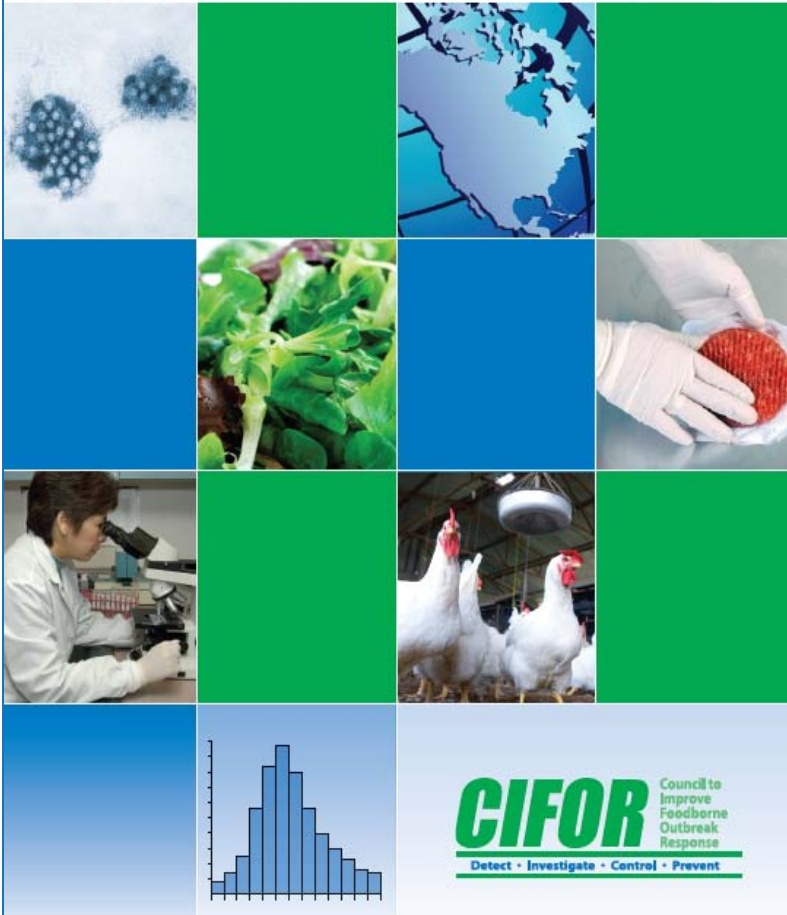


**GUIDELINES FOR
FOODBORNE DISEASE OUTBREAK RESPONSE**



CIFOR *Guidelines:* Moving from Recommendations to Implementation

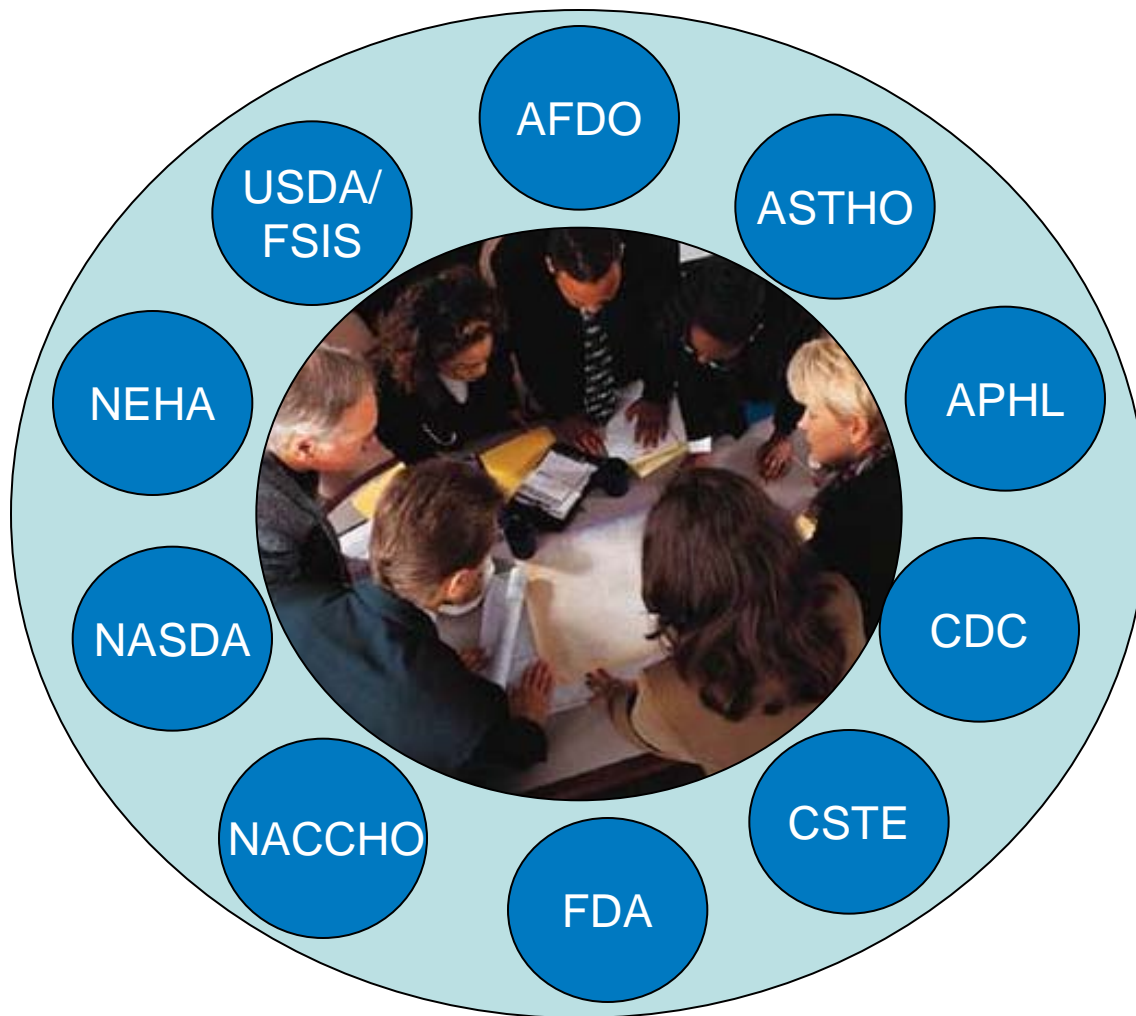
*Ernest Julian, Ph.D.
AFDO*

June 23, 2010

Goals of Presentation

- Remind you about a useful resource on outbreak investigation, the CIFOR *Guidelines for Foodborne Disease Outbreak Response*.
- Share plans for the CIFOR Toolkit.
- Solicit your input to improve the CIFOR Toolkit.

Council to Improve Foodborne Outbreak Response (CIFOR)

