


Lincoln County
Procedure for Investigating Foodborne Illness & Food-Related
Injury

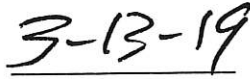
March 2019

APPROVAL AND IMPLEMENTATION
LCHD Foodborne Illness & Food-Related Injury

This document is hereby approved for implementation and supersedes all previous editions.



Signature
Dr. Brad Black, MD
Health Officer



Date



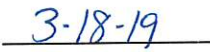
Signature
Janet Ivers, Chair
Board of Health



Date



Signature
Kathi Hooper, Director
Health Department



Date

Record of Changes

Date	Revisions Made	Approved by:	Distribution Date
06/2018	Development		
03/2019	Revised typos		

Introduction

A foodborne outbreak is the occurrence of two or more cases of a similar illness resulting from the ingestion of a common food. An outbreak may also result from ingestion of foods from a common source, such as a restaurant, where multiple foods were contaminated by an ill food worker or a contaminated surface, or when an establishment receives food that was previously contaminated somewhere along the farm-to-fork chain.

Purpose

1. Identify the cause of the outbreak to prevent additional cases of illness.
2. Develop interventions to prevent similar outbreaks from occurring in the future.
3. Improve our understanding of foodborne diseases by identifying the contributing factors and antecedents that cause individual outbreaks.

Notification

Detection and subsequent notification of outbreaks can occur in a variety of ways including:

1. **Notification by the Public (by Ill Patrons)**
 - a. Single complaints of suspected foodborne illness are monitored to look for common factors such as food establishment, onset, food product, or demographics that may be indicative of an outbreak. For example, in one day 15 alerts may be received that all mention dining at Restaurant X or consumption of refried beans, or were from unrelated individuals who all resided in the same town.
 - b. **Multiple Illnesses** - Notification of an outbreak may be received from attendees of a party, special event, or other large gathering who become ill and report the occurrence to the local or state health department.
2. **Routine Surveillance** The state or local health department (LHD) receives confirmed laboratory results for a reportable foodborne disease. These results include notification of local or multi-state outbreaks based on common Pulsed Field Gel Electrophoresis (PFGE) results or other factors.
3. **Notification by a Health Care Worker** A physician, nurse, facility director or other health care practitioner reports a suspected outbreak by phone to the state/local health department, based on the number of patients reporting who have similar symptoms, exposure, etc.

The foodborne outreach investigation team consists of:

- Health Officer
- Health Department Director
- Sanitarian
- Communicable Disease Coordinator

Roles and Responsibilities

- The **Health Officer** will stay abreast of the investigation and ensure that resources are available for the prompt and effective conduct of the investigation and communication of

the results. The Health Officer will assist in communications within and outside of the department, as necessary.

- The **Health Department Director** will guide and assist department employees in the conduct of their duties, and collaborate with team members for the coordinated conduct of the investigation, obtaining background medical information relevant to the investigation, obtaining clinical specimens, evaluating the cause of the outbreak, and assisting with hypothesis generation and the subsequent hypothesis evaluation.
- The **Communicable Disease Coordinator** will collaborate with team members for the coordinated conduct of the investigation, evaluate the cause of the outbreak, investigate the disease cases and assist with hypothesis generation and the subsequent hypothesis evaluation. The communicable disease coordinator will conduct foodborne disease surveillance; characterize the outbreak; develop hypothesis; conduct special studies and analyses that identify risk factors such as implicated food items; and interview cases.
- The **Sanitarian** will assist with the inspection of food service facilities and process and evaluate possible causes of the foodborne illness outbreak, obtain relevant specimens for testing, determine appropriate interventions, monitor results of those interventions, and compile epidemiological information on the outbreak. The sanitarian also conducts environmental investigation that may include interviewing food workers; referring food worker for collection of stool specimens; collecting food and environmental samples for laboratory analysis; conducting food preparation reviews (food flows); identifying contributing factors (contamination, proliferation, and survival) and antecedents; implementing and monitoring long and short-term controls

Communication

During a foodborne illness outbreak investigation, the investigation team will meet frequently, either formally or informally, to keep collectively updated on the progress of the investigation. The team will designate one of its own members to update other employees of the Health Department, the Board of Health and the Commissioners about the investigation's progress.

If the investigation indicates foodborne illness or poisoning developed from a food establishment (not licensed as a retail food establishment), the state or federal agency governing the establishment will be notified by the health officer.

The health officer, or designee, will contact appropriate representatives from DPHHS regarding the progress of the investigation. Other team members will assist with this communication, as needed.

The health officer, or designee, will communicate with the general public and the media regarding the progress of the investigation. Other team members will assist with this communication, as needed.

Procedure

1. After the notification is made to the Health Department the person receiving the complaint (whether sanitarian or communicable disease coordinator) will follow-up and share with the appropriate team members.
2. The sanitarian and/or the communicable disease coordinator will determine whether to trigger a foodborne illness outbreak investigation if two or more people who have ingested a common food and have similar disease, similar symptoms or excrete the same pathogens.
3. If an outbreak does not appear to have manifested, based upon the investigation and information provided, the complaint will be considered isolated and closed. However, a case history will be completed in the event the information becomes relevant in the future.
4. When the decision is made to trigger a foodborne illness outbreak investigation, the initiating team member will determine when formal and informal meetings of the investigation team are necessary.
5. The Communicable Disease Coordinator and the sanitarian will:
 - a. Obtain an itemized list of people and phone numbers exposed to the suspect meal, ill and well contacts alike. This may include an attendance list, credit card receipts, or roster of clientele. These individuals, also, will be contacted and interviewed in order to complete case histories.
 - b. Obtain a complete menu, including side dishes, desserts and beverages of the suspect meal to assist in more accurate interviewing of people exposed.
 - c. Findings as the investigation progresses will be reported to team.
 - d. All food from the suspect meal(s) will be entered into the Food Attack rate table and data will be compiled for each food regarding the number of ill and well people who ate the food, as well as the numbers of ill and well people who did not eat the food. Using these tables, calculations will be made to indicate the specific attack rates and exposures.
 - e. The hypotheses for a possible pathogen and the implicated food will be formed.
6. The Sanitarian will conduct a thorough inspection of the establishment and interview all food service personnel regarding food sources, food preparation techniques, storage and display, and transportation procedures used at the time of the suspect meal.
7. The team will decide which collected food samples will be forwarded to the Montana Public Health Laboratory for testing (All samples must be submitted to the Montana Public Health Laboratory. The laboratory will then determine if other laboratory support is required).
 - a. Use the correct kit for specimen collection and delivery.
 - b. Follow procedures for food collection and handling, and human sample collection handling. The procedures are in the foodborne illness outbreak kit.
 - c. Contact the Montana Public Health Laboratory (DPHHS) for proper procedures regarding transportation of specimens to the lab (phone number 406-444-3444).
8. The Communicable Disease Coordinator is responsible for creating a final report of the foodborne illness outbreak investigation for submission to DPHHS. The team will complete

CDC Form 52.13 to summarize the foodborne illness outbreak investigation results. Team members will compile a cover letter describing any components of the investigation that were not adequately summarized in CDC Form 52.12. This cover letter, along with CDC Form 52.13, will be submitted to DPHHS as a final report of the investigation.

9. The Communicable Disease Coordinator will contact hospitals, clinics, local physicians, etc., to notify the medical community of a possible foodborne illness outbreak and to request assistance in obtaining fecal, vomitus, blood, and other related samples prior to administration of antibiotics.
10. Control measures will be implemented. The Department will need to educate all clients about the disease process, emphasizing hygiene, particularly proper hand-washing techniques.

