CIFOR Guidelines for Foodborne Disease Outbreak Response and the CIFOR Toolkit: Focus Area 4 Complaint Systems

New York Integrated Center of Food Safety Center of Excellence – September 28, 2016

David Nicholas, MPH
Bureau of Community Environmental Health and Food Protection
New York State Department of Health
Background

- This is the fifth webinar in a series of monthly webinars from the New York Integrated Center of Food Safety Center of Excellence (CoE)
  - Session will cover the CIFOR Toolkit Focus Area 4: Complaint Systems
  - Supplementary sessions will be devoted to assist states that wish to complete internal evaluations using the metrics and target ranges developed for the 16 CIFOR performance measures.
  - Additional topics will focus on emerging issues in food safety including culture-independent diagnostic testing, antimicrobial resistance, and advanced molecular detection/whole genome sequencing.
  - All webinars will be recorded and available through the CoE website at http://nyfoodsafety.cals.cornell.edu/
Objectives

• How to use the CIFOR toolkit
• Focus Area 4: Complaint System
  – What is a Complaint System
  – Goals for Complaint Systems
• Define and Review “Keys to Success’
  – Soliciting and receiving reports
  – Detection of clusters/outbreaks
  – Responding to complaints
  – Making Changes
How to Use the CIFOR Toolkit

• Describe Your Current Activities and Procedures in relation to the Focus Area.

• Complete the Worksheet as a Team (Workgroup)
  – Epidemiology, Laboratory and Environmental Health
  – Describe your agency’s/jurisdiction’s current activities and procedures based on the Focus Area.
  – Refer to written protocols/procedures
  – List current activities and procedures related to the Focus Area
How to Use the CIFOR Toolkit

• Prioritize CIFOR Recommendations to Address Needed Improvements
  – Identify activities and procedures in need of improvement
  – Review the CIFOR recommendations related to the Focus Area of interest
  – Rate the priority for implementing each recommendation based on its likely impact on foodborne outbreak response
  – Rate each recommendation
What is Focus Area 4?

• **Complaint System**
  - A system intended to receive, triage, and respond to reports from the community about possible foodborne disease events to conduct prevention and control activities.

• **Goals**: Agency/jurisdiction receives and processes individual reports of possible foodborne illness(es) from the public in a way that allows timely follow-up of possible food safety problems and the detection of clusters.
Complaint Systems

– Complaints of illness among individuals and groups reported by affected members of the community (and others)

– Includes any illness thought to be related to food

– Common exposures used to link cases together
Complaint Systems

The Five W’s

- Who is affected
- What is the problem
- When did problem occur
- Where
- Why/how
Keys to Success

• Are activities, relationships, and resources that are critical to achieving success in a Focus Area.
  – Applying metrics and measures can help you identify the success of your program or investigation process.

1. Soliciting and receiving reports
2. Detection of clusters/outbreaks
3. Responding to complaints
4. Making Changes
Soliciting and Receiving Reports

• Agency/jurisdiction has an established process for receiving reports from the public about possible foodborne illness(es).
• Public knows how to report possible foodborne illnesses to the agency/jurisdiction.
• 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.
• Agency/jurisdiction works with the local media to solicit reports of possible foodborne illness from the public.
### Soliciting and Receiving Reports

<table>
<thead>
<tr>
<th>Soliciting and receiving reports</th>
<th>Already in place</th>
<th>Priority for Implementation or Improvement in Your Agency/Jurisdiction</th>
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</thead>
<tbody>
<tr>
<td>Establish a formal system for receiving reports about possible foodborne illness from the public. (3.4) (4.3.9.1)</td>
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<td>1 2 3 4 5 7/A</td>
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<tr>
<td>To increase reporting from the public, make the reporting process as simple as possible. (4.3.9.9)</td>
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<td>1 2 3 4 5 7/A</td>
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<tr>
<td>Use one 24/7 toll-free telephone number or one website address that easily can be remembered or found in the telephone directory or by using an internet search engine. (4.3.9.9) (4.3.9.10)</td>
<td></td>
<td>1 2 3 4 5 7/A</td>
</tr>
<tr>
<td>Routinely distribute press releases about food safety that include the telephone number or website address for reporting to encourage reporting by the public. (4.3.9.10)</td>
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<td>1 2 3 4 5 7/A</td>
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<tr>
<td>Identify and regularly communicate with agencies, organizations, and businesses that receive possible foodborne illness complaints (e.g., agriculture agencies, facility licensing agencies, poison control centers, restaurants) and ensure that they have current contact information for your staff. (4.3.9.7)</td>
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<td>1 2 3 4 5 7/A</td>
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<tr>
<td>Establish methods for sharing information with other agencies or organizations that receive possible foodborne illness complaints such as a database that public health agencies can access and review. (4.3.9.7)</td>
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<td>1 2 3 4 5 7/A</td>
</tr>
<tr>
<td>Train food managers and workers about the importance of reporting illnesses among workers or customers and food code requirements for disease reporting. (4.3.9.10)</td>
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<td>1 2 3 4 5 7/A</td>
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Additional ideas:
Detection of Clusters/Outbreaks

• Staff collect specified pieces of information about each foodborne illness report and record the information in an electronic data system.

