

| Agent   | Usual Incubation Period (Range) <sup>2</sup> | Symptom Profile  | Duration of Illness <sub>3</sub> | Period of Communicability                | Characteristic Foods <sup>4</sup>  | Criteria for confirmation   |
|---|--|--|----------------------------------|--|--|---|
|   |  |  |                                  |  |  | Type and amount of specimens; handling requirements for shipping to OSPHL*  |
| <b>I. Agents typified by nausea and vomiting, without fever, within 8 hours of eating</b> |  |  |                                  |  |  |   |
| <i>Bacillus cereus</i><br>("emetic" variety)  | 2-4 hours<br>(1-6 hours)                     | Vomiting, with nausea and diarrhea (abrupt onset)          | 24 hours                         | Not communicable (performed enterotoxin) | Fried rice, meats, vegetables  | Isolation of 10 <sup>5</sup> organisms per gram from stool of two or more ill persons OR isolation of 10 <sup>5</sup> organisms per gram from epidemiologically implicated food<br><br>Collect at least 2 grams of fresh stool (pea size) within three days of illness and refrigerate prior to shipment. DO NOT FREEZE, DO NOT send in transport medium. Ship in a cold pack to OSPHL* with OSPHL Form 75, Request for Bacteriology/Parasitology (available at <a href="http://www.oshd.org/vi/form75.pdf">http://www.oshd.org/vi/form75.pdf</a> ); must be ordered, not part of OSPHL routine enteric screening<br>Collect 50-150 grams (about 2-6 oz.) of food   |
| <i>Staphylococcus aureus</i>  | 2-4 hours<br>(30 minutes-8 hours)            | Vomiting, with nausea, cramps, and diarrhea (abrupt onset) | 24-48 hours                      | Not communicable (performed enterotoxin) | Sliced/chopped ham and meats, custards, cream fillings, mushrooms, egg salad | Isolation of organism of same phage type from stool or vomitus of two or more ill persons OR detection of enterotoxin in epidemiologically implicated food OR isolation of 10 <sup>5</sup> organisms per gram from epidemiologically implicated food<br><br>Collect at least 2 grams of fresh stool (pea-sized) within three days of illness and refrigerate prior to shipment. DO NOT FREEZE, DO NOT send in transport medium. Ship in a cold pack to OSPHL* with OSPHL Form 75, Request for Bacteriology/Parasitology (available at <a href="http://www.oshd.org/vi/form75.pdf">http://www.oshd.org/vi/form75.pdf</a> ); must be ordered, not part of OSPHL routine enteric screening<br>Collect at least 100 grams (4 oz.) of food |

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|  |  |                     |                                  |   |                                     | Type and amount of specimens; handling requirements for shipping to OSPHL*  |
| <b>II. Agents typified by abdominal cramps and diarrhea, <i>without fever</i>, within 24 hours of eating</b> |  |                     |                                  |   |                                     |   |
| <i>Bacillus cereus</i> ("diarrheal" variety)   | 6-24 hours                                   | Cramps and diarrhea | 24-48 hours                      | Not communicable (enterotoxin formed in vivo) | Fried rice, meats, vegetables       | <p>Isolation of 10<sup>5</sup> organisms per gram from stool of two or more ill persons and not from stool of control patients OR isolation of 10<sup>5</sup> organisms per gram from epidemiologically implicated food</p> <hr/> <p>Collect at least 2 grams of fresh stool (pea-sized) within three days of illness and refrigerate prior to shipment. DO NOT FREEZE, DO NOT send in transport medium. Ship in a cold pack to OSPHL* with OSPHL Form 75, Request for Bacteriology/Parasitology (available at <a href="http://www.oshd.org/vi/form75.pdf">http://www.oshd.org/vi/form75.pdf</a>); must be ordered, not part of OSPHL routine enteric screening</p> <p>Collect 50-150 grams (about 2-6 oz.) of food</p>   |
| <i>Clostridium perfringens</i>   | 10-12 hours (6-24 hours)                     | Cramps and diarrhea | 24-48 hours                      | Not communicable (enterotoxin formed in vivo) | Meat, poultry, gravy, Mexican foods | <p>Isolation of 10<sup>6</sup> organisms per gram from stool of two or more ill persons OR demonstration of enterotoxin in the stool of two or more ill persons OR isolation of 10<sup>5</sup> organisms per gram from epidemiologically implicated food</p> <hr/> <p>Collect at least 2 grams of fresh stool (pea-sized) within three days of illness and refrigerate prior to shipment. DO NOT FREEZE, DO NOT send in transport medium. Ship in a cold pack to OSPHL* with OSPHL Form 75, Request for Bacteriology/Parasitology (available at <a href="http://www.oshd.org/vi/form75.pdf">http://www.oshd.org/vi/form75.pdf</a>); must be ordered, not part of OSPHL routine enteric screening</p> <p>A loss of viability of <i>C. perfringens</i> will occur if foods are frozen or held under prolonged refrigeration</p> |

