Sanitarians’ News

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Any photos, stories, or any good news? Share in the April 2017 issue of Sanitarians’ News

Please contact Judy Vallandingham (Judy.E.Vallandingham@wv.gov).

WVPHA Annual Conference September 21-23, 2016

The 92nd Annual West Virginia Public Health Association Conference is planned for September 21-23, 2016 at Canaan Valley Resort, Davis WV. This year’s theme is “Public Health Partners Working Together in Times of Change” Information about the WVPHA Conference and registration can be found at the WVPHA website: http://www.wvpublichealthassociation.org/

West Virginia Association of Sanitarians
Volume 11, Issue 2
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Message from the President

As WVAS President, I would like to invite each of you to the upcoming 92nd Annual West Virginia Public Health Conference at Canaan Valley. We look forward to an excellent environmental session on Thursday, September 22nd.

As my term draws to a close, I would like to thank last year’s President Jarod Dellinger and next year’s President Brad Cochran for the support they have given me. I would also like to thank the executive council and all of the members of the association. My experience with the association has been extremely rewarding thanks to people like you. Because of your hard work and dedication I know that West Virginia is in good hands for a long time coming. I look forward to seeing each of you at this year’s conference. Thank you for all you do,

James Casdorph, WVAS President
Vi**e-Presi**dent

David Whittaker is a native of Princeton, WV and currently resides in Morgantown, WV with his fiancée, Sarah Sigler, and their infant son Benjamin. David is a 2008 graduate of Concord University with a B.A.in Business Adm. with a focus on management.

David has been employed as a sanitarian by the Lewis County Health Dept. since 2009. He has been head sanitarian and ran the environmental program since 2011. David is also the Threat Preparedness coordinator for the Lewis County Health Dept. in addition to the environmental work.

He is also a member of various committees in Lewis County including, local LEPC, environmental consultant of the Lewis County Safe Structures and Lewis County Planning Commission.

David has been member of the WV Sanitarians Association and the WVPH since 2009.

Meet the

Candidates

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2 Year Member-At-Large

Hi Everyone,

I write this from Morgantown, where I am with the new sanitarians for Week Two of Sanitarian Training class (RWFs!), I can’t help but recall my training which is when I began my career in Public Health. My third day of employment as a sanitarian with Mid-Ohio Valley Health Department (August, 2008) was my first day of training class and I can remember just being flabbergasted at the amount of knowledge sanitarians need to do their jobs.

In early 2012, I had the opportunity to apply for a position in the Central Office. I began working in Charleston in March of 2012 as Sanitarian Chief, and have been able to continue the education begun in 2008! Thanks to everyone’s support and guidance, I am now the Program Manager for General Sanitation, Training Officer, and Coordinator for the West Virginia Rapid Response Team.

I would value the opportunity to contribute to our profession as Board Member of WVAS. Sanitarians are the BEST!

My name is Jimmy Casdorph and I am running to be a board member for WVAS. I am the District Sanitarian for the St. Albans District. Before that I worked as a Sanitarian at Kanawha-Charleston and Lincoln County Health Departments. I currently live in Sissonville with my wife Micah, daughter Addison, and son Caleb. I am currently the President of WVAS and would appreciate your vote to stay on as a Board Member.
SANITARIAN TRAINING CLASS
AUGUST 1 - NOVEMBER 18, 2016

*Please note the location for each week!

