



INVESTIGATING & REPORTING FOODBORNE ILLNESS

How and why we report outbreaks linked to food

Foodborne Illness in the United States

48 million
illnesses

- 960,000 in WA

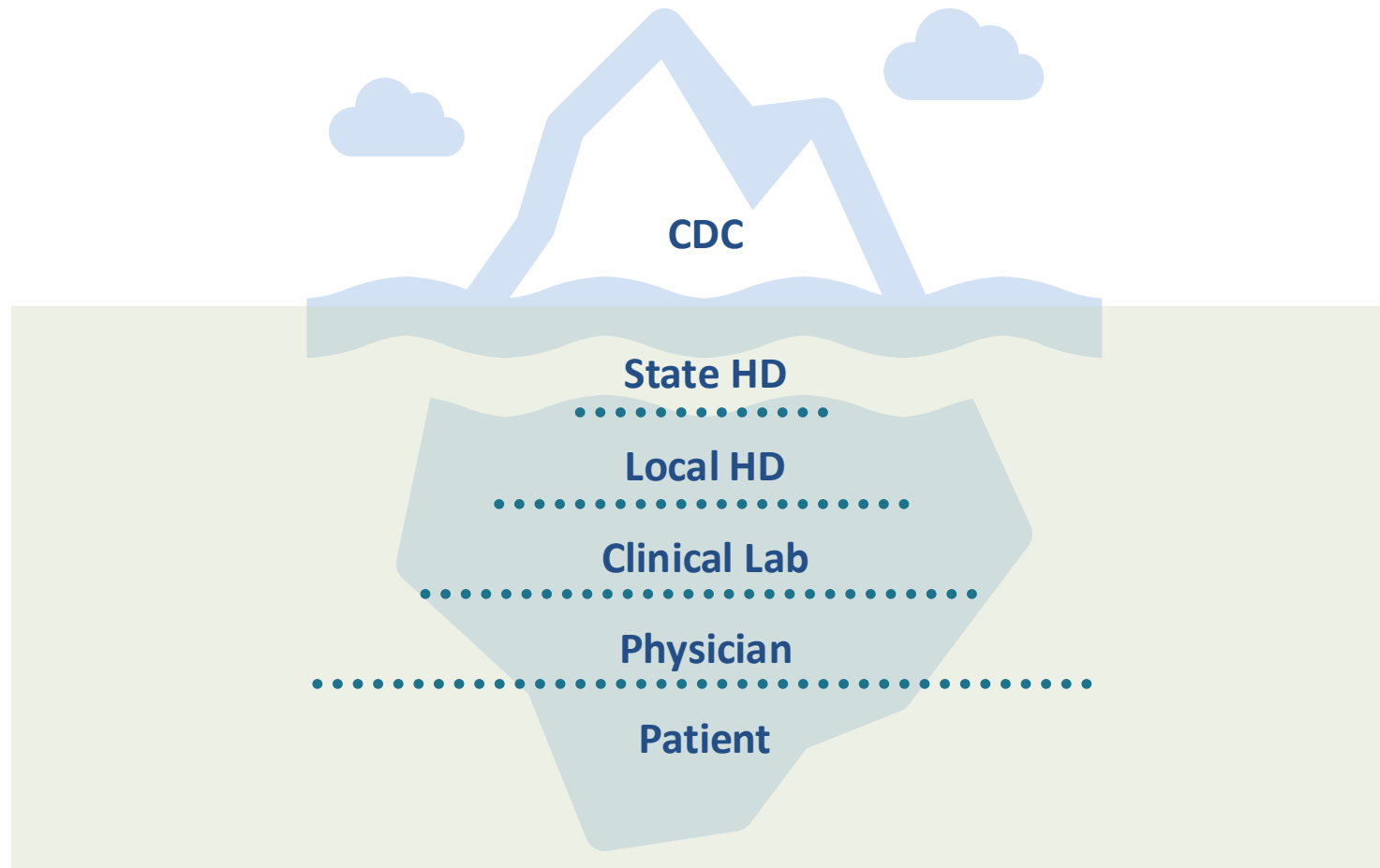
128,000
hospitalizations

- 2,560 in WA

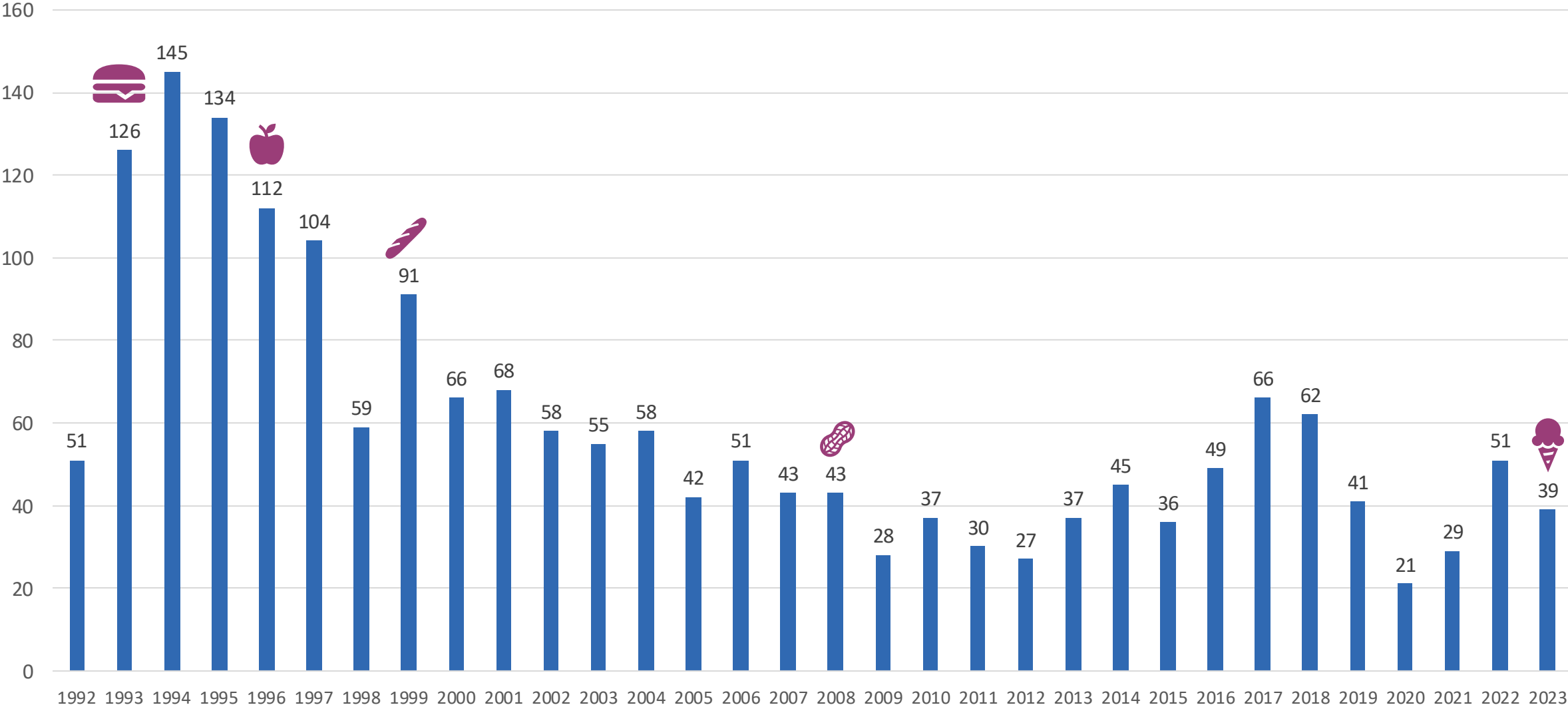
3,000
deaths

- 60 in WA

True Burden of Disease



Washington Foodborne Outbreaks by Year | 1992 - 2023



Campylobacter Linked to Chicken/Duck Liver

Year	# outbreaks	Food
2015	2	<ul style="list-style-type: none">• 1 chicken liver pate• 1 foie gras
2016	1	<ul style="list-style-type: none">• 1 chicken liver mousse
