

Committee Name: *Vibrio parahaemolyticus* Illness Response
Chairperson: Keith Skiles
Date of Meeting: October 2, 2019
Recorder: K. Skiles
Approved by: K. Skiles

Committee Members Present:

<input checked="" type="checkbox"/> Keith Skiles (Chairperson)	<input checked="" type="checkbox"/> Miranda Ries
<input checked="" type="checkbox"/> Eric Hickey	<input type="checkbox"/> Chris Nelson
<input checked="" type="checkbox"/> Kathy Brohawn	<input type="checkbox"/> Peter Jensen
<input checked="" type="checkbox"/> Lori Howell	<input checked="" type="checkbox"/> Joel Hansel
<input checked="" type="checkbox"/> Kristin DeRosia-Banick	<input checked="" type="checkbox"/> Lizzie Farrell
<input checked="" type="checkbox"/> Vanessa Zubknusky-White	<input checked="" type="checkbox"/> Angela Ruple
<input type="checkbox"/> Kirk Wiles	<input checked="" type="checkbox"/> Erin Stokes
<input checked="" type="checkbox"/> Chris Schillaci	

Charges:

Charge 1: Develop Task Force recommendations to address Proposal 15-226: *Vibrio parahaemolyticus* (V.p.) Illness Response Guidance

Findings: Several proposals to be considered at the 2019 Biennial Meeting will, if adopted, have significant impacts on NSSP Vp response requirements, and any guidance proposed at this point may be outdated before it is adopted.

Recommendations. The Vp Illness Response Committee recommends that proposal 15-226 be referred back to Committee by the Conference Chairman so that any changes in Vp response requirements can be considered when developing the NSSP guidance document.

Charge 2: Develop Task Force recommendations to address Proposal 17-206: Illness Response Associated with V.p.

Findings: The submitter of proposal 17-206 (FDA) provided a substitute proposal for consideration. FDA acknowledged that the substitute proposal needed further work, and recommended that the proposal be referred back to committee.

Recommendations: The Vp Illness Response Committee recommended that:

- 1) the language of proposal 17-206 be replaced with substitute language presented by FDA (included below) for the purpose of referral to an appropriate committee

Section II. Model Ordinance

Chapter II. Risk Assessment and Risk Management

@.02 Shellfish Related Illnesses Associated with *Vibrio parahaemolyticus* (V.p.)

A. When the investigation outlined in Section @.01 A. indicates the illness(es) are associated with the naturally occurring pathogen *Vibrio parahaemolyticus* (V.p.), the Authority shall determine the number of laboratory confirmed cases epidemiologically associated with the implicated area and actions taken by the Authority will be based on the number of cases and the span of time as follows

(1) Illness per 100,000 servings or....

(2) ...

(3) ...

(4) ...

(5) ...

(6) ...

(7) Culture-Independent Diagnostic Test (CIDT) positive results not confirmed by reflex culture (probable case) will be considered a confirmed case if:

a) more than (>) 2 CIDT positive cases, with symptoms corresponding to Vp, originate from the same growing area within a 30-day period;

b) CIDT positive cases originate from areas where confirmed Vp cases are occurring within a 30-days period. If either of these scenarios present themselves, the presumptive CIDT cases will be treated as confirmed Vp cases

Vibrio parahaemolyticus Illness Attribution Committee will attribute multisource illnesses, if the Authority is unable to attribute a case to a growing area within 24 hrs of the completion of the illness investigation. This committee will assign cases and percentages of cases to state growing areas if a single source cannot be identified. State members of the committee may not vote on illnesses potentially attributed to their own state.

2) Proposal 17-206, as amended, be referred by the Conference Chairman to committee, requesting that the committee charge and appointments be made prior to the 2020 ISSC Spring Executive Board meeting.