



Expert Review of Anti-infective Therapy

ISSN: 1478-7210 (Print) 1744-8336 (Online) Journal homepage: informahealthcare.com/journals/ierz20

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To cite this article: (2007) Canada and the USA: Escherichia coli O157:H7, Expert Review of Anti-infective Therapy, 5:6, 920-920, DOI: [10.1586/14787210.5.6.920](https://doi.org/10.1586/14787210.5.6.920)

To link to this article: <https://doi.org/10.1586/14787210.5.6.920>



Published online: 10 Jan 2014.



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Canada and the USA: *Escherichia coli* O157:H7



The Canadian Food Inspection Agency (CFIA) is warning the public not to consume various beef products, ranging from ground beef to steak, because these products may be contaminated with *Escherichia coli* O157:H7. This is a result of an ongoing CFIA investigation into contaminated beef involving Ranchers Beef Ltd (AB, Canada). An updated list of affected items can be found at the CFIA website (www.inspection.gc.ca).

Following a test result by the US Department of Agriculture (USDA), Cargill Meat Solutions (MN, USA) is also recalling more than 1 million pounds of ground beef as it might be contaminated with *E. coli* O157:H7. The beef has been distributed throughout the USA and nine states, mostly in the northeast region of the country, may be affected. For a full list of recalled products and affected areas, visit Cargill website at www.cargill.com.

E. coli is a normal flora of human and animal guts. Although most *E. coli* strains are harmless, certain pathogenic strains, including *E. coli* O157:H7, can cause food poisoning and other severe illnesses. The bacteria can be spread through contaminated food (e.g., uncooked beef or raw vegetables washed with contaminated water), contaminated milk/dairy products or direct contact with infected animals. *E. coli* O157:H7-contaminated beef may not look or smell spoiled. Food-poisoning symptoms include diarrhea, abdominal pain and sometimes fever, which usually appear 1–3 days following infection. Serious cases may involve seizures, strokes or even death.

To date, no illnesses have been reported that are associated with the above beef products in either Canada or the USA. Retailers are voluntarily recalling any of the affected products and the CFIA is monitoring the recalling process in Canada. "We are working closely with the USDA to remove the (affected) product from the (US) marketplace," said Cargill Regional Beef President John Keating.

Source: The Canadian Food Inspection Agency: www.inspection.gc.ca; Cargill Inc., MN, USA: www.cargill.com

Norway: tuberculosis



The movement of immigrants from TB-endemic countries to Norway, a country with a low TB rate, does not present a public health threat to native Norwegians. The findings were published in the November issue of the *American Journal of Respiratory and Critical Care Medicine*.

Norwegian researchers have studied 2173 confirmed TB cases in Norway over 12 years (1993–2005) using patients' data and bacterial cultures from the 14 laboratories that serve the whole country. They traced the origins of outbreaks to either native-born Norwegians or immigrants, and analyzed the genetics of the *Mycobacterium tuberculosis* strains involved in each TB case.

While the number of bacterial strains increased among immigrants, there was a decrease in TB incidence in native citizens. The findings suggested that, although immigrants brought TB into Norway, they did not contribute significantly to TB spread within the native population.

'Immigrants have been accused of spreading TB. However, the current study demonstrated that the importation

of *M. tuberculosis*, over 12 years, did not generate significant negative effects on the transmission of TB in a country that was considered to be in the elimination phase of this disease,' wrote the authors.

There was also a high genetic diversity among TB strains over the 12-year period, suggesting that there was little transmission inside the country. "Had there been more extensive transmission on Norwegian soil, we would have seen a greater degree of similarity between infecting strains. The lack of similarity suggests that most patients acquired TB infection abroad," said the lead researcher, Ulf Dahle of the Norwegian Institute of Public Health.

"The low number of clustered strains could not support the statement that public health in this recipient country was hampered by immigration from high-incidence countries," concluded Dahle.

'Anyone involved in TB management or control needs no reminder of the key role played by human movement across oceans, within rapidly industrializing countries, from war zones to refugee camp,' wrote Kevin Schwartzman of McGill University in an accompanying editorial in the same issue of the journal. However, despite the challenge of imported TB, well-maintained nationwide TB-control strategies are most important to public health and should be the focus of Norwegian government.

"The take-home message is not one of blame or stigmatization – quite the opposite," said Schwartzman. "By ensuring access to TB care and public health programs for all, Norwegian authorities are controlling TB and preventing transmission."

Source: Dahle UR, Eldholm V, Winje BA, Mannsåker T, Heldal E. Impact of immigration on the molecular epidemiology of *Mycobacterium tuberculosis* in a low-incidence country. *Am. J. Respir. Crit. Care Med.* 176(9), 930–935 (2007); Schwartzman K. "Them" and "us": the two worlds of tuberculosis? *Am. J. Respir. Crit. Care Med.* 176(9), 840–842 (2007).