
The Food Protection GRAPEVINE

The BCFPA Newsletter: Vol.1 No.6, Spring 2003

PRESIDENT'S CORNER

Greetings Everyone. I trust that this newsletter finds you all enjoying our early spring in BC and getting ready for another safe barbeque season. First of all, I would like to introduce myself as the new president of BCFPA. I am currently employed with the CFIA and have spent the last twenty five years working in various lab and inspection roles in federal food regulation. I have been serving in the BCFPA vice president's role for the past three years.

Our former president, Clive Kingsbury has accepted a new position with Maple Leaf Foods and has moved to Burlington, Ontario. I would like to acknowledge the excellent work that Clive did as our past president and also the fact that he was the main person responsible for creating the BCFPA.

As we move into a new chapter for BCFPA, I would like to introduce the other members of our executive. The vice president is Annette Moore, Ernst Schoeller is secretary, Christine Hein is our treasurer,

Earl Bowler is in charge of communications and Lance Hill is our membership coordinator. Each of these volunteers is working very hard on behalf of our association to enhance food safety in BC. We are all looking forward meeting many of you and renewing old acquaintances at our functions throughout the year.

We have been working on our membership list and will be approaching our members to renew in the near future. In addition, we are seeking some more involvement on our executive and welcome any expression of interest from those of you who wish to become active in the BCFPA. If you would like more information about the BCFPA executive and our activities, please contact me.

We are proposing to have a membership drive this spring. I ask that you contact your colleagues and recommend that they become members of BCFPA and get involved in our activities. In addition, we have been revisiting some of the early decisions made regarding our mission statement and logo for BCFPA. Some of the decisions were made rather quickly in



order to get up and running as soon as we could. Now that we are beginning to feel established, we have the opportunity to spend more time and look at these items in more depth. As such, I hope to be able to introduce to you our new image and website in the next newsletter.

Thank you for your continued support and participation in BCFPA.

Terry Peters
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BCFPA Speakers Evening Proves Again a Big Draw With Hepatitis

*Tuesday, October 1ST, 2002 at the BCIT Campus,
Burnaby, BC.*

With 90 registered guests present, BCFPA kicked off their second Speakers Evening for 2002 on Hepatitis A, part of their continuing series on "Enemies of the Food industry." The focus of the evenings was Communicable Pathogenic Microorganisms, Transmission and Intervention Methods for the Food and Allied Industries.

The meeting was opened by our president, Clive Kingsbury, who welcomed the guests and introduced the first speaker for our Hepatitis evening, Dr. Patricia Daly, Director of Communicable Disease Control, Medical Health Officer, Vancouver Coastal Health Authority. Patricia's presentation was titled *Hepatitis A: A Food Borne Communicable Disease*. She started by giving us a background on hepatitis and then presented examples of case studies of hepatitis A in food handlers, described protocol for managing food handler cases and discussed the issue of vaccination of food handlers.

MASTHEAD

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As a benefit of your corporate membership, you are entitled to advertise free of charge in our newsletter that is distributed by e-mail. For future newsletters, please forward artwork and copy to our newsletter editor, Earl Bowler at earlb@yvesveggie.com.

Hepatitis A is communicable by the faecal-oral route. Because of the small amount needed for infection to take place, the hands and fingers are enough to transfer it. Thorough hand washing will reduce the risk and the virus is destroyed by heating.

Currently there is no method to test for the virus in food. Another problem with this disease is that it is communicable two weeks prior to the onset of symptoms. An interesting point about Hepatitis A is that it is much more prevalent in the western US and Canada. This is thought to be due to amphetamine usage in the West. From 1993 to 1999 there was an average of 125 cases per year in Vancouver. In 2000 and 2001 this dropped to 12 per year due to the introduction of vaccinations for the high risk groups.

Patricia next presented three case studies. Two were at local restaurants and the third involved a food handler at a catering company in Kentucky. The approach in Vancouver was to give immunoglobulin injections to coworkers and patrons suspected of having been in contact with the organism. In these cases, the number of illnesses was low, however in the Kentucky outbreak where immunoglobulin was not given there were 91 cases or an attack rate of 7%.

