# Centered on Food Safety

#### INTEGRATED FOOD SAFETY CENTERS OF EXCELLENCE



The Centers for Disease Control (CDC) has designated five Integrated Food Safety Centers of Excellence (Food Safety CoEs) that are each comprised of a state health department and an affiliated university partner. The Centers work together to identify model practices in foodborne disease surveillance and outbreak response and to serve as resources to assist other state and local public health professionals in implementing these practices.

# CoE Core Curriculum

Access Core Curriculum and Watch Video



Developed by the Food Safety CoEs, the Core Curriculum provides comprehensive self-paced learning for public health professionals who work on foodborne illness investigations. This curriculum enables flexible and accessible training for the members of a foodborne outbreak investigation team.

Each training package is based on two distinct competency sets: Epidemiology and Environmental Health. Each tier addresses the discipline-specific competencies needed to develop skills required for an effective response to foodborne disease outbreaks.

To learn more, view our short video outlining the Core Curriculum above, or visit our <u>Integrated Food Safety CoE website</u> to get started with training.

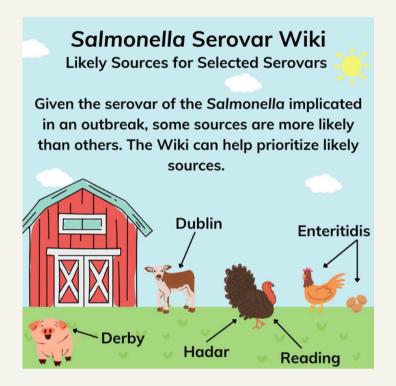








#### **Access Tool**



Created by the NY Food Safety CoE, the Salmonella Serovar Wiki provides information on ecological associations for different serovars, including their common animal reservoirs, geographic distribution, and genetic characteristics. The Wiki also provides information on past outbreaks and food recalls related to each serovar.

The Salmonella Serovar Wiki can help epidemiologists generate hypotheses on potential sources of new outbreaks and assist environmental health professionals identify key targets for sample collection and incorporate specific questions to be applied to workers in investigation settings.

Innovative Interstate Academic–Public Health Agency
Collaborations for Case Investigations and
Outbreak Surge Capacity

## View Paper

Check out a new publication led by the Colorado CoE and published in collaboration with:

- Washington CoE
- California Department of Public Health
- Nebraska Department of Health and Human Services
- Wyoming Department of Health
- Kansas Department of Health and Environment

The paper explores the impact of regional partnerships that allowed student teams to work across state lines, beginning during the pandemic emergency response. It demonstrates the feasibility, value, and lessons learned from interstate collaboration.

#### Innovative Interstate Academic-Public Health Agency Collaborations for Case Investigations and Outbreak Surge Capacity

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#### Abstract

Student interview teams provided essential surge capacity for the conduct of routine enteric disease surveillance and outbreak activities during the COVID-19 pandemic response, for states with that resource available. This case study describes how student interview teams based in Colorado and Washington supported enteric disease interviewing for public health agencies in Nebraska, Wyomi Kansas, and California, and demonstrates the feasibility and value of interstate student interview team work to provide enteric and other communicable disease surge capacity. In collaboration with their respective state health agencies, the Colorado School of Public Health Enteric Disease Interview Tear (EDIT) and the University of Washington Student Epidemic Action Leaders (SEAL) team amended scopes of work and procedures for hiring and onboarding, training, work management and engagement, communication, and evaluation to offer enteric disease interviewing support to the Nebraska Department of Health and Human Services, the Wyoming Department of Health, the Kansas Department of Health and Environment, and the California Department of Public Health, FDIT was assigned 467 enteric interviews in Nebraska, 193 in Wyoming, and 33 in Kansas; and the SEAL team was assigned 133 interviews from 26 clusters in California, with response rates of 68%, 79%, 58%, and 53%, respectively. The median time from case assignment to first interview for EDIT interviews was less than or equal to 1 day. The completeness of all interviews was satisfactory. Enteric disease epidemiologists from host state health departments and students reported valuing the interstate work. Establishing interstate student interview team support requires coordination but is possible and can be effective in providing essential surge capacity for states without a student interview team. It also provides intangible benefits such as strengthening relationships between states and affiliated university programs and providing professional experiences and networking opportunities for students.

