Indiana State Department of Health Food Protection Program

FoodBytes

March 2015

Volume 16 Issue 1

Meet FPPs' New Director-Krista Click

Pictured L-R, Krista Click, Eli Shebanov, Jordan Young and Stephen Fakoyejo

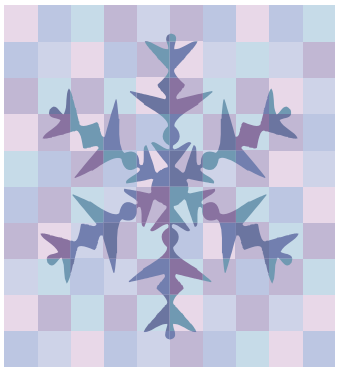
Krista Click is now serving as the ISDH Food Protection Program Director, effective Feb. 2, 2015.

Krista had been working with the ISDH as the Manufactured Food Regulatory Program Standards (MFRPS) Project Coordinator since February 2013. Prior to that she was an Environmental Health Specialist and Foods Team Leader at the Hendricks County Health Department for almost 13 years, and is an active member of the Indiana Environmental Health Association (IEHA).

She earned her Bachelor of Science in Public Health from the School of Public and Environmental Affairs at Indiana University-Purdue University at Indianapolis (IUPUI), and is currently taking graduate courses at the Fairbanks School of Public health at IUPUI. She holds the Registered Environmental Health Specialist (REHS) and Certified Professional – Food Safety (CP-FS) certifications.

Krista greatly appreciates all of the support the program, agency, and partners have provided in her transition into this position. She is looking forward to working more closely with public health professionals and others from across the state to ensure the safety of our Indiana food supply.

You may reach Krista at kclick@isdh.in.gov or and 317-234-8570.



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Indiana's Rapid Response Team (RRT) Partnership

Although there has been valuable work and strides made, many public health programs across the nation have significant gaps in their preparedness and capability to respond effectively to larger scale outbreaks and food/feed emergencies. With the increase in occurrences of multi-state outbreaks and food/feed emergencies, the U.S. Food and Drug Administration (FDA) has created the federal Rapid Response Team (RRT) Program and introduced the RRT Best Practices Manual.

The RRT is a formalized core partnership between laboratory, environmental and epidemiological professionals. Additionally, it involves improving partnerships between county, state and federal

government agencies that may work together in response to a foodborne illness outbreak. It increases statewide and district preparedness by improving interagency communication; developing joint written procedures; and encouraging planning, training, equipping and exercising together for effective foodborne illness outbreak responses. This process involves building core capabilities and exploring innovative approaches to foodborne illness response.

Indiana's RRT will implement the most efficient, reliable, and proactive system for Indiana to respond to food/feed emergencies. In the event of an emergency response, RRT team members will be dependent upon characteristics of the incident, including the implicated food and the counties involved.

Participation in the RRT benefits jurisdictions by providing ISDH field assistance, resources, training and expertise in preparing for and responding to outbreaks.

The Indiana State Department of Health (ISDH) will actively assist jurisdictions in developing improved outbreak identification and response capabilities by providing training (i.e. Epi Ready Classes), state references and procedures (i.e. Foodborne Illness Investigation Reference Manual).

Through establishing an RRT, Indiana will improve our capability to prevent, prepare for, and respond to food/feed emergencies.

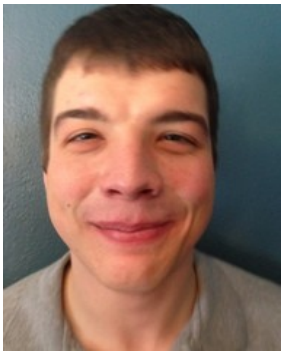
Furthermore, the ISDH can be a liaison for federal and other state agencies when investigating district or multi-state outbreaks.

