



Picture cannot be displayed.

Picture cannot be displayed.

A Gastroenteritis Outbreak of Rotavirus Genotype G3P[8] in a Secondary School in Pathum Thani Province, Thailand, 2022

Siriyakorn Thanasitthichai¹, Rapeepong Suphanchaimat^{1,2}, Chanasan Sawangpol¹, Saruttaya Wongsuwanphon¹, Chanakan Duanyai¹, Peewara Boonwisat¹, Chettha Soudprakhon³, Thanit Rattanathamsakul¹

¹Division of Epidemiology, Department of Disease Control, Ministry of Public Health, Thailand

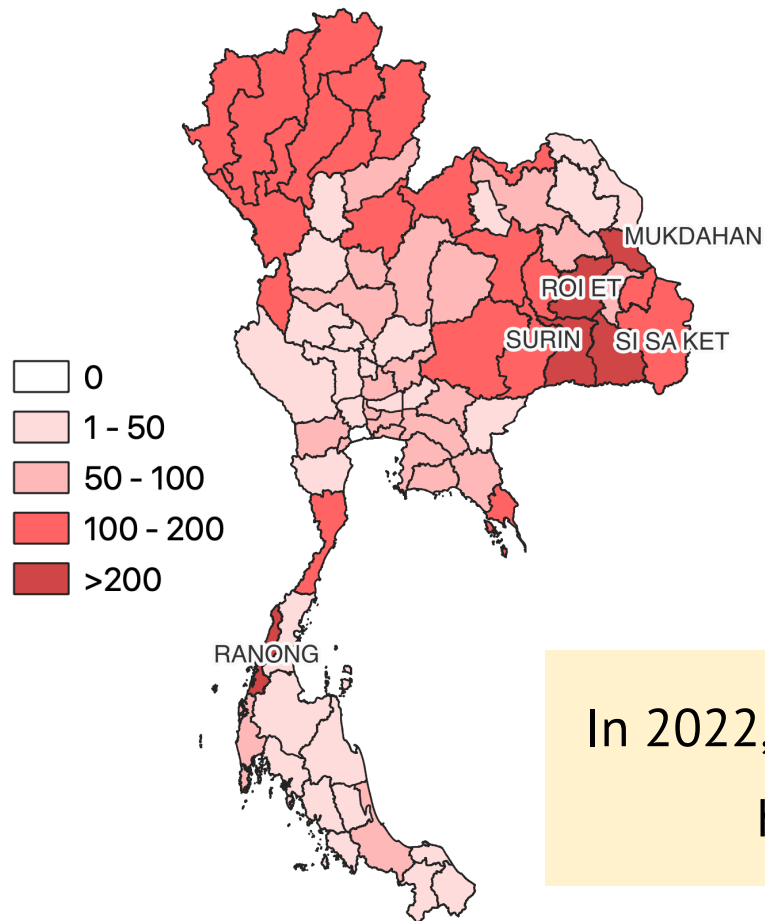
²International Health Policy Program, Ministry of Public Health, Thailand

³Office of Disease Prevention and Control Region 4 Saraburi, Ministry of Public Health, Thailand

