

# Focus Area 6 Worksheet:

## Initial Steps

## FOCUS AREA 6: INITIAL STEPS

Complete this worksheet if “Initial Steps” is a high priority Focus Area for efforts to improve foodborne disease outbreak response in your agency/jurisdiction. (NOTE: The term “agency/jurisdiction” refers to the entity for which your workgroup is making decisions. See your completed “Document D: Preliminaries” worksheet for a definition.)

List the individuals participating in the discussion of this Focus Area (and their affiliations).

To help you understand what is included in this Focus Area, review the following goals and keys to success.

### GOALS FOR INITIAL STEPS:

Agency/jurisdiction determines the likely occurrence of a foodborne outbreak based on case reports and characterizes the nature of the outbreak so that necessary resources can be mobilized and appropriate actions can be initiated.

### KEYS TO SUCCESS FOR INITIAL STEPS:

“Keys to success” are activities, relationships, and resources that are critical to achieving success in a Focus Area. Determining whether an agency/jurisdiction has a particular key to success in place is somewhat subjective. Metrics, such as measures of time (e.g., rapidly, timely, and quickly), have not been defined. Your workgroup should provide its own definitions for these terms, as is appropriate for your agency/jurisdiction, and use its best judgment in deciding whether a particular key to success is fully or partially in place.

#### Initial steps

- Agency/jurisdiction has processes for the response to a possible outbreak including who is to be notified and/or involved in the investigation and specific actions. Processes are written and easily accessible by staff.
- Agency/jurisdiction has established criteria for determining the scale of the response to a possible foodborne outbreak based on the likely pathogen, number of cases, distribution of cases, hypothesized source, and agencies likely to be involved.
- Staff can prioritize the response to a possible outbreak based on agency/jurisdiction criteria and know what outbreak circumstances require an immediate response, a more moderate response, or no response at all.
- Staff have access to historical trends or other data to determine whether case counts exceed the expected number for a particular period and population.
- Staff develop hypotheses about the source of an outbreak early in the investigation to guide investigation steps.

#### Requests for assistance

- Local agencies notify state agencies as soon as an outbreak is suspected.
- Agency/jurisdiction asks for help as soon as the need is recognized.

#### Making changes

- Agency/jurisdiction conducts a debriefing among investigators following each outbreak response and refines outbreak response protocols based on lessons learned.
- Agency/jurisdiction has performance indicators related to the initial steps of an outbreak investigation and routinely evaluates its performance in this Focus Area.



## 2. PRIORITIZE CIFOR RECOMMENDATIONS TO ADDRESS NEEDED IMPROVEMENTS.

Having identified activities and procedures in need of improvement, review the CIFOR recommendations related to this Focus Area (listed below). Rate the priority for implementing each recommendation based on its likely impact on foodborne outbreak response at your agency/jurisdiction and available resources. Use a scale of 1 to 5 to rate each recommendation (1=Low priority for implementation and 5=High priority for implementation). If a recommendation is already in place in your agency/jurisdiction, check the appropriate box. If a recommendation is not relevant to your agency/jurisdiction, select N/A. **Refer to the blue underlined section number following each recommendation to view the recommendation as it appears in the CIFOR Guidelines.**

	Already in place	Priority for Implementation or Improvement in Your Agency/Jurisdiction					N/A
		LOW				HIGH	
<b>Initial steps</b>							
Determine whether reported illnesses or cases are suggestive of an outbreak. Indicators include							
<ul style="list-style-type: none"> <li>Multiple cases with a shared exposure and incubation period and symptoms consistent with illness resulting from the exposure (<a href="#">5.2.1.1</a>);</li> <li>Confirmed cases clearly in excess of the expected number; or</li> <li>Demographic features or known exposures among cases suggestive of a common source. (<a href="#">5.2.1.2</a>)</li> </ul>	<input type="checkbox"/>	1	2	3	4	5	N/A
Examine subsets of cases using specific agent classifications (e.g., subtyping results) or certain time, place, or person characteristics to identify outbreaks among more common pathogens. ( <a href="#">4.2.9.2</a> )	<input type="checkbox"/>	1	2	3	4	5	N/A
Alert the outbreak response team leader as soon as a potential outbreak is suspected. ( <a href="#">5.2.2.1</a> )	<input type="checkbox"/>	1	2	3	4	5	N/A
To help assess the priority of investigating an outbreak and likely resources needed, review the descriptive features of the outbreak and relevant background information about the etiologic agent, establishment, or event. ( <a href="#">5.2.2.2</a> )	<input type="checkbox"/>	1	2	3	4	5	N/A
Prioritize investigations, giving highest priority to outbreaks that							
<ul style="list-style-type: none"> <li>Are caused by a severe or life-threatening illness.</li> <li>Affect populations at high risk for complications of the illness.</li> <li>Affect a large number of persons.</li> <li>May be associated with a food-service establishment in which ill food workers are a continuing source of infection.</li> <li>May be associated with an adulterated food product in commercial distribution that is still being consumed. (<a href="#">5.2.2.2</a>)</li> </ul>	<input type="checkbox"/>	1	2	3	4	5	N/A
When an investigation is deemed appropriate, assemble and brief the outbreak response team on the outbreak, team members, and their individual roles in the investigation. ( <a href="#">5.2.2.3</a> )	<input type="checkbox"/>	1	2	3	4	5	N/A
Assess the availability of appropriate staff to conduct the investigation. ( <a href="#">5.2.2.3</a> )	<input type="checkbox"/>	1	2	3	4	5	N/A
If staff with the needed skills are not available, request external assistance. ( <a href="#">5.2.2.3</a> ) (See below.)	<input type="checkbox"/>	1	2	3	4	5	N/A

