



The Food Forum

February 2023

McDonough & Schuyler County Health Departments

Volume 11



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2023 CLASSES	DATE(S)	FEE	SITE
CPR/AED	W 2/15 6-10pm	\$50	MCHD
Food Handler	M 3/6 2-4pm	\$10	MCHD
Certified Food Protection Mgr	T 4/4 8am-4:30pm & W 4/5 1-4pm	\$125	MCHD
Certified Food Protection Mgr	W 5/31 8am-4:30pm & Th 6/1 1-4pm	\$125	SCHD
Food Handler	T 9/12 2-4pm	\$10	MCHD
Certified Food Protection Mgr	T 10/3 8am-4:30pm & W 10/4 1-4pm	\$125	MCHD
CFPM exam proctoring	Call for appt.	\$100	MCHD SCHD

NEHA Professional Food Manager books can be purchased at MCHD & SCHD for \$29 each.

Chlorine or Quaternary Ammonium Compound test strips are also available for purchase at \$8 per vial at our offices.

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Drop it Like it's Hot (because it is and you need to cool it down)

Proper cooling and reheating of foods is vital to preventing food-borne illness within your establishment and among your customers and staff. Food should be cooled from 135-70 °F within 2 hours and then from 70 to 41 °F or lower in the next 4 hours. During the cooling process, the temperature should be monitored to ensure that safe temperatures are maintained. Checking the temperature of the food being cooled should be done at the 2-hour mark, and then again 4 hours later. Keeping a record of those temperature checks is recommended as part of establishing active managerial control.

We suggest that you document the cooling temperatures either on a temperature log that you maintain or on labels that are affixed to the food container itself. As we conduct inspections or investigate foodborne illness complaints, we look for records and practices that are implemented to not only ensure safe food, but also demonstrate active managerial control as required by FDA food code. Being able to provide documentation of safe handling practices during an inspection or foodborne illness complaint is a great way to protect your business. Contact our office if you'd like to receive a sample log, or share what kind of monitoring system and documentation you are using.

All Bout U: MCHD Spring EH Interns

My name is Salewa G. Akinse, but I prefer to be called Gloria. I earned a bachelor's degree in biochemistry in Nigeria and am currently studying a public health-focused master's program at WIU. I'm in my final semester and working as an intern in preparation for my May graduation. I've had the opportunity to accompany the health team on some inspections, which is exciting and more instructive for me because I get to put what I've learned in the classroom into practice. I am among those who want a world free of disease, thus I am always eager to learn more and open to new developments.

My name is Eunice Mejulu and I am a graduate student at Western Illinois University doing my master's in public health and a post-baccalaureate certification in health service administration. I am currently doing my internship in the Environmental Health Department, which I am excited about, I look forward to exploring the field of environmental health and what it offers during my internship here. So, you will be seeing me here quite often for the time being

Bow, Wow Wow , Yippy Yo, Yippy Yay



Service Animal

vs.

Emotional Support or Comfort Animal

The American with Disabilities Act (ADA) recognizes that some dogs are trained to perform task for people with disabilities. Examples of service animals include a dog that pulls a wheelchair, a dog that alerts or protects a

person from having a seizure, and a dog that calms a person with Post Traumatic Stress Disorder. The services these animals are trained to do are specific to a person's disability. The ADA does not recognize dogs that provide comfort or emotional support as service animals and the same is true under Illinois law.

An emotional support animal provides nothing more than therapeutic benefits and therefore is not permitted to receive the same public accommodations as a service animal. Training your staff to recognize the difference between service animals and emotional support animals is important. Under ADA, staff are only allowed to ask the following questions:

- 1) Put a plan together, discussing things with your household. Consider communication, evacuation, & sheltering.
- 2) Consider specific needs in your household: medications, pets, school-aged children, dietary needs
- 3) Create a family emergency plan
- 4) Practice your plan with your family/household.

Can U Get Away?

On a recent vacation, I saw a billboard that read "If you can plan a wedding you can plan for a natural disaster." What a clever billboard! But what if you have never planned a wedding? How many of you have planned a birthday party or holiday event? How many of us are prepared for a natural disaster? I myself am guilty of not being prepared. Here are 4 simple steps to prepare you and your family for a natural disaster:

Please consider completing our Community Satisfaction Survey:

<https://www.surveymonkey.com/r/RPMWR58>

- 1) Is the dog a service animal required because of a disability?
- 2) What work or task has the dog been trained to perform?

