



FAFP CONNECTIONS



Fall pumpkins mimic the cluster shapes of the viruses featured in this Fall issue

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Fall Issue 2009

A Message from the President

I hope everyone had a great summer!

I have to tell you about my summer vacation. (I only wish I had my slides back to share!) First, it was really more of a working vacation. I had the opportunity to attend the 2009 International Association for Food Protection conference in Grapevine, Texas along with several other members of our Florida Affiliate. As always, IAFP and the local arrangements committee put on a great program that was enjoyed

by all. No doubt, however, the best part of the week was the IAFP business meeting where, once again, FAFP out did themselves with a rendition of the "3 Little Pigs (Avoiding the Swine Flu)." It was hysterical to see several of our own members dressing up as pigs, a saleswoman, a doctor and a wolf. I am sure we will see a photo or two in an upcoming journal. The best part of the skit is when we got to hand over a check for \$1,000 to Gale Prince, IAFP Foundation, to help support the mission of the foundation.

Other exciting things are on the near horizon. As part of Food Safety Education Month, we announced this week that we will be holding a FAFP Luncheon at the Rosen College of Hospitality in Orlando on September 28th. We have already confirmed Rep. Adam Putman as a guest speaker. Representative Putman is running for the Florida Commissioner of Agriculture in 2010 and is currently spearheading food safety provisions in bills being passed by Congress. We will also have Jim Jones, VP Marketing Food Technology Service, Inc.

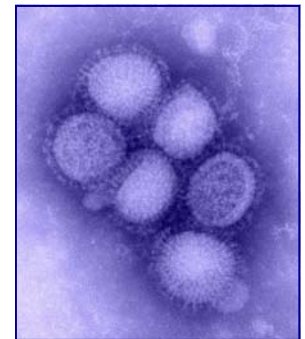
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Influenza A H1N1 Impact

Jean Fleming

Novel H1N1 (referred to as swine flu early on) is a new influenza virus. Community outbreaks have been reported throughout the United States and worldwide. In June of 2009, the World Health Organization (WHO) declared a global pandemic of novel influenza A (H1N1). The United States government has declared a public health emergency in the U.S. in response to the H1N1 outbreak. The Centers for Disease Control and Prevention (CDC) expects more cases, more hospitalizations and even deaths from this out-

break over the coming months. Influenza (flu) is always serious – each year in the United States seasonal flu results in an average of 36,000 deaths and more than 200,000 hospitalizations from flu-related causes. According to the CDC, H1N1 poses to be at least as serious as seasonal flu, if not more so. Because H1N1 is a new virus, most people will not have immunity to it. Vaccines are the best tool we have to prevent influenza. As soon as the seasonal flu vaccine becomes available in doctor's offices and in the communities, people should get immunized. The seasonal flu vaccine will



H1N1 influenza virus were taken in the CDC Influenza Laboratory.

unlikely provide protection against the novel H1N1 influenza. However, a novel

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INFECTION PREVENTION AND CONTROL THE EMERGING THREAT OF MRSA

JEAN FLEMING

Most everybody has seen reports of MRSA infections and its impact on society today. Commonly referred to as the “super bug”, MRSA stands for Methicillin-resistant *Staphylococcus aureus*. What is *Staphylococcus aureus*? *Staphylococcus aureus*, often referred to as “staph”, are bacteria commonly carried on the skin or in the nose of healthy people. According to the Centers for Disease Control and Prevention (CDC) approximately 25% to 30% of the population is colonized (when bacteria are present, but not causing an infection) in the nose with staph bacteria. Sometimes, staph can cause an infection. Staph bacteria are one of the most common causes of skin infections in the United States. MRSA is a type of staph bacteria that causes



MRSA Image

Photo credit: Janice Carr [Public Health Image](#)

serious infections and are resistant to many of the strongest antibiotics, including methicillin and other more commonly used antibiotics such as penicillin and amoxicillin.

Who gets MRSA?

MRSA occurs most frequently among persons in hospitals and healthcare facilities (such as nursing homes and dialysis centers) who have weakened immune systems. These healthcare-associated infections (HAIs) include surgical wound infections, urinary tract

infections, bloodstream infections and pneumonia. Healthcare-associated MRSA (HA-MRSA) infections have risen sharply in recent years. In 1972, MRSA accounted for only 2% of all *Staphylococcus aureus* HAIs reported to the CDC in the U.S. Recent data show that MRSA now accounts for 50% to 70% of *Staphylococcus aureus* infections in healthcare.