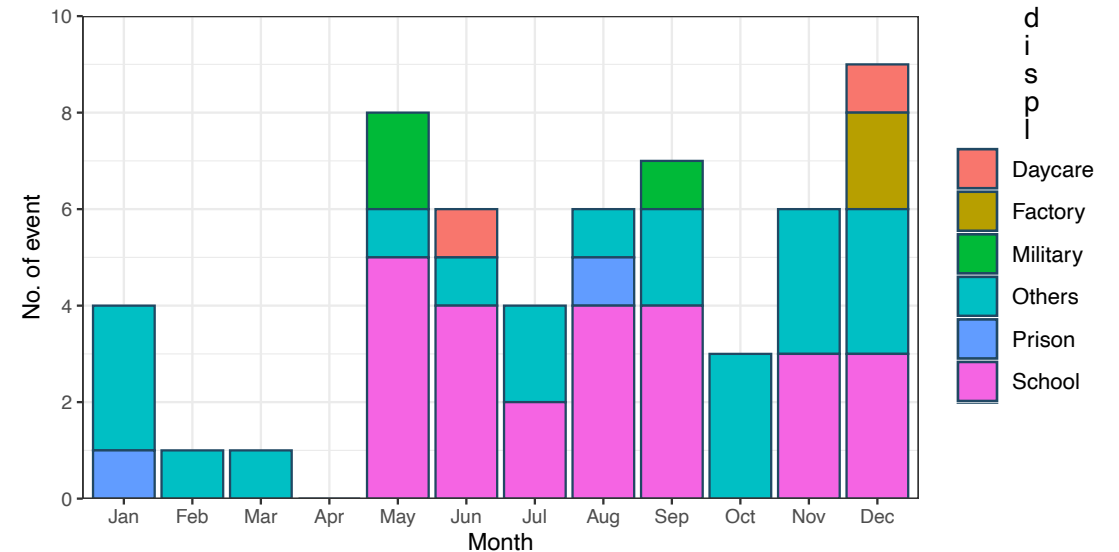
Food poisoning and gastroenteritis outbreaks in Thailand, 2022



No. of food poisoning/gastroenteritis cases



No. of food poisoning/gastroenteritis events by type of setting



In 2022, Thailand reported 56 outbreaks of food poisoning/gastroenteritis, half of the which (28/56) occurred in **schools and daycares**.

Background



On 14 Sep 2022, the Division of Epidemiology was notified of a cluster of around **400 students with acute gastroenteritis** in a secondary school in Khlong Si Subdistrict, Khlong Luang District, Pathum Thani Province. A joint investigation was conducted during 15–16 Sep 2022.

F
i
c
t
i
v
e
c
o
n
t
e
n
t
b
e
d
i
s
p
l
a
y
e
d
.

F
i
c
t
u
r
e
c
a
n
t
b
e
d
i
s
p
l
a
y
e
d
.

Objectives



Confirm the outbreak
and diagnosis



Describe its
epidemiological
characteristics



Identify possible
sources and risk factors



Provide
recommendations

Methods



F
i
c
t
u
r
e

F
i
c
t
u
r
e

1. Descriptive study

- Active case finding >> via interview & online questionnaire.
- Operation definitions were set as;
 - **Suspected cases** - Students/staff who had ≥ 1 symptoms during 27 Aug to 21 Sep 2022:
diarrhea, mucus in stool, stomachache, nausea, and vomiting.
 - **Confirmed cases** - Suspected cases who tested positive for GI pathogens in stool or vomitus.

2. Laboratory study

- Specimens were tested for GI pathogens using **bacterial C/S and RT-PCR for rotavirus and norovirus.**
- Positive specimens were randomly selected and sent for Sanger sequencing.

Methods



3. Environmental study

- A **walkthrough survey** was conducted. >> school canteen, water supply system, toilets
 - Free residual chlorine was tested using a digital colorimeter.
- In-depth interviews of food handlers, canteen manager, and canteen janitors were done.