### **View MMWR**

Surveillance Summaries

# Contributing Factors of Foodborne Illness Outbreaks — National Outbreak Reporting System, United States, 2014–2022

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#### Abstract

Problem/Conditions Approximately 800 foodborne illness ourbreaks occur in the United States each year. These ourbreaks include approximately 15,000 illnesses, 800 hospitalizations, and 20 deaths. Although illnesses from ourbreaks account for a small poertion of all foodborne illnesses, ourbreak investigations reveal how these illnesses originate by efferring crucial data through-pidemiologic, environmental health, and laboratory analyses and aid in ourbreak mitigation and prevention.

Ductipion of Systems The Foodborne Disease Outbreak Surveillance Systems (FDOSS), via the National Outbreak Reporting Systems (NOSS), copures data from foodborne caterial filters outbreak investigations in the United States. Epidemiology or communicable disease control and environmental health programs of state and local health departments collect and voluntarily speer the data to NOSS, which in managed by CDC. These data include information about cases (e.g., case counts, symptoms, duration of filters, and health care—exching behavior), liboratory specimens, settings of reposure, implicated food irons, and contributing factors (i.e., how the outbreak occurred). A foodborner filters contributed is defined as two or more cases of a similar being the investigator identify contributing factors to the outbreak of contributing factors are food preparation practices, behaviour, and environmental conditions that lead for putplenges greating time food, growing in food, or surviving in food and and and environmental conditions that lead for putplenges greating time food growing in food, or surviving in food and are paralway present in food grow), and survival (when putplenges and other hausafs get into food, prospileration (when putplenges that are alreadys present in food grow), and survival (when putplenges univer) a prosess interned to all of reduce them).

Results: A total of 2,607 (60,5%) loodborne illines outherolar reported during 2014–2022 with information on contributing factors were included in this analysis. Foodborne outherolar periods were categorized into three time frames. 2014–2016 (finst), 2017–2019 (second), and 2020–2022 (shind). Of the 2,677 outherolax, 1,142 (42,7%) occurred during the first time frame, 11,150 outherolax (1422-27%) during the total cond time frame, and 40% outherolax (15.17%) during the third time frame. The proportion of Societal outherolax increased from the first (41.7%) to the chief time frame (148.4%), and the proportion of voltar outherolax increased from the first (41.7%) to the chief time frame (148.4%), and the proportion of voltar outherolax increased 31.5%, respectively). The proportion of outherolax with a contamination countributing factor decreased (35.5%, 83.6%), and 81.0%, respectively). The proportion of outherolax with a post-interface total contribution of the condition of the

For outbreaks with a contamination contributing factor, the proportion of food contaminated by an animal or environmental source before arriving at the point of final preparation increased over the three time frames (22.2%, 27.7%, and 32.3% respectively), and the proportion of outbreaks with contamination from an infectious food worker through barehand contact with

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9.9%, respectively; and 13.6%, 10.4%, and 8.9%, respective
and the proportion of improper cooling of food decreased fr

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Members of the TN and NY Food Safey CoEs were a part of co-authoring a recent Morbidity and Mortality Report (MMWR) published by the CDC. This MMWR analyzes foodborne illness outbreaks and their contributing factors in the U.S. from 2014 to 2022.

The report highlights trends in foodborne illness outbreaks by looking at outbreak characteristics like contributing factors, etiologic agents, implicated food categories, and where food was prepared and eaten.

# Seeking CIFOR Workgroup Members

# View Flyer

The Council to Improve Foodborne Outbreak Response (CIFOR) is looking for volunteers to join its 5 workgroups. Each workgroup has different time commitments and needed skills. Please email <a href="mailto:rsinger@cste.org">rsinger@cste.org</a> for more information.

### **CIFOR Workgroups:**

- Root Causes Workgroup
- SCRIPT Workgroup (Strengthen CIFOR Resource Implementation through Promotion and story Telling)
- R.A.R.E Workgroup (Recruit and Retain Excellence)
- Data to Action
- WGS Turnaround Time

View our flyer for more details about each workgroup's goals, or if you are interested in joining a workgroup, you can sign up <u>HERE</u>.