After those questions have been asked, then you know if that animal is permitted or not. To find out more about service animal rights, please visit these websites:

https://www.ada.gov/regs2010/service_animal_qa.html

<https://adata.org/publication/service-animals-booklet>

While we hope we never experience a disaster we should always be prepared. Practicing your plan will help reveal shortcomings so you can improve it. If you already have an emergency plan or kit, when was the last time you checked it? Have your needs changed? Have your foods/supplies expired? Review it annually to keep your family prepared.

For more information and a plan outline, visit ready.gov/plan

NEW APPLICABLE ACTS & LAWS

IL Latex Glove Ban Act:

<https://ilga.gov/legislation/publicacts/fulltext.asp?Name=102-1095&GAID=16>

Farmers' Market Retail Permit Act:

<https://ilga.gov/legislation/publicacts/fulltext.asp?Name=102-0862&GAID=16>

Did you notice a theme in this year's Food Forum?

If so, email us at mchd@mchdept.com to be entered in a prize drawing for a digital thermometer!

Change Gone Come



Illinois has signed a new bill into law effective 1/1/23 prohibiting the use of latex gloves in restaurants due to allergic reactions to latex. Latex be-

came commonly used for disposable gloves thanks to its durability and flexibility, but latex allergies can cause severe reactions; a person could require medical attention for eating food touched by latex gloves. Some people are unable to dine out unless they know for sure that their

meal was not touched by latex. Apart from latex, disposable gloves are made from nitrile, vinyl, and polyethylene:

Nitrile- The most popular choice for non-latex disposable gloves, nitrile gloves are known for their strength, protection against chemicals, and-pierce resistance. They aren't as flexible as latex.

Vinyl- As the most cost-effective option, vinyl gloves offer protection from acids, amines, fats, and other chemi-

cals, and generally have a looser fit than nitrile gloves.

Polyethylene- A vinyl and nitrile blend made from plastic that is ideal for handling food, or other quick tasks where gloves need to be changed continuously, polyethylene gloves are generally not as strong as vinyl or nitrile, but they do offer a bit more flexibility than nitrile and have a loose, comfortable fit.

If a latex glove violation is observed in a licensed food facility, the first violation will result in a written notice of warning.

Ain't Nothing but a 'G' Thang

Gastroenteritis is a common diagnosis from ER visits related to suspected foodborne illness. Norovirus, one cause of gastroenteritis, is the most common cause of foodborne illness. It is highly infective, so food handlers with symptoms of diarrhea, vomiting, nausea, stomach pain, fever, headache, and/or body aches must not work. The rules for length of exclusion vary depending upon the circumstances, so when in doubt refer to the food code or your sanitarian for help.

During 2021-2022, MCHD investigated 20 possible foodborne illness complaints in addition to 1 confirmed outbreak of norovirus. There is a lot that goes into a foodborne illness investigation! Read on for a glimpse into our most recent outbreak investigation.

Norovirus Outbreak

After a private party, 13 of the 16 attendees were ill with gastrointestinal illnesses of varying degrees.

The majority of the food consisted of two party trays prepared at a licensed food facility, though food & beverages were purchased from several locations and some reported the presence of home prepared items. The hostess reported keeping cold food refrigerated and hot food over 165 °F, & that she discarded leftovers.

The first attendee reported becoming ill about 3 hrs after the event ended. All other onsets were 13-87 hrs after the event ended, illness lasting 6-60 hrs. Two of the ill sought hospital treatment & 2 others went to see their primary care providers. No stool samples were taken by any of these patients' doctors to pinpoint the illness.

We assembled, then provided stool sample kits to all attendees who agreed to submit samples. Results from the first 2 specimen submitted came back with norovirus detected, and so we requested that the well food handler submit a stool sample in

case they were asymptomatic but infected; they declined to submit one, so we could not rule the facility out as the source. Ultimately, norovirus was detected in all 4 of 4 samples submitted for testing (from 2 households).

Attack rates were calculated for each food/drink at the event. We identified fruit as the likely culprit; all other items

Implicated eaten food items:	# of Ill	# of Well
strawberries	11/13	0/2
pineapple	9/13	0/2
cantaloupe	8/13	0/2

had much lower attack rates, & were consumed by both ill and well attendees.

The short illness onset of 1 individual compared with the rest led us to believe that that individual may have already been infected (pre-symptomatic) at the start of the party. This individual likely spread the illness from hand contact with the fruit tray.