**Week One**
August 1-5  350 Capital St., Charleston, WV
Introduction to Public Health, Public Health Law, Microbiology, Intro. to Epidemiology, Bad Bugs, BPH Environmental Chemistry Lab Tour Office of Laboratory Services Lab Tour

**Week Two**
August 15-19 MCHD( August 15& 16th) /WVU Mountainlair (17-19th) Morgantown, WV
Recreational Water Facilities, Rodent Control, Solid Waste, Cross Connections, Clean Indoor Regulations

**Week Three**
August 29—September 2 Cedar Lakes Environmental Training Center, Ripley, WV
On-Site Sewage Program

**Week Four**
September 14-18 WVU Mountainlair, Morgantown, WV
On-Site Sewage Program, Home Loan Evaluations, Complaints, EHERS (Environmental Health Electronic Reporting Program) Training—Recreational Water & Land Development, Infectious Medical Waste, WVU Public Health

**Week Five**
September 26–30 Cedar Lakes Conference Center, WV
Manufactured Home Communities, Environmental Engineering, Public Water, Water Wells, Waterborne Diseases, Rabies, Conflict Management, OEHS/PHS Website Overview, Media Relations

**Week Six**
October 17-21, Morgantown, WV
Insects Control, General Sanitation Program, Child Care Program, EHERS Training ( Child Care, General Sanitation, MHC) Food Program

**Week Seven**
October 31—November 4,  350 Capital St., Charleston, WV
Food Program

**Week Eight**
November 16-20, Charleston, WV
Tattoo & Body Piercing, Milk Program, EHERS Training - Food, RTIA Programs—Radiation, Asbestos, Readiness Planning, Threat Preparedness, Bottled Water Program, Comprehensive Final

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**Additional Training Opportunities**

District In-Service Meetings - Check the Public Health Sanitation website: www.wvdhhr.org/phs

WVAS Mid-Year Sanitarian Training Conference
May 2017.

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**Food Safety and Defense Task Force**
Submitted by Wayne Powell

The Food Safety and Defense Task Force meeting was held July 20 & 21, 2016 at The Days Inn in Flatwoods, WV. The meeting began with introductions since there were a couple of new faces attending the meeting. Diane Dietzel, Director of Quality Assurance and Food Safety Sheetz Inc. shared her experience at the Conference of Food Protection for her presentation topics were: clarification of date marking rule and the procedure that needed to be followed at the conference. Traci Hudson, Food and Waterborne Epidemiologist, Division of Infections Disease Epidemiology, gave a foodborne illness outbreak update. A group discussion followed which included the topics; keeping Hot Foods Hot & Cold Foods Cold, Norovirus Prevention DVD’s in English and in Spanish, and the Farmers Market Vendor Guide update. Luke Mitchell, Emergency Planner Center for Threat Preparedness, gave a presentation related to the recent flooding in WV and the role the Center for Threat Preparedness played in responding to the emergency and the ongoing recovery efforts.

Day Two: Cindy Martel, WV Department of Agriculture gave a presentation of the Food Safety Modernization Act effect on produce safety followed by Q&A. Jessica Douglas led a group discussion on Food Recall types, the defining roles and improving agency communications. Topic ideas for the next meeting were discussed and the meeting was adjourned. The next meeting for Winter/Spring 2017 will be announced at a later date.
Fish, chicken and dairy — mostly raw milk — top outbreak list
By News Desk | May 17, 2016

The federal Centers for Disease Control and Prevention (CDC) in Atlanta is out with its annual report on foodborne disease outbreaks, showing 864 outbreaks involving 13,246 people, 712 hospitalizations and 21 deaths in 2014. CDC also reported the outbreaks led to 21 recalls of food products in 2014.

Among the report’s other findings:

**Single food categories associated with the most outbreak illnesses:**
- Seeded vegetables, such as cucumbers or tomatoes — 428 illnesses;
- Chicken — 354 illnesses; and
- Dairy — 267 illnesses.

**Single food categories associated with the most outbreaks:**
- Fish — 43 outbreaks;
- Chicken — 23 outbreaks; and
- Dairy — 19 outbreaks, with 15 linked to unpasteurized, dairy products including raw milk.

**There were 25 multi-state outbreaks, with specific types of foods determined in 16 outbreaks:**
- Ground beef — five outbreaks;
- Fruits — five outbreaks;
- Seeded vegetables — three outbreaks; and
- Row crops, such as lettuce and cabbage — three outbreaks.