In conclusion, the RRT will aid in establishing quick and effective responses, resulting in fewer illnesses and potentially fewer deaths!

by Laurie Kidwell, Rapid Response Team Supervisor, ISDH Food Protection Program

Please contact Laurie at 317– 233-3213 or email at lkidwell@isdh.in.gov

Eric Eldridge: New Region 1 Field Staff



Eric Eldridge "Selfie"
Region 1 Field Staff

In his own words, "I was born and raised in Laporte, Indiana, and am a Chicago sports fan, especially the Cubs and the Bears."

Eric graduated from LaPorte High School in 2009, and graduated from Purdue University in 2013 with a B.S. in Biology with a Forensic Science minor.

Out of college, Eric took the position of Environmental Health Specialist at the Cass County Health Department in June of 2013.

At the Cass County Health Department, his responsibilities were food protection, septics, environmental complaints, pools, lead abatements, meth abatements, vector control and others.

In November 2014, he joined the Indiana State Department of Health. Eric will cover the eight counties in the Northwest corner of Indiana.

Please feel free to contact Eric if you have any questions, at 317-412-2113 or send him an email at ereldridge@isdh.in.gov.

Complaints Wanted! – An Important Resource for Public Health

Musings from the desk of Kris Gasperic, FPP Consumer Specialist

I have been told by co-workers that I have the best job in the office!

That is probably because my cubical neighbors do not have to answer my phone and hear the sometimes minute details of someone's lower gastrointestinal problems or the exact length and color of the cockroach that crawled out of the fried rice. Let's face it, receiving and responding to consumer complaints is not a glamorous job; however, it is incredibly important when it comes to public health. I am the Indiana State Department of Health, Food Protection Program's Consumer Specialist and one of my primary jobs is to receive, document and respond to many different complaints about restaurants, grocery stores, convenience stores, cafeteria's, snack shops, concession stands, food manufacturers, catering companies…shall I go on? Consumers frequent these establishments everyday and consume those products offered; therefore, it makes sense that when they suspect a problem, they should report it.

Consumer complaints are a passive type of data collection and surveillance that aids in the detection of foodborne illnesses. On the other hand, active surveillance is when public health officials actively search for cases and collect information. Active surveillance is commonly used during outbreak investigations and is very time consuming, but usually provides the most complete and accurate data. Passive or complaint-based surveillance does help to identify foodborne outbreaks and does so more quickly. Unfortunately, receiving and gathering data is at the mercy of individuals taking the initiative to report their complaint whether it is an illness, a product, or an observation. Now let's be real, not all complaints are concerned with food safety; many have to do with an individual's personal experience like how the "burger was ooey, gooey, white, milky, stringy, cheesy and nasty tasting" or when "I complained to the manager and he was rude to me and told me to leave". Those types of complaints will always happen, so finding a tactful way of saying "this is not a public health issue" is the only skill required.

The ISDH Food Protection Program investigates all complaints - actually that is not correct. I "listen" to all complaints, and those with potential public health concerns are forwarded to the proper agency. Unfortunately, I cannot help someone get their money back or discipline the manager for being rude to a customer.

When a possible foodborne illness complaint is received at ISDH, I ask the complainant for at least a 72 hour food history in as much detail as possible. I also ask for illness onset date/time and illness duration, including all symptoms in order of occurrence. I ask for other exposures such as travel, recreational water (pool, lake, or river), diapered children/adults, pets and mass gatherings among other questions. Additionally, it is important to ask about chronic conditions, allergies, and if leftover food had been recently prepared or consumed. Even though the complainant feels certain that their illness was the result of the last meal they ate (last meal bias) we know that the last meal is not necessarily the culprit. Illness can be transmitted by other routes such as by water, person-to-person, animal-to-person, or nonfood environmental sources. An example of an environmental source is a Shigella outbreak at a daycare that was thought to be linked to raw vegetables, but in actuality was due to contaminated toys.

Surveillance data collected as complaints should be maintained electronically. This allows for ease of searching through large amounts of information to look for commonalties among complaints. Maintaining an organized electronic system will aid in identifying clusters of cases, a common food, or a common place of eating that might otherwise go undetected.

