

D. Template for incorporation into third edition of the CIFOR Guidelines

Table 5. Template for incorporation into third edition of the CIFOR Guidelines.

ACTIVITY	OPERATIONAL GUIDELINES
Soliciting and receiving reports	
<ul style="list-style-type: none"> Agency/jurisdiction has an established process for receiving reports about possible foodborne illness(es) from the public. 	<ul style="list-style-type: none"> Identify how the complaint system links with other surveillance programs (i.e., pathogen-based, poison control, school-based, syndromic surveillance). Develop written policies to clearly describe how the system will work: <ul style="list-style-type: none"> Complaints received by telephone should be documented with a standard intake form to record complainant information (See Appendix 1). Complaints received through other formats warrant follow-up to fully document the complaint. All information collected should be entered into the complaint database. If a call is received by telephone, the complainant should be given some expectation for what follow-up is likely. If the complaint is received by text, email, or on-line reporting system, the complainant should receive notification that the complaint was received. The agency should refer complaints to other jurisdictions (local, state, or federal) as needed.
<ul style="list-style-type: none"> Public knows how to report possible foodborne illnesses to the agency/ jurisdiction. 	<ul style="list-style-type: none"> Use one 24/7 toll-free telephone number and one website address that can be easily remembered or found in the telephone directory or by using an internet search engine. Advertise toll-free number on agency website, through social media outlets and through distribution of brochures at a variety of venues, including community events, health fairs, and health care provider conferences. Mail larger poster versions to emergency rooms and family practice and pediatric clinics within jurisdiction.
<ul style="list-style-type: none"> Agency/jurisdiction solicits reports of possible foodborne illness from other agencies and organizations likely to receive these reports (e.g., poison control center, industry) inside and outside the jurisdiction. 	<ul style="list-style-type: none"> Agency/jurisdiction Food Safety programs should enroll in FDA Retail Program Standards and achieve Standard 5. Define roles for state and local health departments, and epidemiology and environmental health components of each. Ensure that complaint information is made available to all participating agencies. Identify agencies, organizations, businesses and health care facilities that receive possible foodborne illness complaints, ensure that they have current contact information for reporting complaints, and that the program has contact information of relevant staff at these partner agencies. Communicate with agencies as needed to respond to foodborne illness complaints and at least distribute annual complaint summaries to them. Train food managers and workers about the importance of reporting illnesses among workers or customers and food code requirements for disease reporting.

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Soliciting and receiving reports	
<ul style="list-style-type: none"> Agency/jurisdiction works with the local media to solicit reports of possible foodborne illness from the public. 	<ul style="list-style-type: none"> Routinely distribute press releases about food safety that include the telephone number or website address for reporting to encourage reporting by the public. Respond to inquiries from news media regarding foodborne illness events and provide reminders about the importance of foodborne illness reporting.
Detection of clusters/outbreaks	
<ul style="list-style-type: none"> Staff collects specific information about each possible foodborne illness report and records the information in an electronic data system. 	<ul style="list-style-type: none"> Use a standard process to collect information from individuals reporting a possible foodborne illness, including use of a standard interview form that solicits information on both food and nonfood exposures (See Appendix 1. Foodborne Illness Complaint Form). Collect as much information as possible during the initial report. Get details about symptoms, onset date and time, and recovery date and time. These are needed to determine the likely etiology and determine which food establishment (if any) was the most likely source of illness. Food histories and other exposures are critical to detecting clusters. Enter complaint information into an electronic database to facilitate examination of reports for exposure clustering, trends, or commonalities. A database with templates for rapid data entry and analysis will streamline the data management process and improve cluster and outbreak identification. Develop a system for sharing complaint information so all participating agencies can review and evaluate complaints. Experience gained by staff that review and evaluate complaints on a routine basis facilitates efficient, effective outbreak detection and investigation.
<ul style="list-style-type: none"> Staff regularly review reports of foodborne illness to identify cases with common characteristics or suspicious exposures that might represent a common source outbreak. 	<ul style="list-style-type: none"> Set up the reporting process so all reports go through one person or one person routinely reviews all reports to increase the likelihood that patterns among individual complaints will be detected. As new complaints are received, review previous complaints to recognize multiple persons with a similar illness or a common exposure. Compare exposure information collected through the complaint system with data from pathogen-specific surveillance, as feasible, to reveal potential connections between cases and increase the likelihood of detecting an outbreak. When possible, centralize the complaint system at the same level as pathogen-specific disease surveillance to allow all complaints to be reviewed by the same staff to determine the need for further investigation and facilitate a consistent response for the same types of complaints. Cross-reference complaints to identify multiple independent complaints about a food establishment or event. Stand-alone city- or county-specific complaint systems are less likely to recognize independent complaints that name the same food establishment, if the complaints are made to different city/county health departments.