**Most common locations**
Restaurants accounted for 485 outbreaks, or 65 percent, of outbreaks reporting a single location of preparation. Specifically, 394 restaurants with sit-down dining, were the most commonly reported locations of food preparation.

According to the CDC report, foodborne diseases caused by known pathogens are estimated to result in about 9.4 million illnesses each year in the United States. Not all that many of the illnesses occur in the setting of a recognized outbreak. However, data collected during outbreak investigations provide insights into the pathogens and foods that cause illness. Public health officials, regulatory agencies and the food industry use data to create control strategies along the farm-to-table continuum that target specific pathogens and foods.

As defined by CDC, an outbreak of foodborne disease is the occurrence of two or more cases of a similar illness resulting from ingestion of a common food. All 50 states, the District of Columbia, and U.S. territories voluntarily submit reports of outbreaks investigated by their agencies using a Web-based reporting platform, the National Outbreak Reporting System (NORS).

NORS also collects reports of enteric disease outbreaks caused by other transmission modes, including water, animal contact, person-to-person contact, environmental contamination and unknown modes of transmission. Continued Pg. 7

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**Quiz Time**

1. The 2005 Food Code identifies the five most frequently reported contributing factors (aka "foodborne illness risk factors") to foodborne illness. Which five of the following are those factors?

   A. Demonstration of Knowledge  
   B. Consumer Advisory  
   C. Time/Temperature Relationships  
   D. Food from Unsafe Sources  
   E. Inadequate Cooking  
   F. Improper Holding Temperatures  
   G. Contaminated Equipment  
   H. Hands as a Vehicle of Contamination  
   I. Implementation of Employee Health Policies  
   J. Poor Personal Hygiene

2. What are the remaining five factors identified as in the Food Code? (see Question # 1)

3. In West Virginia, the reportable disease law requires that all of the following be reported to the local health department within 72 hours except:

   A. Campylobacter jejuni  
   B. Salmonella (non-typhoidal)  
   C. Staphylococcus aureus  
   D. Listeria monocytogenes  
   E. Cryptosporidium parvum  
   F. Giardia lamblia  
   G. Shigella dysenteriae

4. Severability is a legal term which applies to regulations in West Virginia. It allows

   A. A Sanitarian to remove himself from any case or investigation that he does not want to pursue.  
   B. Those affected by a regulation to challenge the authority of the health department in court  
   C. The remainder of a regulation to be valid if a portion of that regulation is found to be invalid  
   D. A Sanitarian to remove the head of someone he has been having trouble with
All administrative industries struggle with the human factor—the individual interpretations of law and rules when carrying out inspections and enforcement. Research has identified such biases across both the public and private sectors from the distribution of Medicaid and Medicare to the classroom and rental housing inspections (http://www.news-gazette.com/news/local/2010-01-17/inconsistent-inspection-plagues-county-rental-housing.html).

Environmental health is no exception. We strive for perfection and consistency, we train and receive advanced degrees and continuing education, and we go out into the field with the best of intentions, but the human factor is always present.

Seattle & King County Environmental Health knew that there was growing interest in making restaurant data easily available for consumers to inform their dining choices. But when food program leadership began researching placarding and scoring methods, they found a degree of variation in the data underlying existing procedures that they couldn’t ignore.

Becky Elias, food and facilities section manager for the county, reached out to Daniel Ho, a preeminent scholar of government data disclosure and administrative law at Stanford Law School. Ho studies the way in which laws are carried out in order to achieve what the law originally intended. Ho (2012) frames the problem of individual interpretations:

[Study] findings speak richly to longstanding puzzles in regulation and administrative law…. How does the institutional design of inspection or disclosure regimes affect regulatory outcomes? How can we disclose information to enlist private actors to properly incentivize regulated industries? The concrete policy implications are considerable. Targeted transparency’s emphasis on simplification shouldn’t just apply to information disclosure, but also to information collection. (p. 587)

Drawing on academic research, Ho was interested in how peer reviews could stabilize inspection inconsistencies. Together, Elias and Ho set up a randomized controlled trial to assess the effectiveness of peer review as a method for improving the quality and consistency of inspections, and thus standardize food program inspections and scoring (Figure 1).