The complaint is then referred to the local health department or other responsible jurisdiction. At this point the inspector uses their knowledge to determine if the complaint can be substantiated. Inspectors or "food educators" are the real star of the show. Only they can determine, based on their observations, what potential contamination exists, what requires correction, and what further education is needed. Food inspectors often go unappreciated because it will never be known how many foodborne illness outbreaks have been prevented due to consumer complaint investigations.

Continue on page 9

Epi-Ready Team Training: Foodborne Illness Response

Epi-Ready is a two-day in-person workshop developed by the National Environmental Health Association (NEHA) and the Centers for Disease Control and Prevention (CDC) for environmental and public health professionals responsible for investigating foodborne illness outbreaks. Through a team-based approach, participants learn how to efficiently and effectively respond to foodborne illness outbreaks.

Epi-Ready is built around the inherent need for collaboration among environmental health specialists/ sanitarians, epidemiologists, and laboratory staff during a foodborne outbreak investigation. Additionally, collaboration during these investigations must include all others who may be directly or indirectly involved in outbreak investigations (e.g., public health nurses, health educators, industry, risk communication, public information officers). The goal of this training is to help members of the foodborne outbreak investigation team prepare for and rapidly detect foodborne disease outbreaks; quickly launch a coordinated investigation involving epidemiology, environmental health, and the laboratory; and implement control measures in a timely fashion to reduce the incidence of foodborne illness.

The ISDH is bringing this training to six locations across Indiana in 2015. There is no registration fee associated with these trainings; however, seating is limited, so be sure to register early.

Registration links may be found at www.in.gov/isdh.26626.htm.

For questions related to Epi-Ready, please contact Tess Gorden at tgorden@isdh.in.gov or 317 -234-2808.

See page 5 for Epi Ready Training announcement brochure.

Welcome New Region 2 Field Staff: Jordan

Jordan is from Columbus Indiana. He graduated from Indiana University with a Bachelor's degree in Public Health.

Jordan interned with the Bartholomew County Health Department where he received experience in retail food inspections and other general environmental duties. Wholesale will be new to him, though.

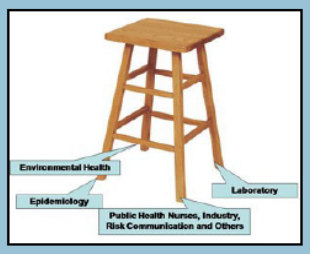
Jordan currently lives in Elkhart. "I am VERY excited to get on the job and start working with all the wonderful people I've met during my first week. If you wanna talk IU athletics or Ohio State football, I'm your guy. You will never meet a bigger OSU football fan. I love jazz music, I'm a nerd at heart and I'm single."

Please feel free to contact Jordan if you have any questions, at 317-412-2129 or send him an email at jyoung1@isdh.in.gov.

Jordan Young, Area 2 Field Staff

FPP Field Staff Regions

1 Eric Eldridge
2 Jordan Young
3 Stanley Danao
4 Dan Miller
5 Mark Mattox
6 Lisa Harrison
7 Andrew Miller
8 Kara Burdett
9 David Schmidt
10 Hank Wolfe



Epi Ready: A Training for Public Health Personnel

Presented by the Indiana State Department of Health Laboratories

Coming To a District Near You

All classes will be scheduled
8:00am-5:00 pm
Lunch: on your own

Description and Goals: The goal of this training is to provide local health department personnel with the tools and understanding necessary to properly investigate foodborne illness; how to assess sources, risks, symptoms; and understanding the importance of a team approach during outbreak investigations.

Audience: This course is intended for public health who would investigate foodborne illness complaints and outbreak situations.

Instructors

Tess Gorden, MPH
ISDH Epidemiology

Laurie Kidwell
ISDH Food Protection

Jyl Madlem, MS, MT(AMT)
ISDH Laboratory Services

Registration Fee: NO CHARGE Seating is limited, so register early!