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|  |  |   |                                  |                           |  | Type and amount of specimens; handling requirements for shipping to OSPHL*   |
| <b>III. Agents typified by abdominal cramps and diarrhea, with fever, within 12-48 hours of eating</b> |  |   |                                  |                           |  |  |
| <i>Campylobacter jejuni</i>  | 48 hours-5 days<br>(24 hours-10 days)        | Cramps and diarrhea (sometimes bloody), with vomiting and fever | 48 hours-10 days                 | 2-7 weeks                 | Raw milk, poultry, water                   | <p>Isolation of organism from clinical specimens from two or more ill persons OR isolation of organism from epidemiologically implicated food</p> <hr/> <p>Swab fecal material from stool specimens and insert into a tube of Cary-Blair transport medium (this is a very fragile organism, so transport in Cary-Blair is very important). Ship in a cold pack to OSPHL* with OSPHL Form 75, Request for Bacteriology/Parasitology (available at <a href="http://www.oshd.org/vi/form75.pdf">http://www.oshd.org/vi/form75.pdf</a>); must be ordered, not part of OSPHL routine enteric screening<br/>Collect 50-150 grams (about 2-6 oz.) of food</p> |
| <i>Escherichia coli</i> Enteroinvasive (EIEC)  | 12-48 hours                                  | Cramps and diarrhea, with fever, headache                       | 5-10 days                        | Weeks to months           | Uncooked vegetables, salads, water, cheese | <p>Isolation of same enteroinvasive serotype from stool of two or more ill persons</p> <hr/> <p>Swab fecal material from stool specimens and insert into a tube of Cary-Blair transport medium. Ship in a cold pack to OSPHL* with OSPHL Form 75, Request for Bacteriology/ Parasitology (available at <a href="http://www.oshd.org/vi/form75.pdf">http://www.oshd.org/vi/form75.pdf</a>); must be ordered, not part of OSPHL routine enteric screening<br/>Collect 25-100 grams (about 1-4 oz.) of food</p>   |

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|                                 |  |   |                                  |  |   | Type and amount of specimens; handling requirements for shipping to OSPHL*   |
| <i>Salmonella</i> (non-typhoid) | 12-36 hours (6 hours-10 days)                | Cramps and diarrhea, with vomiting and fever    | 4-7 days                         | Several days to several years, depending on type | Poultry, eggs, meat, raw milk (cross-contamination important) | <p>Isolation of organism of same serotype from clinical specimens from two or more ill persons OR isolation of organism from epidemiologically implicated food</p> <hr/> <p>Swab fecal material from stool specimens and insert into a tube of Cary-Blair transport medium. Ship in a cold pack to OSPHL* with OSPHL Form 75, Request for Bacteriology/ Parasitology (available at <a href="http://www.oshd.org/vi/form75.pdf">http://www.oshd.org/vi/form75.pdf</a>); included in OSPHL routine enteric screening</p> <p>Collect 50-150 grams (about 2-6 oz.) of food if available; dehydrated specimens may be kept at room temperature until analysis. Frozen food should remain frozen. All other specimens should be refrigerate prior to shipment until analysis</p> |
| <i>Shigella</i>                 | 24-48 hours (12 hours-6 days)                | Cramps and diarrhea (may be bloody), with fever | 4-7 days                         | 4 weeks after illness                            | Eggs, salads, lettuce   | <p>Isolation of organism of same serotype from clinical specimens from two or more ill persons OR isolation of organism from epidemiologically implicated food</p> <hr/> <p>Swab fecal material from stool specimens and insert into a tube of Cary-Blair transport medium. Ship in a cold pack to OSPHL* with OSPHL Form 75, Request for Bacteriology/ Parasitology (available at <a href="http://www.oshd.org/vi/form75.pdf">http://www.oshd.org/vi/form75.pdf</a>); included in OSPHL routine enteric screening</p> <p>Collect at least 25 grams (about 1 oz.) of food if available. The sample should be held at 4°C (39°F) if it is to be analyzed within 24 hours, and frozen if it is to be held longer than 24 hours</p>   |