4. Analytic study

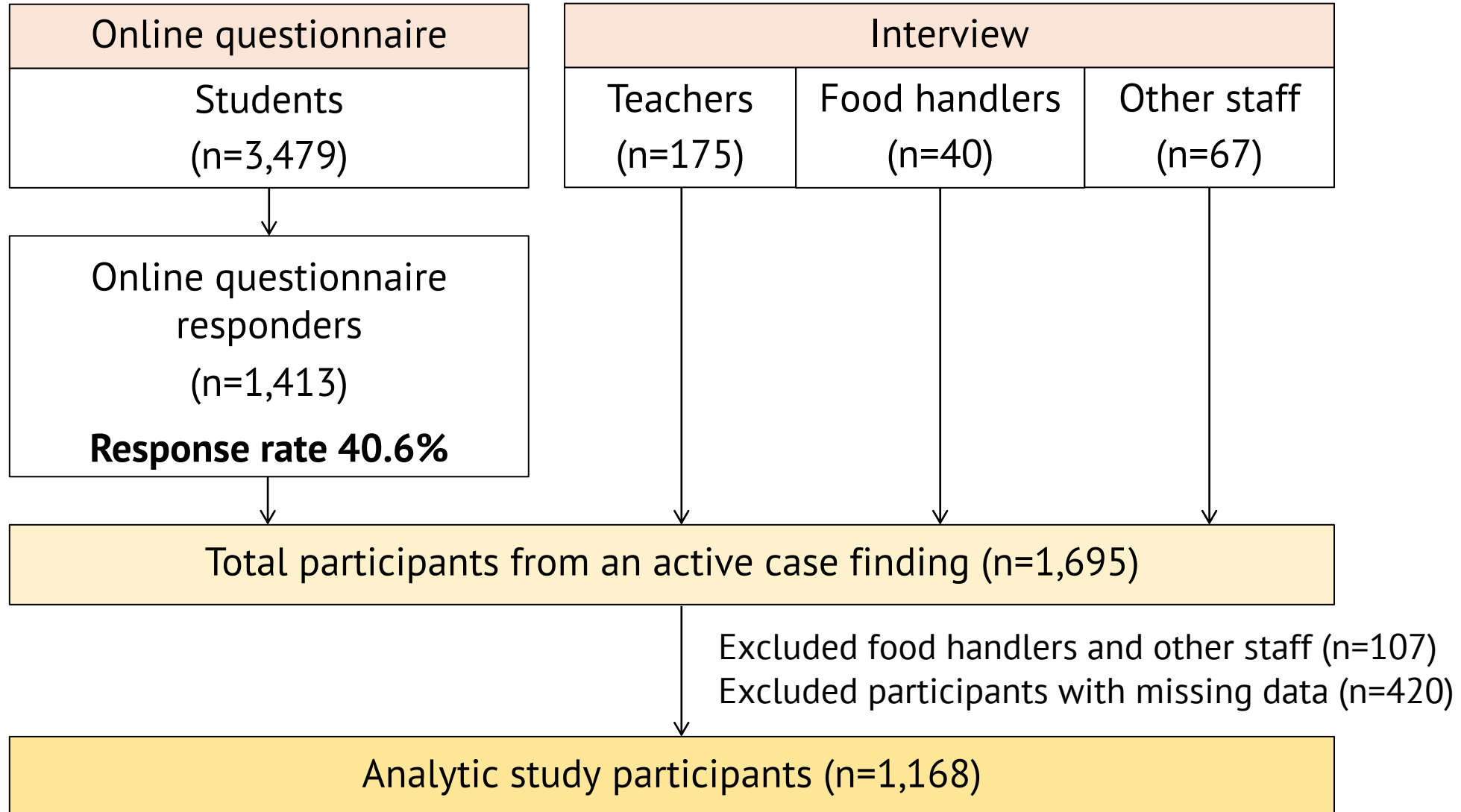
Study design	Retrospective cohort study
Study participants	Students and teachers who responded to online questionnaire or were interviewed
Dependent variables	Being either a suspected or a confirmed case
Independent variables	History of food or beverage consumption in the canteen, gender, age, occupation, sanitation behaviors
Analysis	Univariable and multivariable logistic regression models

Participant recruitment process



Picture cannot be displayed.

Picture cannot be displayed.



Demographic data of cases



Picture cannot be displayed

Total 684 cases

M : F 1 : 1.32

Median age 15 years (Q_1 - Q_3 14-17 years)

97% of cases **dined in the school canteen** in the past 2 days



Position	n	Suspected	Confirmed	Attack rate (%)
Student	1,413	636	20	46.4
Teacher	175	14	7	12.0
Food handler	40	0	2	5.0
Other staff	67	1	4	7.5
Total	1,695	651	33	40.4


Grade	Case no./total no.	Attack rate (%)
7	94/197	47.7
8	93/206	45.1
9	102/273	37.4
10	116/221	52.5
11	86/163	52.8
12	145/333	43.5

