

Hand hygiene and safe food handling practices are imperative to reduce risk of asymptomatic transmission of norovirus

Six events, a caterer and a norovirus outbreak – Canberra, November 2022

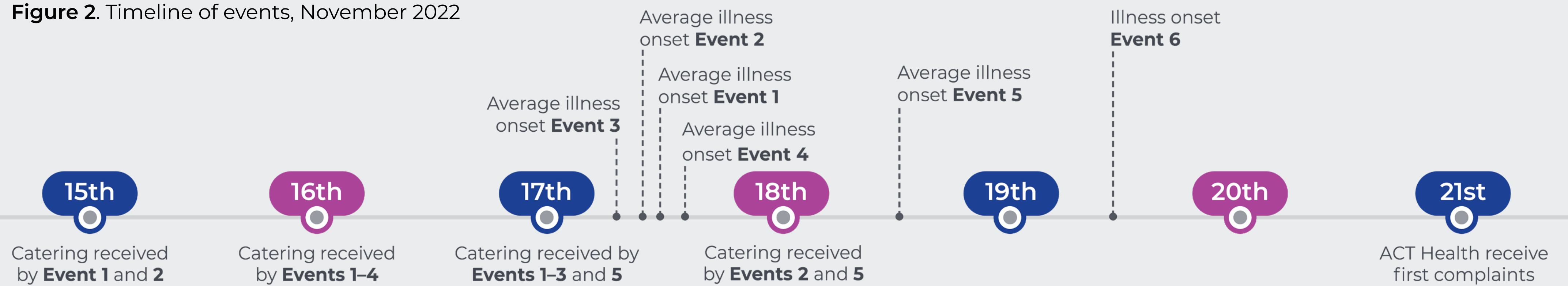
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Background

We investigated an outbreak of gastroenteritis associated with a caterer who supplied food to six events in Canberra over three days in November 2022.

Figure 2. Timeline of events, November 2022



Case definition

Probable case: consumed food supplied by the caterer from 16–18 November and experienced either vomiting or diarrhoea or abdominal pain.

Confirmed case: met the probable case definition and had norovirus detected by nucleic acid amplification testing.

Hypothesis

- Viral gastrointestinal infection
- Infected food handler
- Generalised food contamination

Methods

- Epidemiological, environmental and microbiological investigations
- Case definition developed
- Tailored food questionnaires developed in REDCap
- Retrospective cohort studies conducted for events on two days
- Univariate analysis, followed by multivariate analyses
- Employees surveyed regarding days worked, foods prepared, illness and ill contacts
- Faecal specimens collected from symptomatic event attendees
- Food and environmental samples collected for microbiological analysis
- Food safety inspection undertaken.

Results

Descriptive analysis

Figure 1: Epidemic curve for gastroenteritis associated with a single caterer, by exposure date, Canberra, November 2022

