



Utah  
**RAPID RESPONSE**  
Team  
Human and Animal Food

Official Newsletter of the Utah Rapid Response Team (URRT)

## Monthly Review- January 2020

Here are the highlights of what happened with the URRT in the month January:

- Thayne and Talisha attended the State EOC meeting where we worked on our ESF 11 2020 goals and training plan for the 2021 National FEMA Exercise. The URRT also had their URRT Steering Committee meeting that included federal, local, and state partners. Thayne also met with the FEMA 2021 National Exercise steering committee. We proposed some injects to include the RRT an opportunity to practice large-scale rapid response of a foodborne illness outbreak.
- Talisha attended the ER220 Traceback that was held in Anaheim, California, that was put on by the FDA. This ER 220 course is vital to understand how investigations related to foodborne illness outbreaks are done. In April this year the URRT team will be putting on a ER 220 course. This course is full for this round, but there will be opportunity in the future to take the training.
- Thayne and Rick attended the ER 324 Epi Ready course held at the Utah Public Lab in Taylorsville, UT. This is a great course with an overview of Epidemiology.
- The RRT prepared a narrative consisting of grant requirements, conferences, meetings, training, community outreach, and presentations that have been completed in the past six months for the mid-year report that is due on 1/31/20. This report is sent to the FDA Office and is used to measure progress and funding. Thank you to the manufactured food program for taking on the project of the mid-year report. The RRT has also started organizing and planning for an upcoming ER220 training and traceback training tabletop that will be held in the next few months.

## This issue:

Monthly Review  
Page 01

Steering Committee  
Spotlight  
Page 02

Local Outbreak Story  
Page 04

Save the Date  
Page 06

National Spotlight  
Page 07

## Steering Committee Spotlight - William Lanier

**1. Describe your job in about 25 words?** I lead USDA-FSIS efforts to: apply foodborne outbreak lessons learned to prevent illness; and strengthen collaborative outbreak response with local, state, and federal partners.

**2. What's one thing - industry-related you learned in the last year?** Industry can be better positioned to prevent illness than government.

**3. What aspect of your job do you enjoy the most?** I get to be creative in the projects I work on and feel like I truly have an impact on illness prevention.

**4. What is one thing unique about you that people would be surprised if they knew?** I grew up mushing dogs in Alaska.

**5. How has your agency been influenced by the partnership with the URRT?** Given our collaborative relationship, I feel confident that the Utah RRT (or members thereof) would notify FSIS quickly in the case of an outbreak related to FSIS-regulated products.

**6. What is your favorite quote or personal mantra?** My favorite scripture: Adam fell that men might be; and men are, that they might have joy.

## Steering Committee

Talisha Bacon  
URRT Coordinator

Thayne Mickelson  
URRT Director

FDA  
Holly Miller (Primary)  
Nathan Moon (Alternate)

LHD  
Michelle Cooke

UDAF Manufactured Food  
Rick Beckstrand (Primary)  
Jay Schvaneveldt (Alternate)

UDAF Animal and Feed  
Mark Ashcroft

UDAF Lab  
Western Judd (Primary)  
Kathleen Thorsted  
(Alternate)

UDOH Epi.  
Cindy Burnett (Primary)  
Delany Moore (Alternate)

UDOH  
Chris Nelson

UPHL  
Robyn Atkinson (Primary)  
Kelly Oakeson (Alternate)


USDA-FSIS  
Keith Banta (Primary)  
Willy Lanier (Alternate)

## Steering Committee Spotlight - Holly Miller

- 1. Describe your job in about 25 words?** I coordinate outbreak investigation activities between CORE and state and local partners. I also give a lot of presentations and trainings and am involved in several planning committees. I work closely with my states and get a lot of the 'random' questions.
- 2. What's one thing - industry-related you learned in the last year?** I've been in my position for just over a year and have learned a lot! I've learned more about the food import process and about the produce industry than I ever could have imagined.
- 3. What aspect of your job do you enjoy the most?** Talking to people and helping people. I love answering weird and wacky questions, working through a problem or new situation with someone, and helping industry navigate the FDA. I love the feeling when someone tells me that they didn't think they would ever talk to a live person in FDA or that they never thought they would get a straight answer from the federal government.
- 4. What is one thing unique about you that people would be surprised if they knew?** I'm very clumsy and accident prone. I trip a lot, bump into things, spill food on myself. I've cut my hand with kitchen knives several times and needed stitches for one of them.
- 5. How has your agency been influenced by the partnership with the URRT?** Our partnership with URRT has increased our communication with the state and improved our working relationship. It's given us the opportunity to meet and work with new partners across the state.
- 6. What is your favorite quote or personal mantra?** My favorite quote changes almost every day. But the one thing that I always try to remember in everything I do is that my job, and the reason I work for the FDA and the Public Health Service, is to help people. Whether it is answering a simple question for industry or giving a training class to state counterparts or just listening to a consumer, my job and my calling is to help. It's not always easy but it's worth it every day.