2017	1	<ul style="list-style-type: none">• 1 foie gras
2020	1	<ul style="list-style-type: none">• 1 'foie gras' (25 cases)



Control Measures

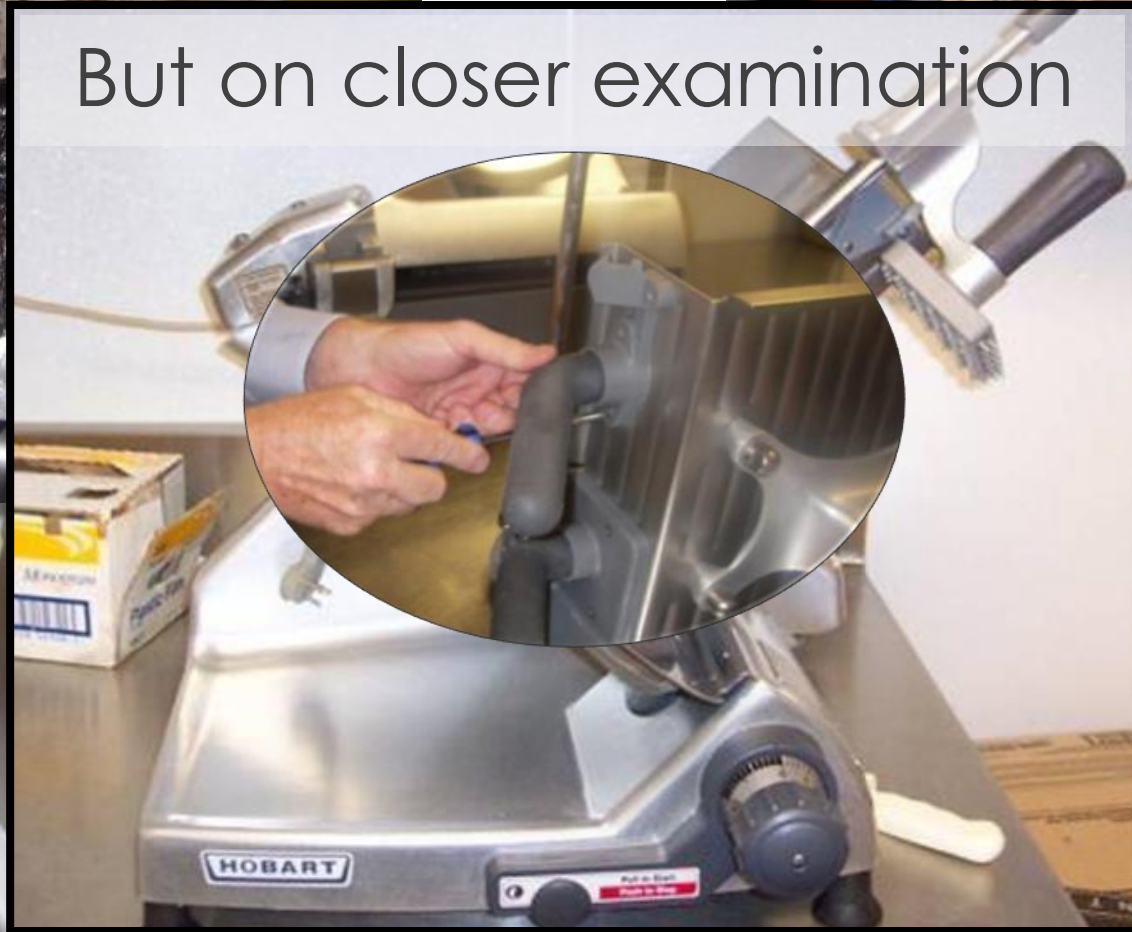
Behavior Change, Procedure Change, Food Destruction, Hold Orders, Required Cleaning and Sanitizing, Closure, Public Notice, Environmental and Stool Samples, Photos, Collected Receipts, Additional Case Finding, Follow-up Inspections, Increased Inspections, Menu Reduction, Required Education, Risk Control Plan, Office Conference, Equipment Repair, Required Manager to become CFPM

