

**NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH**

CENTER FOR ENVIRONMENTAL HEALTH

TECHNICAL REFERENCE

ITEM NO: CSFP 842 DATE: 4/1/91

SUBJECT: Infected Food Handler

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POLICY

When a local health department receives a report of a food worker who may be a carrier of a communicable disease that can be spread through food, immediate precautionary actions must be taken, specific to the disease agent involved. In some cases, rapid public notification must also be implemented.

GENERAL RECOMMENDATIONS

1. Confirm the Diagnosis: Whenever a food worker is reported to have a disease capable of being spread through food, the diagnosis should be confirmed immediately. If the initial report is received from a physician, confirmatory laboratory tests from an approved laboratory should be requested. If the initial report is from an approved laboratory, contact the attending physician for the clinical diagnosis. When a public health threat exists, exclusion and/or public notification plans should proceed pending confirmatory information. The specific types of required epidemiologic information are listed in the following section.
2. Exclusion: Part 2 and Part 14 of the State Sanitary Code, 10 NYCRR, and this document outline the exclusion actions that should be taken specific for each disease or syndrome. An excluded food worker may return to work when the criteria prescribed in the State Sanitary Code and this document are met, and when the local health officer determines that no further public health threat is posed by that individual working as a food worker.
3. Public Notification: When a public notice is anticipated, local health care facilities and the medical community must be notified first so they can be prepared to respond. All public inquiries should be directed to the local health officer or the District Director.

EPIDEMIOLOGIC INFORMATION - The following information should be obtained as soon as possible:

1. Name, age, sex of the food worker.
2. Home address and telephone number of the food worker.
3. Date of onset, symptoms (did patient have diarrhea? if so, date of first episode), current condition, treatment, clinical lab tests (be specific).
4. Name, address, operator name, telephone number of food service establishment.
5. Hospital where food worker is a patient (if applicable).
6. Name, address, telephone number of reporting person.

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7. Name, address, telephone number of attending physician.
8. Name, address, telephone number of approved laboratory performing analysis.
9. Name and address of contacts of the food worker (i.e. household contacts, other employees).
10. Other cases in locality recently reported (includes active surveillance).
11. Suspected source of the infection in the food worker: food, water, other.
12. Food worker's duties and responsibilities at the food service establishment. Be specific as to food handled and dates on which it was handled. The history of duties, responsibilities, foods handled, and dates should be elicited for the entire (maximum) incubation period and period of communicability for the disease under investigation. What specific foods were touched by the employee's bare hands and were not subsequently cooked prior to service?
13. Describe the food worker's hygienic practices. Does he/she wash his/her hands always after using the bathroom? How often are his/her hands washed during the day? Does the food worker wear gloves 100% of the time? If so, are they used properly?

SPECIFIC DISEASE

1. Amebiasis

No person excreting Entamoeba histolytica shall work as a food worker, unless the person is no longer clinically ill; and two fecal specimens collected at intervals not less than 24 hours apart have been examined in an approved laboratory or in the laboratory of the State Department of Health (WCL&R) and no Entamoeba histolytica organisms are found. If the person has been treated with a therapeutic regimen specimens should be taken no sooner than 48 hours after completion of therapy.

2. Campylobacter jejuni

No person shall engage in the handling of milk, dairy products, or other foods until clinical recovery from Campylobacter jejuni infection. Exclusion of asymptomatic individuals from food handling is indicated only for those with questionable hygienic habits; proper hand washing, and the use of disposable plastic gloves or utensils when preparing or serving foods that will not be subsequently cooked should be stressed.

3. Cholera

No person shall engage in the handling of milk, dairy products or other foods until clinical recovery from Vibrio cholera infection and until two fecal specimens

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collected at intervals not less than 24 hours apart have been examined in an approved laboratory or in the WCL&R and no Vibrio cholera organisms are found.

4. Diarrhea - Undiagnosed

No person shall engage in the handling of milk, dairy products, or other foods until recovery from diarrhea or until noninfectious cause has been determined.

5. Diphtheria

The food worker shall be restricted from the food service establishment until two cultures taken from both the nose and throat or affected sites at intervals of not less than 24 hours apart, and not less than 24 hours after cessation of antimicrobial therapy have been found free from diphtheria bacilli in an approved laboratory or in the WCL&R.

6. Giardia lamblia

No person shall engage in the handling of milk, dairy products, or other foods until clinical recovery from Giardia lamblia infection. Exclusion of asymptomatic individuals from food handling is indicated only for those with questionable hygienic habits; proper hand washing and the use of disposable plastic gloves or utensils when preparing or serving foods that will not be subsequently cooked should be stressed.

7. Hepatitis A (Infectious Hepatitis; Viral Hepatitis A) See Table B

Exclusion: No person shall engage in the handling of milk, dairy products or other foods until at least two weeks after the onset of clinical a symptoms of hepatitis A and no sooner than one week after the onset of jaundice.

Immunization of contacts: Hepatitis A virus can be transmitted by food contaminated by excreta from an infected food worker. When a food worker has a diagnosed case of acute hepatitis A, health officials have the option of recommending immunoglobulin prophylaxis (IG, immune globulin) to patrons and co-workers. Use of disposable plastic gloves and /or utensils to prevent hand contact with foods that will not be subsequently cooked should be emphasized. Such a recommendation must take into account: (1) the probability of transmission of infectious virus; and (2) the probability of successful intervention of transmission with the use of IG. IgM antibody testing must be done to confirm hepatitis A infection.

8. Poliomyelitis

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Any case of poliomyelitis should be reported immediately to the New York State Department of Health, Bureau of Communicable Disease Control.

9. Salmonellosis

No person shall engage in handling milk, dairy products or other foods until clinical recovery from Salmonella infection and until two fecal specimens collected not less than 24 hours apart, but not sooner than 48 hours following discontinuance of antimicrobials, have been examined in an approved laboratory or in the WCL&R and no Salmonella organisms are found.

10. Shigellosis

No person shall engage in the handling of milk, dairy products or other foods until clinical recovery from Shigella infection and until two fecal specimens collected not less than two days after antimicrobial therapy and at intervals not less than 24 hours apart have been examined in an approved laboratory or in the WCL&R and no Shigella organisms are found.

11. Staphylococcal Infections - Cutaneous

No person shall engage in the handling of milk, dairy products or other foods until the local health officer determines that the risk of transmitting staphylococcal bacteria has been eliminated. Any lesions involved must be completely healed.

12. Streptococcal Sore Throat and Streptococcal Skin Infections

No person shall engage in the handling of milk, dairy products or other foods until the local health officer determines that the risk of transmitting streptococcal disease through food has been eliminated as the result of treatment with penicillin or other effective antibiotic and any skin lesions involved have completely healed. Exclusion may be terminated after 48 hours treatment with penicillin or other effective antibiotics.

13. Tuberculosis

No person shall engage in the handling of milk, dairy products or other foods until two weeks of an approved therapeutic regimen has been completed, and the local health officer determines that the person is no longer at risk of transmitting tuberculosis to others. Tuberculosis is airborne spread, it is not spread through food. These precautions are to protect co-workers and close contacts.

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14. Typhoid

"10 NYCRR 2.28(b) Typhoid. Until recovery. The patient shall conform to the regulations for the control of typhoid carriers until three successive specimens of feces passed not less than two weeks after the last administration of any antibiotic or chemotherapeutic agent at an interval of not less than five days shall have been examined in an approved laboratory or in the laboratory of the State Department of Health and found to be free from typhoid bacilli; a person who has recovered from typhoid shall not engage in the handling of milk, dairy products or other foods until all secondary or complicating infections incited by the agents of this disease have disappeared and until three successive specimens of feces and urine passed not less than two weeks after the last administration of any antibiotic or other chemotherapeutic agent and at intervals of not less than five days have been examined in an approved laboratory or in the laboratory of the State Department of Health and found to be free from typhoid bacilli. Should the organism of typhoid be present one year after such person has recovered from typhoid, he shall be released from the restrictions for typhoid carriers only with the approval of the State Commissioner of Health."

15. Vomiting - Undiagnosed

No person shall engage in the handling of milk, dairy products or other foods until clinical recovery from vomiting or until a noninfectious cause has been determined.

16. Yersinia enterocolitica

No person shall engage in the handling of milk, dairy products or other foods until clinical recovery from Yersinia enterocolitica. Exclusion of asymptomatic individuals from food handling is indicated only for those with questionable hygienic habits; proper hand washing and the use of disposable plastic gloves or utensils when preparing or serving foods that will not be subsequently cooked should be stressed.

REFERENCES

10 NYCRR 2.28, 2.30, 2.40-43, 2.50, 14-1.70.

Benenson, Abram S., Ed.: "Control of Communicable Diseases in Man,"
Fifteenth Edition., American Public Health Association, Washington, D.C. (1990).

Consultation in dealing with exclusion questions can be obtained from the State Health Department Regional Office, the Bureau of Communicable Disease Control (518) 474-

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TABLE A

**MANAGEMENT OF FOOD SERVICE ESTABLISHMENT EMPLOYEES WITH DISEASE
TRANSMISSIBLE THROUGH FOOD EMPLOYEE MAY RETURN TO WORK BASED ON**

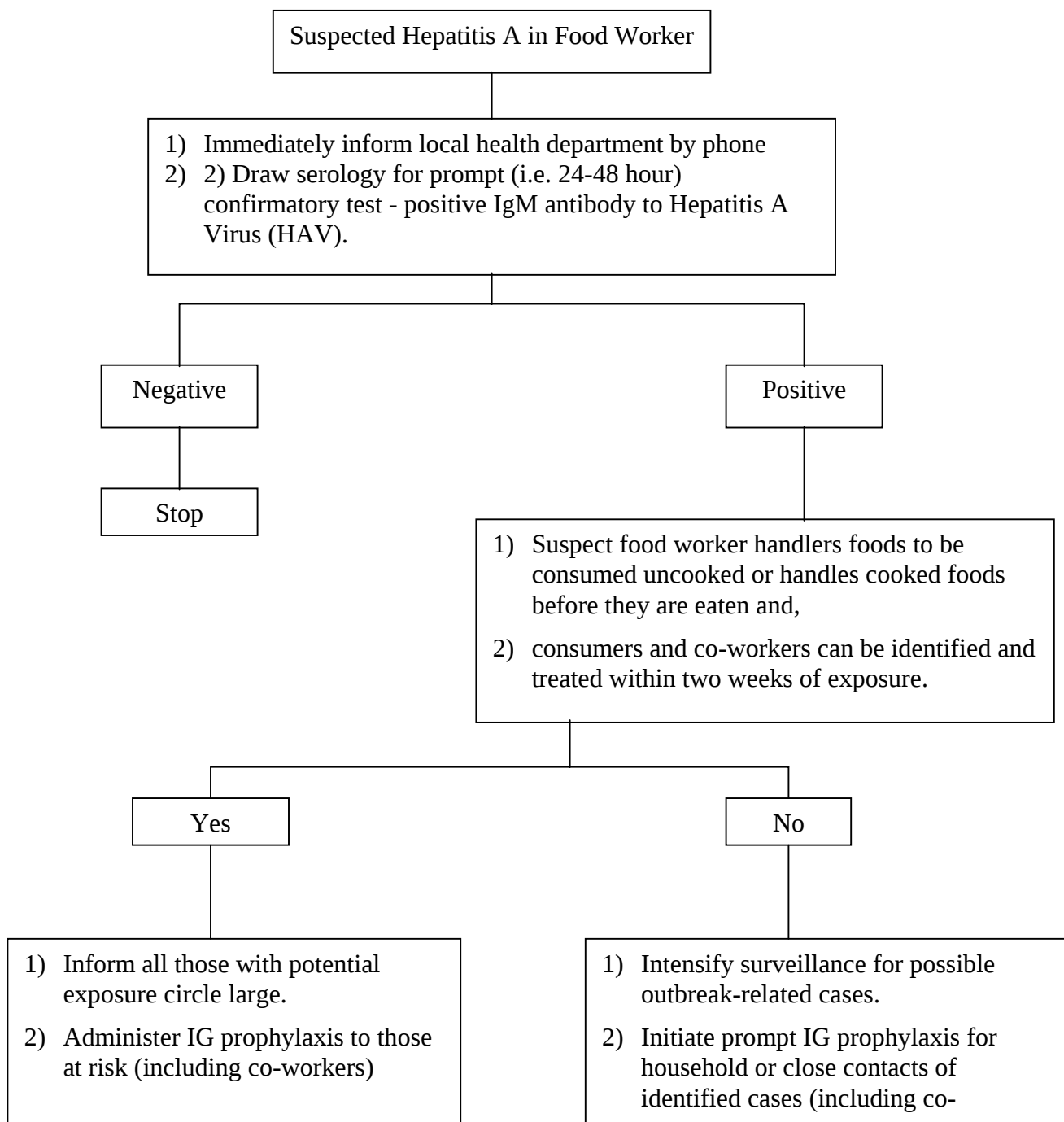
Disease	Cessation of Symptom	Two Negative Stool Required	Approval of Local Health Officer	Initiation of Acceptable Therapeutic Regimen	Time Period Since Onset of Illness
Amebiasis	X	X	X		
Campylobacte	X				
Cholera	X	X			
Diarrhea	X				
Diphtheria.	X		X		
Giardiasis	X				
Hepatitis A	X				2 Weeks
Polio	X				
Salmonella	X	X			
Shigella	X	X			
Staphylococcal Dlsease	X		X		
Streptococcal Dlsease	X			48 Hours	
Tuberculosis	X		X	2 Weeks	
Typhoid	X	X(3)	X		
Vomiting	X				
Yersinia.	X				

*Negative cultures of throat or affected site.

**Call New York State Bureau of Communicable Disease Control immediately

***3 Stools in acute Cases. If carrier (See 10 NYCRR 2.42, 2.43 and Benenson)

**TABLE B
SUGGESTED MANAGEMENT OF A FOOD HANDLER WITH HEPATITIS**



ENVIRONMENTAL HEALTH MANUAL

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NOTE: The investigation of food workers and their practices should be initiated immediately upon receipt of a report of a suspect case. Control measures can be implemented immediately if laboratory confirmation is received. The local health department should visit the food service facility and:

1. ensure that the food worker is excluded from work until 14 days past onset of symptoms;
2. institute rigid hand washing practices and institute use of disposable plastic gloves and/or tongs for food preparation;
3. survey other employees for disease;
4. ensure that other employees receive immune globulin;
5. issue a press release and/or a press conference when the exposure circle is large; and
6. notify the New York State Department of Health.