• Staff regularly review reports of foodborne illness to identify cases with common characteristics or suspicious exposures that might represent a common-source outbreak.
## Detection of Clusters/Outbreaks

<table>
<thead>
<tr>
<th>Detection of clusters/outbreaks (cont’d)</th>
<th>Already in place</th>
<th>Priority for Implementation or Improvement in Your Agency/Jurisdiction</th>
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</thead>
<tbody>
<tr>
<td>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.</td>
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<td>LOW 1 2 3 4 5 HIGH 0 0</td>
</tr>
<tr>
<td>Compile interview data in a log or 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.</td>
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<td>LOW 1 2 3 4 5 HIGH 0 0</td>
</tr>
<tr>
<td>Review complaints regularly (daily) to recognize multiple persons with a similar illness or a common exposure.</td>
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<td>LOW 1 2 3 4 5 HIGH 0 0</td>
</tr>
<tr>
<td>Compare exposure information collected through the complaint system with data from pathogen-specific surveillance to reveal potential connections between cases and increase the likelihood of detecting an outbreak.</td>
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<td>LOW 1 2 3 4 5 HIGH 0 0</td>
</tr>
<tr>
<td>Check complaint information against national databases (e.g., USDA/FSIS Consumer Complaint Monitoring System) to identify cases with similar characteristics or exposures.</td>
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<td>LOW 1 2 3 4 5 HIGH 0 0</td>
</tr>
</tbody>
</table>

**Additional ideas:**

### Detection of clusters/outbreaks

**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.** (3.4) (4.3.9.1)

**Collect as much information as possible during the initial report. Food histories and other exposures are critical to detecting clusters.** (3.4)
Responding to Complaints

• Staff triage and respond to complaints in a manner consistent with the likely resulting public health intervention (e.g., investigate reports of group illnesses more aggressively than isolated independent illnesses).
Responding to Complaints

Responding to individual complaints
For individual complaints, collect a detailed exposure history for the 5 days before onset of illness. If norovirus is highly suspected, collect an exposure history for the 24 to 48 hours before onset of illness. (4.3.9.1)

Train staff to give appropriate instructions to persons reporting a possible foodborne illness about prevention of secondary spread and seeking health care. (3.4)

Guide staff on how to respond to and communicate with upset members of the public. (3.6.2.5)

Decide whether to routinely collect clinical specimens from independent complaints or encourage patients to seek health care. (4.3.9.1)

Prioritize the investigation of establishments named in individual complaints based on whether the complainant’s illness is consistent with foods eaten at the establishment, whether a food preparation or serving problem was reported, and the number of persons (with no other shared food history) implicating the establishment. (4.3.9.2)

Additional ideas:
# Responding to Complaints

**Responding to group complaints**
Investigate more aggressively reports of illness among groups who ate together than complaints involving only one ill individual or ill individuals all from the same household. (4.3.9.3)

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Investigate cases of serious illness that are likely to result in a public health intervention (e.g., bloody diarrhea, neurological symptoms) more aggressively than cases of illness. (4.3.9)

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Focus interviews associated with group complaints on the event shared by members of the group. Be sure to determine whether the group might have had other exposures in common. (4.3.9.3)

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Obtain and test clinical specimens from members of the ill group. Establishment of an etiology will help investigators understand the outbreak and establish links to other outbreaks or sporadic cases. (4.3.9.4) (4.3.9.5)

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While awaiting confirmation of the etiologic agent, use predominant signs and symptoms, incubation period, illness duration, and suspect food item to provide clues about the agent and better focus investigation activities. (2.4.3.2)

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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. (4.3.9.4)

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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 −80°C). (4.3.9.4)

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Test foods for outbreaks thought to involve preformed toxins (e.g., enterotoxins of *Staphylococcus aureus* or *Bacillus cereus*), because detection of toxin or toxin-producing organisms in clinical specimens can be problematic. (4.3.9.4)

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Additional ideas:
Making Changes

• Agency/jurisdiction has performance indicators related to complaint systems and routinely evaluates its performance in this Focus Area.
# Performance Measure