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|                                |  |  |                                  |                           |                                       | Type and amount of specimens; handling requirements for shipping to OSPHL*  |
| <i>Vibrio parahaemolyticus</i> | 12-24 hours (2-48 hours)                     | Cramps watery, diarrhea, with nausea, vomiting, and fever        | 2-5 days                         | Not communicable          | Seafood, especially crabs and oysters | <p>Isolation of Kanagawa-positive organism from stool of two or more ill persons OR isolation of 10<sup>5</sup> organisms per gram from epidemiologically implicated food</p> <hr/> <p>Swab fecal material from stool specimens and insert into a tube of Cary-Blair transport medium. Ship in a cold pack to OSPHL* with OSPHL Form 75, Request for Bacteriology/ Parasitology (available at <a href="http://www.oshd.org/vi/form75.pdf">http://www.oshd.org/vi/form75.pdf</a>); must be ordered, not part of OSPHL routine enteric screening</p> <p>Collect at least 50 grams (about 2 oz.) of food for possible confirmatory testing and DO NOT FREEZE</p> |
| <i>Yersinia enterocolitica</i> | 36-48 hours (24 hours-10 days)               | Cramps, diarrhea, fever, headache, vomiting, pseudo-appendicitis | 1-3 weeks                        | 2-3 weeks                 | Milk, tofu, pork                      | <p>Isolation of organism from clinical specimens from two or more ill persons OR isolation of organism from epidemiologically implicated food</p> <hr/> <p>Swab fecal material from stool specimens and insert into a tube of Cary-Blair transport medium. Ship in a cold pack to OSPHL* with OSPHL Form 75, Request for Bacteriology/ Parasitology (available at <a href="http://www.oshd.org/vi/form75.pdf">http://www.oshd.org/vi/form75.pdf</a>); must be requested, not in routine enteric screen</p> <p>Collect 50-150 grams (about 2-6 oz.) of food for possible confirmatory testing</p>  |