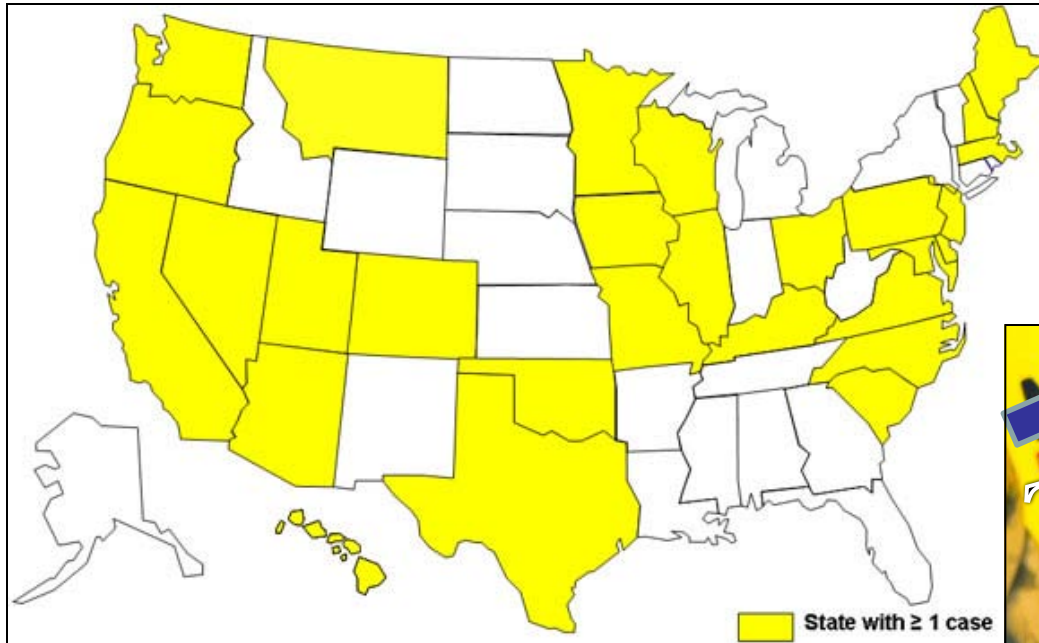


Incidence of Foodborne Diseases

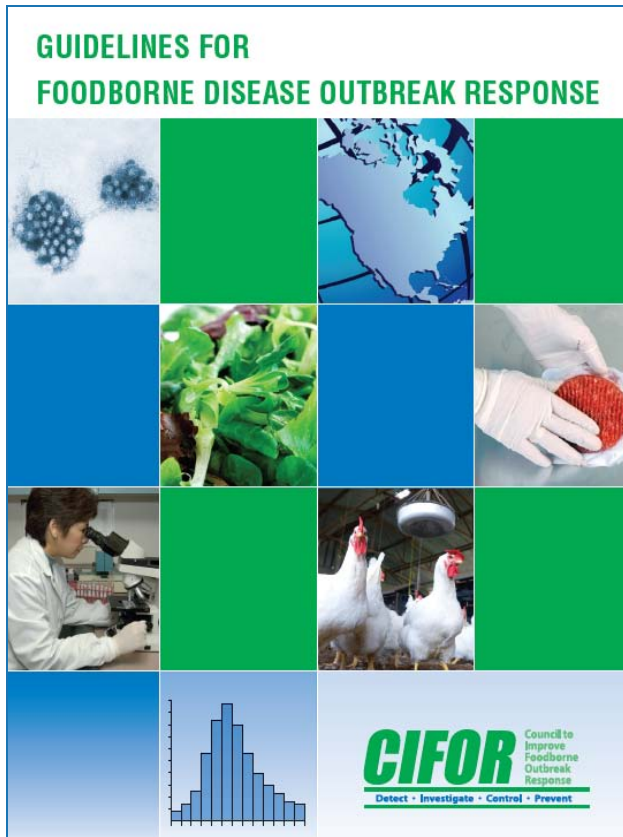
Every year in the U.S., foodborne diseases cause an estimated:

- 76 million illnesses (1999)
- 323,000 hospitalizations (1999)
- 5,000 deaths (1999)
- \$35 billion in medical costs and lost productivity (1997)
- 1,300 reported outbreaks affecting 25,000 people (2001-2006)
- 6% of outbreaks are multi-jurisdictional

Persons Infected with Outbreak Strain of *E. coli* O157:H7 by State, United States, March 1 - June 18, 2009



