**Supplementary Table S1:** Health states for seven leading foodborne pathogens

|  |  |  |  |
| --- | --- | --- | --- |
| **Pathogen** | **Health state** | | |
| *Campylobacter* | Acute gastroenteritis | Mild, no medical care sought and recovered  Moderate, sought medical care and recovered  Severe, hospitalized and recovered  Death | |
|  | Guillain**-**Barrésyndrome | Hospitalized and recovered  Death | |
|  | Reactive arthritis | Mild, no medical care sought and recovered  Moderate, visited a doctor’s office and recovered | |
|  | Post-infectious irritable bowel syndrome | | |
| *Clostridium perfringens* | Acute gastroenteritis | Mild, no medical care sought and recovered  Moderate, sought medical care and recovered  Severe, hospitalized and recovered  Death | |
| *Escherichia coli* O157 | Acute gastroenteritis | Mild, no medical care sought and recovered  Moderate, sought medical care and recovered  Severe, hospitalized and recovered  Death | |
|  | Hemolytic uremic syndrome | Moderate, hospitalized and recovered  Severe, hospitalized and recovered  Death | |
|  | End-stage renal disease |  |
| *Listeria* *monocytogenes* | Listeriosis, pregnancy-associated | Abortion or stillbirth | |
| Meningitis | |
| Bacteremia | |
|  | Neonatal death | |
|  | Neurological disorders | |
| Listeriosis, not associated with pregnancy | Meningitis | |
| Bacteremia | |
| Death | |
| *Salmonella*, nontyphoidal | Acute gastroenteritis | Mild, no medical care sought and recovered  Moderate, sought medical care and recovered  Severe, hospitalized and recovered  Death | |
|  | Reactive arthritis | Mild, no medical care sought and recovered  Moderate, sought medical care and recovered | |
|  | Post-infectious irritable bowel syndrome | | |
| Norovirus | Acute gastroenteritis | Mild, no medical care sought and recovered  Moderate, sought medical care and recovered  Severe, hospitalized and recovered  Death | |
| *Toxoplamsa gondii* | Toxoplasmosis, *congenital* | Neonatal death | |
| Central nervous system abnormalities\*  Intracranial calcification† | |  |
|  | Hydrocephalus | |
|  |  | Chorioretinitis, onset soon after birth | |
|  |  | Chorioretinitis, onset later in life | |
|  | Toxoplasmosis, *acquired* | Mild, not hospitalized and recovered | |
| Severe, hospitalized and recovered | |
| Death | |
|  | Chorioretinitis | |

\*Central nervous system include psychomotor or other neurological deficiencies, convulsions, and mental retardation.

†Intracranial calcifications have been linked to seizures, intellectual disabilities, and motor and developmental delays.

**Supplementary Table S2– Data inputs for acute illness and sequelae by pathogen**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Campylobacter* spp.** |  |  |  |
| **Data inputs** | **Data source** | **Distribution** | **Parameters** |
| Acute gastroenteritis |  |  |  |
| Total number of illnesses | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 4, 0.0000047335 |
| Number of persons seeking medical care | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 3, 0.00001332 |
| Number of hospitalizations | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 6, 0.00070800 |
| Number of deaths | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 1, 0.01285 |
| Sequelae |  |  |  |
| Guillain-Barré syndrome (GBS): Rate per 100,000 *Campylobacter* cases | McCarthy and Giesecke (2001)[[2](#_ENREF_2)] Helms et al. (2006)[[3](#_ENREF_3)] Tam et al. (2006)[[4](#_ENREF_4)] Ternhag et al. (2008)[[5](#_ENREF_5)] | PERT\* | 15.0, 26.2, 37.5 |
| Reactive arthritis (ReA): Proportion of cases | Hannu et al.(2002)[[6](#_ENREF_6)] | PERT | 0.04, 0.07, 0.11 |
| Proportion of cases who sought medical care | Townes et al. (2008)[[7](#_ENREF_7)] | PERT | 0.22, 0.44, 0.66 |
| Post-infectious irritable bowel syndrome (PI-IBS): Proportion of cases | Haagsma et al. (2010)[[8](#_ENREF_8)] | Constant | 0.088 |

\*PERT (originally, Program Evaluation and Review Technique, referring to a project management tool) indicates the four-parameter beta family of probability distributions; here the scale parameter is fixed at 4.

