

SALMONELLOSIS (NONTYPHOIDAL)

I. DESCRIPTION AND EPIDEMIOLOGY

A. Overview

Salmonellosis refers to infections caused by *Salmonella* species, which are gram-negative bacilli belonging to the *Enterobacteriaceae* family. Nearly all *Salmonella* causing human illness are serotypes of *S. enterica* subspecies *enterica*. Of the approximately 2,000 *S. enterica* serotypes that cause human illness, the most common in the United States are Typhimurium, Enteritidis, and Newport. The reservoirs for nontyphoidal *Salmonella* bacteria are domestic and wild animals, mainly poultry, livestock, reptiles, and pets. Humans can also be sources of infection.

B. Salmonellosis in California

Approximately 5,000 laboratory-confirmed cases of salmonellosis are reported per year in California. Most salmonellosis cases appear to be sporadic rather than outbreak-related. In recent years, California case-patients have been involved in *Salmonella* outbreaks due to contaminated eggs, poultry, peanut butter, ground pepper, and a variety of fresh produce, including alfalfa sprouts, tomatoes, lettuce, and mangoes. Non-food vehicles, such as turtles, African dwarf frogs, bearded dragons, live poultry, and feeder mice, have also caused widespread outbreaks of illness.

C. Symptoms

The most common illness associated with nontyphoidal *Salmonella* infection is acute gastroenteritis with diarrhea, abdominal pain, fever, and vomiting. Illness usually lasts 3 to 5 days, and most people recover without treatment. More severe illness, including bacteremia, can occur which may develop into sepsis or extraintestinal infection (such as meningitis or osteomyelitis). Reactive arthritis may occur as a rare complication. Conversely, asymptomatic infections may also occur.

D. Transmission

Salmonellosis is most often transmitted through the ingestion of food derived from infected animals or food contaminated by feces of an infected animal or person. This largely occurs through raw and improperly cooked or handled food of animal origin such as meat, poultry, and eggs, but may also occur through the consumption of contaminated produce and ready-to-eat foods such as peanut butter and bakery products. Exposure to infected animals, including reptiles (e.g., snakes, lizards, and turtles), amphibians (e.g., frogs), and petting zoo animals, have resulted in salmonellosis. Person-to-person fecal-oral transmission may occur, especially when diarrhea is present and hands are not washed adequately.

The risk of transmission exists for the duration of fecal excretion of organisms, and can last from days to weeks. A temporary carrier state can continue for several months, especially in children younger than 5 years of age. Approximately one percent of patients continue to excrete *Salmonella* for over a year, and are considered chronic carriers.

E. Incubation Period

The incubation period is generally 12 to 36 hours though it can be as short as 6 hours or longer than 2 weeks.

F. Clinical Management

Clinical management decisions, including attempts to treat chronic carriers, should generally be made by the patient's primary care physician or infectious disease specialist.

II. COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS (CSTE) SURVEILLANCE CASE DEFINITION (2012)

The CSTE case definition can be found on the CDC's website: [2012 CSTE Case Definition for Salmonellosis](#)

CSTE Position Statement

11-ID-08: <http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PS/11-ID-08.pdf>

Clinical Description

Salmonellosis is an illness of variable severity commonly manifested by diarrhea, abdominal pain, nausea, and sometimes vomiting. Asymptomatic infections may occur, and the organism may cause extraintestinal infections.

Laboratory Criteria for Diagnosis

Suspect: Detection of *Salmonella* from a clinical specimen using a non-culture based method

Confirmed: Isolation of *Salmonella* from a clinical specimen

Case Classification

Suspected: A case that meets the suspect laboratory criteria for diagnosis

Probable: A clinically compatible case that is epidemiologically linked to a confirmed case, i.e., a contact of a confirmed case or member of a risk group as defined by public health authorities during an outbreak

Confirmed: A case that meets the confirmed laboratory criteria for diagnosis. When available, O and H antigen serotype characterization should be reported.

Comment(s)

Both asymptomatic infections and infections at sites other than the gastrointestinal tract, if laboratory confirmed, are considered confirmed cases that should be reported.

III. CASE SURVEILLANCE, INVESTIGATION, AND REPORTING

A. Purpose of Reporting and Surveillance

- To identify *Salmonella* outbreaks, recognize food vehicles, and interrupt potential sources of ongoing transmission.
- To detect new and emerging *Salmonella* serotypes and genetic patterns, and monitor epidemiologic trends.
- To better understand the epidemiology of salmonellosis in California, and to develop targeted interventions to decrease rates of illness.
- To educate people about how to reduce their risk of *Salmonella* infection.