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|  |  |   |                                  |                                   |   | Type and amount of specimens; handling requirements for shipping to OSPHL*  |
| <b>IV. Agents typified by vomiting, diarrhea, cramps, myalgias and headache <i>with fever</i>, within 24 hours of eating</b> |  |   |                                  |                                   |   |   |
| <i>Listeria monocytogenes</i>  | 24 hours (9-50 hours)                        | Fever, with diarrhea, myalgia, headache<br>Usual symptom profile:<br>fever 72%<br>diarrhea 68%<br>myalgia 56%<br>cramps 55%<br>vomiting 35% | 3-7 days                         | Not known                         | Inadequately pasteurized milk, pre-cooked meat      | Isolation of <i>Listeria monocytogenes</i> of the same serotype from two or more ill persons exposed to epidemiologically implicated food or to food from which the same-type <i>Listeria monocytogenes</i> has been isolated   |
|  |  |   |                                  |                                   |   | Swab fecal material from stool specimens and insert into a tube of Cary-Blair transport medium. Ship in a cold pack to OSPHL* with OSPHL Form 75, Request for Bacteriology/Parasitology (available at <a href="http://www.oshd.org/vi/form75.pdf">http://www.oshd.org/vi/form75.pdf</a> ); must be requested, not in routine enteric screen<br>Collect 50-150 grams (about 2-6 oz.) of food                                       |
| <b>V. Agents typified by vomiting, diarrhea, myalgias and headache <i>without fever</i>, within 24-48 hours of eating</b>    |  |   |                                  |                                   |   |   |
| Norwalk virus and other caliciviruses  | 24-48 hours (10-72 hours)                    | Vomiting, with diarrhea, headache and myalgia<br><br>Usual symptom profile: diarrhea 80%<br>vomiting 60%<br>nausea 75%<br>fever 30%         | 24-72 hours                      | Duration of vomiting and diarrhea | Shellfish, water, salads, frosting, "handled" foods | Detection of viral RNA in stool or vomitus by reverse transcriptase-polymerase chain reaction (RT-PCR) OR visualization of small, round-structured viruses (SRSV) that react with patient's convalescent sera but not acute sera, by immune-electron microscopy OR more than fourfold rise in antibody titer to Norwalk virus or Norwalk-like virus in acute and convalescent sera in most serum pairs                            |
|  |  |   |                                  |                                   |   | Collect 15-20 grams of whole stool (walnut-sized) OR 10-15 ml of diarrheal stool (about 3 tablespoons). DO NOT send in transport medium; collect within 72 hours of onset for recovery of virus. Ship in a cold pack to OSPHL* with OSPHL form 42, Virology/ Immunology Request (available at <a href="http://www.oshd.org/vi/tesreq.pdf">http://www.oshd.org/vi/tesreq.pdf</a> )<br>Collect 50-150 grams (about 2-6 oz.) of food |

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|   |  |  |                                  |  |   | Type and amount of specimens; handling requirements for shipping to OSPHL*  |
| <b>VI. Agents typified by watery diarrhea and headache <i>without fever</i>, within 24-48 hours of eating</b> |  |  |                                  |  |   |   |
| <i>Escherichia coli</i> enterotoxigenic (ETEC) <sup>5</sup>   | 24-48 hours (21-68 hours)                    | Cramps, watery diarrhea, some vomiting<br>Usual symptom profile: diarrhea 80-100%<br>cramps 82%<br>vomiting <50%<br>nausea <50%<br>fever <50%<br>myalgia <50%<br>headache <50% | 24 hours-11 days (medium 3 days) | Weeks to months  | Seafood (crab, shrimp and scallops), salads and other foods served cold | Isolation of organism of same serotype, demonstrated to produce heat-stable (ST) and/or heat labile (LT) enterotoxin from stool of two or more ill persons<br><br>Swab fecal material from stool specimens and insert into a tube of Cary-Blair transport medium. Ship in a cold pack to OSPHL* with OSPHL Form 75, Request for Bacteriology/Parasitology (available at <a href="http://www.oshd.org/vi/form75.pdf">http://www.oshd.org/vi/form75.pdf</a> ); must be requested, not in routine enteric screen; will be sent to CDC for testing<br><br>Collect 50-150 grams (about 2-6 oz.) of food  |
| <i>Vibrio cholerae</i> O1 and O139  | 24-72 hours (12 hours-5 days)                | Diarrhea, vomiting water?  | 72 hours-7 days                  | Usually a few days after recovery except carrier state | Shellfish, water or foods contaminated by infected food handlers        | Isolation of toxigenic organism from stool or vomitus of two or more ill persons OR significant rise in vibriocidal, bacterial-agglutinating, or antitoxin antibodies in acute- and early convalescent phase sera among persons not recently immunized OR isolation of toxigenic organism from epidemiologically implicated food<br><br>Swab fecal material from stool specimens and insert into a tube of Cary-Blair transport medium. Ship in a cold pack to OSPH* with OSPHL Form 75, Request for Bacteriology/ Parasitology (available at <a href="http://www.oshd.org/vi/form75.pdf">http://www.oshd.org/vi/form75.pdf</a> ); must be requested, not in routine enteric screen<br><br>Collect 50-150 grams (about 2-6 oz.) of food. Food samples should be held under moderate refrigeration (approx. 10°C or 50°F) to maximize survival and recovery of vibrios and reduce the tendency for overgrowth by indigenous microflora |

