

# Georgia Public Health Team & Food Safety Task Force

Quarterly Meeting

10/23/2001

- Attendees:

Art Liang, CDC/Food Safety Office  
Ballard Graham, FDA/ORR  
Bob Sherrer, GA DOA  
Cameron Smoak, GA DOA  
Clifford Purdy, FDA/CFSAN  
Don Crull, USDA  
Dr. Mahin Park, GA DHR-public health laboratory  
Dr. Morris Potter, FDA/CFSAN  
Dr. Patricia White, USDA/FSIS  
Dr. Susan Lance-Parker, GA DHR-DPH/notifiable diseases  
Elaine Freeman, GA DOE  
Eugenia Seay, GA DOE  
Gary Sirmons, USPHS  
Gayle Lancette, FDA  
James A. Casey, FDA  
Greg Aspinwall, FDA/OCI  
James A. Casey, FDA  
John Stackman, GA DHR-DPH/notifiable diseases  
Lexie Kreckman, GA DHR-public health laboratory  
Mallory Lawrence, FDA/ORR  
Pam Williams, Tricon  
Reuben Beverly, GA DOA  
Robert Geller, GA DHR-poison control center  
Tom Bennett, GA DHR-DPH/environmental health  
Van Harris, GA DOA  
Virginia O'Leary, GSU Dept. of Nutrition  
John Stackman, GA DHR-DPH/notifiable diseases  
Lexie Kreckman, GA DHR-public health laboratory  
Mallory Lawrence, FDA/ORR  
Pam Williams, Tricon  
Reuben Beverly, GA DOA  
Robert Geller, GA DHR-poison control center  
Tom Bennett, GA DHR-DPH/environmental health  
Van Harris, GA DOA  
Virginia O'Leary, GSU Dept. of Nutrition

James Casey of FDA introduced a partnership that FDA has with Health and Agriculture Departments in California to promote food and agricultural security from bioterrorists. He suggests that similar partnerships should be entered into for joint planning, communication, investigations, data sharing, etc. among all State and Federal partners in the prevention and response to food biosafety and agroterrorism.

Many attendees expressed concern over the amount of resources being spent to investigate very low risk events or materials. The general consensus was that we are all in new territory here and that we just need to use common sense while being extra alert and vigilant for anything suspicious.

The next items on the agenda were grant-funded projects.

Elaine Freeman stated that she was working with Dr. Park on a publication to facilitate reporting of food safety concerns to the proper agencies in Georgia. She asked that any agencies who have not already submitted FAQ's to her to do so ASAP. Van Harris asked that draft versions of the publication be submitted to the group as a whole before final printing.

Van Harris announced that the Georgia Department of Agriculture has been awarded a 35k grant from USDA/FSIS for food safety education of small, independent, and/or ethnic retail food establishments.

The final items on the agenda were current food borne outbreaks.

John Stackman described two outbreaks under investigation by the Georgia Division of Public Health's Notifiable Disease Section.

The first outbreak occurred August 24-25<sup>th</sup>, 2001. 110 people developed symptoms of acute viral gastroenteritis after eating meals catered to a workplace luncheon. Clinical samples were submitted to the State Public Health Lab and the Centers for Disease Control and Prevention. All samples tested positive for Small Round Structured Virus (SRSV). The technology to test for SRSV in food is not currently readily available. Cole slaw was epidemiologically implicated as the vehicle in this outbreak. The cole slaw was received by the caterer in a ready to eat form, but was seasoned to taste and portioned into serving containers prior to being displayed for self-service. The final preparation of the cole slaw occurred in a residential facility that did not have a food service permit from the Georgia Dept. of Human Resources. The facilities were substandard and had no running water in the restroom. Equipment did not exist for properly sanitizing kitchenware and utensils.

The second outbreak occurred October 7, 2001. 16 people developed symptoms of staphylococcal food intoxication after eating BBQ pulled pork served at a family gathering. All 16 people were seen and treated at hospital emergency rooms. Clinical samples were obtained by the hospitals, but were not tested for staph or staph enterotoxin. Leftover food samples were obtained by myself and submitted to the State Public Health Lab. The BBQ pork was determined to be highly contaminated with staph and staph enterotoxin. Brunswick stew tested positive for small amounts of staph.

A preliminary environmental investigation suggests that the initial contamination of the pork occurred when pulling apart the BBQ pork while wearing non-disposable rubber gloves that were just rinsed off between uses and left to dry on a shelf. Amplification of the organism probably occurred while the consumer was in possession of the food. The food was purchased on Saturday October 6, 2001, but not served until Sunday October 7, 2001. The organisms would have produced a heat stable enterotoxin that can still cause intoxication even if the food was re-heated to a temperature sufficient to destroy any pathogens.

Lastly, it was decided that FDA at the Southeast Regional Office in Midtown Atlanta would host the next meeting of the group at 10:00AM on December 6, 2001

- Minutes:

The meeting was hosted by Elaine Freeman and was held in the boardroom of the Georgia Dept. of Corrections.

The first item on the agenda was food biosecurity/agroterrorism. This was discussed in the context of recent bioterrorism attacks on media and political figures using Bacillus anthracis spores delivered in the mail.

Dr. Susan Lance-Parker described how the Georgia Div. Of Public Health/Epidemiology Branch is responding. She reported that the Epidemiology branch is receiving an increase in telephone calls from hospital emergency rooms, first responders, media, public officials, local and district health departments, and concerned citizens asking for guidance. Therefore, Dr. Lance-Parker and her staff have developed several draft documents giving guidance and advise to various groups on how best to handle potential bioterrorism events related to anthrax. These documents are posted on the internet at <http://health.state.ga.us/programs/emereprep/bioterrorism.shtml> and will be updated as additional guidance is received from the Centers for Disease Control and Prevention. The Epidemiology branch has several doctorate level epidemiologists on-call 24 hours a day during this crisis. They can be reached at (404) 657-2588. The number to notify the FBI of suspicious materials is (404) 679-9000. The number for Georgia Poison Control Hotline is (866) 752-3442.

Dr. Mahin Park of the Georgia Div. Of Public Health Laboratory described the policy and procedures for testing clinical and environmental samples for anthrax. She explained that all samples must be sent to the State Public Health Lab for final confirmation of anthrax because CDC is not releasing the reagents needed to confirm anthrax to private clinical labs. Local law enforcement officers in cooperation with local health departments, emergency management agencies, and State and Federal law enforcement agencies are deciding which samples to submit. FBI agents at the lab inspect the samples prior to testing. The most frequently tested item at this time is unopened mail. So far no samples have tested positive for anthrax in Georgia. It was also noted that, if properly notified, the lab will give priority to samples collected from businesses that have been closed during the investigation of suspicious "powders."

Dr. Morris Potter spoke about the nature of Bacillus anthracis. He said there are many qualities that make anthrax attractive to terrorists; including that it is more readily available than some more exotic agents, can withstand adverse environmental conditions when in spore form, and can be disseminated in a variety of ways. Dr Potter stated that the infective dose for pulmonary anthrax is about 8-10,000 spores and between 1-10 million spores for GI anthrax and that a 10% bleach solution can be used to decontaminate environmental surfaces contaminated with anthrax spores.