Patricia recommends the following 10 tips to any establishment implicated in an outbreak:

1. Cooperate fully with public health.

2. Maintain a good relationship with ill employees.
3. Provide duties and schedules quickly and accurately.
4. Discard potentially contaminated food.
5. Get other employees vaccinated.
6. Do not let staff answer health questions of customers.
7. Do not ask for confidential medical information of any case.
8. Do not take credit for the response before secondary cases appear.
9. Do not attempt to pay for the response.
10. Public communication is best left to public health.

Patricia ended her presentation by discussing the importance and effectiveness of vaccination programs for Hepatitis A. Vancouver Coastal Health Authority make vaccinations available at \$40 per employee and students completing FOODSAFE training receive a certificate for \$20 toward vaccination. There is also a program to vaccinate students training in food handling and food preparation.

After this presentation we had a break and enjoyed some sandwiches and delicious cold cuts generously catered in part by Schneider Foods. There was also an assortment of beverages and sandwiches purchased from BCIT. This gave everyone additional opportunity to meet their colleagues and network.

Our next presentation came from Aaron Bjornson, Regional Marketing Manager of Capers Community Markets. His presentation *Capers' Hepatitis A Story - Lessons Learned* was meant to get the message out to the consumers over the Hepatitis issue and to explain the successful handling of their ordeal.

The presentation started with a 10 minute video of television news highlights from March 26 to April 10 that documented the progress of the Capers Hepatitis A outbreak in 2002. This approach captivated the audience and keyed them for the lecture that followed. Aaron then explained to us what Capers had learned from handling this outbreak.

It is important that the crisis plan designates a crisis response team and trained spokespersons that include professional help. Contact must be made with the public health authority and they should meet during the first 24 hours to determine responsibilities and establish direct lines of communication. Capers recognized that the response must be open and honest by getting out early and taking responsibility. Use the media as a conduit to customers. Do the right thing and be seen to be doing the right thing. Do not get these confused. Capers also recognized the importance of making employee communication a priority. This was achieved by opening two-way communication wherever possible, making time for in-person dialogue, setting up an employee advisory team, having daily employee meetings and updates, listening to and addressing fears and concerns and making sure internal and external messages were consistent. Throughout the ordeal, they continued to place their customers before their business.

In summary, the final tally of the Capers Hepatitis A outbreak resulted in:

- 6,400 customers being immunized
- 4,950 website page views
- 1,421 calls to 1-800 line; 1,000 in-store calls
- 264 print and broadcast stories
- Five press releases
- Five telephone research polls

Following this captivating presentation, we had another break that allowed time for us to again enjoy the good food, get to know each other more and discuss the evening's presentations thus far.

The final presentation for the evening was *Using the FOODSAFE Program to Safeguard Against Communicable Disease* by Larry Copeland, Director, Food Protection Services, BC Centre for Disease Control.

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Larry discussed the Pyramid of a Comprehensive Food Safety Program. He feels that reductions in mortality/morbidity from many infectious diseases have been the single most significant public health achievement of the past century.

Larry discussed the major outbreaks of the past decade and showed us a summary of 23 large outbreaks in BC from 1997 to 1999. The following are recent major outbreaks that have occurred in BC:

- Vibrio parahaemolyticus - shellfish
- E. coli O157:H7 - fermented sausage
- Shigella - spinach
- Hepatitis A - deli products
- Listeria - soft cheese

We then learned about the following top ten food handling practices that can cause food poisoning:

1. Improper Cooling
2. Advance Preparation
3. Infected Person
4. Inadequate Reheating
5. Improper Hot Holding
6. Contaminated Raw Food or Ingredient
7. Unsafe Sources
8. Use of Leftovers
9. Cross-Contamination
10. Inadequate Cooking

Larry went on to discuss regulatory involvement in the food sector. The concern is how do regulatory agencies ensure that food operations are in control when inspectors on average are in a plant 0.1% of its operation time.

Larry finished his presentation by telling us about FOODSAFE and how it certifies 40,000 food service workers per year in BC. He sees it as not an end but a means of trying to accomplish something. Larry discussed the new release of FOODSAFE Level 1 and their partnership with the Workers Compensation Board. Its goal is to train individuals to become responsible food handlers by using safe food handling methods and preparation techniques and promote worker health and safety.