CIFOR *Guidelines*



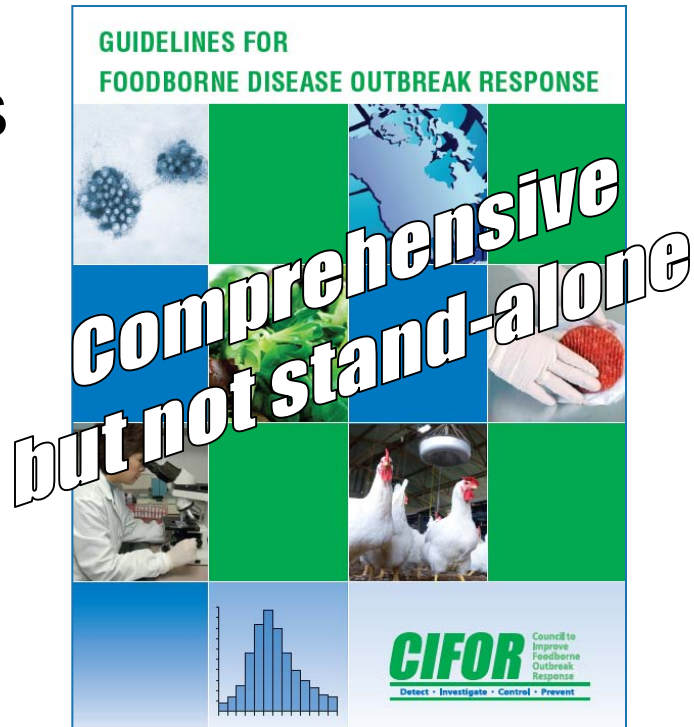
Development:

- Developed by workgroup with representatives from state, local, and federal level as well as all disciplines;
- Based on existing guidelines and practices;
- Incorporated input from external reviewers and public review process.

CIFOR *Guidelines*

Product:

- Description of major functions in outbreak response,
 - Specific practices to improve outbreak response, and
 - Performance indicators to determine effectiveness of activities.
-
- Does not provide instructions for implementing any particular recommendation.



CIFOR *Guidelines* Challenge

- *Lengthy document*
 - *Almost 200 pages,*
 - *In-depth discussions,*
 - *No 1-2-3 steps.*

CIFOR *Guidelines*

Challenge

- *A range of recommended practices*
 - *Require different resources,*
 - *Result in different levels of impact,*
 - *Include well-accepted activities and cutting edge practices, too.*

CIFOR *Guidelines*

Challenge

- *Implementation of any recommendation depends a host of factors*
 - *Agency-specific factors (e.g., usual roles and responsibilities, resources, staff expertise) and*
 - *Outbreak-specific factors (e.g., etiology, number and distribution of cases).*

CIFOR Toolkit

A **process (and supporting materials)** to help agencies and jurisdictions:

- Better understand their current foodborne disease outbreak response activities,
- Become more familiar with the CIFOR *Guidelines* and recommended practices,
- Identify appropriate activities to improve performance, and
- Make plans to implement those activities.