MRSA can also infect people in the community at large and is referred to as Community-associated MRSA (CA-MRSA). CA-MRSA are infections that are acquired by persons who **have not** recently been (within the past year) hospitalized or had medical procedures (such as dialysis, surgery, catheters). The number of cases of CA-MRSA is on the rise.

What are the symptoms of CA-MRSA?

CA-MRSA generally appears as skin infections that look like pimples or boils and can be swollen, painful and have draining pus. These skin infections often occur in otherwise healthy people. Symptoms of a more serious staph infection may include rash, shortness of breath, fever, chills, chest pain, fatigue, muscle aches, malaise or headache. Serious staph infections can cause bloodstream infections or pneumonia and can lead to death if not properly treated. CA-MRSA strains are more susceptible to common antimicrobials than are HA-MRSA.

How does someone contract MRSA?

Transmission of MRSA organisms can occur from skin-to-skin contact with someone who has MRSA on their skin and by hands of individuals who pick up organisms on their hands. Healthcare workers spread the organisms when they care for a person with MRSA and then care for another patient without washing their hands between tasks, by contact with items such as computer keyboards or surfaces such as bedrails that have the organisms on them. Factors that have been associated with the spread of CA-MRSA skin infections include: close skin-to-skin contact, openings in the skin such as cuts or abrasions, contami-

nated items and surfaces, crowded living conditions and poor hygiene. MRSA can survive on surfaces from hours to days. For example, a study published in *Infection Control & Hospital Epidemiology*, 2006, showed MRSA lived on a laminated table top for 9 days and 11 days on a plastic chart.

What is the scope of the problem?

In addition to increasing reported cases from healthcare facilities, outbreaks of MRSA infections have been reported among athletes who share equipment or personal items (such as towels or razors), children in daycare facilities, schools, training facilities (gyms), prisons, and homeless shelters. By some estimates, more than half of all skin infections now treated in emergency rooms is caused by MRSA. A study presented at the 2007 General Meeting of the American Society of Microbiology revealed that MRSA organisms were found lurking in public transportation areas. Over 2600 samples were taken from cities across the country. The results from this study showed 60% of the tray tables on three airplanes had MRSA on them. The grab poles and push bars on public buses had a 66.7% MRSA rate. This study alone targeted public transportation, however, one must think about other public areas where the organisms could be found such as in restaurants, on grocery carts, telephones, computer keyboards, and hotels.

How can MRSA be prevented?

According to the CDC, the good news is that MRSA can be prevented. A key to prevention is to practice good hand hygiene and maintain good routine environmental and equipment cleaning and decontamination. Hand hygiene plays an integral role in reducing the transmission of organisms. In the absence of soap and water, the use of alcohol-based hand sanitizers are effective against transmission of organisms such as MRSA.

It is critical that “frequently touched” surfaces in healthcare facilities, schools and other public areas be

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H1N1 vaccine is currently in production and will be ready for the public in the fall of 2009. The novel H1N1 vaccine is **not** intended to replace the seasonal flu vaccine – it is intended to be used along-side seasonal flu vaccine. The CDC’s Advisory Committee on Immunization Practices (ACIP), made recommendations on who should receive the new H1N1 vaccine when it becomes available. The recommendations are based on current disease patterns, populations at risk for severe illness and the amount of vaccine expected to be available should there be limited quantities.

H1N1 influenza, like seasonal flu, is spread mainly from person-to-person through coughing or sneezing by people with the flu. Sometimes people may become infected by touching something such as a surface or object with the flu virus on it and then touching their eyes, nose or mouth. People infected with seasonal and novel H1N1 flu shed virus and may be able to infect others from 1 day before getting sick to 5 to 7 days after. The best way to protect yourself and others:

- Cover your nose and mouth with a tissue when you cough or sneeze or throw the tissue in the trash after you use it.
- Wash hands often with soap and water, especially after you cough or sneeze. Use alcohol-based hand sanitizers if soap and water is not available.
- Avoid touching your eyes, nose or mouth.
- Try to avoid close contact with sick people.