## 8.2. Performance Indicators

<table>
<thead>
<tr>
<th>CIFOR PERFORMANCE MEASURE</th>
<th>MEASUREMENT METHODS</th>
<th>PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Foodborne illness complaint reporting system.</td>
<td>Determine if an agency has any complaint system in place and if it is used to review foodborne illness complaints.</td>
<td>Complaint system is: (select one)</td>
</tr>
<tr>
<td>Metric: Agency maintains logs or databases for all complaints or referral reports from other sources alleging food-related illness, food-related injury or intentional food contamination, and routinely reviews data to identify clusters of illnesses requiring investigation.</td>
<td></td>
<td>Electronic database: System to log complaints:</td>
</tr>
<tr>
<td>Definitions: Foodborne illness complaint: A report of illness experienced by one or more persons following exposure to a specific event or establishment. Foodborne illness complaint log: A paper registry of complaints that records information about the complaint and specific establishment. Foodborne illness complaint database: An electronic database that records information about the complaint and specific establishment in a searchable format.</td>
<td></td>
<td>Not applicable:</td>
</tr>
<tr>
<td>Feasibility: This metric is associated with CIFOR Indicator 8.2.1 &quot;Foodborne complaints investigated.&quot; FDA's Draft Voluntary National Retail Food Regulatory Program Standards, Standard 5, Part 1.d calls for programs to maintain logs or databases for all complaint or referral reports from other sources alleging food-related illness, injury, or intentional food contamination.</td>
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### 8.2. Performance Indicators

#### Table 8.5. CIFOR performance measures chosen for target range development

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<tr>
<td>12. Complaint investigation interval</td>
<td>Determine the number of foodborne illness complaints that were investigated.</td>
<td>% of complaint investigations with interventions:</td>
</tr>
<tr>
<td><strong>Metric:</strong> Median number days from initiation of investigation to implementation of intervention.</td>
<td>Determine the number and percentage of foodborne complaint investigations that led to an intervention.</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td><strong>Definitions:</strong> Foodborne Illness complaint: A report of illness experienced by one or more persons following exposure to a specific event or establishment. Complaint Investigation interval: The number of days from the initiation of an investigation to the initial intervention. Initiation of an investigation: Steps taken to investigate the possible source of a complaint after it is determined that it may represent a common source outbreak. This goes beyond routine follow-up of individual complaints. Intervention: A public health action taken to control an identified hazard. Feasibility: This metric is associated with CIFOR Indicator 8.2.1 &quot;Foodborne complaints investigated.” It aggregates FoodCORE metrics for investigations across all pathogens.</td>
<td>For each complaint investigation that led to an intervention, determine the date at which the investigation was initiated and the date at which an intervention was initiated. Determine the number of calendar days between these dates, which is the complaint investigation interval. Analyze the distribution of all complaint investigation intervals for the year. Report the median value for complaint investigation intervals.</td>
<td>Median interval for complaints with known isolate investigation intervals:</td>
</tr>
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[Department of Health logo]
Helpful Tips for Using the Toolkit

• Don’t get distracted by the volume
• Be clear on the process
• Keep moving – don’t get caught up in too much detail
• Focus on a few realistic changes
• End with specific action plans with time frames and responsible persons
• Appoint a facilitator and a recorder for each discussion
Why Should My State Use the Toolkit?

• Improve overall foodborne outbreak investigation and response
• Enhance partnerships with agencies/partners in foodborne outbreak investigations
• Identify areas needing improvement that may have gone unrecognized
Where to Find the CIFOR Products

- Online at: [www.cifor.us](http://www.cifor.us)
- Paper copies are also available from CSTE
  - Contact Dhara Shah at [dshah@cste.org](mailto:dshah@cste.org)
- Examples of CIFOR product use by other states: [http://www.coefoodsafetytools.org/](http://www.coefoodsafetytools.org/)
Next Scheduled NY CoE CIFOR Webinars

• Thursday, October 12, 2016 @ 2-3 PM
  – Focus Area 5: Pathogen-Specific Surveillance

Course announcement and link to register is posted on the DOH Learning Management System (LMS): www.nylearnsph.com
Resources

Comments or questions for NY CoE can be directed to:

• Paula Huth, NY CoE Program Coordinator
• 518-473-4439 or Paula.Pennell-Huth@health.ny.gov

Integrated Food Safety CoE Websites:

• NY CoE: http://nyfoodsafety.cals.cornell.edu/
• CDC: http://www.cdc.gov/foodsafety/centers/
Questions

For More Information Contact:
David C. Nicholas, MPH
Research Scientist/Epidemiologist
Environmental Health Specialist Coordinator
NORS Reporting Site Administrator
New York State Department of Health
Ph: 518-402-7600 Fax: 518-402-7609
email: david.nicholas@health.ny.gov