	Already in place	Priority for Implementation or Improvement in Your Agency/Jurisdiction					
		LOW			HIGH		
<b>Initial steps</b> (cont'd)							
Consider indicators suggestive of a multijurisdictional outbreak and respond accordingly. (7.2) (Table 7.3)	<input type="checkbox"/>	1	2	3	4	5	N/A
If an agency/jurisdiction has decided to apply the incident command system (ICS) to its foodborne disease outbreak response, activate the ICS as early as possible in the response to an outbreak. (3.10.3)	<input type="checkbox"/>	1	2	3	4	5	N/A
If a person who claims to have tampered with food contacts an agency, or in any outbreak in which intentional contamination is suspected, notify law enforcement officials and assess the credibility of the threat. (3.10.3)	<input type="checkbox"/>	1	2	3	4	5	N/A
Establish the goals and objectives for the investigation early in the investigation. (5.2.3)	<input type="checkbox"/>	1	2	3	4	5	N/A
Generate hypotheses about the potential source of an outbreak during the earliest stages of the investigation and refine hypothesis as more information becomes available. Key steps include <ul style="list-style-type: none"> <li>Review identified risk factors and exposures for the disease;</li> <li>Examine the descriptive epidemiology of cases to identify person, place, or time characteristics that might suggest an exposure; and</li> <li>Interview in detail affected persons to identify unusual exposures or commonalities among cases. (5.1.2.4)</li> </ul>	<input type="checkbox"/>	1	2	3	4	5	N/A
Interview patients associated with the outbreak as soon as possible because recall will be better and cases will be more motivated to share information closer to the time of their illness. (4.2.9.3.1) (4.2.10.3)	<input type="checkbox"/>	1	2	3	4	5	N/A
For group illnesses associated with an event or establishment, obtain clinical specimens from ill members for laboratory testing as soon as possible. (4.3.9.4) (4.3.9.5)	<input type="checkbox"/>	1	2	3	4	5	N/A
While awaiting confirmation of the etiologic agent, use signs/symptoms, incubation period, illness duration, and suspect food to provide clues about the agent and better focus investigation activities. (2.4.3.2)	<input type="checkbox"/>	1	2	3	4	5	N/A
For group illnesses associated with an event or establishment, collect food samples and store, but do not test them until implicated through epidemiologic or environmental investigations. (4.3.9.4)	<input type="checkbox"/>	1	2	3	4	5	N/A

Additional ideas:

### Requests for assistance

Request assistance in the response to an outbreak as soon as the need is recognized. (3.9.1) (5.2.2.3) Request external assistance if the <ul style="list-style-type: none"> <li>Scale or complexity of outbreak will overwhelm agency resources;</li> <li>Outbreak is likely to affect multiple counties, states, or countries;</li> <li>Investigation points to a commercially distributed product;</li> <li>Nature of the response is beyond experience of agency staff;</li> <li>Specific technical support (e.g., laboratory testing) is needed. (3.9.2)</li> </ul>	<input type="checkbox"/>	1	2	3	4	5	N/A
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	Already in place	Priority for Implementation or Improvement in Your Agency/Jurisdiction					
		LOW			HIGH		
		1	2	3	4	5	N/A
<b>Requests for assistance</b> (cont'd)							
At the local level, call the State Epidemiologist (or his/her surrogate) to request external assistance. ( <a href="#">3.9.3</a> )	<input type="checkbox"/>	1	2	3	4	5	N/A
At the state level, call the most appropriate office at CDC or the CDC emergency response number to request external assistance. ( <a href="#">3.9.3</a> )	<input type="checkbox"/>	1	2	3	4	5	N/A
If the suspected food falls under the jurisdiction of a food-regulatory agency, call that agency to request external assistance. ( <a href="#">3.9.3</a> )	<input type="checkbox"/>	1	2	3	4	5	N/A
Share as much information about the outbreak as possible when requesting external assistance. ( <a href="#">3.9.3</a> )	<input type="checkbox"/>	1	2	3	4	5	N/A

Additional ideas:

### Communication

Contact people internal and external to the agency who should be notified in the event of an outbreak following agency/jurisdiction protocols. ( <a href="#">3.6.2.2</a> ) ( <a href="#">3.6.2.3</a> )	<input type="checkbox"/>	1	2	3	4	5	N/A
Identify persons who will be responsible for communication on behalf of their organizational unit and for the outbreak response team. ( <a href="#">3.6.2.2</a> )	<input type="checkbox"/>	1	2	3	4	5	N/A
Coordinate activities and set up good lines of communication between individuals and agencies involved in the investigation. ( <a href="#">5.1.2.3</a> )	<input type="checkbox"/>	1	2	3	4	5	N/A
If the outbreak is suspected to be multijurisdictional, notify agencies that might need to participate in the investigation or be affected by the outbreak immediately including surrounding jurisdictions, the state health department, and the appropriate food-regulatory agency. ( <a href="#">7.2</a> ) ( <a href="#">7.4</a> )	<input type="checkbox"/>	1	2	3	4	5	N/A
If particular food/food products are suspected, communicate with industry as early as possible to prevent misconceptions in data analysis and interpretation. ( <a href="#">5.1.1</a> ) ( <a href="#">6.5.4</a> )	<input type="checkbox"/>	1	2	3	4	5	N/A
Inform the public and provide information needed for the public to protect itself as soon as possible. Update recommendations rapidly as new information becomes available. ( <a href="#">5.1.2.2</a> ) ( <a href="#">5.2.5</a> ) ( <a href="#">6.2.2.2.2</a> )	<input type="checkbox"/>	1	2	3	4	5	N/A

Additional ideas:

