

# THE BELL RINGER

The Newsletter of the Philadelphia Conference of the Central Atlantic States  
Association of Food and Drug Officials

Spring 2013



## THE PRESIDENT'S MESSAGE

As we are putting one season behind us, we are looking forward to another. This brings to mind the continuing changes that we face in promoting a safe environment for all of our citizens. Like the weather, this is always an ongoing challenge and subject to sudden, surprising and unpredictable changes. Together, we can strive to guide all stakeholders into following the best possible practices to ensure public health. Our role as an educational and training organization provides needed direction and helps foster fair and equitable application of laws and regulations to meet challenges we must face in the field. Continual change and new challenges due to numerous factors such as emerging pathogens, new technology, and budgetary constraints strengthen the reason and importance of CASA's position in the public health partnership with which we are all associated.

This great organization provides the best resources for advocacy, education and networking for all of the members and affiliates. Please remember to attend the Spring Meeting on 3/15/13 at Procacci Brothers, 3333 S. Front Street, Philadelphia PA 19148. This will be a great meeting involving experts on water activity and sampling, in-house rapid methodology testing and well water testing. In addition, I want to remind you that the election of officers for 2013 will be conducted. Further, please mark your calendars for the annual conference hosted by our colleagues in the Niagara Frontier Conference, on May 6-9, 2013. Consult the website at [www.casafo.org](http://www.casafo.org) for information regarding the conference details.

I especially want to extend this message to those of you who have been active members in the past and have not participated for a while. Come on back and meet new colleagues and renew old friendships that you have established over the time that you were involved in CASA. The meetings provide topics that are timely and informational; and where else can you get such great training at such a minimal cost. Please

consider becoming active members and those of you who are active, let others know of the training available.

Looking forward to seeing you,

Sincerely,

Jack Welte  
President  
Philadelphia Conference of CASA



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### Conference News & Updates.

**Don't forget to mark your calendars and plan now to attend this year's conference that will be sponsored by the Niagara Frontier Conference in the Buffalo/Niagara Falls area May 6—9, 2013.**

**Bell Ringer Winter 2012 Correction: Hollie Madamba**, not Holly Krimstock, was the co-speaker with Jill Miles from the Atlantic County Health Department for the Hurricane Sandy response presentation.

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**The Winter CASA meeting focused on the impact that Hurricane Sandy had on our region. As follow-up it is never too late to begin preparation for the next emergency. The FDA News Release can help with planning.**

#### **FDA NEWS RELEASE**

**For Immediate Release:** Aug. 26, 2011

**Media Inquiries:** Pat El-Hinnawy, 301-796-4763, [patricia.el-hinnawy@fda.hhs.gov](mailto:patricia.el-hinnawy@fda.hhs.gov)

**Consumer Inquiries:** 888-INFO-FDA

#### **FDA hurricane preparedness checklist**

*Agency urges consumers to ensure safety of food, water, medical supplies*

The FDA reminds consumers to take precautions for storing water and ensuring the safety of their food and medical supplies for themselves and their pets during and after this week's expected hurricane-related rain, possible flooding and power outages.

The agency also reminds consumers that it is important to have a plan in place for emergency medication and medical supplies for both people and animals. This is especially true for those with health concerns, particularly if the power goes out.

In general, FDA encourages consumers to:

## Food

- Do not eat any food that may have come into contact with flood water. **If in doubt, throw it out.**
- Do not eat food packed in plastic, paper, cardboard, cloth and similar containers that have been water-damaged.
- Discard food and beverage containers with screw-caps, snap lids, crimped caps (soda bottles), twist caps, flip tops and home canned foods, if they have come in contact with flood water. These containers cannot be disinfected.
- Check to ensure that the freezer temperature is at or below 0 °F and the refrigerator is at or below 40 °F.
- Keep the refrigerator and freezer doors closed as much as possible to maintain the cold temperature.
- For more information, see Hurricanes and Floods: [Key Tips for Consumers About Food and Water Safety](http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm077029.htm) <http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm077029.htm><sup>1</sup> and [Power Outages: Key Tips for Consumers About Food and Water Safety](http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm077023.htm) <http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm077023.htm><sup>2</sup>

## Water

- Area health departments will determine whether local tap water can be used for drinking. If the water cannot be used or is questionable, and bottled water is not available, then use the directions in the next bullet to purify it.
- Boiling water will kill most types of disease-causing organisms that may be present. If the water is cloudy, filter it through clean cloths or allow it to settle and draw off the clear water for boiling. Boil the water for one minute, let it cool and store it in clean containers with covers.
- For more information, see [Food Safety for Consumers Returning Home After a Hurricane and/or Flooding](http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm076993.htm)<sup>3</sup> <http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm076993.htm><sup>4</sup>

## Pets

- If you have to leave your home, take your pet with you if at all possible. You are the best person to take care of your pet.
- Pets should be contained in a carrier or on a leash.
- Emergencies can make pets display unexpected or uncharacteristic behaviors. It may take several weeks before your pet's behavior is back to normal.
- Allow your pet plenty of time to rest and get used to new surroundings. Provide familiar toys, if possible.
- For more information see [Taking Care of Pets During a Disaster or Emergency](http://www.fda.gov/AnimalVeterinary/ResourcesforYou/ucm047099.htm)<sup>5</sup> <http://www.fda.gov/AnimalVeterinary/ResourcesforYou/ucm047099.htm><sup>6</sup>

## Drugs Exposed to Water

- For lifesaving drugs exposed to water, when replacements may not be readily available, if the container is contaminated but the contents appear unaffected –if the pills are dry—the pills may be used until a replacement can be obtained. However, if the pill is wet it is contaminated and should be discarded.
- Other drug products (pills, oral liquids, drugs for injections, inhalers, skin medications) —even those in their original containers—should be discarded if they have come into contact with flood or contaminated water. In the ideal setting, capsules, tablets, and liquids in drug containers with screw-top caps, snap lids, or droppers, should be discarded if they are contaminated. In addition, medications that have been placed in any alternative storage containers should be discarded if they have come in contact with flood or contaminated water.
- For more information, see [Safe Drug Use After a Natural Disaster](http://www.fda.gov/Drugs/EmergencyPreparedness/ucm085200.htm) <http://www.fda.gov/Drugs/EmergencyPreparedness/ucm085200.htm><sup>7</sup>

### Insulin Storage and Switching Between Products in an Emergency

- As a general rule, insulin loses its potency according to the temperature it is exposed to and length of that exposure. Under emergency conditions, you might still need to use insulin that has been stored above 86 °F. Such extreme temperatures may cause insulin to lose potency, which could result in loss of blood glucose control over time.
- In any case, you should try to keep insulin as cool as possible. Try to keep insulin away from direct heat and out of direct sunlight, but if you are using ice, also avoid freezing the insulin.
- When properly stored insulin becomes available, discard and replace the insulin vials that have been exposed to these extreme conditions.
- For more information see [Information Regarding Insulin Storage and Switching Between Products in an Emergency](http://www.fda.gov/Drugs/EmergencyPreparedness/ucm085213.htm)<sup>8</sup> <http://www.fda.gov/Drugs/EmergencyPreparedness/ucm085213.htm><sup>9</sup>

### Medical Devices

- If you have a “life-supporting” or “life-sustaining” device that depends on electricity, you should contact your healthcare provider for information on how to maintain function in the event of a loss of power.
- Keep your device and supplies clean and dry. If possible, notify your local Public Health Authority to request evacuation prior to adverse weather events.
- For more information, see [FDA Offers Tips about Medical Devices and Hurricane Disasters](http://www.fda.gov/MedicalDevices/Safety/EmergencySituations/ucm055987.htm)<sup>10</sup> <http://www.fda.gov/MedicalDevices/Safety/EmergencySituations/ucm055987.htm><sup>11</sup>

### Vaccines, Blood, Biologics

- If the power goes out, make note of the time and keep refrigerators and freezers closed as much as possible.
- When the power is restored, if possible, determine the temperature in the refrigerator or freezer before the temperature starts to go back down.
- If the power outage continues, consider removing products from the refrigerator or freezer and packing them in ice or dry ice as appropriate.
- If contact with flood water occurs, the product should be considered contaminated and should not be used.
- For more information, see [Impact of Severe Weather Conditions on Biological Products](http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/ProductSecurity/ucm147243.htm)<sup>12</sup> <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/ProductSecurity/ucm147243.htm><sup>13</sup>

Find [more information](#)<sup>14</sup> for consumers and industry on all FDA-regulated products at <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm064572.htm><sup>15</sup>

For more hurricane preparedness information: [Hurricanes](http://www.ready.gov/america/beinformed/hurricanes.html) at <http://www.ready.gov/america/beinformed/hurricanes.html><sup>16</sup>

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**Elections will be held at the next meeting!!**



## OFFICIAL BALLOT

Central Atlantic States Association – Philadelphia Conference  
March 15, 2013

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The CASA Constitution states that each member of the Association in the Regulatory or Life Member categories is entitled to one vote on any issue. **Please do not vote if you are a Retired Member, Academic Member, or Associate Member.**

The following nominations are presented to you by the Nominating Committee. Please cast your vote by making an X in the appropriate bracket or by using the write-in line.

- 
1. President - Serves 1 year term. May be re-elected for additional term (2<sup>nd</sup> term, 2<sup>nd</sup> yr.)  
Jack Welte, PA Department of Agriculture [ ]  
Write-in: \_\_\_\_\_ [ ]
  2. Vice-President – Serves 1 year term. May be re-elected for additional term (1<sup>st</sup> term, 1<sup>st</sup> yr.)  
Howard Rabinovitch, Retired/FDA [ ]  
Write-in: \_\_\_\_\_ [ ]
  3. Member At Large–Serves 2 year term. May be re-elected for additional term (2<sup>nd</sup> term, 2<sup>nd</sup> year)  
Danielle Clemons, [ ]  
Write-in: \_\_\_\_\_ [ ]
  4. Representative to the Executive Board – Serves 1 year term; eligible for re-election for 4 consecutive 1 year terms. For the 5<sup>th</sup> year shall be for 4 years without re-election to enable this individual to rotate through officer positions of the Association (2<sup>nd</sup> term, 2<sup>nd</sup> yr.)  
Danielle Bytheway, NJ Department of Health [ ]  
Write-in: \_\_\_\_\_ [ ]
  5. Treasurer – Serves 3 yr. term & may be re-elected with no limit to # of terms (2<sup>nd</sup> term-4<sup>th</sup> yr.)  
Megan Lauff, U.S. Food & Drug Administration [ ]  
Write-in: \_\_\_\_\_ [ ]
  6. Executive Officer – Serves a 3 year term with no limit to # of terms (2<sup>nd</sup> term- 4<sup>th</sup> year)  
Dennis Bauer, Bucks County Health Department [ ]  
Write-in: \_\_\_\_\_ [ ]



## OFFICIAL BALLOT

Central Atlantic States Association – Philadelphia Conference

March 15, 2013

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The CASA Constitution states that each member of the Association in the Associate Member category is entitled to one vote regarding the election of the associate board member.

The following nominations are presented to you by the Nominating Committee. Please cast your vote by making an X in the appropriate bracket or by using the write-in line.

- 
1. Associate Member – Serves 1 year term. May be re-elected to 2 additional terms. (3<sup>rd</sup> year/3<sup>rd</sup> term)

Caroline B. Friel, Wawa, Inc. [ ]

Write-in: \_\_\_\_\_ [ ]

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## Foodborne Disease Agents in the Media

In a recent article published, 12/12/12, in the HealthDay News written by Mary Elizabeth Dulles entitled "Dishwashing Won't Kill Tummy-Troubling Norovirus: Study," the author referenced research from Ohio State University, to point out that current cleaning and sanitizing methods used within the food service industry are not effective for removing and killing norovirus. The underlying point of this article is the need to evaluate standard cleaning practices for their ability to reduce the incidence viral caused gastroenteritis infection that can be transmitted via cross contamination from multi-use utensils used in the preparation or service of food. The article also highlighted the impact of norovirus reported to be responsible for 90 percent of nonbacterial cases of gastroenteritis outbreaks and, from the U.S. Centers for Disease Control and Prevention (CDC), causes an estimated 91,000 emergency room visits and 23,000 hospitalizations for severe diarrhea among children younger than 5 years annually.

## The CDC is now reporting on a New Strain of Norovirus

Morbidity and Mortality Weekly Report (MMWR), <http://www.cdc.gov/mmwr/>

Notes from the Field: Emergence of New Norovirus Strain GII.4 Sydney — United States, 2012

Weekly

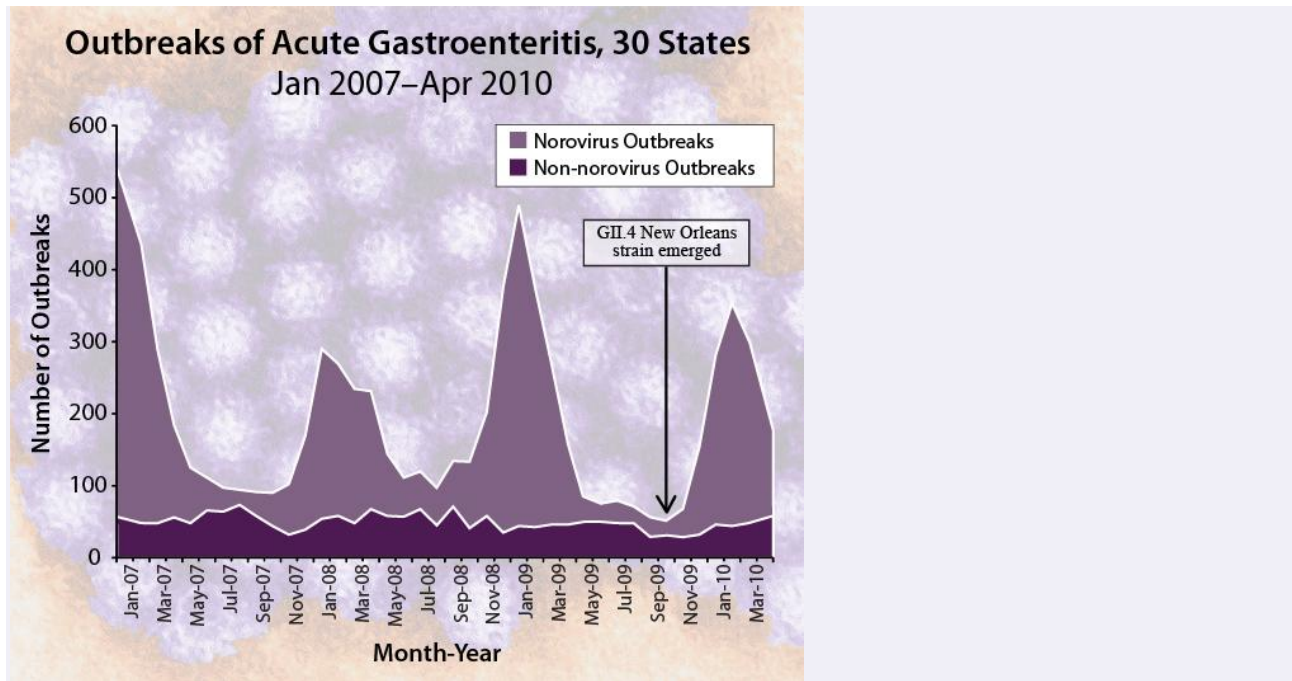
January 25, 2013 / 62(03); 55-55

"In 2012, a new strain of norovirus was detected in Australia. It is called GII.4 Sydney. People in the United States and other countries also have been infected with the new strain. It is currently the leading cause of norovirus outbreaks in the United States. However, we do not yet know if the new strain will cause more norovirus illness than in other years. It is still too early in the [season](#) to tell."

CDC will keep watching this new strain closely.

"Noroviruses are the leading cause of epidemic gastroenteritis, including foodborne outbreaks, in the United States (1). Hospitalization and mortality associated with norovirus infection occur most frequently among elderly persons, young children, and immunocompromised patients. Noroviruses belong to the family *Caliciviridae* and can be grouped into five genogroups (GI through GV), which are further divided into at least 34 genotypes. Human disease primarily is caused by GI and GII noroviruses, with most outbreaks caused by GII.4 strains (1). During the past decade, new GII.4 strains have emerged every 2–3 years, replacing previously predominant GII.4 strains. Emergence of these new norovirus strains has often, but not always, led to increased outbreak activity. For example, the previously dominant GII.4 New Orleans strain was not associated with increased norovirus outbreak activity in the United States (2). CDC collects information on norovirus strains associated with outbreaks in the United States through an electronic laboratory surveillance network called CaliciNet (3). This report documents the recent emergence of a new GII.4 strain, GII.4 Sydney, which caused most (53%) of the norovirus outbreaks reported through CaliciNet during September–December 2012. Continued surveillance will enable further assessment of the public health implications and significance of this new strain.

Norovirus outbreaks occur throughout the year. But, over 80% of the outbreaks occur from November to April. Also, when there are new strains of norovirus, the number of outbreaks tends to increase periodically.



Noroviruses are responsible for more than half of all reported outbreaks of gastroenteritis (vomiting, diarrhea, and stomach cramping caused by inflammation of the stomach and intestines). While the vast majority of norovirus illnesses are not part of a recognized cluster, outbreaks provide important information on how the virus spreads and, therefore, how best to prevent infection.”