Half of the program staff was randomly selected to participate. For four months these inspectors were randomly paired up with each other to conduct one full day of inspections a week, side by side, each documenting violations independently. The project tracked the instances when inspectors cited violations differently within the same inspection.

“Inspectors make many decisions independently” explained Elias. “We wanted to better understand how they make those decisions, assess food safety, and apply the food code.” To not bias the results, it was crucial that the inspectors didn’t feel judged. “People were nervous. We worked to enable them to talk to and learn from each other in an open, nonjudgmental manner,” Elias added.

The county prepared for months beforehand, working directly with staff to delve into the core concepts they were about to explore. “In one meeting we talked about how exactly they would work together in their inspections and what does it mean to them to get along with each other,” remembered Elias. “In another we discussed what consistency means to them and why they value it in their work. Their answers were so insightful, for example, ‘it would improve my confidence in my peers and myself,’ ‘it would strengthen credibility,’ and ‘reduce friction.’”

Elias believes that inspectors are aware of inconsistencies. “I think there’s an unspoken, and sometimes a clearly named, tension. Our inspectors hear from operators that ‘the other inspector doesn’t do it like this.’ Their answers in our group sessions indicated that they were cognizant of this issue and, better yet, did in fact desire an atmosphere of openness and teamwork.”

Once the trial period started, Ho’s team at Stanford began churning the data and would regularly send insights back to Elias. “It often felt like he was turning on the lights for us,” said Elias.

The data was compelling. When it came to violations that relate directly to food safety, inspectors differed 60% of the time. That’s not to say that someone would cite a temperature violation and the other wouldn’t, but rather that they’d cite slightly different violations.

“They are definitely catching the problems and addressing food safety,” Elias pointed out, “but the slight difference in how it is cited can lead to different violation points in an inspection, which can affect a grade in a window. It makes sense that small variations, that are human nature, can feel like much bigger inconsistency challenges. Knowing this enables us to address it.”

Better yet, “The peer review data over time showed significant behavior change. Our inspectors became more consistent with one another,” Elias stated. “Being able to discuss their differences after inspections helped them come to consensus.” Continued Pg. 6
Building Capacity continued

One inspector said of the peer review “Seeing the other person do their inspection helped highlight where my weaknesses are—very interesting and is helping me to do better inspections!” Knowing where inspectors diverged also guided the development of targeted training material. These materials and guidance documents focused on code interpretation, the inspection decision-making process, and parameters for appropriate discretion.

An unforeseen benefit, commented Elias, is how the paired inspections have affected the inspectors themselves. “We saw improved staff morale. Being an inspector is in many ways a solitary job, so coming together like this has made them feel more like a part of a team.”

Here are just a few of the comments inspectors shared about their time in the field together.

• “An imperative tool in helping me be a better inspector. It also helps me value my profession more, which is a godsend.”
• “I do not feel so alone.”
• “The moment we stop listening, we stop making progress. Peer review keeps us listening to each other.”

The trial is over but the data is still undergoing analysis. Through the findings of the peer review, Seattle & King County Environmental Health has developed an evidence base to inform a restaurant scoring system. This new model incorporates how many inspections to use as the basis for scoring, which violations best track risk and minimize inspector inconsistency and perverse incentives, and how to account for variation across locales and inspectors. The experiment’s impact was so positive that the method has now been expanded from the 24-person pilot to the entire food program of 60 individuals, with staff doing one day of peer review inspections each month.