Please Register Online for the training of your choice at:

Midwest District (August 25-26):
Hendricks County Health Department:
https://www.surveymonkey.com/s/Midwest_District_August_2015

Southwest District (June 25-26):
Vanderburgh County Health Department:
https://www.surveymonkey.com/s/Southwest_District_June_2015

Northwest District (May 7-8):
Porter County Health Department:
https://www.surveymonkey.com/s/Northwest_District_May_2015

Mideast District (July 23-24):
Delaware County-Open Door Health Services
https://www.surveymonkey.com/s/Mideast_District_July_2015

Northeast District (July 27-28):
Noble County Health Department
https://www.surveymonkey.com/s/Northeast_District_July_2015

Southeast District (October 29-30):
Jennings County/Jennings County Public Library
https://www.surveymonkey.com/s/Southeast_District_Oct_2015

Questions?

For additional information, please contact:

Jyl Madlem, MS, MT(AMT)
Laboratory Program Advisor
(317) 921-5574
jmadlem@isdh.in.gov

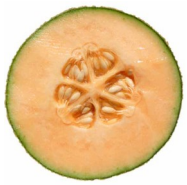
Indiana State Department of Health

The 2012 Salmonella Typhimurium/Newport Cantaloupe Outbreak's Impact on Indiana's Rapid Response Team (RRT) Development

Deficiencies in Indiana's preparedness to respond to large scale outbreaks were identified during the 2012 Salmonella Typhimurium/Newport Cantaloupe Outbreak. In response to this outbreak several improvements to preparedness were implemented within Indiana's Public Health Agencies. This also resulted in an interest in participating in the Food and Drug Administration's (FDA) National Rapid Response Team (RRT) Program.

From July through September 2012, a total of 261 individuals were infected with the outbreak strain of *Salmonella* Typhimurium and *Salmonella* Newport from 24 states. Among 163 persons with available information, 84 (51%) reported being hospitalized, and three deaths were reported in Kentucky. Epidemiologic, laboratory, and trace-back investigations all linked this outbreak to cantaloupe originating from a farm in southwest Indiana. From August 1–31, 2012, ISDH and Food and Drug Administration (FDA) officials conducted environmental assessments on the farm and identified conditions that may have contributed to the outbreak. They also collected several positive environmental and product samples that matched the outbreak strain. In response to the findings the firm initiated a Class I Recall for the implicated cantaloupes. The FDA also issued a warning letter and required a written plan for corrective actions sent back to the FDA within 15 working days after receipt of the letter.

Although response efforts conducted by ISDH and FDA officials were successful, it was readily apparent that ISDH could have been better prepared to take action for a multistate outbreak. For instance, surveillance and investigation triggers were not in place to identify and respond to the outbreak in a timely manner. In fact, Kentucky first identified the outbreak and triggered the investigation. Also the ISDH Food Protection Program (FPP) lacked written foodborne illness investigation or communication procedures. Additionally, ISDH FPP had no staff trained in produce farm investigation procedures and had staffing deficiencies that interfered with the investigation. Furthermore, trace-back, food, and environmental sample training was limited before the outbreak. Lastly, documentation of the outbreak was primarily conducted by the FDA; and ISDH lacked investigation documentation on actions taken specifically by ISDH Central Office Staff.



Because of this outbreak ISDH has made several broad improvements in order to increase Indiana's preparedness for responding to another large multistate outbreak. Surveillance mechanisms have been improved to identify clusters and outbreaks. Foodborne illness investigation written procedures have been formulated, tested, and successfully utilized. Sample collection training was conducted during six separate occasions in several locations across the state.

Two Food Safety Farm Consultants were hired to educate farmers, assess farm processes, and respond to outbreaks originating from produce farms. Mobile phones were procured to provide immediate access to investigation instructions via phone and e-mail. Improved coordination and collaboration between local, state, and federal partners has been created through joint procedures and increased communication. Furthermore, key personnel contact lists and communication protocols have been developed and successfully utilized.

