

# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

## PUBLIC HEALTH ACTIVITIES & SERVICES

### Foodborne Illness Prevention in Washington

#### THE ISSUE

Foodborne illness prevention is a core public health issue. The Centers for Disease Control and Prevention (CDC) estimates more than 76 million Americans are affected by foodborne illness annually, including 325,000 hospitalizations and 5,000 related deaths. In Washington, it's estimated that one in four people are affected each year and dozens die from complications of foodborne illness.

#### WHAT WE ARE DOING ABOUT IT?

Preventing and reducing foodborne disease is a team effort in our state. The public health system — including the Washington State Department of Health and 35 local health agencies — work with the state Department of Agriculture; the U.S. Food and Drug Administration; the U.S. Department of Agriculture; CDC; the foodservice industry; and others on prevention. Together, these partners coordinate prevention, monitoring, and response to prevent foodborne illness outbreaks.

Illnesses are prevented by keeping food free of contamination as it's grown, processed, prepared, and served; maintaining proper temperature control to limit bacterial growth; and cooking or otherwise treating the food to kill harmful germs.

A well-educated public, industry, and regulatory team is an important part of foodborne illness prevention. At all levels, education has been increasing, particularly on websites and other electronic media. For the past 50 years, Washington food workers have been trained and tested on basic food safety to qualify for a Food Worker Card. **In 2009 more than 243,000 Food Worker Cards were issued by local health agencies.**

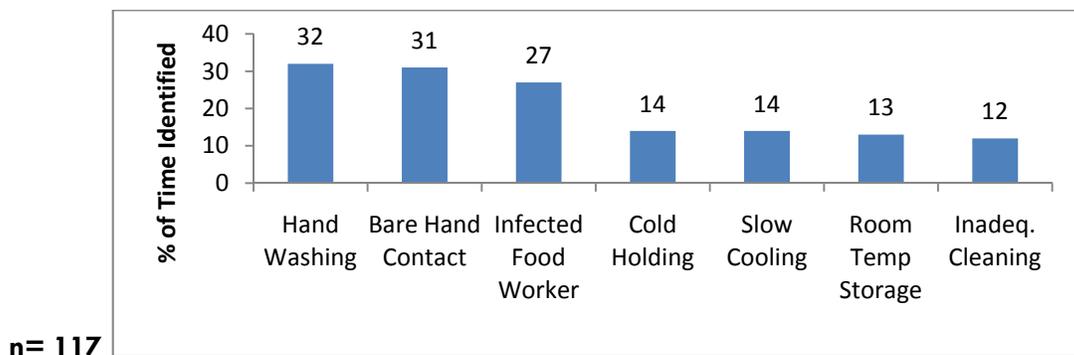
Science-based food safety standards are enforced at both state and local levels. Retail food service operations are inspected by local health, and **in 2009 they completed more than 53,000 inspections at more than 34,000 food establishments.** State agencies license and inspect a variety of institutional food service operations, including hospitals, nursing homes, and daycare centers. Each inspection is an enforcement and educational opportunity, to encourage staff to use all food safety tools each day. The Department of Health monitors commercial shellfish harvesting areas. In 2009 the agency collected and analyzed **17,245 samples** for foodborne pathogens, including vibrio in shellfish from marine shorelines in 14 Washington counties.

#### THE RESULTS

In the past 10 years, an average of 58 foodborne illness outbreaks each year have been reported and investigated in our state. **In 2009 these outbreaks involved 324 confirmed cases of illness.** Many more reports of suspected foodborne illness are investigated by local health agencies. Outbreaks are investigated for three reasons: to stop the outbreak in its track, to determine the cause and source, and to apply lessons learned in the investigations to focus future training and make policy changes. Outbreak response starts at the local level and is supported by the Department of Health and federal partners, as needed. Local health agencies collect

thousands of individual communicable disease reports and interview cases. Of reported outbreaks, 75 percent are associated with restaurant meals. The number one contributing factor in local foodborne illness outbreaks during the past 10 years is **poor hand washing practices** (see chart).

### Leading Contributing Factors of Foodborne Disease Outbreaks, WA State 2007-2009



### CHALLENGES

All foodborne illness is preventable. However, the increasing complexity of the 21<sup>st</sup> century ‘farm-to-fork’ food production, manufacturing and delivery system, combined with public demand for ready-made meals and year-round fresh fruit, make it more challenging to ensure all food is safe to eat. Having multiple local, state, and federal agencies involved in the system is necessary, but provides challenges with managing the mix of responsibilities.

Improvements in laboratory science have changed the landscape of foodborne illness outbreaks. The new ability to ‘fingerprint’ bacterial pathogens and then share these fingerprints among labs nationwide (a system called PulseNet) helps identify dozens of outbreaks that might’ve been missed just a decade ago. This rapid identification has resulted in quicker response as well as larger and more frequent food product recalls.

### WHAT'S NEXT?

The public health system must continue to focus on prevention, monitoring, and response; must also continue to improve. The role of PulseNet in national and international foodborne illness response means: we must maintain state-of-the-art laboratory capacity to participate in the PulseNet system; and our Epidemiology and Food Safety staff must keep an eye on food safety issues and outbreaks in other states, because another state’s outbreak may soon include cases and/or a food product recall in Washington.

### CONTACT

Dave Gifford  
Food Safety Program Manager  
[dave.gifford@doh.wa.gov](mailto:dave.gifford@doh.wa.gov)

Kathryn MacDonald  
Foodborne and Enteric Diseases Epidemiologist  
[kathryn.MacDonald@doh.wa.gov](mailto:kathryn.MacDonald@doh.wa.gov)

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HEALTHIER WASHINGTON