If you are sick with flu-like illness, stay home for at least 24 hours after your fever is gone. Keep away from others as much as possible.

Studies have shown that the influenza virus can survive on environmental surfaces and can infect a person for 2 to 8 hours after being deposited on the surface. For the prevention of H1N1 transmission from surfaces, **the CDC recommends that good routine prac-**

tics for cleaning, sanitizing and disinfection should be followed as one would observe for regular seasonal influenza prevention. Attention should be given to cleaning frequently touched surfaces. Examples of frequently touched surfaces are: door knobs, light switches, shopping cart handles, telephones, desks, computer keyboards, restaurant pagers, bathroom fixtures, gym equipment, medical equipment, counter tops and tables just to name a few.

Keep in mind that the number one defense against the spread of the influenza virus is good hand hygiene and covering your nose and mouth when coughing or sneezing.

References:
Centers for Disease Control and Prevention
www.cdc.gov/h1n1flu/qa.htm and
www.flu.gov

CDC picture: <http://www.cdc.gov/h1n1flu/images.htm>

Jean Fleming, RN, MPM, CIC is the Clinical Director of Infection Prevention and Education at Nice Pak/PDI

You want me to do what? Building a Culture of Food Safety in Small Steps

Eric Martin

I have a 15 year-old son, Neil, who likes to spend his time hanging with his friends, flying RC planes and riding his bike, among other things. What he does not like to do is clean his room, mow the lawn or do anything else that involves hints of “work.” It is not until I entice him with money (allowance), dinner out, words of “encouragement” or some other type of reward, that he seems to be “motivated.”

You may notice a very similar reaction when talking about food safety in your

restaurant. You may tell yourself – “I am too busy doing other things in my restaurant and I don’t have time for that food safety stuff.” If so, what will it take to “entice” you to become a little more food safety savvy? Could it be the guest complaint of cold or poor quality food, could it be that call from a guest claiming to have become sick in your restaurant, or could it be a major foodborne illness outbreak involving the Health Department and closure of your establishment? On the positive side, it could also be the thought of great quality food with a good word-of-mouth reputation and increased revenue.

Many of you may have heard of the acronym “HACCP” standing for: Hazard Analysis Critical Control Points. This is one of the terms that really boils down to “Hot Food Hot” and “Cold Food Cold” and good personal hygiene in our business. It is important that we train our employees on those key areas we learned about when we took our Food Manager Certification Training and what employees learned during Food Handler Training. The next step is to apply it, build a culture of food safety and not accept anything that is substandard. This always seems to be the hardest part, especially when everyone is busy making product in prep or putting food in the window. So, how do we make it all work?

Ensure a clean restaurant. A clean environment promotes a happy workforce and establishes a high standard of excellence.

Also, make sure you have a good foundation for personal hygiene. Ensure the tools are provided – hot and cold water, soap and disposable towels (not the bar towel in the back pocket). We like to use a good sanitizer wipe after washing our hands. It has a great kill rate on bacteria, plus the extra rubbing motion tends to reduce the bacteria even further. Make time in your busy schedule to sit back and watch once in a while. See how things are being handled and if your team is actually washing their hands. You can see how effective your hand washing program is by the amount of

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Scholarships

The Florida Association for Food Protection (FAFP) offers two academic scholarships each year. One \$500 scholarship was granted for the Spring Semester to Laura Strawn and another \$500 scholarship will be granted to the Fall Semester winner.

This Fall's academic scholarship was awarded to Yael Spektor. Yael graduated *summa cum laude* as an undergraduate at the University of Florida and will earn her Master of Science in Food Science in December 2009. As the President of the Gator Chapter of the Florida Association for Food Protection, she has led the re-organization of the Gator Chapter Club and promotes recruiting of new members. Yael is a research assistant at the University of Florida Department of Food Science and Human Nutrition. She is working with Dr. Renee Goodrich Schneider examining food allergens and developing methods and solutions for the removal of peanut, milk and egg allergens from food contact surfaces. The ultimate goal is the validation of the methods with the FDA which will result in numerous benefits for companies manufacturing both allergen and non-allergen containing products, as well as those who are affected by food allergies every day. Dr. Keith Schneider, Associate Professor in the Department of Food Science and Human Nutrition at the University of Florida stated "Yael is a superior student who goes above and beyond. From directing students in peer related activities to donating her time with elementary children to teach the importance of food safety...she has proved herself as one of the most motivated and outgoing students." Yael also participates in other activities such as the Institute of Food Technologists Product Development Competition, the Annual Collegiate dairy Products Judging Competition, and the IFT College Bowl Team. Her career objectives include obtaining a position in the Research and Development/Food Safety Department within the beverage or baked goods industries as well as to start a consulting firm focused on product development and food safety standards programs for the beverage and baked goods industries.