Due to the difficulties experienced in responding to the 2012 outbreak an interest in establishing an RRT in Indiana was sparked. In March 2014 Indiana officially began developing the first RRT in the nation not funded through the FDA's RRT Grant. To aid in its development a mentorship program was established with the Michigan Department of Agriculture and Rural Development (MDARD). A face to face meeting with MDARD and the FDA's District Office occurred in March 2014. Currently Indiana is in the first phase of development of the RRT using the framework contained by the RRT Best Practices Manual, and the Partners for Food Protection (PFP) RRT Capacity Building Project documents. The team has been assembled to include local, state, and federal members from Indiana's epidemiology, laboratory, and environmental health partners. Joint foodborne illness investigation procedures have been developed and will be tested during an exercise facilitated through the Indiana Food Safety and Defense Task Force Meeting in November 2015.

In conclusion, the RRT would have benefited the 2012 outbreak response efforts by providing formal pre-established partnerships between state and federal laboratory, epidemiology, and environmental partners. These advanced capabilities would have improved the identification, investigation, and mitigation of the outbreak.

Laurie Kidwell, RRT Coordinator
ISDH Food Protection Program

Spray-Drying Technology Transforms Food

Instant drink mixes, milk powders, coffee, antibiotics, paint pigments and vitamins all have something in common … simply, they are all manufactured. These and many other products are made using spray-drying technology, a method of taking a fluid and turning it into a dry powder product.

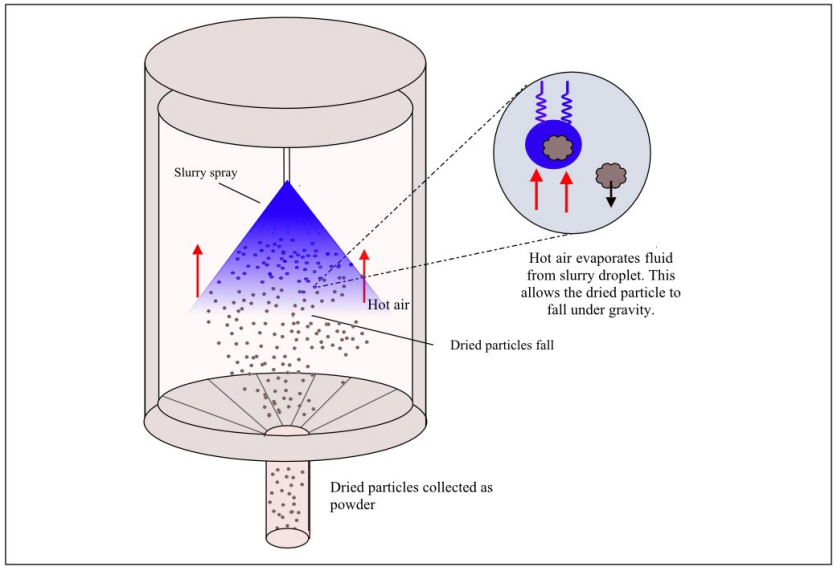
The description set forth is rather simplistic, but for those who are not in the food manufacturing business the description says it all. Though we are seeing lots of products on our grocery store shelves made through spray drying, the technology is actually older than you think. According to Ronald C. Deis, Ph.D, the writer *of Spray-Drying Innovative Use of an Old Process,* spay-drying descriptions date as far back as the 1860's with a patent dated 1872. The process has changed and evolved so much that we see uses for not only food products, but also advances within the medical industry including pharmaceuticals and biological components such as blood and plasma. You can also go to your local hardware store to see spray-dried products such as wall paint pigments and bathroom tiles. Even your pet gets in on the spray-drying action through food flavoring and nutrition supplements. Don't forget about cosmetics, spray-drying is used in the pigments and even the fragrances in our perfumes.

