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Foodborne Illness and Complaint Reports Summary — Alaska, 2015–2017

Background

The Centers for Disease Control and Prevention (CDC) estimates that each year nearly 50 million people are sickened, over 100,000 people are hospitalized, and approximately 3,000 people die from foodborne illness.¹ The top five pathogens implicated are norovirus, *Salmonella*, *Clostridium perfringens*, *Campylobacter*, and *Staphylococcus aureus*.¹

The Alaska Section of Epidemiology (SOE) receives reports from the public regarding commercial food venues for a variety of reasons, including concerns about a foodborne illness, or unsanitary venue conditions or workers. Public reporting of foodborne illness is voluntary, and many of the reported illnesses may not be caused by implicated foods or venues. SOE and partner agencies investigate all reports. This *Bulletin* summarizes foodborne illness and complaint reports to SOE during 2015–2017.

Methods

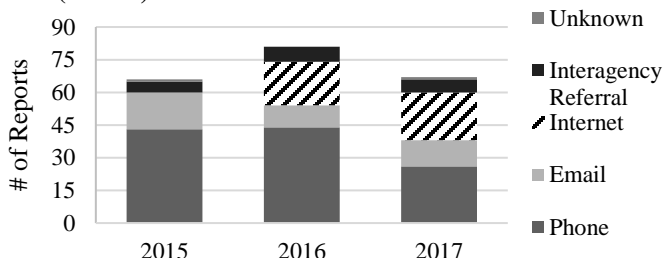
For complaints where illness was reported, SOE and public health nurses complete interviews using a standard enteric illness questionnaire. If applicable, SOE gathers medical records or laboratory test results. SOE staff relay the complaints to appropriate regulatory agencies (i.e., the Alaska Department of Environmental Conservation [DEC], or the Municipality of Anchorage Department of Health and Human Services Food Safety and Sanitation [MOA]). DEC oversees all food venues statewide, with the exception of about 2,000 in the Anchorage area which are overseen by MOA. Examples of food venues include restaurants, markets, schools/daycares, mobile food units, and temporary or seasonal food venues.

DEC and MOA staff conduct investigations to evaluate the food venues that are reported. Staff inspect venues to determine compliance with food safety standards and products to determine if they have been part of a recall during the time of exposure. If indicated, food or environmental samples may be obtained for pathogen testing. Samples that test positive for pathogens and violations noted during inspections may result in the implementation of control measures (e.g., embargoing items or closing food venues) to protect the public's health.

Results

During 2015–2017, SOE received 214 reports from a variety of sources (Figure).² Of the 206 reports where report intent could be gleaned, 177 (86%) reported symptoms, 19 (9%) reported food sanitation/safety concerns, and 10 (5%) reported both.

Figure. Number of Reports, by Method of Reporting, 2015–2017 (N=214)



The number of reports made did not vary considerably by season. Reports were most often received from the Anchorage/Mat-Su (n=135, 63%), Interior (n=35, 16%), and Gulf Coast (n=18, 8%) regions.

Nearly all (211/214, 99%) reports included the name of a suspected venue to report an item or complaint. Of the 224 named venues in Alaska, 92 (41%) were locally owned

restaurants, 39 (17%) were national fast food franchises, 33 (15%) were national chain restaurants, and 37 (17%) were grocery stores or markets. Other venues included cafeterias and places that offer lodging. Of 305 food items identified, chicken (n=43, 14%), beef (n=40, 13%), vegetables (n=24, 8%), fish and salad (n=19 each, 6%), were reported most frequently.

Complainants' contact information was available for 143 (67%) reports. Most complainants with symptoms did not seek medical attention or provide clinical samples for testing; however, SOE is aware of two cases of *Campylobacter* and a cluster of 11 (4 confirmed, 7 probable) cases of norovirus that were identified as being associated with an initial report. On two occasions, complainants provided verbal reports of a diagnosis with a specific pathogen; one case each of norovirus and *Salmonella*, though the reported food or venue may not ultimately have been the cause of the illness.

During routine inspections by DEC or MOA staff, the most commonly observed risk factor for foodborne illness was poor temperature control of food. DEC and MOA information and inspection reports are available online.^{3,4}

Discussion

During 2015–2017, SOE received over 200 reports from the public about potential foodborne illness or unsanitary conditions in food venues. While only one of the reports received by SOE was later associated with an outbreak or cluster of illness, many reports are fragmentary and complainants often do not offer their contact information for follow-up.

In 2016, SOE began to monitor *I Was Poisoned*, consumer-run crowdsourcing website where people can report on-line and public health officials can receive alerts for their respective jurisdictions.² This has increased the number of complaints received; however, these reports tend to lack detailed information. New reporting options and procedures are being implemented in Alaska to further improve the ease and completeness of public reporting.

Ad hoc inspections and visits from food safety entities in response to complaints represent an important opportunity to interface with food venue operators as the regularity of routine inspections has declined over the years. Egregious violations are not frequently found; however, visits by environmental health officers can serve as teachable moments for venue managers and food service workers to improve food safety.

Recommendations

1. Individuals should report complaints about sanitation at a food handling facility or possible foodborne illness at: <http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/FoodWater/HowToReportSuspectedFoodborneIllness.pdf>
2. Persons making reports should provide detailed exposure and contact information to facilitate an effective public health investigation.

References

1. CDC. Foodborne Illnesses and Germs. Available at: <https://www.cdc.gov/foodsafety/foodborne-germs.html>
2. I was Poisoned Online Questionnaire. Available at: <https://iwaspoisoned.com/>
3. DEC Food Safety and Sanitation Information. Available at: <http://dec.alaska.gov/eh/fss.aspx>
4. MOA Food Safety and Sanitation Information. Available at: <https://www.muni.org/EHOnline>