## Outbreak Story

Christmas Party Outbreak Collaboration by Michelle Cooke

On Wednesday, December 18, 2019, a call came to the Environmental Health Division at Weber-Morgan Health Department. The person reported around 20 family members ill with vomiting and diarrhea after attending a catered holiday family dinner. The dinner was held on December 16, 2019 between 6:30 to 8:30 with about  60 family members who attended. Complainant reported that people started to become ill around 36-48 hours after eating.

Environmental Health then notified CD/Epi nurse and together, called the person who initiated the complaint. The person stated that she thought at least 20 people were ill at this point. But, she could only verify 4-5 people ill at this time with symptoms beginning 36-48 hours after the dinner except for one child who became ill within 24 hours.




The CD/epi Nurse provided basic education on GI illness, possible causes, and prevention of continued spread. The CD/epi nurse also discussed desire to collect stool samples for testing to try and determine a specific cause.

Arrangements were made for environmental health staff to take 5 stool kits to her home that evening for distribution to other families along the Wasatch Front.


Environmental Health called the restaurant to notify them that complaints about illness had come to the health department from a catered event at their facility.

From the interview with the restaurant, it was determined that no food handlers were sick at the time and no other parties had reported any illness.

The same food was served at five other parties that night that the restaurant catered. With no other parties reporting illness, the sight visit was held off until results of the stool samples came back. 

Epi tracker was created by the cd/epi nurse on evening of 12/18/19 as multiple counties could be affected. Families were reported to live anywhere from Provo to Logan.

On 12/19/2019, CD/epi nurse discussed concerns of etiology with the state UDOH based on known clinical details. There was some concern that this might not be the typical norovirus as many reported illness onset 36-48 hours or more after exposure. State approved testing the stool samples and notified UPHL.

Another relative came to the Health Department for stool samples kits. The family provided some brief details about her knowledge of ill attendees and foods eaten, which included the possibility of young grandson of hers that may have been ill with /GI symptoms prior to the party. It was also discovered that the family had a cookie exchange, where deserts that were made at home were shared among other family member. 

## Outbreak Story Continued

Christmas Party Outbreak Collaboration by Michelle Cooke

EH had been keeping close contact with the restaurant and as of 12/20/2019 there still had been no further complaints from the public to the health department or to the restaurant and no signs of any sick workers.

In summary, out of 60 person at risk by attending dinner, at least 16 were identified with symptoms of fever, nausea, vomiting, abdominal pain, and /or diarrhea. All ill persons did self resolve symptoms without needing to seek medical care. No hospitalizations and no deaths. First known onset date was 12/17/19 and last known onset date was 12/19/2019. Presumed mode of transmission was person to person. No additional public risk was identified. Although this was a very small probably localized outbreak, it shows how good collaboration between, nursing, Environmental Health, the state and the lab can resolve things quickly.



## Norovirus Fast Facts

**Incubation Period:** 12-48 hrs.

**Signs and Symptoms:** Nausea, vomiting, abdominal cramping, diarrhea, fever, myalgia, and some headache. Diarrhea is more prevalent in adults and vomiting is more prevalent in children.

**Duration of Illness:** 12-60 hrs.

**Associated Foods:** Shellfish, fecally contaminated food, ready-to-eat foods touched by infected food workers (salads, sandwiches, ice, cookies, fruit).

**Laboratory Testing:** Routine RT-PCR and EM on fresh unpreserved stool samples. Clinical diagnosis, negative bacterial cultures. Stool is negative for WBCs.

