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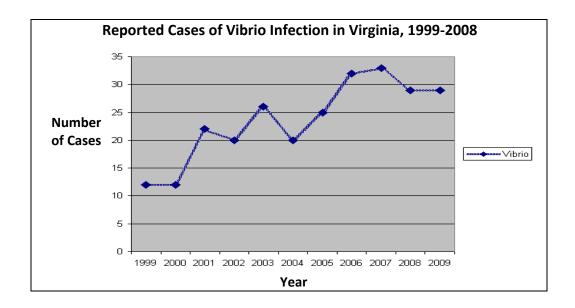
TTY 7-1-1 OR 1-800-828-1120

November 22, 2010

Dear Colleague,

I am writing you today about the rise in foodborne illnesses throughout the United States and in Virginia. We are rapidly approaching seasonal holidays – where many activities revolve around food – frequently creating opportunities for the spread of foodborne illness. As a clinician, you are often the first to recognize a foodborne illness in your patients. I sincerely value your focus on these types of diseases because early recognition, treatment and reporting of foodborne illnesses in our community helps mitigate their spread, hospitalizations and deaths.

One such foodborne illness – vibriosis – has increased by 100 percent in Virginia. Vibriosis is transmitted through the ingestion of raw or inadequately cooked shellfish, exposure of wounds to brackish waters, and, occupational wounds incurred by shellfish professionals such as oyster shuckers. This graph highlights the increase in reported cases.



Gastroenteritis is the most common presentation, characterized by an acute onset of watery diarrhea and abdominal cramping. Wound infections can be severe and necrotizing, particularly in patients who are immunocompromised or have severe liver disease. Bacteremia is uncommon.

Certain patients are at particular risk for severe illness and death:

- Liver disease
- Hemochromatosis and other iron overload states
- Alcoholism
- Malignancy
- Hemolytic anemia
- HIV infection
- Immunosuppressive medications (e.g. prednisone, methotrexate)

There is no way to be certain that shellfish are vibrio-free. Due to the significant risk of severe illness and death among high risk populations, please consider the following recommendations for your high risk patients:

- Do not eat raw shellfish, particularly oysters
- Shellfish are safe if cooked to an internal temperature of 145°F

To learn more about foodborne illness in Virginia, I invite you to review the course, "Food Safety: An Urgent Health Issue," which offers free CME credits and can be found with other clinical resources at http://www.vdh.virginia.gov/clinicians/index.htm.

In partnership we can help control the increase of foodborne illnesses in our community. I thank you for the rapid reporting of any suspected foodborne illness to your local health department. Local health departments interview patients to identify significant risk factors and quickly institute control measures to prevent additional cases. Please visit http://www.vdh.virginia.gov/lhd/ to find your local health department and the name of its physician director.

Through strengthened collaboration among clinical providers, local health departments, and other state agencies, we can continually improve the health of our community. I am grateful for your dedication.

Sincerely,

Karen Remley, MD, MBA, FAAP

State Health Commissioner

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