Following Larry's presentation each of the speakers came forward to the front of the room to participate in a speaker's panel and answer questions from the

audience. A number of key points related to Hepatitis were discussed. After this, Clive summed up the evening sessions in his closing remarks and showed our appreciation by presenting each of the speakers with a gift. We ended the evening with a draw for some door prizes. There was a Jacket as

CDC Criteria: Norwalk as cause

- If a causative agent cannot be found for an outbreak of gastrointestinal illness, but the following conditions are true, then Norwalk virus is presumed to be the cause:
 - All stools are negative for bacteria and parasites
 - More than 50% experience vomiting
 - Duration of illness is 12-60 hours
 - Incubation period is 24-48 hours

*Cathy Egan
Food Safety/Infection Control
Region of Waterloo Public Health*

the main door prize, a year's membership to IAFF and two gift certificates generously donated by Capers. Congratulations to the winners.

All in all the evening was a great success. We had a larger contingent from the food service industry this time in addition to members of government industry and academia. By focusing on this topic and bringing a real incident to our forum, we expanded BCFPA's exposure to the food industry. The British Columbia Food Protection Association would like to express our thanks to our corporate sponsors and to all of you who were able to join us. Your support allows us to present this valuable information and work toward a safer food supply. The evening was a great success and we are looking forward to our next Speaker's Evening on Norwalk-like Viruses on Tuesday, May 6, 2003.

Special thanks to Terry Peters for this report.

Please contact the Newsletter Committee if you wish to post a job listing in the GRAPEVINE.

Postings are free!

Newsbits

WHAT IS NORWALK VIRUS? - UPDATED

April 2003

Food Safety Network
Factsheet

<http://www.eatwell.eatsafe.ca/factsheet>

Norwalk Virus Characteristics

- Susceptible to sodium hypochlorite (1:50 dilution), glutaraldehyde, accelerated hydrogen peroxide
- Phenols, quaternary ammonium compounds are not effective
- Resistant to pH 5-10
- Stability in environment – can survive freezing and heating to 60 C for 30 minutes

Cathy Egan

*Food Safety/Infection Control
Region of Waterloo Public Health*

[s/Norwalk.pdf](#)

Norwalk virus and Norwalk-like viruses are now officially known as noroviruses. Noroviruses can be transmitted via food, water or from person-to-person through contamination by infected feces and vomit. There are many different strains of norovirus, making it difficult for a person's body to develop long-lasting immunity.

Anyone can become sick from norovirus, although it mainly affects older children and adults. Noroviruses cause gastroenteritis, which is an inflammation of the stomach and the small and large intestines. The symptoms of gastroenteritis include **nausea, vomiting, diarrhea and abdominal pain, headache and low-grade fever**. Symptoms usually show up 1-2 days after being infected. Noroviruses are very contagious and there is currently no treatment for the infection but symptoms usually go away after 2-3 days. Some people may become severely dehydrated and may need rehydration therapy.

How do I avoid getting a norovirus infection?

Norovirus is found in the vomit and feces of humans who are infected with the virus. Those infected can contaminate food and water if they do not properly wash their hands after using the bathroom and before preparing food. Noroviruses can also be spread by sharing food and utensils with an infected person. They can be found in shellfish, which can become contaminated from infected food handlers or from the dumping of raw sewage in the waters surrounding them. Travelers to areas where water may be polluted should drink pasteurized milk or bottled beverages without ice. Food can be contaminated either by direct contact with contaminated hands or work surfaces that are contaminated with stool or vomit. Tiny droplets from nearby vomit can also travel through the air and contaminate food.

Noroviruses do not multiply in food. Food handlers with symptoms of gastroenteritis should not prepare

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or touch food while they have symptoms and for 3 days after they recover from the illness as the virus can still be transmitted during this time. Food that may have been contaminated by an ill person should be discarded. There is no evidence to suggest that an infected person can become a long-term carrier of norovirus but

the virus can be found in the stool and vomit of infected persons from the day they start to feel ill for as long as 2 weeks after they recover. Some employers may decide to reassign returning food handlers to duties away from direct food contact until this time period passes although with good hygiene, this step should not be necessary.

