

Reporting channels from physician or ?

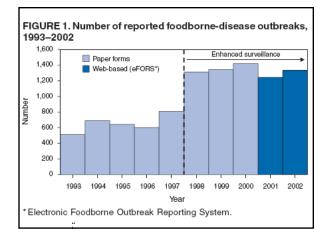
- •Levels of government; priorities
- Paper vs electronic
- FoodNet data from diagnostic laboratories
- Outbreak suspected, investigated?

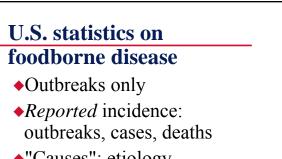
Compilation

- Structure of information gathering
- Structure of information recording

Reporting

- Choice of "medium"
- Timing





 "Causes": etiology, contributing factors

U.S. statistics on

foodborne disease

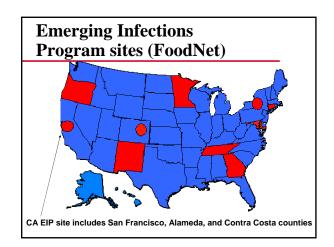
- Seasonality, place food was eaten, vehicles (identity vs. "ethnicity")
- Undetermined etiology —
 FoodNet
- •Estimates from CDC in Emerging Infectious Diseases

Foodborne diseases active surveillance network

- Campylobacter, E. coli O157, STEC non-O157, Listeria, Salmonella, Shigella, Vibrio, Yersinia, Cryptosporidium, Cyclospora, HUS
- All clinical labs contacted at least monthly

"FoodNet"

- Collaborative effort between state health departments, USDA, FDA, CDC
- Principal foodborne diseases component of CDC's Emerging Infections Program (EIP)
- Established in 1995 in four sites
- Currently 10 EIP sites with 41 million persons under surveillance



FOODBORNE DISEASE OUTBREAKS, U.S., 1998–2002					
	Outb	reaks	Case	es.	Deaths
	No.	%	No.	%	No.
Bacterial	1184	17.8	37887	29.5	70
Chemical	221	3.3	1140	0.9	0
Parasitic	23	0.3	630	0.5	0
Viral	709	10.7	28274	22.0	0
Multiple	30	0.5	1060	0.8	0
Confirmed	2167	32.6	68991	53.7	76

FOODBORNE DISEASE OUTBREAKS, U.S., 1998–2002					002
	Outb	reaks	Cas	ses	Deaths
	No.	%	No.	%	No.
Confirmed etiology	2167	32.6	68991	53.7	76
Undetermined etiology	<u>4480</u>	<u>67.4</u>	<u>59389</u>	<u>46.2</u>	<u>12</u>
05	6647	100	128380	100	88

BACTERIAL FOODBORNE DISEASE, REPORTED VS EST.

Species	Reported, 1998–2002	Estimated, annual
Campylobacter	1,440	1,963,141
Clos. perfringens	6,724	248,520
Escherichia coli	4,864	173,107
L. monocytogenes	256	2,493
Salmonella	16,821	1,341,873

Organism	1996–	2005
-	1998	
<i>Campylobacter</i> (/10 ⁵)	21.7	12.7
<i>E. coli</i> O157 (/10 ⁵)	2.3	1.1
Listeria (/10 ⁶)	4.9	3.0
Salmonella (/10 ⁵)	13.5	14.6
Shigella (/10 ⁵)	7.7	4.7

Agent	Passive	Estimated	
	(1998–	(Mead et	(2005,
	2002)	al., 1999)	3×10 ⁸)
Campylobacter	1,440	1,960,000	38,100
Salmonella	16,821	1,340,000	43,800

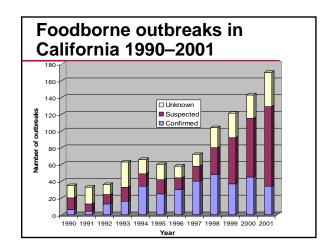
PARASITIC & VIRAL F-BN DISEASE, REPORTED VS EST. Species Reported, Estimated, 1998-2002 annual 200,000 Giardia 119 Toxoplasma 0 112,500 Trichinella 33 52 981 4,170 Hepatitis A Noroviruses 9,200,000 27,171