***Clostridium perfringens***

|  |  |  |  |
| --- | --- | --- | --- |
| **Data inputs** | **Data source** | **Distribution** | **Parameters** |
| Acute gastroenteritis |  |  |  |
| Total number of illnesses | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 2, 0.00000207 |
| Proportion of cases seeking medical care | FoodNet Population Surveys | PERT | 0.19, 0.21, 0.23 |
| Number of hospitalizations | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 3, 0.00679 |
| Number of deaths | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 1, 0.036 |

***Escherichia coli* O157**

|  |  |  |  |
| --- | --- | --- | --- |
| **Data inputs** | **Data source** | **Distribution** | **Parameters** |
| Acute gastroenteritis |  |  |  |
| Total number of illnesses | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 2, 0.00003166 |
| Number of persons seeking medical care | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 15, 0.000776 |
| Number of hospitalizations | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 3, 0.0014 |
| Number of deaths | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 1, 0.047 |
| Sequelae |  |  |  |
| Hemolytic uremic syndrome (HUS): rate per 100,000 population | Gould et al. (2009)[[9](#_ENREF_9)] | PERT | 0.077, 0.086, 0.098 |
| Proportion of cases with moderate illness (defined as no in-hospital complications, did not require dialysis, did not have a poor outcome) | FoodNet HUS surveillance (unpublished) | Constant | 0.42 |
| End-stage renal disease (ESRD): Proportion of HUS patients who develop ESRD) | Garg et al. (2003) [[10](#_ENREF_10)] | PERT | 0.02,0.03,0.05 |

***Listeria*, pregnancy-associated**

|  |  |  |  |
| --- | --- | --- | --- |
| **Data inputs** | **Data source** | **Distribution** | **Parameters** |
| Acute illness |  |  |  |
| Total number of illnesses | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 4, 0.00251 |
| Proportion of cases that are pregnancy-associated | FoodNet surveillance (2005-2008) | PERT | 0.09, 0.15, 0.21 |
| Proportion of pregnancy-associated cases that do not include both a mother and a child | FoodNet surveillance (2005-2008) | PERT | 0.92, 0.96, 1 |
| Number of deaths | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 1, 0.0039 |
| Proportion of estimated deaths that are pregnancy-associated | FoodNet surveillance (2005-2008) | PERT | 0, 0.04, 0.09 |
| Stillbirth: Proportion of pregnancy-associated cases that resulted in stillbirth | Listeria Initiative (2005-2012) | PERT | 0.13, 0.20, 0.25 |
| Bacteremia: Proportion of live-born infants that developed bacteremia | Listeria Initiative (2005-2012) | PERT | 0.33, 0.47, 0.55 |
| Meningitis: Proportion of live-born infants that developed meningitis | Listeria Initiative (2005-2012) | PERT | 0.10, 0.21, 0.30 |
| Sequelae |  |  |  |
| Neurological disorders Proportion of infants that developed neurological disorders | Mylonakis et al. (2002)[[11](#_ENREF_11)] | PERT | 0.09, 0.13, 0.18 |

***Listeria*, not associated with pregnancy**

|  |  |  |  |
| --- | --- | --- | --- |
| **Data inputs** | **Data source** | **Distribution** | **Parameters** |
| Acute illness |  |  |  |
| Total number of illnesses caused by listeriosis | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 4, 0.00251 |
| Proportion of cases that are not associated with pregnancy | FoodNet surveillance (2005-2008) | PERT | 0.77, 0.86, 0.92 |
| Total number of deaths | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 1, 0.0039 |
| Proportion of deaths that were not associated with pregnancy | FoodNet surveillance (2005-2008) | PERT | 0.92, 0.98, 1 |
| Bacteremia: Proportion ofcases not associated with pregnancy that developed bacteremia | Listeria Initiative (2005-2012) | PERT | 0.76, 0.83, 0.85 |
| Meningitis: Proportion ofcases not associated with pregnancy that developed meningitis | Listeria Initiative (2005-2012) | PERT | 0.13, 0.15, 0.18 |

**Norovirus**

|  |  |  |  |
| --- | --- | --- | --- |
| **Data inputs** | **Data source** | **Distribution** | **Parameters** |
| Acute gastroenteritis |  |  |  |
| Total number of illnesses | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 12, 0.0000022 |
| Number of persons seeking medical care |  |  |  |
| Outpatient visits (rate per 100,000) | Gastanaduy et al. 2013[[12](#_ENREF_12)] | PERT | 40, 57.2, 74.4 |
| Emergency room visits (rate per 100,000) | Gastanaduy et al. 2013[[12](#_ENREF_12)] | PERT | 8, 13.5, 18.9 |
| Number of hospitalizations | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 3, 0.000204 |
| Number of deaths | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 3, 0.0195 |

