Proposal for Consideration at the Interstate Shellfish Sanitation Conference 2011 Biennial Meeting	⊠ Growing Area ☐ Harvesting/Handling/Distribution ☐ Administrative
Name of Submitter:	Mississippi Department of Marine Resources
Affiliation:	Mississippi State Government
Address:	1141 Bayview Avenue Biloxi MS 39530
Phone: Fax: Email:	228-374-5000 228-374-5220 dale.diaz@dmr.ms.gov
Proposal Subject:	Addition of the Requirements for the Authority During a Suspected Oyster Related Outbreak of *Norovirus*
Specific NSSP Guide Reference:	Section II Model Ordinance Chapter II. Risk Assessment and Risk Management @.01 Outbreaks of Shellfish Related Illness
Key Words:	*Norovirus*
Text of Proposal/ Requested Action:	@.01 Outbreaks of Shellfish-Related Illness. A. When shellfish are implicated in an illness outbreak involving two (2) or more persons not from the same household (or one or more persons in the case of paralytic shellfish poisoning [PSP]), and in the case of *Norovirus* being reported for more than one retail outlet or location of consumption), the Authority shall determine whether an epidemiological association exists between the illness and the shellfish consumption by reviewing: (1) Each consumer's food history; (2) Shellfish handling practices by the consumer and/or retailer; (3) Whether the disease has the potential or is known to be transmitted by shellfish; and (4) Whether the symptoms and incubation period of the illnesses are consistent with the suspected etiologic agent.
Public Health Significance:	The basis for this addition is to allow the authority time to determine if the suspected oyster-related *Norovirus* outbreak is due to growing area problems or problems associated with the location where the oysters were served. Due to the nature of *Norovirus*, it would be expected that if the suspected outbreak were growing area related, illnesses would be seen at more than one location. With the known prevalence of *Norovirus* and the ease with which it can be spread by human to human and human to food contact, it is difficult to determine the actual cause within 24 hours when faced with illness reported from a single location. The Centers for Disease Control and Prevention (CDC) estimates that *Norovirus* cause 23 million cases of acute gastroenteritis annually, making *Norovirus* the leading cause of gastroenteritis in the United States (CDC, 2006; Fankhauser, et al., 2002, Mead, et al., 1999). Of viruses, only the common cold is reported more often than viral gastroenteritis (N*orovirus)* (Benson & Merano, 1998).

	According to the CDC: Food and drinks can very easily become contaminated with *Norovirus* because the virus is so small and because it probably takes fewer than 100 *Norovirus* particles to make a person sick. Food can be contaminated either by direct contact with contaminated hands or work surfaces that are contaminated with stool or vomit, or by tiny droplets from nearby vomit that can travel through air to land on food. Although the virus cannot multiply outside of human bodies, once on food or in water, it can cause illness. People working with food who are sick with *Norovirus* gastroenteritis are a particular risk to others, because they handle the food and drink many other people will consume. Since the virus is so small, a sick food handler can easily – without meaning to – contaminate the food he or she is handling. Many of those eating the contaminated food may become ill, causing an outbreak. Outbreaks of *Norovirus* gastroenteritis have taken place in restaurants, cruise ships, nursing homes, hospitals, schools, banquet halls, summer camps, and family dinners – in other words, places where often people have consumed water and/or food prepared or handled by others. It is estimated that as many as half of all food-related outbreaks of illness may be caused by *Norovirus*. In many of these cases, sick food handlers were thought to be implicated.
Cost Information (if available):	