B. Local Health Jurisdiction General Investigation Guidelines

- Clinical laboratories and healthcare providers are required to report *Salmonella* infections within 24 hours of identification. This includes infections that are detected through culture-independent diagnostic testing (CIDT). Begin investigation as soon as *Salmonella* is reported from a clinical laboratory or healthcare provider. The sooner a patient is interviewed, the better the recall of food and other exposures. While most salmonellosis infections are sporadic, approximately 20 percent of cases in California that have undergone strain typing will be part of a recognized cluster. Most clusters are identified through pulsed-field gel electrophoresis (PFGE), a molecular subtyping technique. Unfortunately, because of inherent delays in the current system, an isolate is often identified as part of the cluster several weeks after the presumed exposure has occurred. In order to improve the likelihood of determining the vehicle of an outbreak, it is helpful to try to get as much information as possible in the initial interview, and to document any activities which may help prompt recall later (such as a party or other significant event, or daily food diary in the week prior to illness onset).
- Case-patients may be interviewed using the CDPH *Salmonella* Case Report Form (see below), or a protocol developed by your local health jurisdiction. Please ask about exposures during the 7 days prior to illness onset. Note that this is most appropriate when patients present with gastroenteritis or a systemic infection, such as bacteremia. If a patient has a urinary tract infection or asymptomatic shedding, for example, the date of exposure may not necessarily be a week prior to diagnosis. In those situations, use your judgment to determine if an exposure history is necessary (for example, in the setting of a point-source outbreak).
- Inform patient about the possibility of follow up calls for additional information, especially if the patient is later identified to be part of a cluster or outbreak.
- Determine if the patient is in a sensitive occupation; administer appropriate infection control recommendations.
- If the patient appears to be part of a point-source outbreak, follow your protocol for foodborne outbreak investigations. This should include notifying CDPH about the outbreak (see below).
- All case-patients should be educated about disease transmission and appropriate risk reduction measures.

- If you require assistance with your investigation, call the CDPH Disease Investigations Section (DIS) at 510-620-3434.
- Ensure that the *Salmonella* isolate is forwarded to the CDPH Microbial Diseases Laboratory (MDL) for serotyping and possible molecular subtyping (see MDL resources, below). Molecular subtyping is also done at select local public health laboratories throughout the state.

C. Local Health Jurisdiction Reporting

LHJ Reporting Overview

Nontyphoidal salmonellosis has been a nationally notifiable disease condition since 1944. Confirmed and probable salmonellosis cases must be reported to CPDH. See Table for the summary of reporting guidelines for salmonellosis.

- Salmonellosis is not a case report form-required condition. However, the use of the state Salmonellosis Case Report Form (CDPH 8640, <http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8640.pdf>) is encouraged, as this would allow for the standardized collection of risk exposures and rapid comparison between jurisdictions if needed. The fields in CalREDIE reflect all of the content of the Salmonellosis Case Report Form.
- Because Salmonellosis is not a case report form-required condition, a CDPH DIS epidemiologist usually does not review each patient record. Provisional counts of confirmed and probable salmonellosis cases are transmitted weekly to CDC National Notifiable Disease Surveillance System (NNDSS), regardless of the CalREDIE process status. However, a confirmed or probable case is included in CDC's final year-end national case count for California only after it is closed at the local level.

Instructions for CalREDIE-Participating Jurisdictions

- Enter the patient information into CalREDIE upon notification of the case by the clinical laboratory or health care provider. Select "**Salmonellosis (Other than Typhoid Fever)**" as "Disease Being Reported". Please enter isolate and serotype information on the laboratory tab when available.

Instructions for CalREDIE-Nonparticipating Jurisdictions

- For jurisdictions currently not participating CalREDIE, Confidential Morbidity Report (CMR) data must still be provided:

CDPH 110a, <http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph110a.pdf>):

Reporting case data using the Salmonellosis Case Report Form (CDPH 8640) is encouraged:<http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8640.pdf>

Reporting *Salmonella* Outbreaks and Clusters

- Suspected *Salmonella* outbreaks, including point-source outbreaks and PFGE clusters within your jurisdiction, should be reported within 24 hours to CDPH.
- *CalREDIE-participating jurisdictions*: Create a new outbreak in CalREDIE. From the dropdown list for "Disease", select the appropriate disease category such as "GI, Foodborne", "GI, Waterborne", "GI, Other/Unknown", etc.

