This wonderful country of ours is currently undergoing what may prove to be our biggest food borne illness outbreak ever. We have the knowledge, the science and regulations in place to prevent this. I can't help but wonder; what went wrong?

The cause is salmonella; not just any old kind but a particular kind, that of Typhimurium. Knowing that foodborne illness is identified as part (or not) of an outbreak or cluster is why it is so helprful for people to go to the doctor when they are sick and to ask the physician to please test for exactly what it is that is making you so ill. It is not easy to go to your doctor or the hospital when you are suffering from diarrhea, cramps and fever and offer your stool sample to assist public officials. So, quite often, the symptoms are treated without identifying the source. The source, in terms of the place, is varied and many. Salmonella is a bacteria found in fecal matter and named after its discoverer, (lucky guy!). It spreads by eating undercooked foods such as chicken or eggs. Fruits and vegetables irrigated with manure-tainted water can be contaminated with salmonella. Then, of course, there's always the hand that is not washed sufficently after using the bathroom. Germs are all too happy to jump from one hideout to another. And they love living in the warm bliss of intestinal darkness.

We understand the culprit. We know how it spreads. We don't fully understand why it spread. According to CDC, "as of January 28, 2008, 529 persons infected with the outbreak strain of *Salmonella* Typhimurium have been reported from 43 states." Massachusetts has the highest number of cases at 43. This outbreak is now being blamed for eight deaths.

Following and attempting to respond appropriately to this outbreak has been challenging. Salmonellosis can be deadly for the young, the old and people with weakened immune systems. In order to prevent foodborne illnesses, boards of health depend on FDA and CDC, at the national level, MA DPH at the state level and information received from residents and responded to by health agents at the local level.

I was told on January 13 by FDA, in bold print, "None of the peanut butter being recalled is sold directly to consumers through retail stores." That message was repeated at the State level. "Whew!", I thought. I only had to check with the school as a precaution but did not have to worry about the stores and restaurants. We sent our recall fax as a precaution, just in case.

The very next morning, local health departments were informed that the peanut paste went into peanut butter crackers, in very well known brand names. In fact, the peanut butter crackers being suddenly "held back as a pecaution" were so popular that several people in my town hall had recently purchased a whole case of them. Once the recall jumped from not applying to applying, it grew exponentially each day. At first, faxes were sent to my food establishments with an update of a few more brand names. Two days later, that was impossble. The list was too long to fax. I had lost my trust in the accuracy of the sutuation and so, as a final precaution, I recommended that all the stores should pull any products containing peanut butter.

On the same day that the FDA told us that the recall did not apply to our retail establishments, the Peanut Corporation of America said, "Out of an abundance of caution, we are voluntarily withdrawing this product and contacting our customers. We are taking these actions with the safety of our customers as our first priority." An

abundance of caution? Safety is their first priority? This step was not taken until an open container of King Nut brand peanut butter at a long term care facility was found to contain a strain of salmonella.

It wasn't just any old strain, though. This is where the good part comes in. This is where this country does shine. Our labs have the ablity to fingerprint the bacteria. The King Nut peanut butter had the same genetic fingerprint as did the other recently surfaced cases all across the country. They had the same origin! And to think that at that point, we still did not know how pervasisve the problem would become. Well, you and I did not know but somebody did.

In the end, when the investigation is concluded, something will have been learned and gained. I predict that the importance of record keeping, or the "chain of custody" will be highlighted. I can predict that legislators will be reminded of the importance of funding our state labs so that they can identify illness outbreaks as soon as possible, so that lives can be spared

As of January, 2009, we can add to the list of origins of Salmenellosis: lack of a consceince; for even though one sample at the wholesale manufacturing company tested positive for the potentially deadly bacteria, as soon as one batch tested as negative, the food was sold to other distributers and manufacturers.

What is our best bet when it comes to investingin our future? Our best return is from something that is not for sale. Ethics always pay off, even if the reward is not immediately apparent.

Cathleen Drinan is the health agent for the Town of Halifax, MA. She welcomes your comments and requires your participation in public health in order to fulfill her obligations. She can be reached at 781 293 6768 or <a href="mailto:cdrinan@town.halifax.ma.us">cdrinan@town.halifax.ma.us</a>

Consumers may use <u>FDA's online database</u>\* to see what foods are on the recall list. Those without Internet access may call 1-800-CDC-INFO, available 24/7.