

**Conference for Food Protection
2014 Issue Form**

**Internal Number: 017
Issue: 2014 I-021**

Council Recommendation:	Accepted as Submitted _____	Accepted as Amended _____	No Action _____
Delegate Action:	Accepted _____	Rejected _____	

All information above the line is for conference use only.

Title:

Sore Throat with Fever

Issue you would like the Conference to consider:

The 2013 FDA Food Code, section 2-201.13(G) requires a person with sore throat and fever to not return to work until they have medical documentation of being free of Streptococcus pyogenes or have received professional medical treatment for same. This release from exclusion requirement goes above and beyond what is required for other reportable symptoms. Additionally, Streptococcus pyogenes is not one of the big six reportable diagnosed illnesses.

Public Health Significance:

A sore throat is a frequent symptom of the common cold or other acute respiratory tract infections. According to CDC's "Get Smart: Know When Antibiotics Work" found at <http://www.cdc.gov/getsmart/index.html>, most sore throats are a symptom of the common cold or an upper respiratory infection, which are caused by viruses. Therefore, Group A streptococcus is not the primary concern for a sore throat with fever. From the Science Daily in September 2012,

<http://www.sciencedaily.com/releases/2012/09/120910122608.htm> regarding published guidelines by the Infectious Diseases Society of America

"About 15 million people in the U.S. see the doctor for a sore throat every year and up to 70 percent receive antibiotics, although only a smaller percentage actually have strep throat: approximately 20 to 30 percent of children and just 5 to 15 percent of adults."

The guidelines note that children and adults do not need to be tested for strep throat if they have a cough, runny nose, hoarseness and mouth sores, which are strong signs of a viral throat infection.

In the last thirty years, only three foodborne illness outbreaks are confirmed to be associated with Streptococcus Group A (two in 1984 and one in 2012). Taking into account the number of people seen in a single year for sore throat with fever and the associated risk to food borne disease transmission, the hazard does not support the need for such a restrictive requirement to reinstate a food employee who was excluded only after they have seen a health practitioner, without a diagnosis of strep throat. Compared to the number of people seen for vomiting and diarrhea in a single year, and the number of outbreaks

associated by the two symptoms, this removal of exclusion requiring only 24 hours asymptomatic in order to be reinstated, is far less restrictive.

In terms of public health safety, there is reason to associate sore throat with fever as less of a risk than vomiting and diarrhea, therefore the Food Code requirements for removing the exclusions and restrictions for sore throat and fever should reflect the same requirements as found under vomiting and diarrhea.

Recommended Solution: The Conference recommends...:

that a letter be sent to the FDA recommending amending the 2013 Food Code by adding a new subparagraph to Section 2-201.13(G) as follows (new language is in underline format):

(4) Is ASYMPTOMATIC for at least 24 hours^P

Submitter Information:

Name: Rebecca Krzyzanowski
Organization: Great Lakes Conference on Food Protection
Address: 525 W. Allegan St P.O. 16082
City/State/Zip: Lansing, MI 48901-6082
Telephone: 517-719-7919 Fax: 517-373-3333
E-mail: krzyzanowskir@michigan.gov

Attachments:

- α "CDC 2011 Foodborne Illness Estimates"
- α "CDC Estimates - Top 5 pathogens contributing to foodborne illness"
- α "Trends in Foodborne Illness in the US"
- α "CDC Get Smart: Know when antibiotics work - Sore throat"

It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.