Yael Spektor

Please help us congratulate Yael on her dedication to food safety and receipt of this Fall's scholarship.

raw meat products. This study was conducted because surveys performed in the Netherlands and Canada has revealed a high prevalence of MRSA in pigs. Transmission of MRSA from pigs to pig farmers and their families has been documented in Europe (Voss, A. et al., Methicillin-resistant *Staphylococcus aureus* in pig farming. Emerg Infect Disease 11: 1965-6) This information raises concerns that MRSA of animal origin could potentially enter the food chain and jeopardize health of individuals handling meats.

A total of 120 raw meat products (90-pork; 30-beef) were randomly collected from thirty retail grocery stores belonging to seven grocery store chains in

Baton Rouge, Louisiana. *S. aureus* was isolated from 43 samples (45.6% of pork and 20% of beef). MRSA was found in 6 samples of which 5 (5.6%) were pork and 1 (3.3%) beef. Thus, the majority of the grocery stores surveyed had *S. aureus*-contaminated meats (73.3%, 22/30) and 10% sold MRSA-positive meats.

This study indicates that MRSA is present in the U.S. food chain and is likely due to human contamination. Although the rate of MRSA is low, there is the potential threat that MRSA may be transmitted to individuals who handle meats. The major way to prevent the spread of MRSA is by practicing good hand hygiene. Providing a hand sanitizing agent at meat and deli counters in grocery stores is a solution.

Jean Fleming, RN, MPM, CIC is the Clinical Director of Infection Prevention and Education at Nice Pak/PDI. Jean has been actively involved with her professional organization, Association for Professionals in Infection Control and Epidemiology (APIC), throughout her infection control career. She has served as a member of the national APIC Board of Directors and its Executive Committee, Education Committee Chair and on several task forces and committees. She has also served as a board member, officer and on several committees and task forces for her local APIC chapter, Three Rivers/Pittsburgh APIC.

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cleaned on a routine bases. Avoid contact with other people's wounds or anything contaminated by a wound. Open and draining wounds must be kept covered. Avoid sharing personal items such as razors, towels, uniforms and sports equipment that touches your body. Clean and disinfect objects such as gym and other sports equipment before use. Lastly, avoid use of unnecessary antibiotics.

Summary

Antibiotic resistant bacteria such as MRSA is a public health problem. The most important way to prevent the emergence of antibiotic resistance is to

minimize unnecessary prescribing of antibiotics. The most important way to prevent the spread of Community-acquired or Healthcare-acquired MRSA is to use appropriate infection prevention and control procedures which includes good personal hygiene.

Louisiana State University Study – Isolation of MRSA in Retail Meats

Researchers at Louisiana State University recently conducted a study to determine the prevalence of *Staphylococcus aureus* (*S. aureus*) and MRSA in

KEEP AN EYE OUT FOR OUR NEW FAFP MEMBERS! WELCOME...

Robert Yarsulik - RMC

Adam Reksten - Central Seafood Co., Inc.



Eliezer Rodriguez - DBPR - Hotels and Restaurants

Gerald Crosby - Department of Health: Jacksonville

Dr. Douglas Archer - University of Florida

With H1N1 rearing its ugly head for the fall seasonal flu season, we have included a second H1N1 article for your reading enjoyment.

Two-Thirds of Americans Concerned About H1N1, But Most Don't Change Hygiene Habits

Brian Sansoni

- 93% of Adults Surveyed Believe Good Hygiene Will Help Avoid Spread of Flu
- 68% Report H1N1 Has Not Led to Change in Cleaning Habits Only 8% Say They Clean Hands More Often; Just 4% Clean Surfaces More

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(President's Message - Continued from page 1)
 FTSI is based in Mulberry, FL and uses gamma radiation to treat and process various food and non-food items for insect disinfestations, shelf-life extensions and for the reduction of microorganisms. We will also have Valerie Freeman, District Manager, from the Department of Business and Professional Regulation to speak on the current status of Department.