Norwalk Virus

- Symptoms are of a very sudden onset:
 - Diarrhea, vomiting, cramps and nausea
 - 25% experience muscle aches, malaise, headache, and low grade fever
- Incubation period 10-60 hours, usually 24-48
- Duration 24-48 hours

Cathy Egan

*Food Safety/Infection Control
Region of Waterloo Public Health*

To prevent the spread of noroviruses:

- Always thoroughly wash your hands with warm soapy water after using the toilet and before preparing foods
- Protect drinking water supplies from contamination with raw sewage
- Cook shellfish thoroughly
- Wash fruits and vegetables before eating

Information Sources:

Association of State and Territorial Directors of Health Promotion and Public Health Education. (2002). Norwalk virus infection. Retrieved April 16, 2003, from <http://www.astdhppe.org/infect/norwalk.html>
Centers for Disease Control and Prevention. (2003). Norovirus: Food handlers. Retrieved April 16, 2003, from <http://www.cdc.gov/ncidod/dvrd/revb/gastro/noro-foodhandlers.pdf>

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1910.html Health Canada. (2001). Material Safety Data Sheets Infectious Substances: Norwalk virus. Retrieved April 16, 2003, from <http://www.hc-sc.gc.ca/pphb-dgspsp/msds-ftss/msds112e.html>

Illinois Department of Public Health. (2002). Norwalk virus and Norwalk-like viruses. Retrieved April 16, 2003, from

<http://www.idph.state.il.us/public/hb/hbnorwalk.htm>

U.S. Food and Drug Administration. (2003, January 7). The Norwalk virus family. Retrieved April 16, 2003, from

<http://vm.cfsan.fda.gov/~mow/chap34.html>

For more information on noroviruses or other food safety topics, please call the Food Safety Network toll-free at 1-866-50-FSNET or visit our website at

www.foodsafetynetwork.ca

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Announcements

BCFPA Talks Norwalk!

This note is to remind you of our Norwalk evening on Tuesday May 6, 2003 at BCIT, SE2 Room 214, Townsquare D, 3700 Willingdon Avenue (South), Burnaby, BC.

The program is reproduced below for your information.

There is still room available. If you plan to come, would you please telephone or email Lance Hill at 604-666-7534 or Lance_Hill@hc-sc.gc.ca

so that we can make appropriate arrangements for snacks and refreshments. Your registration can be paid at the door.

5:30 - 6:15 Registration

6:15 - 6:30 Opening and Welcome

6:30 - 7:00 "Epidemiology, Diagnosis and Prevention of Norwalk Like Virus Outbreaks", Jamal Harb, Acting Director of Public Health, Workplace Health and Public Safety Programme, Health Canada, Ottawa. (Note that Susan Clay, Acting Public Health Manager, will be presenting this on behalf of Jamal as he was called to Ottawa to deal with the SARS issue.)



7:00 - 7:30 "Laboratory Investigation and Epidemiology of Norovirus in British Columbia", Lorraine McIntyre, Supervisor, Food Poisoning Laboratory, BC Centre for Disease Control.

7:30 - 8:00 Break

8:00 - 8:30 "Control and Management of Norwalk-Like Virus Outbreaks", Harsh Thakore, Regional Manager, Workplace Health and Public Safety Programme, Health Canada, BC Yukon Region.

8:30 - 9:00 Panel discussion; Doorprizes

If you are in the lower mainland, we hope that you can join us for what appears to be an interesting and informative evening on Norwalk. We will also host the breaks with a variety of sandwiches and beverages.

The Grapevine STILL wants your C.V.!

Students, Researchers, or any Food Industry Professionals interested in a change are invited to submit a short summary of their professional offerings and goals in confidence to the **Grapevine** (BCFPA@hotmail.com). Suggested format: a plain text e-mail copy of your résumé's vital points (8-10 lines max), with a note to us how you would like to be contacted (directly or through us).

A new postings section will feature the abbreviated CV (minus the contact name if privacy is preferred) with a Grapevine Reference # allowing prospective employers to contact you.

Postings are FREE for BCFPA members!

BRITISH COLUMBIA FOOD PROTECTION ASSOCIATION

AFFILIATE OF THE INTERNATIONAL ASSOCIATION FOR FOOD PROTECTION