The basic process for spray drying has four stages:

1. Atomization of the feed (feed can be a solution, suspension or a paste form)
2. Spray-air contact
3. Drying
4. Separation of the dried product from the drying air (dried product can be granulated, powdered or agglomerated)

Producing spray-dried foods is cost-effective to the manufacturer and the consumer but there is also a huge convenience factor. We have all probably used these products, artificial sweeteners, instant dried soups, some coffees and powdered fruit juices that are reconstituted with little time and effort. In addition, lots of the commercially processed foods we eat use spray-dried products as color and flavor agents. Being able to control the size and quality of your product is very advantageous in reducing moisture content and increasing the product's shelf life. These products will last a long time and they take up less space for storage because the packaging is smaller and the weight of the product is less with the removal of liquid.

The technology keeps getting better and manufacturers are looking for more applications for spray-drying . While those in the retail world may not see spray-drying while on inspection, you definitely will see the products that it produces. So the next time you sit down to a cup of coffee and add the artificial sweetener and powdered dairy creamer think of the wonderful spray-drying technology that might have produced everything in your cup.



The picture to the left shows a basic design of the spray-drying process. The dried powder form falls to the bottom for collection through gravity. A company formulation for the finished product varies and in most cases several machines work to accomplish desired finished product.

Source: http://www.bete.co.uk/spray-nozzle-applications/spray-drying-nozzles

Source: http://www.foodproductdesign.com/articles/1997/05/spray-drying-innovative-use-of-an-old-process.aspx

Lisa Harrison, ISDH Training Specialist

New Future Inspection Terms Primer

Critical and Non-Critical are terms that food inspectors in Indiana have been using for over 15 years. Meanwhile the Conference for Food Protection and the Food and Drug Administration (FDA) have agreed upon and moved on to a new concept using new terms Core, Priority and Priority Foundation. The usual inspection/enforcement system in a food establishment emphasizes reactive, rather than preventive measures for food safety. To impact public health, measures must be taken by operators and regulators to better prevent, eliminate or reduce the occurrence of foodborne illness and injury before it occurs. Use of c, p and pf is a basis for the risk based inspection strategy for food safety. For further information about conducting risk based inspections, go to Annex 5 of the 2013 FDA Model Food Code (pp 587-620).

Standardization offered by ISDH FPP to LHDs will provide the LDH employee with a sound basis for conduction risk based inspections; so now is the time to enroll so that inspectors will be current when the new retail rule is in effect. All FPP Field Staff are prepared to assist LHDs with enrollment.

The 2013 FDA Model Food Code proposes new mandatory maximum timeframes for violation correction that would be new to Indiana. Also, corrections must be documented in writing by the operator. Core items would be corrected no later than 90 calendar days after the inspection, priority foundation items corrected within 10 calendar days, and priority items within 72 hours. The inspector could require a shorter period depending on the severity of the violation.

If adopted, Indiana should over time experience an improved "food safety culture" with this new system of writing violations

Core Item:

"Core item" means a provision that is not designated as a "priority item" or a "priority foundation" item.

"Core item" includes an item that usually relates to general sanitation, operational controls, sanitation standard operating procedures (SSOPs), facilities or structure, equipment design, or general maintenance.

Priority Item:

"Priority item" mean a provision whose application contributes directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury and there is no other provision that more directly controls the hazard.
"Priority item" includes items with a quantifiable measure to show control of hazards such as cooking, reheating, cooling, or handwashing.

Priority Foundation item:

"Priority Foundation item" means a provision whose application supports, facilitates or enables one or more priority items.
"Priority Foundation item" includes an item that requires the purposeful incorporation of specific actions, equipment, or procedures by industry management to attain control of risk factors that contribute to foodborne illness or injury such as personnel training, infrastructure or necessary equipment, HACCP plans, documentation or record keeping, and labeling.

Meet Charlie Spyr, FDA Contract Inspection Coordinator

Charlie is a contractor assisting ISDH with FDA contract inspections of wholesale food establishments. He is a local boy, born and raised in Indianapolis with a wife, Kelly and daughter, Catherine, who is now a Junior at Purdue studying Electrical Engineering.

Charlie retired from a 30+ year career at the US Food and Drug Administration, Indianapolis Residence Post, as a Consumer Safety Officer. He is excited to be back in the Public Health business. Back in the mid-70's Charlie was on the ISBH (Board of Health - back then) intramural volley ball team while employed as a chemist in the Neurosurgical Research Department of the IU Medical School. For fun he tinkers with old motorcycles in his garage.