CIFOR Toolkit - Target Audience

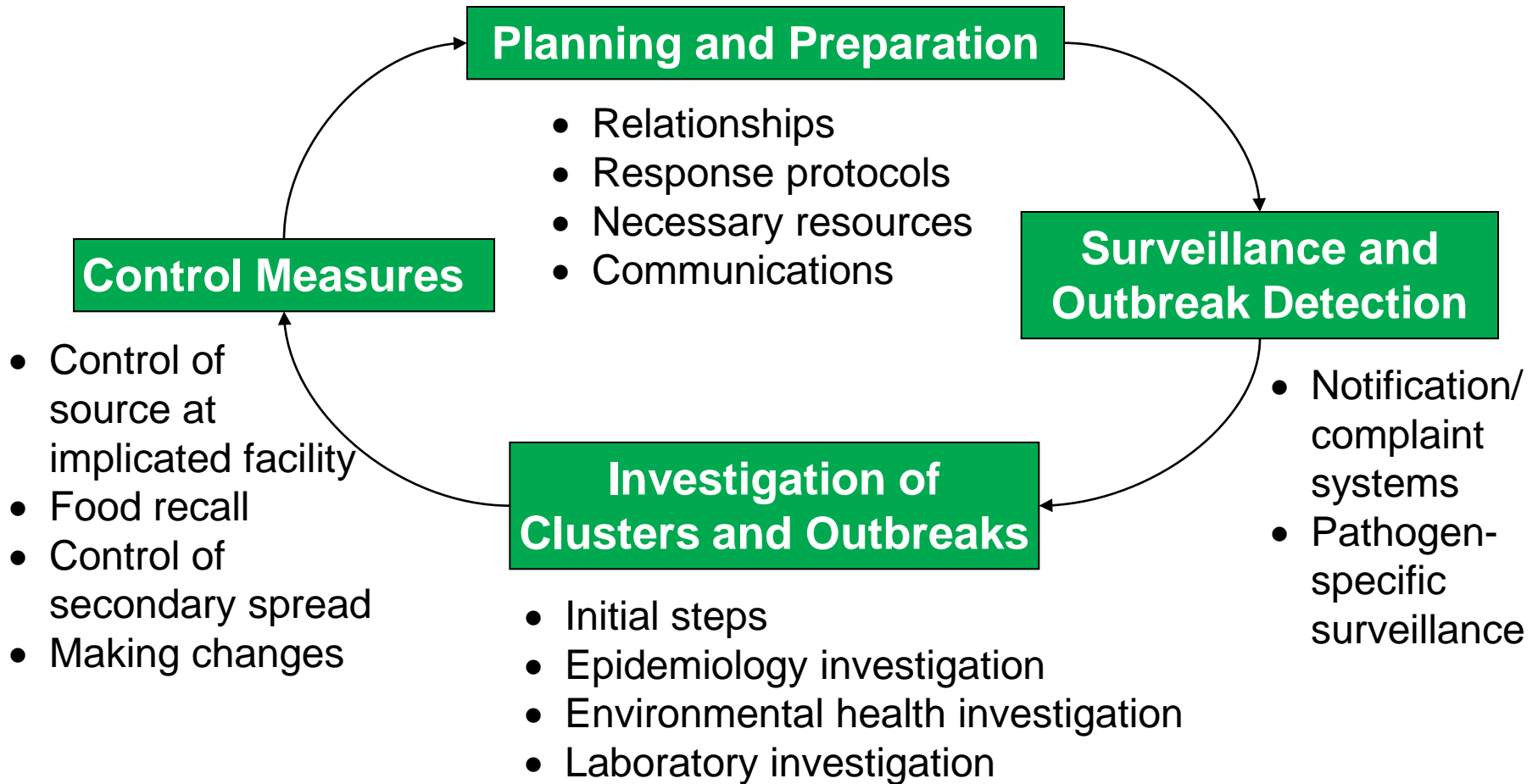
- Interdisciplinary groups within a jurisdiction that work together to respond to outbreaks,
- Agency staff focused on specific elements of outbreak response,
- Professional groups providing guidance or training to their members, and
- Individuals (“champions”) who can get the process started for an agency or jurisdiction.



Tracks and Focus Areas

- Divide outbreak response into smaller, bite-sized pieces.
- Cover the most critical aspects of outbreak investigation that are common to most jurisdictions and outbreaks.
- Allow systematic examination of activities and procedures.
- Allow users to focus on areas most important to their agency or jurisdiction.

Tracks and Focus Areas



Prioritization of Focus Areas

- Work on focus areas that result in the best use of limited resources.
 - Relevancy to agency/jurisdiction mission and typical roles and responsibilities,
 - Priorities identified in other capacity development or quality improvement efforts,
 - Problems seen in past outbreaks, and
 - Suggestions from state agencies.

For Each High Priority Focus Area:

1. Describe current activities and procedures.
2. Review past experiences to identify strengths and weaknesses.
3. Identify targets for improvement.
4. Select CIFOR recommendations to address targets.
5. Outline steps to implement high priority CIFOR recommendations.
6. Assess impact of implementing high priority CIFOR recommendations.

Worksheets



TRACK: PLANNING AND PREPARATION FOCUS AREA 4: COMMUNICATIONS

Complete this worksheet if your Workgroup determined that "Communications" was a high priority focus area for efforts to improve foodborne outbreak response in your agency/jurisdiction. (NOTE: The term "agency/jurisdiction" refers to the entity for which your workgroup is making decisions or recommendations for improvement. See your completed "Preliminaries" worksheet for the definition.)