***Salmonella*, nontyphoidal**

|  |  |  |  |
| --- | --- | --- | --- |
| **Data inputs** | **Data source** | **Distribution** | **Parameters** |
| Acute gastroenteritis |  |  |  |
| Total number of illnesses | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 11, 0.00001070485 |
| Number of persons seeking medical care | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 22, 0.000088244 |
| Number of hospitalizations | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 4, 0.0002069 |
| Number of deaths | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 1, 0.00264 |
| Sequelae |  |  |  |
| Reactive arthritis: Proportion of  *Salmonealla* cases who visited a doctor’s office | Raybourne et al.(2003)[[13](#_ENREF_13)] | PERT | 0.04, 0.08, 0.12 |
| Proportion of ReA cases who sought medical care | Townes et al. (2008)[[7](#_ENREF_7)] | PERT | 0.22, 0.44, 0.66 |
| Post-infectious irritable bowel syndrome: Proportion of  *Salmonella* cases | Haagsma et al. (2010)[[8](#_ENREF_8)] | Constant | 0.088 |

***Toxoplasma gondii, acquired***

|  |  |  |  |
| --- | --- | --- | --- |
| **Data inputs** | **Data source** | **Distribution** | **Parameters** |
| Acute illness |  |  |  |
| Total number of illnesses | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 37, 0.0004266 |
| Number of hospitalizations | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 13, 0.0293 |
| Number of deaths | Scallan et al. (2011)[[1](#_ENREF_1)] | Negative binomial | 15, 0.043782639 |
| Sequelae |  |  |  |
| Chorioretinitis: Proportion of cases | Bowie et al. (1997)[[14](#_ENREF_14)] | Uniform | 0.0026, 0.0026 |

***Toxoplasma gondii,* congenital**

|  |  |  |  |
| --- | --- | --- | --- |
| **Data inputs** | **Data source** | **Distribution** | **Parameters** |
| Acute illness |  |  |  |
| Total number of illnesses | Jones et al. (2001) [[15](#_ENREF_15)] | Uniform | 400-4,000 |
| Proportion foodborne | Scallan et al. (2011)[[1](#_ENREF_1)] | PERT | 0.40, 0.50, 0.60 |
| Number of deaths: Proportion of neonatal cases who died | Havelaar et al. (2007)[[16](#_ENREF_16)] | PERT | 0.004, 0.007, 0.012 |
| Sequelae |  |  |  |
| Chorioretinitis: Proportion of cases with onset of chorioretinits soon after birth | Havelaar et al. (2007)[[16](#_ENREF_16)] | PERT | 0.12, 0.13, 0.15 |
| Chorioretinitis: Proportion of cases with onset of chorioretinits later in life | Havelaar et al. (2007)[[16](#_ENREF_16)] | PERT | 0.01, 0.02, 0.03 |
| Central nervous system (CNS) abnormalities: Proportion of cases with CNS\* | Havelaar et al. (2007)[[16](#_ENREF_16)] | PERT | 0.01, 0.03, 0.06 |
| Intracranial calcification (IC): Proportion of cases with IC† | Havelaar et al. (2007)[[16](#_ENREF_16)] | PERT | 0.08, 0.11, 0.12 |
| Hydrocephalus: Proportion of cases with hydrocephalus | Havelaar et al. (2007)[[16](#_ENREF_16)] | PERT | 0.01, 0.02, 0.03 |

\*CNS abnormalities include psychomotor or other neurological deficiencies, convulsions, and mental retardation.

†IC has been linked seizures, intellectual disabilities, and motor and developmental delays.

