

Diagnosis and Management of Foodborne Illnesses

A Primer for Health Care Providers

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Thinking Globally, Working Locally
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Overview

- Primer
 - Background
 - Components
 - Distribution
 - Evaluation
 - Update
- Physicians as Educators



Physicians as Educators

- Physicians have contact with approximately 80% of the population during a given year (Hiddink).
- People are most likely to change their behavior if they recently experienced an illness or see themselves as at-risk (van Weel).
- People value physicians over dietitians as key sources of nutritional and food safety information (Hiddink, Worsely).
- Nutrition education programs involving 1-3 minute “pep-talks” by physicians, followed by provision of self-help materials, are as effective as 30 minute counseling sessions from dietitians in changing food eating behavior (Shirley, Peiss).

Source: Wong, FoodNet Physician Survey

Physicians as Educators

- FoodNet survey of physicians serving patients at greatest risk of severe foodborne diseases
 - Obstetricians
 - Oncologists
 - Nephrologists
 - Infectious disease physicians
- Purpose: Assess the role of physicians as food safety educators for high risk patients

Source: Wong, FoodNet Physician Survey



Physicians as Educators

- 80% perceive foodborne illness as a serious problem in immunocompromised patients
- 51% perceive their patients as at risk of foodborne illness
- 80% want to be aware of the risks

Source: Wong, FoodNet Physician Survey



Physicians as Educators

- 54% perceive educating patients about foodborne illness as the physician's role
- 30% provide foodborne information to patients
- 70% of those who did not provide food safety information **want** to do so
- Physicians serving at-risk patients are in the ideal position to serve as food-safety educators

Source: Wong, FoodNet Physician Survey



Background of Primer

- Update providers on their role in food safety
- Developed by AMA, CDC, FDA, FSIS
- CMEs and CEUs
- Available online or in print



Distribution of Primer

- 15,000 “colorful” version
- MMWR
 - Sent to >600,000 public health professionals weekly
 - Includes ~400,000 to providers through JAMA



Components of Primer

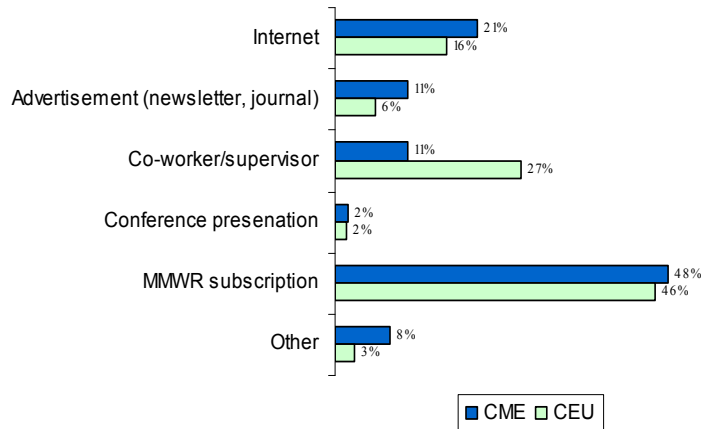
- Introduction and clinical considerations
- Patient scenarios
 - Botulism, *E. coli* O157:H7, Enterotoxogenic *E. coli*, *Listeria*
- Fold-out tables of foodborne illnesses
 - Bacterial, parasitic, viral, non-infectious agents
- Clinical vignettes for self-evaluation
- Suggested reading
- Patient education handout
- CME examination



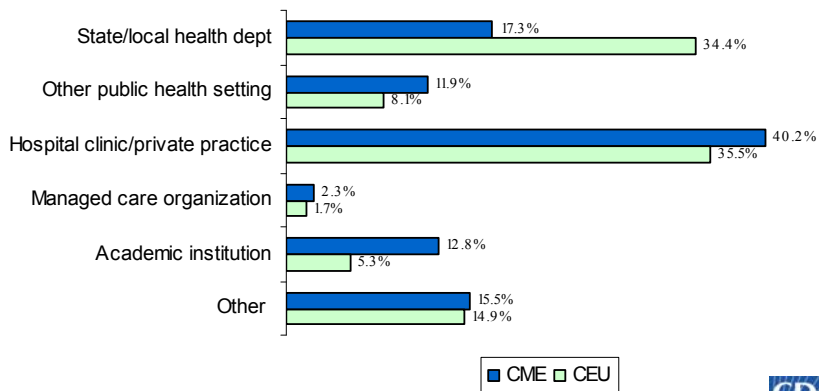
CMEs and CEUs

	<u>CME</u>	<u>CEU</u>
Total participants completing primer	1,502	685
Total submitted online	621	312
Total submitted mail/fax	881	373

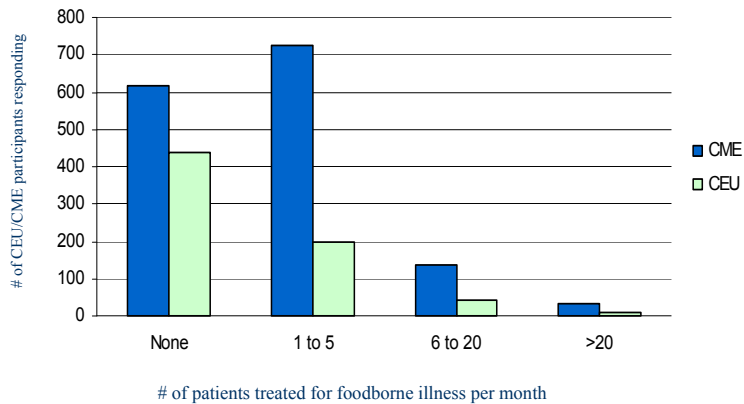
Evaluation: How CEU and CME participants learned about Primer



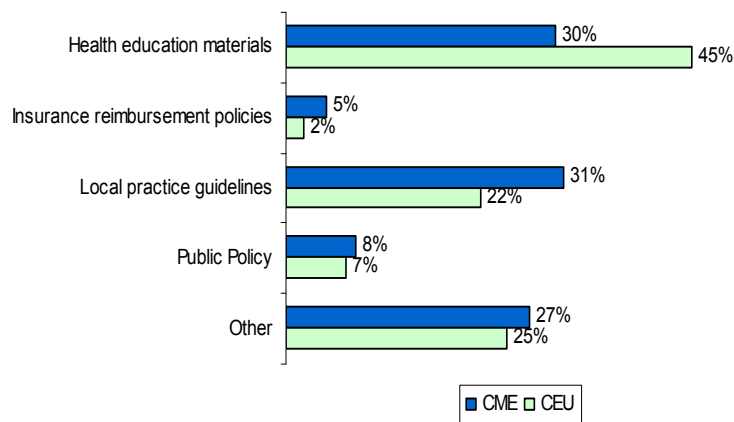
Evaluation: Work setting of CEU and CME participants



Evaluation: Number of patients with foodborne illness treated by participants



Evaluation: How CEU and CME participants will use Primer



Updated Primer

- New patient scenarios
 - Norwalk-like virus
 - *Salmonella*
 - Hepatitis A
 - *Toxoplasma*
- CNE and CHES credits
- 3-year availability of credit hours
- Tentative release: Late 2002/Early 2003
- www.cdc.gov/foodsafety