E. coli from Local Restaurant

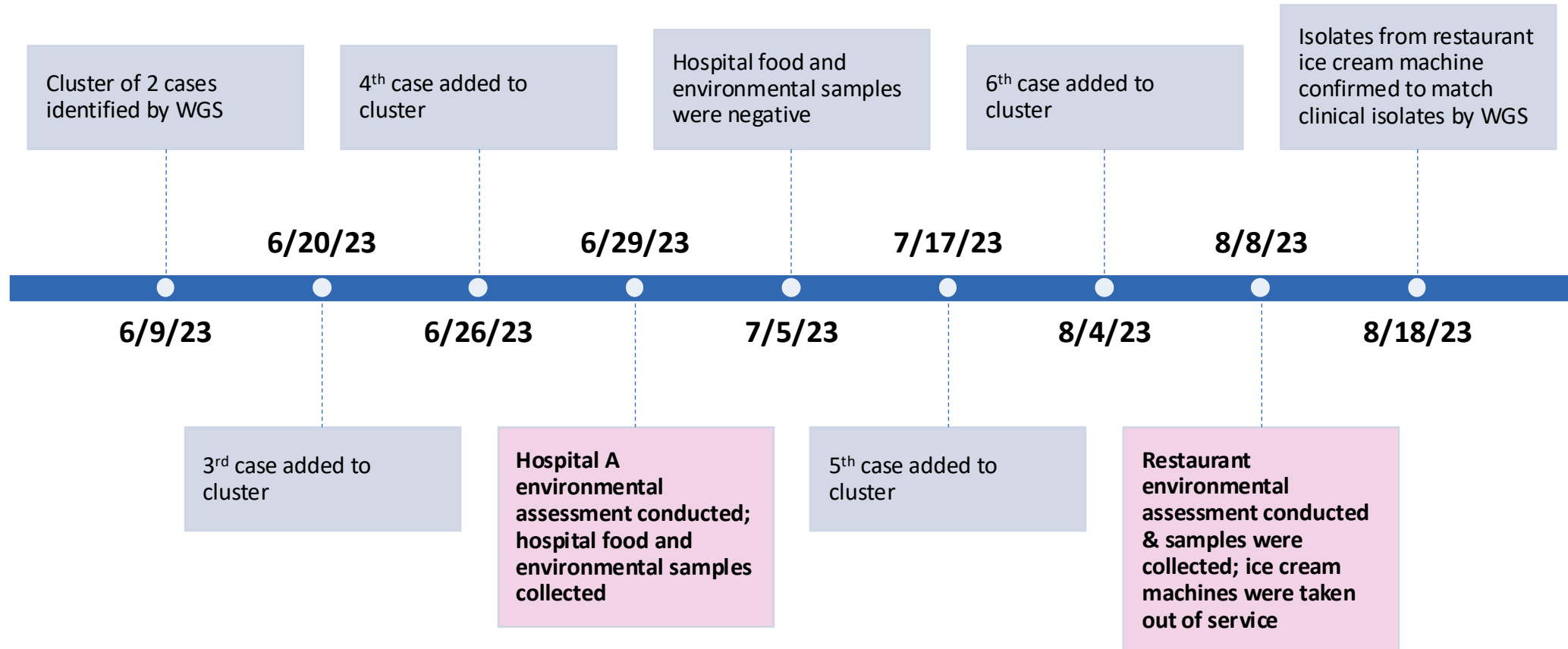


Meat Slicer

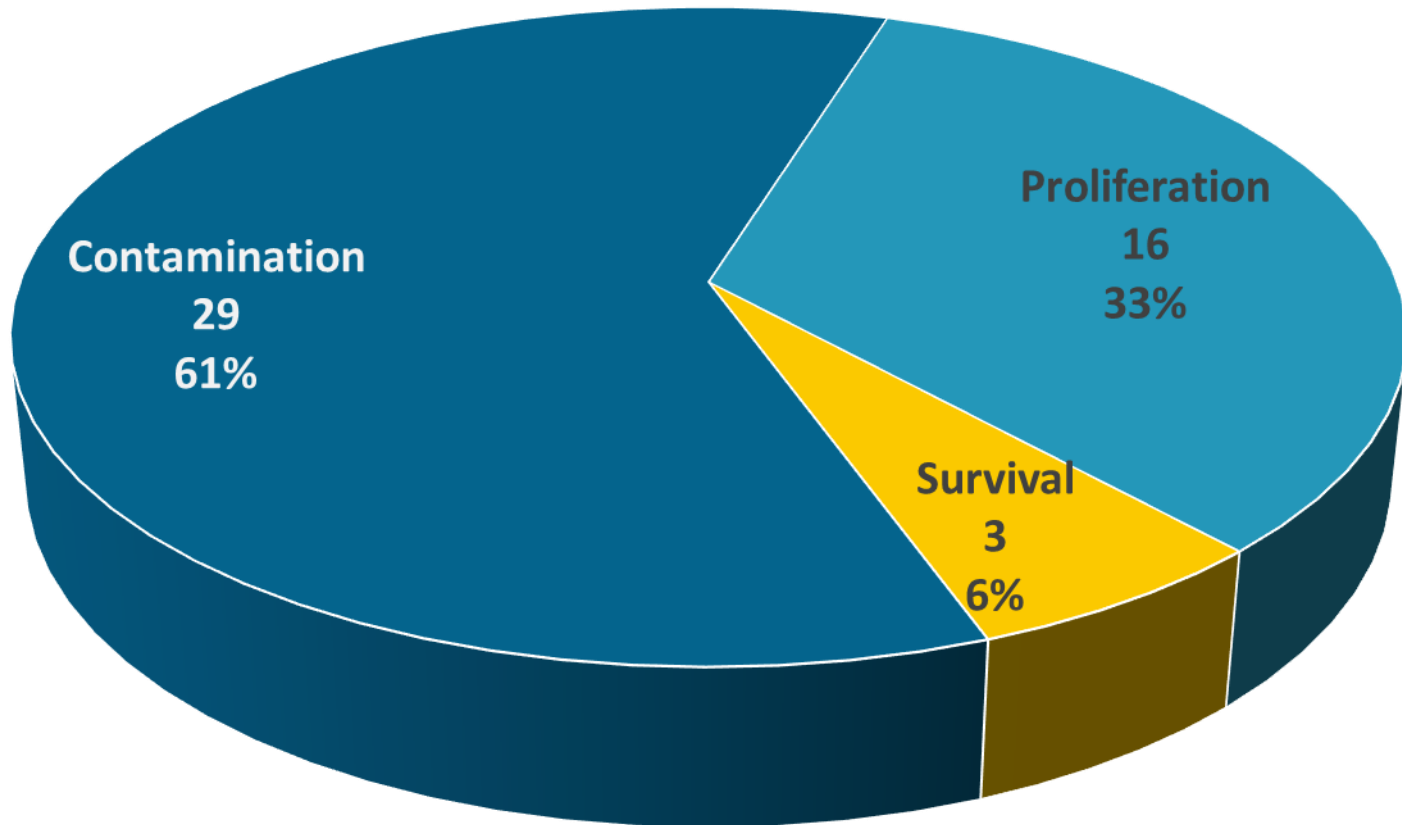
But on closer examination



Listeriosis Outbreak Investigation Timeline



2023 Contributing Factors



Excerpt of the most frequently found in 2023

Ill FW hand contact unknown	10
Lack of adequate handwashing or similar	7
Cross contamination of foods	7
Improper Cooling	4
Inadequate Hot Holding	3
Ill FW bare hand contact	3
Ill FW gloved hand contact	2