**Supplementary Table S3:** Number and percentage ofpersons who died with *Campylobacter*, *Escherichia coli* O157, *Listeria* *monocytogenes*, nontyphoidal *Salmonella*, *Clostridium perfringens*, *E. coli* O157-associated HUS, norovirus, and *Toxoplasma gondii* infection, by age group*\**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age group** | **Life expectancy** | **FoodNet Surveillance Data (1996-2007)** | | | | | | | | ***Clostridium perfringens*** | | ***E. coli* O157-associated HUS** | | **Norovirus** | | ***Toxoplasma* (acquired)** | |
|  |  | ***Campylobacter*** | | ***E. coli* O157** | | ***Listeria* (not pregnancy-associated)** | | ***Salmonella,* nontyphoidal** | |
| **(years)** | **(years)** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** | **N** | **%** |
| <1 | 77.7 | 0 | 0% | 1 | 2% | 8 | 3% | 14 | 3% | 0 | 0% | 1 | 4% | 14 | 2% | 3 | 0% |
| 1-4 | 75.8 | 5 | 5% | 14 | 26% | 2 | 1% | 10 | 2% | 0 | 0% | 11 | 44% | 14 | 2% | 1 | 0% |
| 5-9 | 71.8 | 7 | 7% | 2 | 4% | 0 | 0% | 2 | 0% | 0 | 0% | 2 | 8% | 4 | 1% | 1 | 0% |
| 10-14 | 66.9 | 1 | 1% | 1 | 2% | 0 | 0% | 3 | 1% | 0 | 0% | 1 | 4% | 4 | 1% | 7 | 1% |
| 15-19 | 62.0 | 2 | 2% | 0 | 0% | 0 | 0% | 2 | 0% | 0 | 0% | 0 | 0% | 4 | 1% | 5 | 0% |
| 20-24 | 57.2 | 2 | 2% | 0 | 0% | 1 | 0% | 3 | 1% | 0 | 0% | 0 | 0% | 4 | 1% | 21 | 2% |
| 25-29 | 52.5 | 3 | 3% | 0 | 0% | 1 | 0% | 3 | 1% | 0 | 0% | 0 | 0% | 4 | 1% | 76 | 7% |
| 30-34 | 47.7 | 4 | 4% | 0 | 0% | 3 | 1% | 8 | 2% | 1 | 13% | 0 | 0% | 4 | 1% | 139 | 13% |
| 35-39 | 43.0 | 4 | 4% | 0 | 0% | 4 | 1% | 8 | 2% | 1 | 13% | 0 | 0% | 4 | 1% | 196 | 19% |
| 40-44 | 38.4 | 3 | 3% | 0 | 0% | 9 | 3% | 19 | 4% | 2 | 25% | 0 | 0% | 4 | 1% | 178 | 17% |
| 45-49 | 33.8 | 2 | 2% | 0 | 0% | 10 | 3% | 28 | 6% | 1 | 13% | 0 | 0% | 4 | 1% | 147 | 14% |
| 50-54 | 29.4 | 4 | 4% | 0 | 0% | 8 | 3% | 30 | 7% | 0 | 0% | 0 | 0% | 4 | 1% | 97 | 9% |
| 55-59 | 24.4 | 11 | 11% | 1 | 2% | 23 | 7% | 27 | 6% | 2 | 25% | 0 | 0% | 4 | 1% | 66 | 6% |
| 60-64 | 21.2 | 9 | 9% | 3 | 6% | 20 | 6% | 27 | 6% | 1 | 13% | 1 | 4% | 4 | 1% | 32 | 3% |
| 65-69 | 17.4 | 5 | 5% | 4 | 7% | 28 | 9% | 43 | 10% | 0 | 0% | 1 | 4% | 144 | 18% | 28 | 3% |
| 70-74 | 16.7 | 6 | 6% | 5 | 9% | 46 | 15% | 50 | 12% | 0 | 0% | 0 | 0% | 144 | 18% | 18 | 2% |
| 75-79 | 10.7 | 13 | 13% | 13 | 24% | 49 | 16% | 39 | 9% | 0 | 0% | 3 | 12% | 144 | 18% | 20 | 2% |
| 80-84 | 8.0 | 7 | 7% | 3 | 6% | 45 | 15% | 55 | 13% | 0 | 0% | 2 | 8% | 144 | 18% | 12 | 1% |
| 85+ | 5.8 | 12 | 12% | 7 | 13% | 52 | 17% | 63 | 15% | 0 | 0% | 3 | 12% | 144 | 18% | 5 | 0% |

\*Age group-specific life expectancies were obtained from the 2006 US life tables for ages 0-99 years [[17](#_ENREF_17)]. Age distributions at death for persons with *Campylobacter*, *E. coli* O157, *Listeria,* and nontyphoidal *Salmonella* infections were obtained from CDC’s Foodborne Diseases Active Surveillance Network (FoodNet) from 1996-2012 [www.cdc.gov/FoodNet](http://www.cdc.gov/FoodNet). Data for *E. coli* O157-associated HUS were obtained from FoodNet from 2000-2012. Age distributions at death for persons with toxoplasmosis were obtained from the annual Multiple Cause of Death data from US death certificates from 1999-2010 (ICD-10 codes B58.0-B58.9)[[18](#_ENREF_18)]. Age distributions at death for persons withnorovirus infection were estimated based on a published study [[19](#_ENREF_19)]. Age distributions at death for persons with *C. perfringens* infection were obtained from a published case series and outbreak reports [[20-22](#_ENREF_20)].