- *Non-participating jurisdictions:* Complete the Preliminary Report of Communicable Disease Outbreak form (CDPH 9060, <http://www.cdph.ca.gov/pubsforms/forms/CtrlForms/cdph9060.pdf>) and fax to the Infectious Diseases Branch at 510-620-3425 or email to CDOUTBREAK@cdph.ca.gov. For foodborne outbreaks, complete the Foodborne Disease Outbreak Report form (CDPH 8567, <http://www.cdph.ca.gov/pubsforms/forms/CtrlForms/cdph8567.pdf>) and send to the Infectious Diseases Branch, Surveillance and Statistics Section (address on form).

Special Considerations

The use of CIDT (culture-independent diagnostic testing), which identifies pathogens through genetic probes rather than culture, is becoming increasingly common. CIDTs include PCR-amplified, antigen-based and/or multi-analyte panel tests that are often ordered based on a clinical syndrome rather than a specific suspected pathogen.

The accuracy of CIDT varies depending on the organism and the test used, but is generally considered highly sensitive and specific. At this time, CSTE is defining *Salmonella* detected through CIDT as a suspect case, which will not be counted towards the year-end case count for *Salmonella* by CDC or by CDPH. However, CIDT-positive patients should be investigated by the local health jurisdiction as any other probable or confirmed salmonellosis case.

Typhoid fever and paratyphoid fever are similar systemic diseases caused by *Salmonella* Typhi and Paratyphi, respectively; however, they have different reporting requirements. Please see Table below for reporting details. Refer to the “Typhoid and Paratyphoid Fever” chapter of the CDPH IDB Guidance for Managing Select Communicable Diseases for details on the management of the diseases.

- *Typhoid Fever:* Only illness caused by *Salmonella* Typhi is nationally reportable as typhoid fever.
- *Paratyphoid Fever:* Illnesses caused by *Salmonella* Paratyphi A, *Salmonella* Paratyphi C, and *Salmonella* Paratyphi B tartrate **negative** should be reported in CalREDIE as paratyphoid fever. Local health jurisdictions not participating in CalREDIE should complete the CDPH [Typhoid and Paratyphoid Fever Case Report](http://www.cdph.ca.gov/pubsforms/forms/CtrlForms/cdph8586.pdf) form (CDPH 8586, <http://www.cdph.ca.gov/pubsforms/forms/CtrlForms/cdph8586.pdf>). Paratyphoid fever is not covered under the same statute as typhoid fever and may be managed as nontyphoidal salmonellosis in terms of the management of case and contacts.
 - Of note, *Salmonella* Paratyphi B tartrate **positive** does not cause paratyphoid fever and should be reported and managed as nontyphoidal *Salmonella*.

Table: Reporting Typhoid Fever, Paratyphoid Fever, Nontyphoidal Salmonellosis, and Salmonellosis Outbreaks to CDPH.

Disease (<i>Salmonella</i> Serotype)	CalREDIE Jurisdictions	Non-Participating Jurisdictions
Typhoid Fever <ul style="list-style-type: none"> S. Typhi 	Create CalREDIE incident, selecting " Typhoid Fever " as "Disease Being Reported"	Submit and complete the Confidential Morbidity Report and Typhoid and Paratyphoid Fever Case Report (required)
Paratyphoid Fever <ul style="list-style-type: none"> S. Paratyphi A S. Paratyphi C S. Paratyphi B tartrate negative 	Create CalREDIE incident, selecting " Paratyphoid Fever " as "Disease Being Reported"	Submit and complete the Confidential Morbidity Report and Typhoid and Paratyphoid Fever Case Report (required)
Nontyphoidal Salmonellosis <ul style="list-style-type: none"> S. Paratyphi B tartrate positive All other <i>Salmonella</i> serotypes NOT listed for typhoid and paratyphoid fevers. 	Create CalREDIE incident, selecting " Salmonellosis (Other than Typhoid Fever) " as "Disease Being Reported"	Complete and submit the Confidential Morbidity Report (required) and Salmonellosis Case Report form (recommended)
Salmonellosis Outbreaks <ul style="list-style-type: none"> All <i>Salmonella</i> serotypes 	Create an outbreak in CalREDIE. Select the appropriate disease category such as "GI, Foodborne", "GI, Waterborne", etc	Complete and submit the Preliminary Report of Communicable Disease Outbreak form and the appropriate CDPH outbreak report form when investigation is completed (required)

