

Toolkit Overview



I. Description and goals of the CIFOR Guidelines

The *CIFOR Guidelines for Foodborne Disease Outbreak Response*, originally published in 2009 and revised in 2014, was developed to help local and state public health, environmental health, and food regulatory agencies and laboratories improve their foodborne disease outbreak response activities and harmonize foodborne disease investigation work across the United States.

The *Guidelines* was developed by an interdisciplinary workgroup from around the country with expertise in epidemiology, environmental health, food regulation, and laboratory sciences. The workgroup included representatives from the local, state, and federal level and academia.

The *CIFOR Guidelines* describes the major functions that should occur before, during, and after a foodborne disease outbreak including planning and preparation, disease surveillance and outbreak detection, investigation of clusters and outbreaks, and control measures. It provides useful background information on these functions and the rationale for various activities. The *Guidelines* also describes a range of practices, applicable to the investigation of and response to food-related emergencies of local, state, and national significance, from which agencies and jurisdictions might choose to improve their foodborne disease surveillance and outbreak response performance.

Appropriate and effective foodborne disease outbreak response activities for a particular agency or jurisdiction depend on a host of factors including staff expertise, organizational structure, and resources as well as the unique circumstances of each outbreak. Given the volume and diversity of recommendations included in the *CIFOR Guidelines*, selecting the most appropriate or feasible practices to implement in an agency or jurisdiction could be challenging; thus, the *CIFOR Guidelines Toolkit* has been created.

II. Goals of the CIFOR Guidelines Toolkit

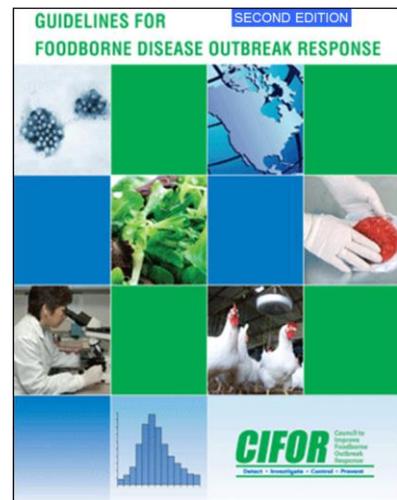
The goals of the *CIFOR Guidelines Toolkit* are to help public health, environmental health, and food regulatory agencies and laboratories

- Better understand current foodborne disease outbreak response activities in their agency/jurisdiction,
- Become more familiar with the *CIFOR Guidelines* and recommended practices,
- Identify specific *CIFOR* recommendations and activities that will improve the agency's/jurisdiction's performance during future foodborne disease outbreak responses, and
- Make plans to implement those activities.

III. Target audience

The *CIFOR Guidelines Toolkit* has been developed for staff in local and state public health, environmental health, and food regulatory agencies and laboratories with expertise and experience in foodborne disease outbreak response and knowledge of their agency/jurisdiction, its activities, and its resources.

Ideally, the Toolkit will be used by an interdisciplinary workgroup within a jurisdiction with knowledge and practical experience in epidemiology, environmental health, food regulation, laboratory science, and communication (i.e., the team that works together to investigate, control, and prevent foodborne disease outbreaks in the jurisdiction). Use of the Toolkit by these teams will provide a broader context for



assessing a jurisdiction's current foodborne disease outbreak response and potential areas for improvement, especially with respect to cross-agency/cross-discipline activities.

In addition, use of the Toolkit with these teams will allow participants to become more familiar with the roles and responsibilities of each team member, facilitate communication, and engender team-building in the process. Knowing each other and understanding each other's roles prior to an emergency event is critical to rapid implementation of an outbreak response and effective control measures.

Although the interdisciplinary workgroup is the ideal target audience, the Toolkit can also be used by individuals from a single program, agency, or discipline, or even a single individual within an agency who acts as a "champion" for the cause. Because outbreak response is a team effort, however, it should be recognized that use in this manner will be more limited in scope and might best be viewed as the initial step for a more inclusive process that involves others at a later time.

IV. Approach

The Toolkit has been developed to guide workgroups through the identification and implementation of recommendations in the CIFOR *Guidelines* that are appropriate for their program/agency/jurisdiction. It promotes a simple process in which users prioritize areas of outbreak response (called Focus Areas) that are most important to their program/agency/jurisdiction and then systematically undertake three steps for each prioritized Focus Area:

1. Describe current activities and procedures in the Focus Area and identify those in need of improvement.
2. Prioritize CIFOR recommendations to address needed improvements.
3. Make plans to implement prioritized CIFOR recommendations.

This approach will allow workgroups to focus their efforts and identify changes to improve foodborne disease outbreak response that are most appropriate to their program/agency/jurisdiction and are an effective use of limited resources.

V. Overlap with other national initiatives

Several other initiatives address foodborne outbreak response capacity development or improvement of program quality and performance at local and state public health, environmental health, and food regulatory agencies and laboratories. Most of these initiatives provide standards (i.e., goals) toward which participating agencies work without specifying activities required to meet the goals.

The CIFOR *Guidelines* offers concrete ways to achieve compliance with many of the standards in these other initiatives (with respect to foodborne diseases and many other infectious diseases) and should be considered a resource by agencies involved in these other initiatives. For example, the FDA Retail Food Regulatory Program Standard 5 requires that participating programs maintain logs or databases for all complaints or referral reports on food-related illness, food-related injury, or intentional food contamination. The CIFOR *Guidelines* describes the key determinants of successful complaint systems and model practices related to these systems and, therefore, can be used to formulate steps to achieve that particular requirement.

VI. Toolkit materials

The CIFOR Toolkit includes the following materials:

- Instructions describing the Toolkit process;

- Worksheets that help users get started with the process, identify areas in need of improvement, and support the examination of CIFOR recommendations specific to the program's/agency's/jurisdiction's needs;
- A list of tips for persons who facilitate or lead the process;
- Sample worksheet pages completed by a local health department to demonstrate how to complete the worksheets; and
- A participant evaluation form to provide feedback on the process.

Electronic versions of all toolkit materials are available at the CIFOR website at www.CIFOR.us. Users can modify any of these materials to meet their particular needs.

VII. Use of the Toolkit

As previously mentioned, ideally the Toolkit will be used by an interdisciplinary workgroup in a jurisdiction, brought together specifically for this task. However, the Toolkit can be used in other ways. For example, the Toolkit might be used as part of the after-action review of an outbreak response. This setting is good in that problems related to outbreak response will be fresh in the minds of participants and motivation will be high to make changes to improve future response. The Toolkit can also be used as an adjunct to meetings arranged for other purposes (e.g., annual statewide public health meetings, Epi-Ready trainings, or gatherings of particular professional groups) or for capacity development efforts (e.g., FDA Retail Food and Manufactured Food Regulatory Program Standards).

VIII. Contacts for Toolkit

The CIFOR Toolkit was developed by the CIFOR Toolkit Workgroup. The developmental process was supported by staff and consultants from the Council of State and Territorial Epidemiologists and was funded by Cooperative Agreement Number 5U38OT000143-02 with the Centers for Disease Control and Prevention (CDC). The CIFOR Toolkit and its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

For more information about the CIFOR Toolkit or developmental process, please contact:

Dhara Patel, MPH
Senior Research Analyst
Council of State and Territorial Epidemiologists
2872 Woodcock Blvd., Suite 250
Atlanta, GA 30341
(770) 458 - 3811
dpatel@cste.org