Demographic data of cases

Top five most common presentations



Diarrhea
(85%)



Stomachache
(79%)



Vomiting
(65%)

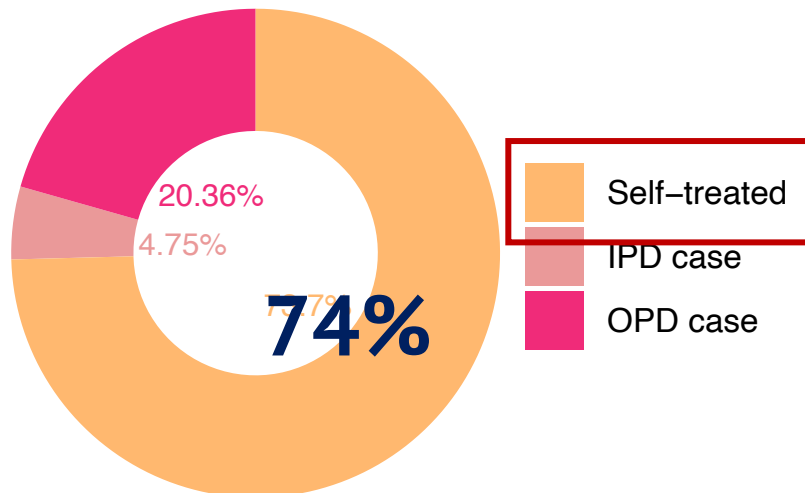


Fever
(57%)



Nausea
(50%)