**Supplementary Table S4:** Disability weights for each health state for seven leading foodborne pathogens

|  |  |  |
| --- | --- | --- |
| **Health state** | **Disability weight\*** | **Duration**  **(years)** |
| Acute gastroenteritis† |  |  |
| Mild, no medical care sought and recovered | 0.000[[23](#_ENREF_23)] | N/A |
| Moderate, sought medical care and recovered | 0.015[[23](#_ENREF_23)] | N/A |
| Severe, hospitalized, recovered | 0.041[[23](#_ENREF_23)] | N/A |
| Toxoplasmosis |  |  |
| Central nervous system abnormalities‡ | 0.360[[16](#_ENREF_16)] | 78 |
| Chorioretinitis | 0.17[[16](#_ENREF_16)] | 78/69/40& |
| Hydrocephalus | 0.360[[16](#_ENREF_16)] | 78 |
| Intracranial calcifications‡‡ | 0.01[[16](#_ENREF_16)] | 78 |
| Mild, not hospitalized, recovered∞ | 0.000[[23](#_ENREF_23)] | N/A |
| Severe, hospitalized, recovered∞ | 0.041 | N/A |
| Death (including abortion and stillbirth) | 1.00 | Varies |
| Guillain-Barré syndrome, hospitalized and recoveredα | 0.245[[23](#_ENREF_23)] | N/A |
| Hemolytic uremic syndrome |  |  |
| Moderate, hospitalized, recovered\*\* | 0.056[[23](#_ENREF_23)] | N/A |
| Severe, hospitalized, recovered | 0.110[[23](#_ENREF_23)] | N/A |
| End-stage renal disease | 0.328[[23](#_ENREF_23)] | 49 |
| Irritable bowel syndrome | 0.042[[8](#_ENREF_8)] | 5[[24](#_ENREF_24)] |
| Listeriosis |  |  |
| Meningitis | 0.31[[25](#_ENREF_25)] | 1 |
| Bacteremia | 0.041[[26](#_ENREF_26)] | 1 |
| Neurological disorder | 0.250[[25](#_ENREF_25)] | 78 |
| Reactive arthritis¥ |  |  |
| Mild, no medical care sought, recovered | 0.023[[23](#_ENREF_23)] | N/A |
| Moderate, visited a doctor’s office, recovered | 0.115[[23](#_ENREF_23)] | N/A |

**\***All disability weights were based on a single data point.

†For mild, moderate, and severe acute gastroenteritis, we used disability weights for ‘Gastroenteritis, mild, 1 and 5 days’, ‘Gastroenteritis, moderate, 10 days’, and ‘Gastroenteritis, severe, 14 days’, respectively, derived from Haagsma et al. [[23](#_ENREF_23)] generated using an annual profile method and applying relevance criterion to mild gastroenteritis of 1 and 5 days. That is, mild gastroenteritis was assigned a zero disability weight because more than 50% of the population panel was unwilling to trade-off time in order to be restored to full health.

N/ANot applicable because disability weights were generated using annual profile method [[23](#_ENREF_23)].

&Life expectancy at disease onset for congenital cases with onset soon after birth, congenital cases with onset later in life, and acquired cases. The latter two numbers are from Havelaar et al. [[26](#_ENREF_26)].

‡Central nervous system abnormalities include psychomotor or other neurological deficiencies, convulsions, and mental retardation.

‡‡Intracranial calcifications have been linked to seizures, intellectual disabilities, and motor and developmental delays.

∞No disability weight was available for mild or severe acquired toxoplasmosis; therefore, we used mild and severe gastroenteritis as a proxy.

αFor Guillain-Barré syndrome, we used the average disability weight for Guillain-Barré syndrome, F1-F5, whole year from Haagsma *et al*. (2008) [[23](#_ENREF_23)].

\*\*Among patients with HUS, we defined moderate HUS as no in-hospital neurologic, respiratory, or surgical complications, did not require dialysis, and did not have a poor outcome based on unpublished data from the Foodborne Diseases Active Surveillance Network (R Mody, personal communication).

¥For mild and moderate reactive arthritis, we used the average disability weights for ‘Reactive arthritis. mild, 1 and 6 weeks’ and ‘Moderate, 6 months’ from Haagsma *et al*. (2008) [[23](#_ENREF_23)].

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