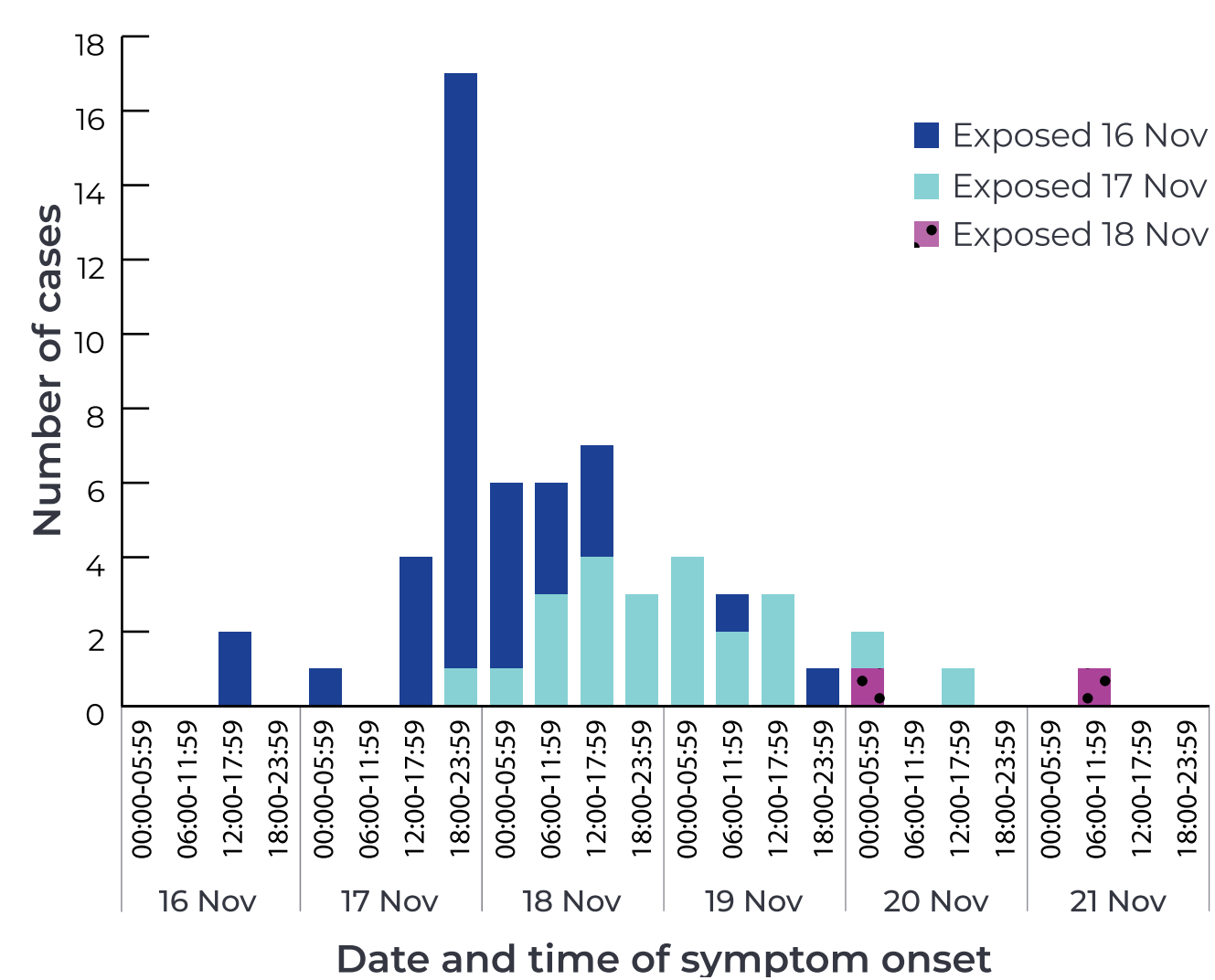


Table 1. Illness, demographic and diagnostic characteristics of catering associated outbreak cases, Canberra, November 2022

Characteristic	N = 64
Median age	47 (15–69) years
Female sex	41 (64%)
Date and time of first onset	16/11/2022 15:50
Date and time of last onset	21/11/2022 06:00
Median incubation period	33.0 hours (3.8–97 hours)
Median duration of illness	68.2 hours (7.3–230.3 hours)
Symptoms (% of cases)	
Diarrhoea	70
Nausea	80
Vomiting	73
Abdominal pain	70
Myalgias/artralgias	53
Fever	48
Headache	58
Blood in the stool	0
No. of Dr visits	6 (9.3%)
No. of ED presentations	4 (6.3%)
No. of hospitalisations	0
No. of specimens tested	7
Specimen result	Norovirus positive

Microbiological and environmental investigations

- All seven faecal specimens from 3 events were positive for norovirus
- Genotyping on three specimens from two events matched
- No food handlers reported illness prior to the outbreak
- One food handler reported their child had gastroenteritis in the preceding week
- This food handler prepared vegetarian rice paper rolls and sushi on day 1 and vegetarian rice paper rolls, sushi and wraps on day 2
- Microbiological testing of seven food samples produced two marginal results: a coagulase positive *Staphylococcus* in the sandwich egg mix and a high standard plate count in the roast beef
- These indicate poor hand hygiene and food handling
- Environmental inspection identified inadequate handwashing facilities and exclusion policies and procedures
- Environmental swabs did not detect *Salmonella* or *Listeria* species.

Results: Analytical studies

- 108/134 (81%) attendees on the two days completed food questionnaires
- Each event had slightly different menus
- Sandwiches, wraps, rice paper rolls, sushi and fruit were prepared daily.

Table 2. Univariate and multivariable analyses of risk factors for illness at events supplied by a single caterer, where the P-value was less than 0.1 on univariate analysis, 16th and 17th November 2022

Exposure	Exposed		Not exposed		Univariate analysis		Multivariable analysis	
	AR	AR	AR	AR	RR (95%CI)	P	aRR(95% CI)	P
16th November								
Vegetarian rice paper rolls	77.3 (17/22)	47.8 (11/23)	1.6 (1.0 – 2.6)	0.04	1.7 (0.8 – 3.8)	0.2		
Egg sandwiches/baguettes	79.2 (19/24)	53.6 (15/28)	1.5 (1.0 – 2.2)	0.05	1.2 (0.6 – 2.7)	0.6		
17th November								
Sushi								
Teriyaki chicken	77.8 (7/9)	44.8 (26/58)	1.7 (0.99 – 2.7)	0.08	0.9 (0.2 – 4.0)	0.8		
Tuna	85.7 (6/7)	45.0 (27/60)	1.9 (1.1 – 2.9)	0.05	1.5 (0.5 – 5.0)	0.5		
Teriyaki beef	100.0 (6/6)	44.3 (27/61)	2.3 (1.7 – 3.0)	0.01	1.8 (0.4 – 8.2)	0.4		
Any sushi	75.0 (12/16)	41.2 (21/51)	1.8 (1.2 – 2.8)	0.02	1.2 (0.3 – 4.0)	0.8		
Wraps								
Roast beef	73.3 (11/15)	42.3 (22/52)	1.7 (1.1 – 2.7)	0.04	1.0 (0.4 – 2.9)	0.9		
Any	60.6 (20/33)	38.2 (13/34)	1.6 (0.95 – 2.6)	0.07	1.4 (0.6 – 3.6)	0.4		
Roast vegetable sandwich	100.0 (4/4)	33.3 (2/6)	3.0 (0.97 – 9.3)	0.08				

*Multivariable analysis not performed for roast vegetable sandwiches as these were only eaten at one event

Studies have found norovirus is often detected on bathroom surfaces rather than food preparation areas in food businesses involved in viral gastrointestinal outbreaks



Photograph 1: Small handbasins in bathrooms at food preparation premises

Conclusion

The outbreak of gastroenteritis in this investigation was found to be due to norovirus clinically, epidemiologically and on laboratory investigation. The infection source was most likely an asymptomatic infected food handler and inadequate food-handling controls. Cohort studies revealed illness was associated with several foods on univariate analysis and no specific foods on multivariate analysis consistent with generalised contamination of foods.

This study demonstrates the significant morbidity and loss of productivity that foodborne norovirus outbreaks cause, and the importance of effective hand hygiene and food handling practices at all times given asymptomatic individuals can excrete and transmit norovirus.

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