Foodborne Illness Risks | Washington's Top 10

1



Employee Health
Ill Food Workers

2



Improper
Handwashing

3



Bare Hand Contact
RTE Foods

4



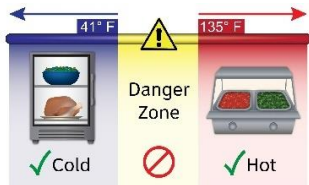
Improper
Cooling

5



Cross
Contamination

6



Improper
Holding Temps

7



Improper
Reheating

8



Inadequate
Cooking

9



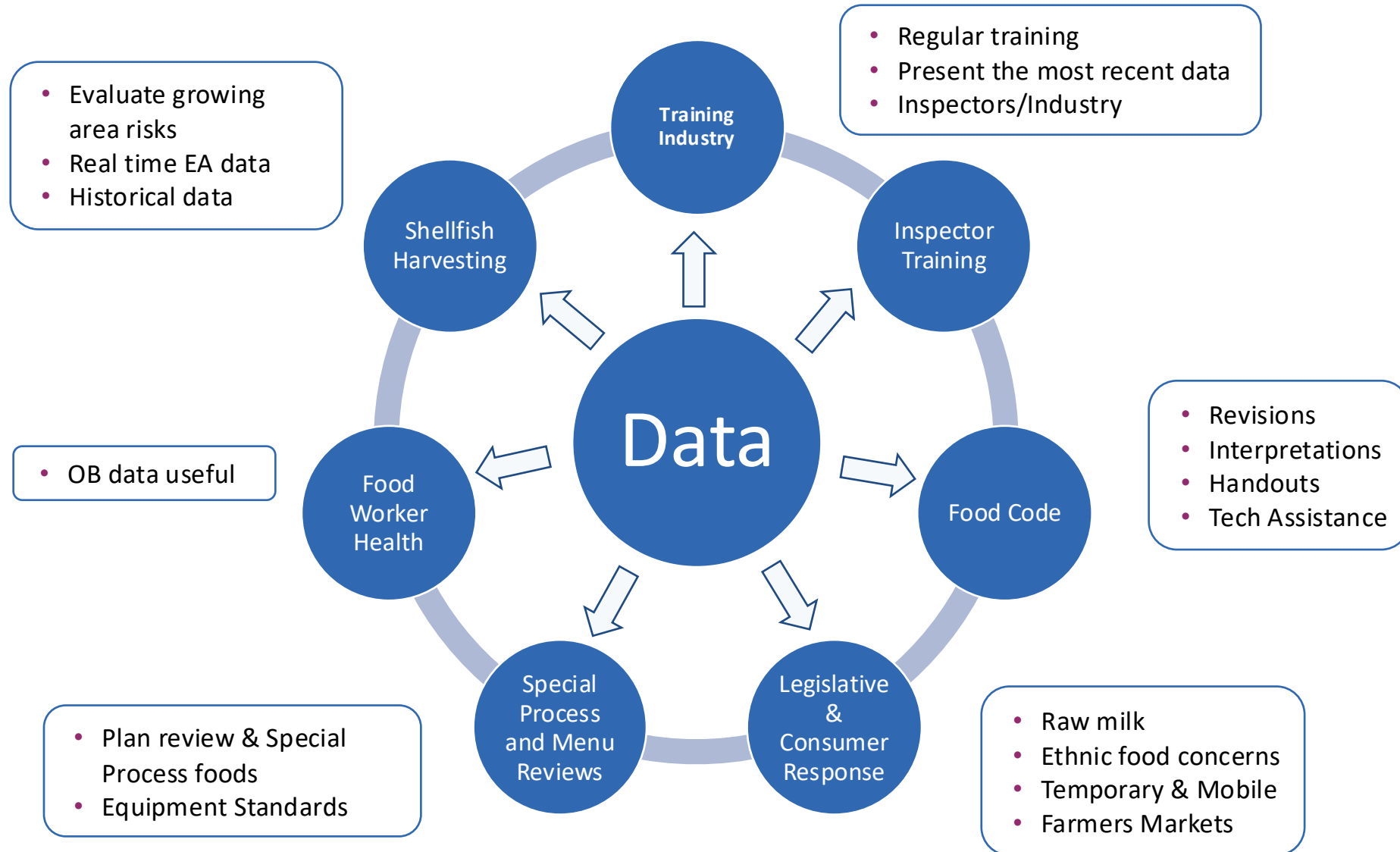
Improper
Produce Washing

10



Inadequate
Cleaning & Sanitizing

Every Outbreak is an Opportunity to Improve Food Safety



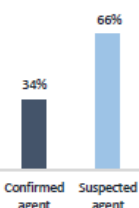
CDC's National Environmental Assessment Reporting System (NEARS)

2017 Summary Report Washington

In 2017, Washington reported 53 foodborne illness outbreaks to NEARS. This summary provides information on characteristics of those outbreaks and the establishments where the outbreaks occurred.

Outbreak Characteristics

Foodborne Illness Outbreaks (N = 53)*



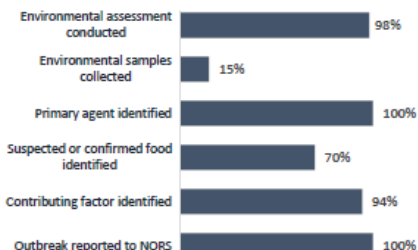
Outbreak Response

Average number of days between the date the outbreak establishment was identified for an environmental assessment and the date of:

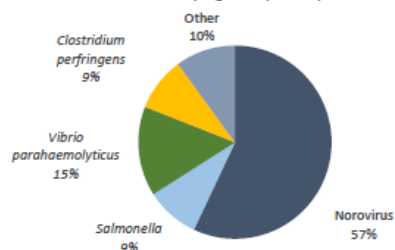
- 1st contact with establishment = 3 days (min = 0, median = 1, max = 49)
- Establishment observation = 2 days (min = 0, median = 0, max = 49)
- Manager interview = 10 days (min = 0, median = 0, max = 108)

Average number of visits to the outbreak establishment needed to complete an environmental assessment = 2 visits (min = 0, median = 2, max = 4).

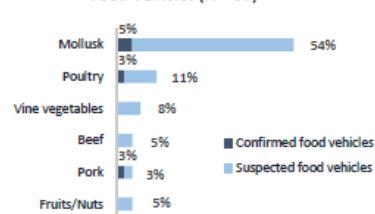