GOALS FOR COMMUNICATIONS:
Agency/jurisdiction lays groundwork for good communication with key individuals both internal and external to the agency before an outbreak occurs.

KEYS TO SUCCESS FOR COMMUNICATIONS:
"Keys to success" are activities, relationships, and resources that are felt to be critical in achieving success in a focus area. Metrics, such as measures of time (e.g., rapidly, timely, and quickly), have not been defined. Your Workgroup should provide its own definition for these terms as is appropriate for your agency/jurisdiction.

- o Agency/jurisdiction identifies key individuals/organizations related to outbreak response including members of the outbreak response team, officials within the agency that need to be NOTIFIED, and critical contacts in governmental agencies before an outbreak occurs.
- o Agency/jurisdiction establishes and frequently updates contact lists for key individuals/organizations.
- o Agency/jurisdiction develops communication protocols for:
 - Members of the outbreak response team
 - Officials inside the agency
 - Critical contacts in other governmental agencies
 - Important food industry contacts including trade associations
 - Key health-care providers
 - The public
 - Primary media contacts
- o Agency/jurisdiction has staff trained in communicating with the media and risk communications.
- o For every outbreak, the agency/jurisdiction identifies a person(s) responsible for external communication on behalf of the agency.

TRACK: PLANNING AND PREPARATION FOCUS AREA 4: COMMUNICATIONS

WHAT ARE YOUR AGENCY/JURISDICTION'S STRENGTHS AND WEAKNESSES IN THIS FOCUS AREA.
Help in this effort or describe experience if you are already involved. In the next section, you will

TRACK: PLANNING AND PREPARATION FOCUS AREA 4: COMMUNICATIONS

4. SELECT CIFOR RECOMMENDATIONS TO ADDRESS TARGETS FOR IMPROVEMENT.
Having identified the targets for improvement in the previous section, review the CIFOR recommendations related to this focus area (listed below). Rate the priority for implementation of each CIFOR recommendation based on its likely impact on the targeted areas and available resources. Use a scale of 1 to 5 (1=Low priority for implementation or improvement and 5=High priority for implementation or improvement). If the recommendation is already in place in your agency/jurisdiction, check the appropriate box. If the recommendation is not relevant to your targeted area or setting, circle N/A. (Related sections in the CIFOR Guidelines are referenced after each recommendation.)

Contact lists	Already in place	Priority for Implementation or Improvement in Your Agency/Jurisdiction
Prepare and regularly update contact information (including after-hours numbers) for people in the agency who should be contacted in the event of an outbreak, including backups. <u>(3.6.2.1)</u>	<input checked="" type="checkbox"/>	LOW ----- HIGH
Prepare and regularly update contact information (including after-hours numbers) for contact people in external agencies (state, adjacent local health, and federal agencies). <u>(3.6.2.1)</u>	<input type="checkbox"/>	1 2 3 4 5 N/A
Prepare and regularly update contact information (including after-hours numbers) for important food industry contacts, including trade associations. <u>(3.6.2.1)</u>	<input type="checkbox"/>	1 2 3 4 5 N/A
Ensure all contact lists are updated as needed and are readily accessible, made available to those who need them, and stored in a secure location.		

TRACK: PLANNING AND PREPARATION FOCUS AREA 4: COMMUNICATIONS

5. OUTLINE STEPS TO IMPLEMENT HIGH PRIORITY CIFOR RECOMMENDATIONS.

Outline steps necessary to implement the high priority CIFOR recommendations identified in the previous section. Be as specific as possible. Identify the timeframe (e.g., a specific completion date or whether the change is likely to require short, mid- or long-term effort) and who might take responsibility for working through the steps or be involved. If certain actions must precede others, make a note of this and adjust the timeframe.