**Treatment:** Supportive care such as rehydration. Good hygiene.

## Report a Foodborne Illness

Ever wondered if something you ate got you sick? Go to [igotsick.health.utah.gov](http://igotsick.health.utah.gov) to answer a few questions about your symptoms, places you've visited, and what you ate. What made you sick was most likely not the last thing you ate.



# Save the Date



## Monthly RRT Teleconference

First Thursday of each month from 12:00pm-1:00pm

The Monthly RRT Teleconferences are on a National level. If you are available please add this teleconference to your calendar. It helps to know what other states are doing in their RRT programs. The number for the call in meetings is 646-828-7666 or 669-254-5252; Meeting ID: 1614242877



## February 27 Steering Committee Meeting

We will be discussing the training's we have coming up in the next couple of months, our operations manual, our technology applications, and website(s). This meeting will be from 1:00-3:00PM in the Main Conference Room at the Utah Department of Agriculture and Food, 350 North Redwood Rd. SLC, UT



## April 7-8 ER 220 Traceback Training

Thank you to all those that have signed up for the ER 220 course. If you dont have a Compliance Wire account go to <http://www.compliancewire.com/secure/custom/FDAORAUSelfReg.asp> and fill out the form. Under comments on the form make sure you request access to both food and manufacture foods. Please complete the following prerequisites prior to the Traceback Training available through ComplianceWire:

- TI01 - Introduction
- TI02 - Point-of-Service Investigations
- TI03 - Distributor
- TI04 - Traceback of Eggs and Other Commodities
- TI05 - Concluding the Investigation and Reporting the Results

The training will be held in rooms 104 A&B at the Utah Public Health Lab 4431 South Constitution Blvd. Taylorsville, Utah 84129



## May 13 Tabletop Exercise\*

You will not want to miss this Tabletop Exercise! This exercise is NOT limited to a number participants! It will be a very informative exercise and well worth your time. More information will be coming out as it gets closer.

\*If you are interested in the Tabletop Exercise contact Talisha Bacon to sign up.

## Rapid Response Teams Are Critical Partners in Food Safety \*\*

DECEMBER 3, 2019

Part of the challenge of ensuring a safe food supply is the multi-layered, multi-jurisdictional structure of enforcement and response. To help combat this challenge, the U.S. Food and Drug Administration (FDA) launched the Rapid Response Teams (RRT) Cooperate Agreement Program in 2008 in nine pilot states.[1] These teams use existing Incident Command System and National Incident Management system structures to respond faster and more efficiently to animal and human food emergencies. In 2019, the program has grown to 18 states with total funding in excess of \$4.5M.

Wisconsin, after years of operating as an unfunded RRT (six states are currently unfunded), was awarded \$300,000 funding for each of the next 5 years, totaling \$1.5M. These funds have helped Wisconsin bolster its resources for surveillance, data analysis, communications, staffing, and training.[2] Speaking to the Wisconsin Dairy Association in Madison recently, James Biex from the Wisconsin RRT demonstrated through local and national examples that these teams would not only help curtail response time and outbreak breadth, but also lead to a win for manufacturers as less of the affected product would be in the market. With the upcoming Democratic National Convention set for a Dairy State debut next year, Biex and his team are confident they have the right structure in place to defend the food supply.

While less than one-half of states have RRTs currently, the growth of the program should lead consumers and manufacturers alike to the conclusion that this system-based way of thinking about food safety and response isn't going anywhere.[3] Given that federal, state, county, and municipal jurisdiction may be muddy/overlapping in any given geography, these RRTs will help all agencies better understand how the food system is both intra and inter-dependent upon all pieces. FDA is optimistic that these programs will help identify best practices in both training, collaboration, and preventive practices that will reduce foodborne illness and injury. Through their publicized findings in the RRT Best Practices Manual,[4] FDA hopes to integrate these into existing initiatives and frameworks, such as the Manufactured Food Regulatory Program Standards. Given that several states still operate under a pre-2001 Food Code, this collaboration and information sharing is much needed and long overdue.

This article was written by Nathan Libbey and published in the Food Safety Magazine edigest <https://www.foodsafetymagazine.com/enewsletter/rapid-response-teams-are-critical-partners-in-food-safety/>

\*\* This article came from our National RRT weekly updates.