Characteristics of the Outbreak Investigation (N = 53)



Outbreak Primary Agents (N = 53)

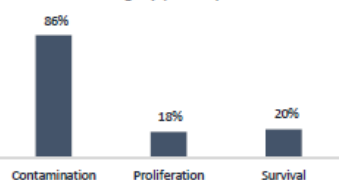


Most Common Confirmed/Suspected Food Vehicles (N = 37)**

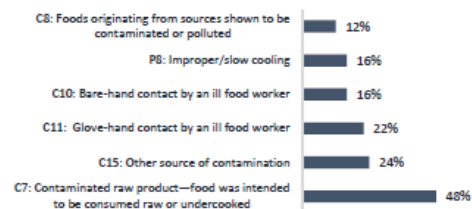


Note: Summary reports prior to 2017 categorized the food as confirmed or suspected based on the categorization of the outbreak agent. This report uses the categorization of the food.

Identified Contributing Factors by Category (N = 50)**



Most Common Outbreak Contributing Factors (N = 50)**

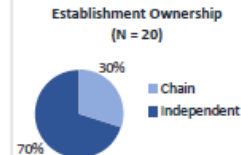


* Denotes data that can be used toward meeting Standard 5 in FDA's Voluntary National Retail Food Regulatory Program Standards.
** Each outbreak may have more than 1 identified contributing factor and food vehicle, so percentages may equal more than 100%.

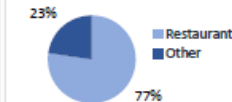
Outbreak Establishment Characteristics

Establishment Description

70% (14) of the establishments were independently owned; the remaining 30% (6) were chains.
77% (41) of the outbreaks occurred in restaurants; the remaining 23% (12) occurred in other establishment types such as correctional facilities and grocery stores.

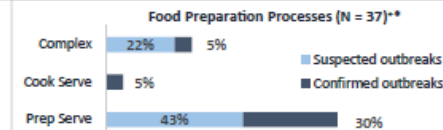


Establishment Type (N = 53)



Food Preparation Processes

In outbreaks in which there was a suspected or confirmed food vehicle, the food preparation processes used for those food vehicles were best described as Complex (27%, 10), Cook Serve (5%, 2), and Prep Serve (73%, 27).