High priority recommendations from previous section	Timeframe for implementation	Who might take responsibility or be involved	Comments

Toolkit Preliminaries

- Briefing of decision-makers
- Selection of participants
- Necessary resources to undertake the process (e.g., facilitator, recorder, supporting documents)
- Preparation of participants
- Determination of goals and timeframe for process before starting

CIFOR Toolkit - Components

- Instructions for Toolkit process,
- Worksheets to guide process and record findings and decisions,
- Sample completed worksheet pages,
- Introductory Powerpoint presentation,
- Tips for facilitators,
- High-level crosswalks between national quality assurance initiatives and the focus areas,
- A participant evaluation form.



CIFOR Toolkit – Format and Source

- Electronic format
- Downloadable from the CIFOR website.
- Users pick and choose which documents to download.
- Users can modify any or all documents and use as electronic version or hard copy.
- Hyperlinks between and within documents will make navigation through electronic versions easier.

CIFOR Toolkit - Current Status

- Pilots at APHL/PulseNet Regional Meetings identified “some” problems.
- Major revisions are currently underway.
- Input from potential users is being requested.
- Looking for state or local health departments to pilot revised Toolkit.
- Release of final Toolkit is anticipated for late summer or early fall.

CIFOR Toolkit – Your Input

To get a copy of the latest draft version or provide input, please contact:

Lauren Rosenberg

CSTE

770.458.3811

lrosenberg@cste.org

CIFOR Industry Workgroup

- Recall Task Group
 - Industry Guidance for Enhancing Collaboration and Communication between Agencies and Industry
- Food Establishment Protocols
- Traceback
 - Traceability is part of the FDA Modernization Bills in both the U.S. House and Senate
 - Two separate traceability bills pending in the House and the Senate

Produce Traceability

The PRODUCE TRACEABILITY INITIATIVE

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The PTI vision:

Supply chain-wide adoption of electronic traceability
for every case of produce by the year 2012.

Other Major Issues

Finding and Eliminating the Root Cause of Outbreaks

- Salmonella Montevideo Outbreak
 - Salami from 3 RI plants implicated
 - 1.4 millions pounds of salami products recalled
 - Black and Red Pepper from Vietnam, China and India found positive for multiple strains of Salmonella
 - FDA reports 2 to 7% of the pepper entering the country is positive

Improper Slicer Design Contributing to Illness

- Washington State Salmonella Outbreak
 - Janet Anderberg research and slides
 - 17 cases over months
 - Hobart Series 2000 Slicer
- Georgia and RI Outbreaks
 - Globe Slicer Top Guards found +
- Maple Leaf Outbreak in Canada
 - 22 Listeria deaths
 - Formax processing slicer very difficult to clean and sanitize

Washington Salmonella Outbreak: Hobart Series 2000 Slicer – Washington swabbed clean and sanitized meat slicer



Then unscrewed handles and swabbed again



**Silicone seal degraded - did not keep meat scraps out
found positive for Salmonella outbreak strain**



Where the handles came from...



Georgia Salmonella Outbreak Globe Slicer - Area under white plastic (secured with screw) tested +



RI Outbreak May 2010

Globe Slicer-Model 3600



Blade side view of slicer blade guard



Non-removable, non-cleanable white plastic on inside of blade guard was Salmonella + PFGE match to outbreak

Globe Slicer-Model 3600



Area between blade and guard could not be easily cleaned and sanitized



Area under foot was also positive for RI outbreak strain of Salmonella

Slicer Next Steps

- New Equipment standards to be balloted
- Discussed placing pictures, makes, models of problem slicers on AFDO website
- FDA fact sheet being developed
- Communication plan to reach:
 - Regulators
 - Dealers, service reps
 - Retail and Food Service
- Pull slicers out of service if seals are broken in food zones

**Quickly Identify and Eliminate
Root Cause of Outbreaks
or
Illnesses and Deaths Will
Continue**

Questions?

http://www.nsf.org/regulatory/newsroom/food_safety_deli_slicers.asp