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|   |  |   |  |  |   | Type and amount of specimens; handling requirements for shipping to OSPHL*  |
| <i>Vibrio cholerae</i> non-O1 and non-O139  | 12-24 hours (12 hours-5 days)                | Profuse watery diarrhea and vomiting, which can lead to severe dehydration and death within hours | 72 hours-7 days; causes life-threatening dehydration | Several days                             | Shellfish   | Isolation of organism of same serotype from stool of two or more ill persons<br><br>Swab fecal material from stool specimens and insert into a tube of Cary-Blair transport medium. Ship in a cold pack to OSPHL* with OSPHL Form 75, Request for Bacteriology/ Parasitology (available at <a href="http://www.oshd.org/vi/form75.pdf">http://www.oshd.org/vi/form75.pdf</a> ); must be requested, not in routine enteric screen<br>Collect 50-150 grams (about 2-6 oz.) of food  |
| <b>VII. Agents typified by bloody diarrhea without fever, within 48 hours of eating</b> |  |   |  |  |   |   |
| <i>Escherichia coli</i> enterohemorrhagic (E. coli O157:H7 & others)                    | 48 hours-8 days (24 hours-10 days)           | Bloody diarrhea, with cramps, vomiting, fever; hemolytic uremic syndrome (2-7% of cases)          | 5-10 days  | 1-4 weeks                                | Beef, venison, raw milk, water, produce                         | Isolation of <i>E. coli</i> O157:H7 or other shiga-like toxin producing <i>E. coli</i> from clinical specimens from two or more ill persons OR isolation of <i>E. coli</i> O157:H7 or other shiga-like toxin producing <i>E. coli</i> from epidemiologically implicated food<br><br>Swab fecal material from stool specimens and insert into a tube of Cary-Blair transport medium. Ship in a cold pack to OSPHL* with OSPHL Form 75, Request for Bacteriology/ Parasitology (available at <a href="http://www.oshd.org/vi/form75.pdf">http://www.oshd.org/vi/form75.pdf</a> ); |
| <b>VIII. Botulism</b>   |  |   |  |  |   |   |
| <i>Clostridium botulinum</i>  | 12-48 hours (2 hours to 8 days)              | Nausea, vomiting, diarrhea, with or just before onset of descending paralysis                     | Days to months                                       | Not communicable (preformed enterotoxin) | Improperly canned or similarly preserved foods; honey (infants) | Detection of botulinal toxin in serum, stool, gastric contents, or implicated food OR isolation of organism from stool or intestine<br><br>Collect at least 5 cc of serum and/or at least 1 gram of stool and/or food   |

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| <b>IX. Agents most readily diagnosed from the history of eating a particular type of food</b>  |  |   |                                  |                           |  |   |
| Heavy Metals (antimony, arsenic, cadmium, copper, iron, lead, mercury, tin, zinc)              | 5 minutes--8 hours (usually <1 hour)         | Vomiting, with nausea, cramps, and diarrhea   | Usually self-limited             | Not communicable          | Acidic foods and beverages prepared, stored or cooked in containers coated, lined or contaminated with offending metal | Demonstration of high concentration of metal in epidemiologically implicated food<br><br>Collect suspect food or metal container  |
| Poisonous mushrooms (muscimol, muscarine, psilocybin, coprinus atrentementaris, ibotenic acid) | <2 hours                                     | Vomiting, diarrhea, confusion, visual disturbances, salivation, diaphoresis, hallucinations, disulfiram-like reaction | Usually self-limited             | Not communicable          | Wild mushrooms   | Clinical syndrome among persons who have eaten mushroom identified as toxic type, OR demonstration of toxin in epidemiologically implicated mushroom or food containing mushrooms<br><br>Collect mushrooms or food containing mushrooms   |
| Shellfish poisoning (diarrheic, neurotoxic, amnesic)   | 20 minutes-2 hours                           | Cramps, diarrhea, headaches, vomiting, amnesia, seizures  | Days                             | Not communicable          | Mussels, oysters   | Detection of toxin in epidemiologically implicated food OR detection of large numbers of shellfish-poisoning-associated species of dinoflagellates in water from which epidemiologically implicated mollusks are gathered<br><br>Collect any amount of epidemiologically implicated shellfish |
| Ciguatera poisoning  | 1-6 hours; usually within 24 hours           | Diarrhea, nausea, vomiting, paresthesias, reversal of temperature sensation   | Days to weeks to months          | Not communicable          | Large ocean fish (grouper, amberjack barracuda, snapper)   | Demonstration of ciguatoxin in epidemiologically implicated fish, OR clinical syndrome among persons who have eaten a type of fish previously associated with ciguatera fish poisoning<br><br>Collect epidemiologically implicated fish   |