* Denotes data that can be used toward meeting Standard 5 in FDA's Voluntary National Retail Food Regulatory Program Standards.
** Each outbreak may have more than 1 identified food vehicle and food preparation process, so percentages may equal more than 100%.

Hand Hygiene Characteristics

Glove Use

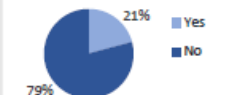
100% (21) of the establishments had a policy concerning the use of disposable gloves.

21% (5) of the establishments had food workers observed handling ready-to-eat foods with bare hands.

Establishment Has a Disposable Glove-Use Policy (N = 21)



Food Workers Handle Ready-To-Eat Food with Bare Hands (N = 24)



Hand Sinks for Workers

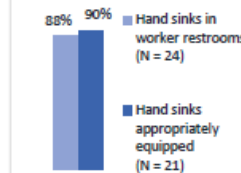
88% (21) of the establishments had hand sinks in the employee restrooms.

In 90% (19) of these establishments, all employee restroom hand sinks were appropriately equipped (warm water, hand soap, and paper or cloth towels).

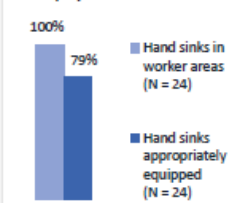
100% (24) of the establishments had hand sinks in the employee work areas.

In 79% (19) of these establishments, all employee work area hand sinks were appropriately equipped (warm water, hand soap, and paper or cloth towels).

Employee Restroom Hand Sinks (N = 24)



Employee Area Hand Sinks (N = 24)



Ill Worker Policies

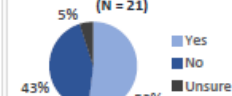
80% (17) of the establishments had a policy to restrict or exclude ill workers.

52% (11) of the establishments had paid sick leave for their workers.

Establishment Has a Policy to Restrict or Exclude Ill Workers (N = 21)



Establishment Has Paid Sick Leave for Ill Workers (N = 21)

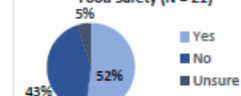


Kitchen Manager Certification

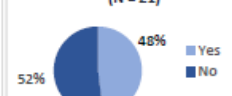
52% (11) of the establishments required kitchen managers to be food safety certified.

48% (10) of the establishments had kitchen managers that were food safety certified.

Kitchen Managers Are Required to Be Certified in Food Safety (N = 21)



Kitchen Managers Are Certified in Food Safety (N = 21)



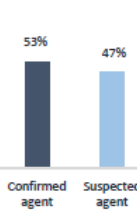
CDC's National Environmental Assessment Reporting System (NEARS)

2017 Summary Report

In 2017, NEARS participants reported 217 foodborne illness outbreaks to NEARS. This summary provides information on characteristics of those outbreaks and the establishments where the outbreaks occurred. NEARS participants collected the data included in this summary in the following locations: Alaska; California; Connecticut; Delaware; Fairfax County, Virginia; Georgia; Harris County, Texas; Iowa; Massachusetts; Minnesota; New York City; New York State; Rhode Island; Southern Nevada Health District; Tennessee; Washington; and Wisconsin.

Outbreak Characteristics

Foodborne Illness Outbreaks (N = 217)*



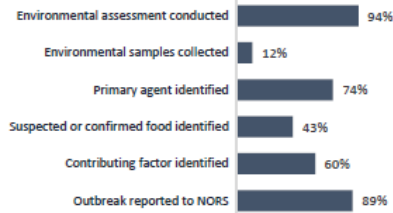
Outbreak Response

Average number of days between the date the outbreak establishment was identified for an environmental assessment and the date of:

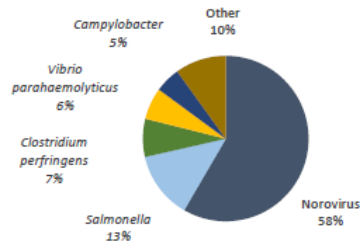
- 1st contact with establishment = 2 days (min = 0, median = 0, max = 49)
- Establishment observation = 3 days (min = 0, median = 1, max = 49)
- Manager interview = 12 days (min = 0, median = 3, max = 213)

Average number of visits to the outbreak establishment needed to complete an environmental assessment = 2 visits (min = 1, median = 1, max = 10).

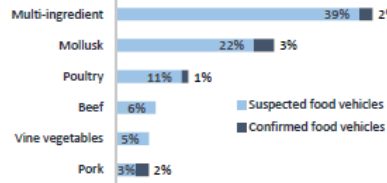
Characteristics of the Outbreak Investigation (N = 217)



Outbreak Primary Agents (N = 161)

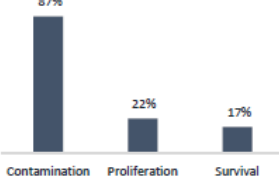


Most Common Confirmed/Suspected Food Vehicles (N = 94)**

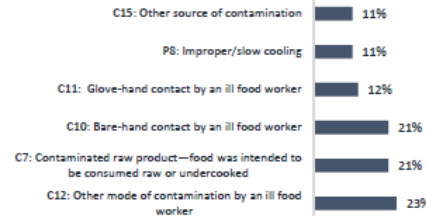


Note: summary reports prior to 2017 categorized the food as confirmed or suspected based on the categorization of the outbreak agent. This report uses the categorization of the food.