CDC: Beware the leafy greens, poultry and dairy

Elizabeth Weise, USA TODAY 11:59p.m. EST January 29, 2013



Lettuce grown in hydroponic trays is separated from the roots, cleaned and packaged into salads at Rolling Hills greenhouse near West Union, Iowa. (Photo: Brandon Pollock, AP)

#### Story Highlights

- Leafy greens account for the largest number of food-borne illnesses
- Dairy products, often unpasteurized, account for the most hospitalizations
- Food is getting safer overall, CDC researchers say

Leafy greens such as lettuce, spinach and kale accounted for the most food-borne illnesses nationwide from 1998 through 2008, the Centers for Disease Control and Prevention reports.

Dairy products accounted for the most hospitalizations. The most deaths were linked to poultry.



The study isn't meant to be a "risk of illness per serving" list for consumers, said Patricia Griffin, a food-borne disease expert at the CDC who was the senior author of the report. The statistics are meant to help regulators and the food industry target efforts to improve the safety of food.

"The vast majority of meals are safe," she said, so don't let the numbers for leafy greens keep you from eating vegetables. "Eating them is so important to a healthy diet. They're linked to reduced risk of heart attacks, stroke and cancer."

The study looked at 4,887 outbreaks that caused 128,269 illnesses, hospitalizations and deaths when the food that caused them was known or suspected. It appears Tuesday in the journal *Emerging Infectious Diseases*.

Epidemiologists at the CDC found that leafy greens accounted for 23% of illnesses and dairy products 14%. However, when they looked only at hospitalizations, the lineup was different: Dairy products were responsible for 16% of hospitalizations followed by leafy vegetables at 14% and poultry 12%. For deaths, poultry accounted for 19%, then dairy products at 10%.

The overall number of deaths was small: 277 people died from food-borne illnesses linked to poultry and 140 from illnesses linked to dairy products during those years.

While the statistical details won't be all that helpful to consumers, it's "essential" for government agencies and the food industry as they work to make food safer, Griffin said.

That's especially the case now that implementation of the Food Safety Modernization Act is underway. The act requires the Food and Drug Administration to focus its regulatory efforts on the highest-risk food products. Until now, they were hard to identify.

Griffin cautions that the dairy product numbers are misleading. Many of the outbreaks linked to dairy products involve unpasteurized milk and cream, but the vast majority of Americans drink and eat only pasteurized dairy products.

"The weight of the raw milk outbreaks is making it look as if dairy is a bigger source of illness than we actually think it is," she said.

A study published last year that looked at 13 years of outbreaks linked to dairy products found that unpasteurized milk, cheese and cream were 150 times more likely to cause food-borne illness outbreaks than pasteurized dairy foods and that such outbreaks had a hospitalization rate 13 times higher than those involving pasteurized dairy products.



**About the Author   Elizabeth Weise**

Elizabeth Weise works in USA Today's San Francisco bureau, where she's covered tech, biotech, agriculture and now food safety and breaking news. An armchair epidemiologist, she's far too geeky for her own good.

**Outbreak Response through the eyes of an ERC**  
**Judith Paterson, Emergency Response Coordinator, FDA Philadelphia District**

Outbreaks of illnesses are front page news. Hardly, a month goes by without some mention of an outbreak affecting Americans. Whether its reports of Campylobacteriosis from raw milk or Salmonellosis from peanut butter, the media is letting the American public know when a commodity may be responsible for causing illnesses or death.

The Emergency Response Coordinator positions in FDA were created to help coordinate FDA's response to outbreaks at the district, regional and national levels and to communicate and coordinate investigative activities with State, Local and Federal agencies.