D. CDPH MDL Resources

The diagnosis of salmonellosis is made by the identification of *Salmonella* in a clinical specimen, most commonly stool, but can include extra-intestinal sites such as blood, urine, wound, and cerebrospinal fluid. By California Title 17 regulations (see below), clinical laboratories are required to send *Salmonella* isolates to a public health laboratory. The local public health laboratories, with few exceptions, forward isolates to MDL for serotyping. Note that MDL will provide results to the local public health laboratory or clinical laboratory that submitted the specimen. It is the local laboratory's responsibility to ensure that the results are then communicated to the communicable disease control office of the case-patients jurisdiction of residence.

- **Serotyping:** By California state statute, all local public health laboratories, with the exception of Los Angeles County, must submit *Salmonella* isolates to MDL for serotyping.
- **PFGE:** PFGE is a standardized method of molecular subtyping (fingerprinting), and is routinely performed on all *Salmonella* isolates if resources are available. The PFGE patterns are entered into a national database, called PulseNet, and compared to the other isolates in the database. If the number of isolates matching the PFGE pattern exceeds a certain threshold, or is a match to a known active cluster, MDL will notify a DIS epidemiologist, and the DIS epidemiologist will notify the communicable disease control staff of the case patient's jurisdiction of residence. The detection threshold

depends on a number of factors, including the frequency of the serotype and PFGE pattern, as well as variables such as geographic or demographic clustering.

- Multiple Locus Variable-number Tandem Repeat Analysis (MLVA): MLVA is an alternative subtyping system for characterizing human pathogens. MLVA is done on certain serotypes, usually Typhimurium and Enteritidis, upon request by CDC. MLVA can help to discriminate between outbreak and background cases, especially when the PFGE pattern is common.
- Antimicrobial Susceptibility Testing (AST): MDL does not conduct AST, but will perform a chloramphenicol screen upon request for certain *Salmonella* serotypes. Chloramphenicol resistance is a marker for antimicrobial resistance. Representative *Salmonella* isolates that are part of clusters are sent to the CDC National Antimicrobial Resistance Monitoring System (NARMS) for AST.
- Environmental Testing: Culturing food and non-food items (such as reptiles) are generally reserved for implicated items, and not for sporadic cases. However, consideration will be given on a case-by-case basis. Questions should be directed to a DIS foodborne epidemiologist.

IV. MANAGEMENT AND CONTROL MEASURES

For details, see <http://www.lhuophp.org/enteric/content/salmonellosis.html>

A. Management of Cases

All case-patients with salmonellosis should be educated regarding disease transmission and appropriate infection control measures. Patient educational materials, including guidelines for safe food handling, as well as decreasing risk of salmonellosis from chicks, ducklings, turtles, reptiles, and other animals are available at: <http://www.cdc.gov/salmonella/>.

The California Code of Regulations, Title 17 (2612) specifies exclusion criteria for foodhandlers, childcare or eldercare workers, and healthcare workers with salmonellosis, either symptomatic or asymptomatic: "... no patient shall be released from supervision to engage in any occupation involving the preparation, serving or handling of food, including milk, to be consumed by individuals other than his immediate family, nor to engage in any occupation involving the direct care of children or of the elderly or of patients in hospitals or other institutional settings until two successive authentic specimens of feces taken at intervals of not less than 24 hours, beginning at least 48 hours after cessation of specific therapy, if any was administered, have been determined, by a public health laboratory approved by the State Department of Health Services to be negative for *Salmonella* organisms." See "Applicable Statutes" Section for complete language.

Additionally, the California Association of Communicable Diseases Controllers (CACDC) has proposed the following guideline for children in group setting, which is not bound by state statute (and therefore, is left to the discretion of the Health Officer):

- For children 5 years and younger in a group setting (e.g., day care): Restrict/ exclude until 2 consecutive stool specimens, taken at least 48 hours after antibiotics are stopped and at least 24 hours apart, are negative. Alternatively, the child may return to a group

setting when asymptomatic for at least 24 hours, and LHD monitors for transmission in the setting.

B. Management of Contacts

There are no specific applicable codes guiding the management of contacts.