Identified Contributing Factors by Category (N = 131)**



Most Common Outbreak Contributing Factors (N = 131)**



* Denotes data that can be used toward meeting Standard 5 in FDA's Voluntary National Retail Food Regulatory Program Standards.

** Each outbreak may have more than 1 identified contributing factor and food vehicle, so percentages may equal more than 100%.

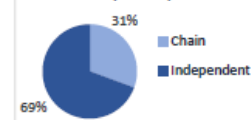
Outbreak Establishment Characteristics

Establishment Description

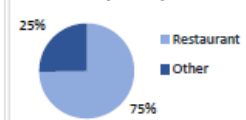
69% (118) of the establishments were independently owned; the remaining 31% (52) were chains.

75% (163) of the outbreaks occurred in restaurants; the remaining 25% (55) occurred in other establishment types such as correctional facilities and grocery stores.

Establishment Ownership (N = 170)



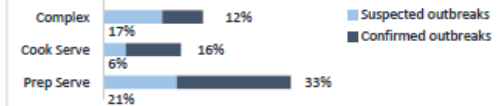
Establishment Type (N = 218)



Food Preparation Processes

In outbreaks in which there was a suspected or confirmed food vehicle, the food preparation processes used for those food vehicles were best described as Complex (29%, 27), Cook Serve (22%, 21), and Prep Serve (54%, 51).

Food Preparation Processes (N = 94)**



* Denotes data that can be used toward meeting Standard 5 in FDA's Voluntary National Retail Food Regulatory Program Standards.
** Each outbreak may have more than 1 identified food vehicle and food preparation process, so percentages may equal more than 100%.

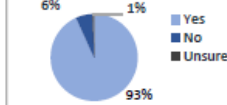
Hand Hygiene Characteristics

Glove Use

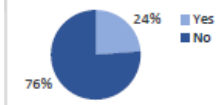
93% (165) of the establishments had a policy concerning the use of disposable gloves.

24% (45) of the establishments had food workers observed handling ready-to-eat foods with bare hands.

Establishment Has a Disposable Glove Use Policy (N = 177)



Food Workers Handle Ready-To-Eat Food with Bare Hands (N = 189)



Hand Sinks for Workers

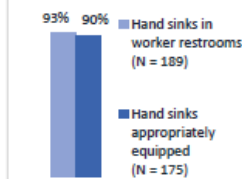
93% (175) of the establishments had hand sinks in the employee restrooms.

• In 90% (158) of these establishments, all employee restroom hand sinks were appropriately equipped (warm water, hand soap, and paper or cloth towels).

96% (182) of the establishments had hand sinks in the employee work areas.

• In 82% (150) of these establishments, all employee work area hand sinks were appropriately equipped (warm water, hand soap, and paper or cloth towels).

Employee Restroom Hand Sinks (N = 189)



Employee Area Hand Sinks (N = 182)

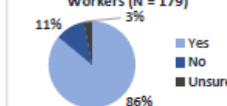


Ill Worker Policies

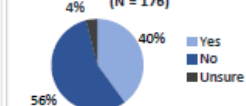
86% (154) of the establishments had a policy to restrict or exclude ill workers.

40% (71) of the establishments had paid sick leave for their workers.

Establishment Has a Policy to Restrict or Exclude Ill Workers (N = 179)



Establishment Has Paid Sick Leave for Ill Workers (N = 176)

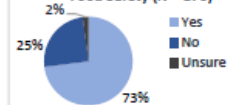


Kitchen Manager Certification

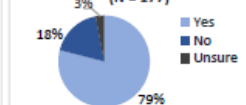
73% (129) of the establishments required kitchen managers to be food safety certified.

79% (141) of the establishments had kitchen managers that were food safety certified.

Kitchen Managers Are Required to Be Certified in Food Safety (N = 176)



Kitchen Managers Are Certified in Food Safety (N = 177)



Food Safety Guidance | Not Just Outbreaks

CFPM Certified Food Protection Managers

Most food establishments are required to have a Certified Food Protection Manager (CFPM) (WAC 246-215-02107). Anyone you trust to help with your business's food safety can become a CFPM. They need to know your menu, facility, workers, food code, and be able to pass the CFPM test.

Read helpful Active Managerial Control materials at www.doh.wa.gov/foodrules. The CFPM does not need to be on premises but a copy of the CFPM certificate must be on site.

Work with your local health department if you have questions: www.doh.wa.gov/localhealthfoodcontacts.

CFPM is required if your food establishment prepares food, such as:
Don't see your type of business? Ask your local health department if you need a CFPM.

uses raw animal products

washes raw produce

cools cooked foods

uses specialized processes

serves a highly susceptible population

CFPM role

Train persons in charge

Make sure procedures are developed & followed

Prepare for & respond to food safety issues

How to get certified

Choose an approved test provider

Prepare & study

Practice & take the test

You can take the test in person or online. Find test options online.

Go to <https://ansi.inq/ansi-cfp-directory>
Pick your exam.

Study before you take your test. Review the food code, including:

- Food safety risks
- Employee health
- Food temperatures
- Cleaning and sanitizing

Some providers offer study materials or practice tests. The test will have about 80 questions.

Make sure the certificate has this logo.

DOH 333-335 November 2023
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Toolkit: Allergen Awareness

Food allergy is a serious medical condition that can be life-threatening. Although nearly any food may cause an allergic reaction, nine major food allergens cause the most food allergy reactions in the United States. Food workers must be trained on food allergens as it relates to their job duties such as knowing the major food allergens, the symptoms of an allergic reaction, how to communicate with customers about allergens, and ways to prevent allergens when preparing or serving food.