In addition, we will be planning a Luncheon in the late Fall in another part of the State to help draw more members and non-members into further discussions on food safety.

Lastly, it is time to open the flood gates on communication, and take advantage of networking with your fellow food safety professionals. Meeting face-to-face is always the best, but do you ever have a question you want to throw out to a group? We have created that place through the FAFP blog. I encourage each member to join the FAFP Food Safety Forum, customize your page and share your ideas, concerns, thoughts and anything else regarding food safety. This includes upcoming seminars, job openings, and the latest news. Just log on to www.fafpnet.ning.com and see who is chatting about the issues vital to us in the food safety world. The more people we have in the system, the more we will have to discuss.

Regards,

Eric Martin
 President, FAFP

BECOME A MEMBER OF FAFP



We are always looking for people interested in joining our organization

Who Can Join?

The Florida Association for Food Protection is looking for professionals in the Food Industry to join us in enhancing the level of education, service and commitment for Food Safety Officials in Industry, Government and Academia within the State of Florida.

Benefits of Joining

Your membership demonstrates your support and commitment to promoting food safety in Florida. It helps the Association in the development of procedures, new legislation, ideas and methods. Your membership allows us to educate food safety professionals in all areas, advancing our knowledge and awareness of safe food handling.

How Can You Join?

To join, we need a completed application and membership dues for the first year. Please contact us for more information and a membership application at: FAFP2000@hotmail.com, or check out our website at www.fafp.net.



Don't Forget... the FAFP Educational Luncheon has been scheduled for the Orlando Area at the Rosen College of Hospitality in Orlando on September 28, 2009 from 9:30am to 1:00pm.

Registration Fee for Members is \$10.00 and \$12.00 for Non-Members. Lunch will be provided by the culinary staff of the Rosen College of Hospitality.

Space is Limited to just 50 People! Reservations must be made by the cut off date September 22, 2009 by E-mail to Zeb Blanton, zeb.blanton@sgs.com, by phone 407.682.4720, by mail to: FAFP, PO Box 160032, Altamonte Spgs, FL 32716 or register on our Web Site, VISA, MC or American Express at: www.fafp.net/luncheon.php. Secure Web Site to pay by Credit Card [Pay for Luncheon by Visa/MC or American Express](#).

(Building a Culture of Food Safety in Small Steps - Continued from page 3)

hand soap you are purchasing from your chemical supplier. Your cost may go up, but look at it as a small investment in your brand or your name.



Next, make sure you have a good thermometer that is accurate and can measure temperatures quickly. You don't want to be standing around "waiting" on a thermometer to stabilize and provide you with the temperature. Invest in a good reputable digital thermometer, or better yet, a thermocouple. This is a quick, accurate way to get your results. Make sure everyone knows how to use it, clean it and check for calibration.

Ensure everyone knows their temperatures according to the Food Code. This would include proper cooking temperatures, holding temps (both hot and cold), cooling temps (along with time requirements) and reheating. Talk about food safety and temperatures in your pre-shift every day. During the day ask your employees questions: "What temperature are you cooking that chicken to?" "What temperature do you hold those cold shrimp at in the low boy?" Making sure your staff knows what you know is key to ensuring food safety and makes your life easier by having confidence that your staff knows what they are doing. Have fun with it while challenging their knowledge.

Keep the raw food away from the cooked food! Again, training is a key. We like a lot of signage with lots of pictures (the universal language) to help demonstrate the correct way. There are many sources for signage including those food safety icons provided by the International Association for Food Protection at www.foodprotection.org. Remember, if it is in front of them, they are more likely to remember to do it right. Document what you do through temperature logs. The Division of Hotels

and Restaurants of the Department of Business and Professional Regulation has some very good documents that you can use when starting off with your HACCP program (www.myflorida.com/dbpr/hr/information). These can be easily modified to fit your particular menu. If you need help, give your Health Inspector a call. They may be willing to help you reach your goals over a period of time and it's a win-win for everyone. Take baby steps to learn and execute before moving to another task. If you begin to implement this over time, it becomes part of your culture and it is easy to make it part of your everyday duties, but take it slow and hold people accountable to the standards you set.