CACDC has proposed the following guidelines for the management of contacts to confirmed *Salmonella* case-patients, which are not bound by state statute (and therefore, is left to the discretion of the Health Officer). See CACDC Enteric Disease Exclusion Summary Chart at <http://www.cdph.ca.gov/programs/cid/Pages/Guidelines.aspx>

- For a symptomatic contact in a sensitive occupation: Restrict/exclude until two consecutive stool specimens, taken at least 48 hours after antibiotics are stopped and at least 24 hours apart, are negative.
- For an asymptomatic contact in a sensitive occupation: No restriction is needed, though consider one stool specimen (and follow as a case if positive).
- For a child 5 years and younger in a group setting who is a contact to a confirmed case and is symptomatic: Collect one stool specimen if outbreak suspected; if negative, release, and if positive, investigate as a case.
- For a child 5 years and younger in a group setting who is a contact to a confirmed case and is NOT symptomatic: No restriction is needed. However, consider collecting one stool specimen if an outbreak is suspected; if negative, release, and if positive, investigate as a case.

C. Infection Control Measures

Environmental inspection is indicated if a commercial food service facility, child care center, or public drinking water supply is suspected as the source of infection.

Hospitalized patients should be cared for using standard precautions. Contact precautions should be used for diapered or incontinent persons for the duration of the illness to control institutional outbreaks.

The case-patient should be educated regarding effective hand washing, particularly after using the toilet, changing diapers, and before preparing or eating food. The importance of proper hygiene must be stressed, as excretion of the organism may persist for several weeks. Patient education resources are below.

V. APPLICABLE STATE STATUTES

A. California Code of Regulations, Title 17, Public Health, Section 2612: *Salmonella* Infections (Other Than Typhoid Fever): <http://ccr.oal.ca.gov/linkedslice/default.asp?SP=CCR-1000&Action=Welcome>

(a) Any illness in which organisms of the genus *Salmonella* (except the typhoid bacillus) have been isolated from feces, blood, urine or pathological material shall be reported as a *Salmonella* infection. A culture of the organisms on which the diagnosis is established shall be submitted first to a local public health laboratory and then to the State Microbial Diseases Laboratory for definitive identification. The period of isolation in accordance with Section 2518 shall be until

clinical recovery. The patient shall be subject to supervision by the local health officer who may require, at his discretion, release specimens of feces for testing in a laboratory approved by the State Department of Health Services. However, no patient shall be released from supervision to engage in any occupation involving the preparation, serving or handling of food, including milk, to be consumed by individuals other than his immediate family, nor to engage in any occupation involving the direct care of children or of the elderly or of patients in hospitals or other institutional settings until two successive authentic specimens of feces taken at intervals of not less than 24 hours, beginning at least 48 hours after cessation of specific therapy, if any was administered, have been determined, by a public health laboratory approved by the State Department of Health Services to be negative for *Salmonella* organisms. (See Section 2534.)

(b) Carriers. Any person who harbors *Salmonella* organisms three months after onset is defined as a convalescent carrier and may be restricted at the discretion of the local health officer. Any person continuing to harbor *Salmonella* organisms one year after onset is a chronic carrier. Any person who gives no history of having had Salmonellosis or who had the illness more than one year previously who is found to harbor *Salmonella* organisms on two successive specimens taken not less than 48 hours apart is also considered to be a chronic carrier. Chronic carriers of *Salmonella*, other than *S. typhosa*, shall be restricted at the discretion of the local health officer.

(c) Contacts. Restrictions on contacts shall be at the discretion of the local health officer.

B. California Health and Safety Codes

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml

Section 113949.1

It is the intent of the Legislature to reduce the likelihood of foodborne disease transmission by preventing any food employee who is suffering from symptoms associated with an acute gastrointestinal illness, or known to be infected with a communicable disease that is transmissible through food, from engaging in the handling of food until the food employee is determined to be free of that illness or disease, or incapable of transmitting the illness or disease through food as specified in this article.

Section 113949.1(a) When a local health officer is notified of an illness that can be transmitted by food in a food facility or by an employee of a food facility, the local health officer shall inform the local enforcement agency. The local health officer or the local enforcement agency, or both, shall notify the person in charge of the food facility and shall investigate conditions and may, after the investigation, take appropriate action, and for reasonable cause, require any or all of the following measures to be taken.....Section 113949.1(b) For purposes of this section, "illness" means a condition caused by any of the following infectious agents... *Salmonella spp...*

Section 113949.2

The owner who has a food safety certificate issued pursuant to Section 113947.1 or the food employee who has this food safety certificate shall instruct all food employees regarding the relationship between personal hygiene and food safety, including the association of hand contact, personal habits and behaviors, and food employee health to foodborne illness. The owner or food safety certified employee shall require food employees to report the following to the person in charge: (a) If a food employee is diagnosed with an illness due to one of the following... *Salmonella spp.*...