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| Scombroid fish poisoning (histamine fish poisoning) | 1 minute-3 hours; usually within 6 hours     | Cramps, diarrhea, headache, nausea, flushing, urticaria   | 3-6 hours                        | Not communicable          | Mishandled fish (mahi-mahi, tuna, mackerel, bluefish, salmon, bonito, skipjack) | Demonstration of histamine in epidemiologically implicated fish, OR clinical syndrome among persons who have eaten a type of fish previously associated with histamine fish poisoning (fish of order Scombroidei)          |
|   |  |   |                                  |                           |   | Collect epidemiologically implicated fish  |
| Paralytic shellfish poisoning                       | 30 minutes-3 hours                           | Paresthesias, feeling of floating, loss of balance, dry mouth, double vision, dysarthria, shortness of breath | Days                             | Not communicable          | Clams, mussels, cockles   | Detection of toxin in epidemiologically implicated fish, OR detection of large numbers of shellfish-poisoning-associated species of dinoflagellates in water from which epidemiologically implicated mollusks are gathered |
|   |  |   |                                  |                           |   | Collect epidemiologically implicated fish  |

**Acknowledgements and Notes**

1. The *OHS Compendium of Acute Food-borne Diseases* is based on a similar table developed by epidemiologists at the Food-borne and Diarrheal Disease Branch, Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention, and on Tauxe RV, Hughes JM. Food-Borne Disease. In: Mandell GL, Benne HJE, Dolin R. Principles and Practice of Infectious Disease 4<sup>th</sup> ed. NY: Churchill Livingstone; 1995, page 1017 (table 6).
2. CDC. Diagnosis and management of food-borne illness: a primer for physicians. MMWR 2001; 50(RR2). Reprinted with the permission of the American Medical Association; the Center for Food Safety and Nutrition, FDA and the Food Safety Inspection Service, USDA. Available on-line at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5002a1.htm>  
CDC. Guide to confirming the diagnosis in in food-borne diseases at [http://www.cdc.gov/ncidod/dbmd/outbreak/guide\\_fd.htm](http://www.cdc.gov/ncidod/dbmd/outbreak/guide_fd.htm)  
Chin, J, Ed. Control of Communicable Disease Manual. Washington, D.C.: American Public Health Association, 2000.
3. CDC. Diagnosis and management of food-borne illness: a primer for physicians. MMWR 2001; 50(RR2). Reprinted with the permission of the American Medical Association; the Center for Food Safety and Nutrition, FDA and the Food Safety Inspection Service, USDA. Available on-line at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5002a1.htm>
4. "Characteristic foods" for each FBD agent are based on epidemiological data gathered by epidemiologists in the Acute and Communicable Disease Program, Center for Disease Control and Epidemiology, Oregon Health Division, and on Tauxe RV, Hughes JM. Food-Borne Disease. In: Mandell GL, Benne HJE, Dolin R. Principles and Practice of Infectious Disease 4<sup>th</sup> ed. NY: Churchill Livingstone; 1995, page 1017 (table 6).
5. Symptom profiles and characteristic foods are taken from Dalton CB, Mintz ED, Wells JG et al. Outbreaks of enterotoxigenic *Escherichia coli* infection in American adults: a clinical and epidemiologic profile. *Epidemiol Infect* 1999; 123:9-16.