The county plans to release the methods and scoring algorithms once documented and finalized for any agency interested in learning more. The peer review results will be published in a forthcoming issue of the Stanford Law Review. In fact, the original experiment was performed with a neighboring county, even though the county utilized a slightly different citation method.

“The overall result, we hope, is a simple, locally meaningful, and more reliable inspection score,” said Elias. “We don’t expect our inspectors to be robots but we do expect them to have a shared thought process about how they do their work. By addressing these goals, we will be able to help consumers know how well a restaurant is practicing food safety.”

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September
National Food Safety Month

National Food Safety Month was created in 1994 to heighten the awareness about the importance of food safety education. Each year, a new theme and free training activities and posters are created for the restaurant and foodservice industry to help reinforce proper food safety practices and procedures.

http://www.foodsafetymonth.com
**What Have you been up to?**

No Frogs Were Harmed!

Found by Sam Parker, McDowell County Health Department in a retail food store walk-in cooler.

Mosquitos—Where?

Jessica Barton, Cabell-Huntington Health Department—mosquito trapping.

Flood June 2016

Bureau for Public Health Staff – Working at Center for Threat Preparedness June 2016

Who is that??

Judy Ashcraft, OEHS—PHS in DHHR Defensive Driving Video.

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**Continued**  Fish, chicken and dairy — mostly raw milk — top outbreak list

More about the multi-state outbreaks

Of the 864 outbreaks in 2014, only 25, or 3 percent, were multi-state outbreaks. The multi-state outbreaks resulted in 778 illnesses, or 6 percent, of all outbreak illnesses. Of multi-state victims, 194 of them, or 28 percent, required hospitalization. Multi-state outbreaks caused 11 deaths, which was 52 percent of all foodborne illness outbreak deaths. Outbreaks involved a median of five states with a range of 2–29. Eleven outbreaks were caused by Salmonella. The serotypes of Salmonella identified were Baildon, Braenderup, Enteritidis, Javiana, Minnesota, Newport, Paratyphi B variant L(+), tartrate(+), Saintpaul, Stanley, Typhimurium, and multiple serotypes for one outbreak each. Ten multistate outbreaks were caused by Shiga toxin-producing E. coli. The E. coli serogroups identified were O157 for six outbreaks, and O103, O111, O121 and O145 each with one outbreak. Three outbreaks were caused by Listeria and one by norovirus. The foods implicated in Salmonella outbreaks were almond and peanut butter, cantaloupe (suspected), cashews (suspected), chia seed powder, cucumber, grapes (suspected), ground beef (suspected), mango (suspected), mini cucumbers (suspected), mini peppers (suspected), and mung bean sprouts. For E. coli, implicated foods included ground beef in four outbreaks with one confirmed and three suspected. Serogroups O157 and O145 were identified in three and one of those outbreaks, respectively. Other E. coli implicated foods were cabbage with serogroup O111, clover sprouts with O121, leaf lettuce with O157, pre-packaged salad with O157, spinach (suspected) with O157, and an undetermined food from a Mexican-style chain restaurant with O103. Foods implicated in the Listeria multistate outbreaks were apples, stone fruit and mung bean sprouts with one outbreak each. Raw oysters were implicated in the norovirus outbreak.
WVAS Executive Council

Elected Officers

President: Jimmy Casdorph
Vice-President: Brad Cochran

Members at Large

2-Year: Mark Hawkins
1-Year: Rich Lucas

Appointed Members

Secretary-Treasurer: Linda Whaley    Newsletter: Judy Vallandingham

Ex-Officio Member

Public Health Sanitation Director: Brad Cochran

WEST VIRGINIA LEGILATION OF INTEREST

Department of Agriculture
Emergency Rule

West Virginia State Board of Sanitarians
Legislative Rule

Department of Health and Human Resources—Bureau for Public Health
Legislative Rule

Quiz Time Answers

1. D,E,F,G, & J
3. C.
4. C.