Organism (all /10 ⁶ people)	1996-	2005
Cryptosporidium	<u>1998</u> 26.8	29.5
Cyclospora	1.6	1.5
Vibrio	2.4	2.7
Yersinia	8.9	3.6



Foodborne illness in California

- 9 million illnesses (viral>bacteria>parasitic)
- 39,000 hospitalizations (bacterial>viral>parasitic)
- 600 deaths
 (bacterial>parasitic>viral)



Confirmed etiologic agents, CA				
Etiology	<u>1999</u> # (%)	<u>2000</u> # (%)	<u>2001</u> # (%)	<u>2002</u> # (%)
Bacterial	35 (95)	27 (60)	21 (54)	20 (48)
Parasitic	1 (3)	1 (2)	3 (8)	0 (0)
Chemical	0 (0)	2 (4)	4 (10)	4 (10)
Viral	1 (3)	15 (33)	12 (31)	18 (43)
Total	37 (100)	45 (100)	39 (100)	43 (100)

Year	Outbreaks (Cases)	Increase	Confirmed # (%)	Suspected # (%)
1999	121 (3325)	20%	37 (31)	55 (46)
2000	141 (3716)	17%	45 (32)	71 (50)
2001	177 (2806)	25%	39 (22)	103 (58)
2002	207 (3355)	17%	40 (20)	143 (69)

Specific a foodborn			CA	
Etiology	<u>1999</u> # (%)	<u>2000</u> #(%)	<u>2001</u> #(%)	<u>2002</u> # (%)
Norovirus	1 (3)	14 (31)	12 (31)	18 (45)
Salmonella (non SE)	9 (24)	13 (29)	5 (13)	8 (20)
Salmonella Enteritidis	14 (38)	6 (17)	1 (3)	1 (3)
E. coli O157	2 (5)	1 (3)	5 (13)	5 (13)
Shigella	5 (14)	3 (9)	7 (18)	2 (5)

Food vehicle	e by year of	outbreak, CA
Vehicle	1991–1995	1996–2000
Produce	1 (2)	29 (30)
Meats	17 (30)	14 (15)
Dairy	3 (5)	2 (2)
Eggs	12 (21)	17 (18)
Seafood	4 (7)	7 (7)
Multiple	7 (13)	16 (17)
Other	12 (21)	11 (11)
Includes only outbr	eaks with a confirm	ed etiologic agent.

What about foodborne disease in other countries? (e.g., Europe)

- Some have no reporting mechanism
- •*Salmonella* is almost everywhere—may be <u>presumed</u> foodborne
- Campylobacter often not sought

Other countries?

- •Viruses rarely reported (<u>EU</u>) hepatitis A presumed foodborne in Germany
- "Undetermined etiology" vs."other-and-unknown" and"infectious enteritis"
- •UK's special problem—vCJD

CJD in the UK			
Year	Sporadic	vCJD	Other
2001	58	20	9
2002	72	17	5
2003	76	18	11
2004	51	9	6
2005	65	5	13
2006	57	5	10

Other countries?

- Some countries seem not to consider foodborne disease from food prepared and eaten at home, whereas others take this very seriously.
- Canada similar to U.S., except that foodborne virus disease is rare, and acute illness is sometimes attributed to yeasts and molds.

Other countries?

- European Union now has a program; Australia and New Zealand seem to be on the way
- Pan American Health Organization—Latin America & Caribbean

What might we aspire to?

- More timely reporting
- More complete reporting
- Measures of severity and economic impact
 - -Monetary costs
 - -"Human" costs
- FoodNet

Prognosis for foodborne disease reporting

- From physicians to national health services, incentives to report are lacking
- FoodNet
- •Undetected problems don't require solutions (disincentives)
- •Who speaks for the public?

Summary

- Information on incidence of foodborne disease = "educated" (?) guesses
- This ignorance has led to misapplication of limited resources for food safety

Summary

- Ignorance persists because of political expediency
- The "public" is unlikely to make things better
- FoodNet may make a difference