Treatment status of gastroenteritis cases

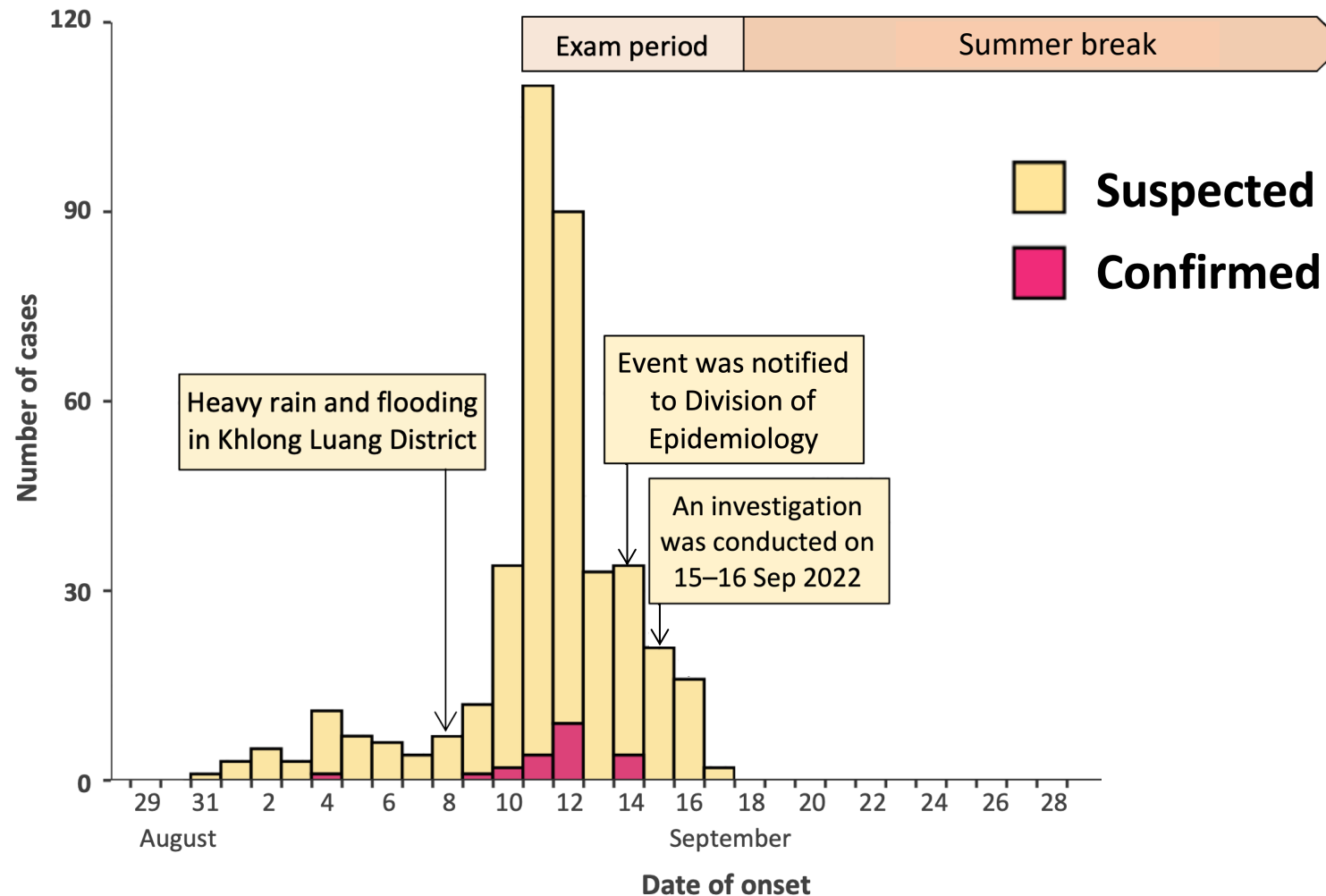


25 cases were hospitalized.

- Median admission duration = 3 days (Q₁-Q₃ 2-4 days)
- All cases had mild-moderate dehydration.
- There was no report of shock/death.

Timeline of the outbreak

Epidemic curve of the gastroenteritis outbreak in the secondary school in Khlong Luang District, September 2022 (n=396)



Picture can't be displayed.

Picture can't be displayed.

Laboratory results



Source	Viral PCR		Bacterial culture	
	No. of isolates (samples)	Pathogen (n)	No. of isolates (samples)	Pathogen (n)
Students/teachers (stool samples)	13/26	Rotavirus G3P[8] (1)	6/26	<i>S. aureus</i> (3)
		Rotavirus, untyped (10)		<i>B. cereus</i> (2)
		Norovirus (2)		<i>V. cholera non-O1</i> (1)
		Additional 14 samples from students who visited hospitals were positive for rotavirus .		<i>P. shigelloides</i> (1)
				<i>Aeromonas hydrophila</i> (1)
				<i>Aeromonas veronii</i> (1)
		Rotavirus G3P[8] (1)		<i>D. shigelloides</i> (1)
<p>Environmental samples (e.g., water from various sources, ice specimens, and surface swabs) were positive for mixed enteropathogenic bacteria, however, rotavirus could not be detected.</p>				
				<i>Aeromonas</i> spp. (1)

Environmental survey

- The school had one canteen for every school members.
- There were 12 food stores, 5 snack stores and 2 beverage stores in the canteen.
 - Each store had a separate cooking area.
 - Food handlers prepared their own cooking ingredients.
- **Unfiltered water from a faucet in the canteen was used for cooking and preparing beverages.**
- Food handlers with GI symptoms still came to work. Some of them used their bare hands to prepare and serve food.



Environmental survey

- Groundwater was the main water supply in the school.
 - Utility water and water supplying the canteen came from groundwater wells.
 - **Routine water quality testing was disrupted** due to COVID-19 pandemic.
 - **There was no groundwater treatment system.**
 - The groundwater well is located near a **cesspool and sewer pipes.**



Analytic study



Variable	Crude RR (95% CI)	Adjusted OR ^a (95% CI)	% PAF (95% CI)
Male (vs. female)	0.97 (0.82-1.13)	0.99 (0.76-1.29)	
Student (vs. teacher)	0.98 (0.61-1.59)	1.02 (0.47-2.20)	
Exposure to any foods/drinks from the canteen	2.54 (1.52-4.22)	2.35 (1.22-4.51)	55.48 (17.51-76.46)
Washing hands before eating	0.88 (0.75-1.05)	0.92 (0.71-1.20)	
Bringing one's own lunch	0.37 (0.20-0.68)	0.55 (0.23-1.32)	
Bringing one's own drink	0.74 (0.62-0.87)	0.66 (0.50-0.88)	
Bringing one's own utensils	0.58 (0.44-0.77)	0.67 (0.42-1.06)	

^aAdjusted for all variables shown in the table.

