Thirty-four outbreaks of salmonellosis occurred in 1992-93 (18 in 1992, 16 in 1993) affecting several hundred people. The outbreaks involved eggs, beef and chicken products. Undercooking and cross contamination were contributing factors. The settings in which the outbreaks occurred included prisons, restaurants, colleges and private homes.

Campylobacteriosis occurs primarily as a sporadic disease. Only five outbreaks were reported in 1992-93.

While both salmonella and campylobacter are common bacterial organisms in the food chain, epidemiologic study has implicated aspects of the host reservoir as well as commercial and consumer food handling practices which account for transmission. Salmonella serotype enteritidis (SE), a type often associated with eggs, continues to account for a large number of sporadic cases of salmonellosis. Ongoing outbreaks due to shell eggs have led to interagency meetings with the New York State Department of Agriculture and Markets, CDC and the U.S. Department of Agriculture (USDA) and have resulted in agreements to control the problem at both the producer and consumer level. Control measures imposed by USDA on a number of Pennsylvania farms and directives to commercial and institutional hatcheries to avoid serving undercooked eggs is expected to reduce the incidence of SE infections.

YERSINIOSIS AND SHIGELLOSIS

Of the other bacterial diseases reported in New York State, yersiniosis and shigellosis are notable not by the frequency of reported cases, which is relatively low when compared to salmonella and campylobacter, but by the severity of symptoms caused by these agents. Both diseases can produce an acute gastroenteritis with fever, diarrhea and in some instances become invasive with accompanying complications. The ability of yersinia infection to mimic acute appendicitis and to occasionally be associated with blood transfusions has drawn attention to this uncommon disease. Cases of yersiniosis are typically foodborne; outbreaks have been associated with raw milk, tofu and pork chitterlings with some waterborne transmission also cited. Shigellosis, by contrast, is most often spread through person-to-person routes; foodborne transmission has also been reported. The highly infectious nature of shigella combined with its less apparent clinical presentation in children make shigellosis very difficult to control. Recognition of drug resistant strains have added to the problem of treatment and control.
Yersiniosis and shigellosis case rates have remained relatively stable over the previous 10 years.
The greatest proportion of cases has occurred in children under 10 years of age.
Seasonal trends are less apparent than those of campylobacter and salmonella.