

# Foodborne illnesses kill 3,000 a year: What physicians can do

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The health risks found on a patient's plate typically take hold over time—like obesity and heart disease—but some can cause serious illness as soon as after their next meal.

That is why the AMA has teamed up with the Food and Drug Administration (FDA) to produce two CME-eligible video modules on foodborne illness, designed with primary care and emergency medicine physicians in mind. They are available at the AMA Education Center.

The first is “What Physicians Need to Know About Foodborne Illness: Suspect, Identify, Treat, and Report,” and the companion video is “Talking to Patients About Food Safety.” Physicians can view the videos and download supporting information. The AMA has designated the enduring activity for *AMA PRA Category 1 Credit™*.

The videos “serve as an important reminder for physicians that they have a vital role in recognizing symptoms and reporting cases of foodborne illness to public health authorities for investigation,” said AMA Immediate Past President David O. Barbe, MD.

The Centers for Disease Control and Prevention estimates 48 million Americans—one in six—are made sick by contaminated foods annually. Those illnesses caused more than 125,000 hospitalizations and about 3,000 deaths. The causes are bacteria, viruses, parasites and chemical contamination.

## What you need to know

Gastrointestinal symptoms—nausea, vomiting, abdominal pain, and diarrhea—are the ones most commonly associated with foodborne illness. Physicians should be aware of less common indications, such as fever or neurological signs or symptoms.

Classic GI symptoms of food poisoning can also be present in patients being treated for other conditions—for example, a patient undergoing chemotherapy. A food diary and knowing the timing of the symptoms can help you nail down a diagnosis.

When treating a patient for foodborne illness, it is the physician's responsibility to report it to the local health department to help identify and address serious, widespread outbreaks as quickly as possible.

Pregnant women, very young children, the elderly and people with weakened immune systems are at especially high risk from foodborne illnesses.

## What you should tell your patients

The second video is shorter—seven minutes—and covers food handling fundamentals, such as shopping, storage, cleaning, cooking and serving. It uses less clinical language and can be viewed by patients at an FDA website.

The narrator guides viewers through the grocery store, kitchen and on to the dinner table, providing easily actionable advice about food safety.

Some highlights from the video are:

**At the food store.** It is important to use plastic bags to provide an extra barrier to packages of raw meat and poultry, and keep those items away from other foods in the cart. Check sell-by dates and buy only pasteurized dairy products and juices.

**In the kitchen.** Hand washing—20 seconds with soap—is needed after a long list of activities: before or after handling food, using the bathroom, changing diapers or handling pets. Wash fruits and vegetables to remove soil, bacteria, viruses and parasites. Cutting board hygiene and proper refrigeration are also explored.

**At the dinner table.** The rule for food that is going to be left out—like a buffet—is cold foods stay cold, hot foods stay hot. After two hours on the table or counter, leftovers go to the refrigerator. There they can stay for three to four days in the refrigerator compartment, or three to four weeks if in the freezer.

While the CME videos focus on food, a recent AMA call for government warning labels targets a product consumers might think makes their cooking safer, but carries its own risk—wire-bristle grill brushes. The metal bristles can break off and cause mouth and throat injuries, some requiring surgery.

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