Interpretation of data



- This event was a **gastroenteritis outbreak in a secondary school** with an attack rate of 40%.
 - This event was one of the largest food poisoning outbreaks in Thai educational institutions.
- **Rotavirus G3P[8]** was the most likely pathogen responsible for the outbreak.
 - Almost half of the specimens (11/26) from cases were positive for rotavirus.
 - Other pathogens were detected but in small number and without epidemiological linkages.

Picture can't be displayed.

Picture can't be displayed.

Interpretation of data



F
i
c
t
u
r
e
c
a
n
t
b
e
d
i
s
p
l
a
y
e
d
.

F
i
c
t
u
r
e
c
a
n
t
b
e
d
i
s
p
l
a
y
e
d
.

- **Contaminated canteen water supply** was the most likely source of the outbreak with the following reasons;
 - The cases were evenly distributed across student grades and classes, suggesting a common source of exposure.
 - Every stores in the canteen used groundwater for cooking, which resulted in cross-contamination.
 - The proximity of the groundwater well to a cesspool and the lack of a water treatment system were noted.
- **The flooding** may have contributed to the contamination of the water.
 - This outbreak was preceded by a period of heavy rain which resulted in flooding in Khlong Luang District.

Actions taken



- **The groundwater wells were shut down.**
- Groundwater treatment system installation was planned.
- Water from drinking water factory is being used for cooking in the meantime.



- Food handlers were not permitted to work until **their stool examinations were negative.**



- Cases were monitored for about a week after school re-opening.
- **Active surveillance of gastroenteritis outbreaks were conducted in high-risk spots** (e.g., kindergartens, daycare centers).

Follow-up

- ✓ No gastroenteritis cases were detected within 1 week after school re-opening.
- ✓ No other gastroenteritis outbreaks were detected in Khlong Si Sub-district by active surveillance.

Picture can't be displayed

Limitations



- **Non-response bias** - The response rate to our survey was 40%. Cases were more likely to respond to the survey, leading to an overestimate of the attack rate.
- **Lack of laboratory confirmation for rotavirus in the water samples** - This was probably due to the higher detection limit of the conventional PCR method and the delay in specimen collection.
- **Uncooperativeness of food handlers** - Some food handlers were unwilling to provide information about their history of illness within the past month and refused to consent to specimen collection.

Public health implications



Contaminated drinking water is a key public health risk. To ensure the safety of the water supply, **routine water quality testing** and the **installation of a water treatment system** are recommended.



Organizations esp. schools should **ensure food and water safety** and require food handlers to follow good hygiene practices and refrain from work when sick.

- **Routine sanitation protocols should be re-established** after COVID-19 disruptions.



Gastroenteritis outbreaks should be closely monitored esp. **during and after floods.**


Acknowledgements



- The joint investigation team from the Division of Epidemiology, Department of Disease Control
- Thailand Field Epidemiology Training Program
- Office of Disease Prevention and Control Region 4, Saraburi
- Pathum Thani Provincial Public Health Office
- Pathum Thani Hospital
- Khlong Luang District Public Health Office
- Khlong Luang Hospital
- Khlong Si Health Promotion Hospital

F
i
c
t
u
r
e
c
a
n
t
b
e
d
i
s
p
l
a
y
e
d
.

F
i
c
t
u
r
e
c
a
n
t
b
e
d
i
s
p
l
a
y
e
d
.



Q & A

Siriyakorn Thanasitthichai, M.D.

FETP, Division of Epidemiology, Department of Disease Control,
Ministry of Public Health, Thailand

s.thanasitthichai@gmail.com