Lastly, you can take some of the documentation to the next level through the use of technology. For example, we have temperature monitors in each of our back-of-the-house coolers that feed data to a website and we can monitor temperatures 24/7. If you think about it, how much time do you spend going from cooler to cooler 3 to 4 times a day just checking the temperature? It is nice to spend a couple of minutes during the day looking at a computer screen and checking all your temperatures. We have also set up the system to send pages and e-mails to our Chefs and Managers should something go wrong with the cooler. Wouldn't you like to know something may be going wrong before it becomes a food safety issue or you lose your product?

If you care about your business, your brand, and your personal reputation and have not made food safety a part of your business plan, now is the time to build it into your culture so that it is like riding a bicycle. You don't think about it, you just do it. If food safety is a priority to you, continue to challenge yourself to get better at what you do through innovation, technology, and networking. Once your employees see the "value" of doing something that may resemble "work" (like my son), they'll be motivated to do the job right, too!

Eric D. Martin, R.S. is the Director, Food Safety and Quality Assurance for Margaritaville Enterprises, LLC. Contact: emartin@margaritaville.com

(Two-Thirds of Americans Concerned about H1N1, But Most Don't Change Hygiene Habits - Continued from page 5)

The good news: Americans recognize that good hygiene is an effective line of defense against the H1N1 virus (previously known as Swine Flu).

The bad news: the awareness has not driven a change in how frequently people wash their hands or clean surfaces that they touch all the time, which are important, effective behaviors for avoiding the flu.

In a nationwide survey of 888 adults conducted on behalf of The Soap and Detergent Association (SDA - www.cleaning101.com), respondents were asked about their level of concern about the virus; how that concern has changed their hygiene habits; and whether they believed implementing steps such as good hygiene can help avoid the spread of H1N1 (the survey was conducted by Echo Research from August 6-9, 2009). Among the key survey findings:

- Nearly two-thirds of households surveyed (65%) expressed concern about H1N1 flu (women more than men: 72%, 57%, respectively).
- More than nine out of ten (93%) believe that steps such as good hygiene will help limit its spread.
- Only one-third of respondents said they changed their overall hygiene habits in response to the growing concerns about H1N1.

Health authorities, including the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO), say that the 2009 H1N1 influenza virus is the predominant influenza virus in circulation worldwide. Consequently, CDC states that H1N1 poses the potential to cause significant illness with associated hospitalizations and deaths during the U.S. influenza season.

"Simple but effective, everyday practices

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(Two-Thirds of Americans Concerned about H1N1, But Most Don't Change Hygiene Habits - Continued from page 6)

can help protect public health and guard against colds, flu and the H1N1 virus," said Nancy Bock, SDA Vice President of Education.

"We can combat H1N1 at home, in schools and the workplace if everyone does their part. Preventative health care is literally in our hands. Common sense hand hygiene and surface cleaning and disinfection practices will play an important role this year during the cold and flu season to help keep people healthy."

SDA recommends taking the following steps at home, work and school:

- Washing hands with soap for a minimum of 15-20 seconds routinely, particularly after coughing, sneezing, using the restroom and before eating meals.
- Having all family members carry a portable hand sanitizer product when access to soap and water is potentially inaccessible.
- Routinely cleaning and disinfecting home and office surfaces, including countertops, desks, keyboards, telephones and doorknobs and handles.

A total of 888 American adults (446 men and 442 women) were surveyed August 6-9, 2009, on behalf of SDA, by Echo Research. The survey has a margin of error of +/- 3.4 percent. A summary of the findings will be available at www.cleaning101.com/newsroom/surveys.

The Soap and Detergent Association (www.cleaning101.com), the Home of the U.S. Cleaning Products Industry™, is the non-profit trade association representing manufacturers of household, industrial, and institutional cleaning products; their ingredients; and finished packaging; and oleo-chemical producers. SDA members produce more than 90 percent of the cleaning products marketed in the U.S. The SDA is located at 1331 L Street, NW, Suite 650, Washington, DC 20005. Contact: Brian Sansoni; email at bsansoni@cleaning101.com