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Responding to complaints	
<ul style="list-style-type: none"> Staff review, evaluate and respond to complaints based on the likelihood of an outbreak and the risk posed to public health. 	<p>If only one person was ill or all ill persons live in the same household:</p> <ul style="list-style-type: none"> Collect 3-day food history. Outbreaks are frequently associated with food consumed 2 or 3 days back in the food history, and not at the source that the complainant suspects. If clinical or laboratory evidence is available to suggest a specific agent with a longer incubation period, collect food history for incubation period corresponding to the agent. (https://www.cdc.gov/foodsafety/outbreaks/investigating-outbreaks/confirming_diagnosis.html) <p>If a complaint reports ill persons from multiple households:</p> <ul style="list-style-type: none"> Collect info only on common meals or environmental exposures (i.e., water). Collect names and contact information for other ill people reported by the complainant; if they are reluctant to provide this information, ask them to give your telephone # to the ill people to call (and stress the importance of them doing so). Illness information from other ill people is critical in determining if an outbreak actually occurred, the likely etiology, and on which food source an investigation should be focused. <p>Complaint assessment and follow-up:</p> <ul style="list-style-type: none"> Evaluate the clinical profile of reported illnesses (incubation periods, symptoms, and durations). If symptoms and likely incubation period are consistent with known foodborne illness, and a suspect food source is identified, an environmental assessment should be conducted by a trained environmental health specialist. If the complaint provides evidence of multiple illnesses that warrant the initiation of an outbreak investigation, the appropriate epidemiology and environmental health jurisdictions should be notified, and a conversation between appropriate agencies should take place to plan and initiate the investigation. If an etiology has been confirmed, that information should guide the EH assessment. If the etiology is not confirmed, use the clinical profile of reported illnesses (distribution of incubation periods, symptoms, and durations) to guide the EH assessment. <ul style="list-style-type: none"> E.g., short incubation, little or no fever - suggestive of foodborne intoxication, focus on time-temperature abuse. E.g., norovirus profile, focus on food worker illness, handwashing, and bare-hand contact with ready-to-eat foods. In an outbreak investigation, obtain and test clinical specimens from several members of the ill group. This may identify links to other outbreaks or sporadic cases. If the presumed exposure involves food, collect and store—but do not test—food from the implicated event. Test only after epidemiologic or environmental investigations implicate the food. Store food specimens as appropriate to the sample. Refrigerate perishable food samples but keep foods that are frozen when collected frozen until examined. In general, if perishable food samples cannot be analyzed within 48 hours after receipt, freeze them (-40 to -80o C).

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Making changes	
<ul style="list-style-type: none">Agency/jurisdiction has performance indicators related to complaint systems and routinely evaluates its performance in this Focus Area.	<ul style="list-style-type: none">Write an outbreak investigation report summarizing key investigation steps, timeline, and findings for every investigation conducted, and share with all collaborators and relevant stakeholders.Compile information to measure performance against CIFOR target ranges and enter metric data into C-MET.