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Management of Public Health Disasters

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Salad Bar Salmonella Report

The 1984 salmonella outbreak can happen today. At the time, there was no reason to believe this large outbreak was intentional. Terrorism is something that public health, authorities, and the general public became more aware of after 9/11. The Public health infrastructure changed and strengthened as a result of the terrorist attacks in 2001.¹ Therefore, the initial investigation by the local health department and the CDC had a low level of suspicion for the intentional use of salmonella in this low-density population. Oregon had a few salmonella outbreaks in the past—all food borne related.² But none had the scope and magnitude of this large outbreak which overwhelmed the local and state health departments.

If this outbreak happened today, law enforcement's involvement would have happened sooner than it did. This is in part because of biosurveillance and mechanisms put in place through the *All Incidents, All Hazards* plan.^{3,4} This would have led investigators to suspect the intentional contamination of the salad bars with salmonella sooner. Prompt detection could have saved resources, and it could have averted the second wave of the outbreak which significantly infected more people than the first wave.²

The salmonella outbreak was definitely a public health disaster. The magnitude of the outbreak sickened over 700 people of all ages in a low populated area. It overwhelmed the local and state health department resources.² As they were not able to continue the basic functions of public health and conduct a proper epidemiological investigation simultaneously.⁵ It's an enormous task: Imagine contact tracing, interviewing patients and restaurants employees, tracing the food back to distributors, testing, and analyzing the results.⁵ This was beyond what they could handle. So, Oregon requested assistance from the CDC for provide additional resources to continue the investigation.

The public health and law enforcement coordination was lacking. It only pursued one avenue of investigation by interviewing supervisors and employees (many exposed themselves). the involvement of law enforcement and the establishment of lines of communication for sharing key information could have happened sooner.

Public health professionals can have diverse responsibilities during an outbreak. I would like to know the risk to the community, who/what are the most vulnerable to the outbreak, and the number of exposed individuals. In addition, I would like to know the role of each public health team member responding and what resources are immediately available.

Reference

1. Khan AS. Public health preparedness and response in the USA since 9/11: a national health security imperative. *The Lancet*. 2011;378(9794):953-956. doi:10.1016/S0140-6736(11)61263-4
2. Török TJ. A Large Community Outbreak of Salmonellosis Caused by Intentional Contamination of Restaurant Salad Bars. *JAMA: The Journal of the American Medical Association*. 1997;278(5):389. doi:10.1001/jama.1997.03550050051033
3. Homeland Security. National Response Plan. Accessed September 27, 2023. https://www.dhs.gov/xlibrary/assets/NRP_Brochure.pdf
4. Department of Homeland Security. CBD Focus Areas-Biosurveillance. Science and Technology. Published January 12, 2023. Accessed October 4, 2023. <https://www.dhs.gov/science-and-technology/biosurveillance>
5. Centers for Disease Control and Prevention (CDC). Types of Data Collected in Foodborne Outbreak Investigations. Foodborne Outbreaks. Published October 21, 2022. Accessed October 4, 2023. https://www.cdc.gov/foodsafety/outbreaks/basics/data-types-collected.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffoodsafety%2Foutbreaks%2Finvestigating-outbreaks%2Findex.html