In July 2012, a case of Listerosis was reported in an Alleghany County, PA newspaper. As with most outbreaks, the follow-up with the affected person was conducted by the local health department. Alleghany County Health Officials interviewed the patient and collected food samples from his home. *Listeria monocytogenes* was confirmed in two samples of repackaged cheese by pulsed field gel electrophoresis (PFGE). The PFGE pattern linked the bacteria in the cheese with patient samples collected by the Hospital. Pennsylvania Department of Health uploaded the PFGE pattern into the National Database, known as PulseNet. As the ERC, I notified our Office of Emergency Management and the Coordinated Outbreak Response Evaluation Network of the Alleghany County investigation and sampling results. An additional 8 patient samples, from different states, were matched to the PFGE pattern isolated from the cheese samples. With a possible commodity identified, CORE contacted CDC, who initiated commodity specific interviews with identified patients. Philadelphia FDA accompanied Alleghany County Health Dept during their investigation at the retail store that sold the implicated cheeses. Additional samples of repackaged cheese were collected by Alleghany County and found positive for the *Listeria monocytogenes*. As the number of reported cases of Listerosis rose, including several deaths, multiple teleconferences between State and Local Health Department representatives, District ERCs, CORE and CDC helped to coordinate the various investigations. Environmental samples and product samples collected at distributors narrowed down the commodity to Ricotta Salata manufactured by the Italian firm, Fattorie Chiarappa and imported by Forever Cheese, Long Island City, NY. On September, 26, 2012, Forever Cheese expanded their original recall of 9/14/2012, to include all lots of Marte Brand Ricotta Salata. In all 22 illnesses and 4 deaths were attributed to the contaminated the Ricotta Salata.

An interesting side note to this investigation was that the cheeses sampled by Alleghany County Health Department were not Ricotta Salata but cheeses coming from France and Oregon. It was the dedicated work of Local and State Agencies as well as FDA that finally identified the source of the organism. Communications between FDA and Italian Authorities resulted in an inspection at Fattorie Chiarappa. As a result of the inspection, the Italian Authorities took official action against Fattorie Chiarappa and the recall of Fattorie Chiarappa cheeses expanded to other countries.

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**PHILADELPHIA CONFERENCE**

FOUNDED AUGUST 3, 1923

OF THE CENTRAL ATLANTIC STATES ASSOCIATION OF FOOD AND DRUG OFFICIALS  
IN ASSOCIATION WITH A.F.D.O.

**SPRING EDUCATIONAL SEMINAR**

**“TESTING METHODS”  
March 15, 2013**

Procacci Brothers  
3333 S. Front Street  
Philadelphia, PA 19148

**NOTE: Pre-Registration is required (See 2<sup>nd</sup> page)  
(Approx 5.5 NJ CEU's Pending)**

08:00 – 09:00	Registration ELECTION OF OFFICERS
09:00 – 10:15	“Aseptic Food Sampling” Judy Paterson - PHI-DO Emergency Response Coordinator U.S. Food and Drug Administration
10:15 – 10:45	Break
10:45 – 12:00	“ Water Activity” Wendy Ortman, Product Testing Technologies Application Engineer Decagon Devices
12:00-1:00	LUNCH ON YOUR OWN
1:00 – 2:15	“Well Water Testing” Dave Wilson, Owner South Jersey Water Conditioning
2:15-2:30	Break
2:30 – 3:45	“On-Site Testing” Mike Fox, Indian Ridge Provisions
3:45-4:15	Q & A and Evaluation

**NOTE: Pre-Registration is required no later than close of business, Friday – March 8, 2013. Everyone must register with Lynn Bonner at [Lynn.Bonner@fda.hhs.gov](mailto:Lynn.Bonner@fda.hhs.gov) or you may call her at (215) 717-3074.**

**COST:** *The following fees apply:*

*Current 2013 Members – Registration Fee of \$5.00*

*Non-members/Delinquent Members–Dues plus Registration Fee of \$5.00*

*Dues: Regulator - \$15.00*

*Associate - \$35.00*

*Academic - \$10.00*

*Student - \$10.00*

*Retired - \$10.00*

**CEUs:** *A New Jersey continuing education credit application has been submitted to NJLMN for this course. The total number of credits approved for this agenda is pending (approx 5.5 expected). This course will be listed on NJLMN web site upon approval of the credits and you may register for the CEU's at that time. ([www.NJLMN.rutgers.edu](http://www.NJLMN.rutgers.edu)).*

\*Don't forget to bring items for donation for our quarterly CASA food drive to help the needy. Items needed: juice/drink mixes, tuna, peanut butter & jelly, jello/pudding, hamburger helper, rice, pancake mix & syrup, paper products – toilet paper, paper towels & tissues, condiments – ketchup, mustard, mayonnaise, toiletries – soap, toothpaste, shampoo, deodorant\*

**Editor's Note:** Share your interests, information and announcements with your fellow professionals. If you take great notes contribute to the Bell Ringer and recount your training or meeting adventures. Please email to: [George.Zameska@pastertraining.com](mailto:George.Zameska@pastertraining.com). Space is available for advertising in the Bell Ringer. I look forward to your feedback and participation.