Note: Use this document to help your establishment maintain Active Managerial Control (AMC). Be sure to work with your local health department for any additional information as needed. (www.doh.wa.gov/localhealthfoodcontacts)

Section 1: Food Establishment Information

Establishment Name	Phone		
Street (Physical Address)	City	ZIP	Email
Contact Name	Title / Position		

Section 2: Menu Evaluation

Evaluate supplies and carefully read package labels to find potential allergens. Select all used in your establishment.

<input type="checkbox"/> Fish such as salmon, cod, halibut, tilapia	<input type="checkbox"/> Soybeans such as edamame, miso, soy sauce, tempeh, tofu
<input type="checkbox"/> Crustacean shellfish such as crab, lobster, shrimp	<input type="checkbox"/> Peanuts such as peanut butter, peanut flour, mixed nuts
<input type="checkbox"/> Eggs such as egg, egg nog, meringue, mayonnaise	<input type="checkbox"/> Wheat such as breads, couscous, pasta, wheat grass
<input type="checkbox"/> Milk such as butter, cheese, cream, ghee, milk	<input type="checkbox"/> Sesame such as sesame seeds, sesame oil, tahini
<input type="checkbox"/> Tree nuts such as almonds, cashews, coconut, hazelnuts, macadamia, pecans, pine nuts, pistachios, walnuts	

Section 3: Symptoms of Food Allergies

All food workers, including servers, need to know what to look for in customers with food allergies. Severe reactions need immediate medical attention, including calling 911.

<ul style="list-style-type: none"> Hives Flush skin Tingling in mouth Face, tongue, or lip swelling 	<ul style="list-style-type: none"> Vomiting or diarrhea Coughing or wheezing Dizziness, confusion, anxiety Swelling of the throat 	<ul style="list-style-type: none"> Abdominal cramps Difficulty breathing Loss of consciousness Other symptoms are possible
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Section 4: Cross-Contact

Food allergens can transfer when foods and surfaces touch. Be sure to always use clean kitchen tools when preparing allergen-friendly foods. Proper cooking does not reduce allergens. If a mistake is made, the food must be remade.

Source of cross-contact	Examples
Hands (even if wearing gloves) and utensils	<ul style="list-style-type: none"> Touching almonds and then handling cheese Using the same spatula to flip a fish patty before a burger patty
Surfaces such as cutting boards, pots, pans	<ul style="list-style-type: none"> Cooking bacon on a grill after cooking eggs on the grill surface Slicing cheese on a board after cutting bread
Steam, splatter, crumbs	<ul style="list-style-type: none"> Steam from cooking shellfish sprays on nearby food Pancake mix with flour spreads onto bacon
Storage	<ul style="list-style-type: none"> Milk dips onto vegetables in refrigerator Artificial crab stored in same container with cooked crab
Condiments	<ul style="list-style-type: none"> Putting a knife used to spread peanut butter into a jelly jar Soy sauce added to a house-made salad dressing
Cooking liquids and oils	<ul style="list-style-type: none"> Reusing cooking oil to sauté vegetables after sautéing fish Cooking fries in a deep fryer after cooking breaded chicken tenders
Mistakes	<ul style="list-style-type: none"> Picking croutons off a salad Scraping eggs off a plate instead of making a new dish

Prevent cross-contact. Cleaning with soap and water will remove allergens from surfaces. Wash, rinse, sanitize, and air dry all utensils and food contact surfaces before use. For each allergen-friendly menu item, only use clean:

- hands
- utensils such as spatulas, spoons, knives, and gloves
- surfaces such as cutting boards, pots, pans, baking sheets
- cooking oil and water

AMC Toolkit: Food Allergens
DOH 333-341 January 2024

ALLERGEN AWARENESS FOR FOOD WORKERS

Even a small amount of an allergen can cause a life-threatening reaction. Workers must know the major food allergens, symptoms of an allergic reaction, and how to communicate about allergens used in the establishment.

Know the MAJOR ALLERGENS

These nine foods are the most common allergens, but people can be allergic to others.

Know what to ASK and WHO TO TELL

Talk with customers to understand their food allergy and carefully share the information with the manager or designated kitchen staff.

Know how to prevent CROSS CONTACT

Food allergens can transfer when foods, surfaces, and utensils touch. Allergens do not go away when cooked.

Wash with soap and water - allergens don't wipe off!
Wash hands with soap and water and change gloves before preparing food. Always clean and sanitize surfaces between menu items.

Wash all surfaces to remove allergens:

Wash with warm, soapy water

Rinse with clean water

Sanitize & air dry

Prevent Splatters

Keep cooking steam, flour dust, and crumbs from touching food.

Separate Ingredients

Change cooking liquids and oils to ensure ingredients haven't been mixed with allergens.

Correct Errors

If a mistake is made, remake foods instead of just removing the allergen from the plate.

Offer Substitute

Inform customer if unable to meet their request.

Know the SYMPTOMS of allergic reactions

- Difficulty breathing, cough, wheezing
- Swelling of the tongue, lips, or face
- Dizziness, paleness, or confusion
- Itchy nose, mouth, or face
- Nausea, vomiting, diarrhea

Know what to do for ANAPHYLAXIS (life-threatening allergic reaction)

Immediately Call 911

- Request ambulance with epinephrine
- Have the individual take their medications such as epinephrine, antihistamines, or inhaler

DOH 333-337 December 2023, English. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Dogs Welcome OUTDOORS

Per Washington Administrative Code 246-215-06570(4), pet dogs are welcome outdoors. Establishment must submit a plan to the local health department and have it approved in advance.

Dogs must:

- stay under control or leashed
- stay off furniture
- not interact with employees
- not go inside the food establishment

Scan here to read the full WAC

DOH 333-301 August 2022
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Visit www.doh.wa.gov/foodrules to see all that is available!



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.