Charlie Spyr can be contacted at 317-517-5842. His e-mail is cspyr@isdh.in.gov

Charlie Spyr, Christmas 2014

Food Protection New Position: Rapid Response Team Coordinator

Misty Harvey, ISDH FPP Rapid Response Team Coordinator

Misty finished her Bachelor of Science degree in Life Sciences with a minor in Chemistry and decided to pursue a Master of Science degree in Microbiology at Indiana State University. She worked as a research assistant and a teaching assistant; most of her research involved MRSA, H. pylori, and F. solani focusing on their roles in human disease.

While she pursued her education, she also started her family; she had met her husband in history class in 11th grade after he started hiding her pencils for attention! Four years after he took her fishing and hiking for their first date, they were married. Three years later, while working on her Microbiology degree, they welcomed their daughter followed by their son a year after that. They had decided this would allow her much flexibility after graduation to start her career. In 2008, she graduated with her Master of Science degree in Microbiology; the disease aspect was most interesting for her.

Misty worked in a local hospital for seven and one half years as a certified pharmacy technician. She moved one door down to work as a microbiologist in the lab two weeks after she graduated. Two years later she decided to accept a position at Ivy Tech Community College teaching Life Science courses and Microbiology. She soon found herself the program chair for Health Care Support. After five years of teaching at Ivy Tech, Misty decided that she wanted to move in a new direction with her career. As the Rapid Response Team Coordinator, Misty will have many responsibilities, some of which will be development and improvement of partnerships, development of joint procedures, and development of a strategic plan for the RRT by utilizing program analyses. Everyone has been so kind and welcoming since she started this new journey in her career. She is fascinated by all the new information she is learning and looks forward to fulfilling her role in this remarkable team!

Please feel free to contact Misty if you have any questions, at 317-233-5361 or send her email at mharvey@isdh.in.gov

Complaints Wanted!, continued from page 3

In closing, I want to emphasize the importance of receiving and following through on complaints. Alerting regulatory agencies to food safety issues may protect others from becoming ill or even worse. Food inspectors, at the time of inspection, only see a very small snapshot of the practices at an establishment.

On the other hand, consumers often see and experience more. Reporting those issues in the form of a complaint may help identify a foodborne illness or even an outbreak.

Complaints may reveal unsafe food, unsafe food handling practices, or the potential for these to occur. When alerted, regulatory authorities have the opportunity to correct or eliminate the problem. This may happen through education, closure, or perhaps a recall. So hang in there when receiving complaints, for every man who sees the eye of his potato as a rat dropping, you may save someone from becoming ill!

Contact Kris at kgasperic @isdh.in.gov or 317-233-8475.

Food Protection Program

Indiana State Department of Health

Food Protection Program

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http://www.in.gov/isdh/23285.htm

or at www.foods.isdh.in.gov

Indiana State Department of Health

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Send your questions and comments to the e-mail or postal address on this page.

Bits and Pieces: Recommended Food Protection Apps

Can Defects Guide

Commercially Canned foods are among the safest food processed today. However, damaged or defective cans are a potential public health problem. The Association of Food and Drug Officials AFDO APP is a handy resource that can be loaded for mobile use to help determine if a defect may indicate the product is no longer safe.

Is My Food Safe?

This App *has a 4.5 star rating and comes with approval from the Academy of Nutrition and Dietetics. This is a good resource to recommend to the public and contains more information than can be presented in a pamphlet. Included are: safe cooking temperatures, a food storage guide, and a fun interactive quiz, "Is my Kitchen Safe?".*

The APPs were reviewed and given approval by ISDH IT Security Officer Doug Wampler for ISDH employees.

Apple Users: Go to the App Store and search "Can Defects Guide" or "Is My Food Safe"

Android Users: Go to the Android Market and search "Can Defects Guide" *or* "Is My Food Safe"