VI. ADDITIONAL RESOURCES

A. Food Safety

Detailed food handling guidelines may be found on the USDA website: <http://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/foodborne-illness-and-disease>

B. Patient Education

- CDPH: <http://www.cdph.ca.gov/HealthInfo/discond/Pages/Salmonellosis.aspx>
- CDC: <http://www.cdc.gov/salmonella/>
- CDC videos on food safety: <http://www.cdc.gov/ncezid/dfwed/medscape/foodsafety.html>

C. References

- *Control of Communicable Diseases Manual, 20th Edition*. Washington, DC, American Public Health Association, 2014
- CIFOR (Council to Improve Foodborne Outbreak Response) Guidelines: <http://www.cifor.us/toolkit.cfm>
- *Foodborne Pathogenic Microorganisms and Natural Toxins Handbook (The Bad Bug Book) 2nd Edition*: <http://www.fda.gov/Food/FoodbornellnessContaminants/CausesOfIllnessBadBugBook/>
- Red Book Online. *Salmonellosis* <http://aapredbook.aappublications.org/content/1/SEC131/SEC256.body?sid=3838534c-fb3f-4d4a-bfef-8b800b12035d>

VII. UPDATES

Original version finalized and completed on XX, 2015

VIII. Summary of Action Steps: Salmonellosis (Non-Typhoidal)

<input type="checkbox"/> Begin investigation as soon as <i>Salmonella</i> is reported from a clinical laboratory or healthcare provider	<ul style="list-style-type: none"> Review information in CDPH IDB Guidance, and other resources as needed. Obtain and review clinical documentation, medical records, and lab reports as applicable. Contact patient for interview.
<input type="checkbox"/> Confirm case definition	<ul style="list-style-type: none"> To count as a confirmed case, only laboratory confirmation that <i>Salmonella</i> has been isolated from a human specimen is needed. The specimen site can be sterile (such as blood) or unsterile (such as stool). <i>Salmonella</i> identified by non-culture testing methods is considered to be a suspect case. Clinically compatible illness is not necessary. Nontyphoidal salmonellosis includes <i>S. Paratyphi B</i> tartrate positive, but NOT <i>S. Paratyphi A, C</i>, or tartrate negative <i>S. Paratyphi B</i>.
<input type="checkbox"/> Attempt to identify source of exposure	<ul style="list-style-type: none"> Use the <i>Salmonella</i> form in CalREDIE or posted to the CDPH website to guide your interview, or use the protocol set by your local health jurisdiction. Include as many details that may later trigger memory, such as parties or special events, and inform patient that they may be contacted again. If patient appears to be part of an outbreak, follow your protocol for foodborne outbreak investigations; this should include notifying CDPH about the outbreak. Suspected <i>Salmonella</i> outbreaks, including point-source outbreaks and PFGE clusters within your jurisdiction, should be reported within 24 hours to CDPH.
<input type="checkbox"/> Implement control measures	<ul style="list-style-type: none"> Determine if the patient is in a sensitive occupation; administer appropriate infection control recommendations. See Enteric Disease Matrix: see http://www.cdph.ca.gov/programs/cid/Pages/Guidelines.aspx Restriction of those in SOS is mandated per CCR.
<input type="checkbox"/> Confirm status of <i>Salmonella</i> isolate	<ul style="list-style-type: none"> Ensure that the <i>Salmonella</i> isolate is forwarded to MDL or other reference public health laboratory for serotyping and PFGE.
<input type="checkbox"/> Report to CDPH; confirmed and probable salmonellosis cases must be reported	<ul style="list-style-type: none"> Create CalREDIE incident, selecting "Salmonellosis (Other than Typhoid Fever)" as "Disease Being Reported". Update serotype information before closing, if possible. If the isolate is <i>S. Typhi</i>, or <i>S. Paratyphi A, C</i>, or tartrate negative <i>B</i>, follow instructions for Typhoid and Paratyphoid Fever. CalREDIE non-participating jurisdictions must also complete the corresponding forms.
<input type="checkbox"/> If the patient appears to be part of a point-source outbreak, follow your protocol for outbreak investigations	<ul style="list-style-type: none"> Suspected outbreaks should be reported within 24 hours to CDPH.

If you require assistance with your investigation, call DIS at 510-620-3434