

FOOD TRUCK FIASCO

SITUATION MANUAL



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COURSE AT A GLANCE

Time	Agenda
9:00 a.m.	Sign-In/Registration (30 minutes)
9:30 a.m.	Welcome to the Day/Introductions (30 minutes)
10:00 to 10:10 a.m.	Exercise Objectives (10 Minutes)
10:10 to 10:20 a.m. 10:20 to 10:50 a.m. 10:50 to 11:20 a.m.	Module 1 (70 minutes) Set up Scenario Module 1 Groups Discuss Their Question Sets Group Report-Outs
11:20 to 11:30 a.m. 11:30 to 11:40 a.m. 11:40 a.m. to Noon	Module 2 (40 minutes) Set up Scenario Module 2 Groups Prep for Their Mock Conference Call All Groups Join the Mock Conference Call
Noon to 1:00 p.m.	Lunch (60 minutes)
1:00 to 1:20 p.m. 1:20 to 1:45 p.m.	Module 2 Continued (45 Minutes) Groups Discuss Their Question Sets Group Report-Outs
1:45 to 2:30 p.m.	Module 3 (45 minutes) Wrap Up Group Discussions
2:30 to 2:45 p.m. 2:45 to 3:00 p.m.	Wrap-Up (30 minutes) After-Action Report Evaluations, Certificates, and Close

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INTRODUCTION

Purpose

To protect the health of the American public, we must ensure that food products are safe for consumption. Everyone involved in the food chain, from farmers to consumers, has a responsibility to protect the food supply.

This scenario centers on the retail sector, focusing on communication strategies between states and their county/local public health jurisdictions when a situation stemming from ill retail workers who impact customers across multiple counties, states, or even countries. This exercise underscores the critical importance of robust Environmental Health and Safety protocols for retail establishments to ensure the safety and well-being of both consumers and employees. In the event of a reported illness, strategic investigation practices are implemented, in collaboration with epidemiological and laboratory information, to identify potential sources of contamination or hazards within the retail environment.

Laboratory testing strategies are employed to analyze both human and environmental samples and ascertain the presence of any harmful pathogens or contaminants. This step is important in identifying and then determining the root cause of the reported illness and facilitating the implementation of appropriate corrective measures to prevent further incidents. When the public may have been exposed to a pathogen and can take steps to prevent illness, Public Information Officers collaborate with epidemiologists to identify potentially exposed individuals and work to craft culturally appropriate messages that provide actionable health information.

The collaboration of regulators plays a pivotal role in ensuring compliance with industry standards and regulations, as well as facilitating transparency and accountability in addressing consumer health concerns. By focusing on these key functions and processes, the scenario highlights the proactive measures applied to the retail sector to uphold safety standards, mitigate risks to the food supply and retail food service establishments, and safeguard public health.

Participants

This scenario should include participants from state, county, local, territorial, and tribal retail food regulatory agencies, epidemiologists, public information officers, and retail food inspectors. Clinical and food laboratories play a lesser role in this scenario, but their presence or availability for consultation is suggested. The scenario was designed to span multiple jurisdictions within a state or region; therefore, cross-collaborative training groups may be useful. The scenario can be expanded to include representatives from industry partners (or trade associations) and federal agencies (FDA and CDC).

This tabletop exercise is designed to facilitate discussion among various participating entities, such as:

1. EHS - State/Local/Tribal/Territorial environmental health specialists (including those responsible for inspecting retail and foodservice establishments)
2. LPH - Local public health/Epidemiologist

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3. SRA - State regulatory agency (including Rapid Response Team (RRT) coordinators)
4. PIO - Public information officers
5. FED - FDA and CDC representatives can be included if the option to include multiple states is selected

Goal

This tabletop exercise presents a food-related incident that will require participants to think critically about procedures and communications necessary to protect public health as the situation evolves. A large amount of information in this tabletop exercise will be generated from discussions among participants as they go through a hypothetical scenario. During the tabletop exercise, participants will assess communication plans, policies, and procedures, and think about how they would realistically apply them in the event of an incident. This tabletop exercise will help to generate discussions among various participating entities, such as state and local entities within the state.

Exercise Objectives

1. Understand the importance of internal (interjurisdictional) communications and coordination to react proactively to public health issues.
2. Develop and/or review existing external (public) communications in collaboration with other public health partners that provide comprehensive and collaborative ideas, strategies, and solutions to mitigate the public health impact of a potential foodborne illness outbreak or contamination event.
3. Describe how the environmental assessment and appropriate measures of control support effective response and action to identified food safety and public health risks.
4. Use a collaborative approach to efficiently deploy the responsibilities of each agency/discipline to implement proactive solutions during situations that may impact public health.
5. Apply local, state, tribal, and federal regulations related to human pathogen control in retail establishments that span multiple jurisdictions.
6. Utilize established investigation, reporting, and response procedures to manage the public health risks.

Exercise Structure

This exercise is designed to be an interactive, facilitated tabletop exercise. Participants are encouraged to ask questions of each other and learn from one another. It has been designed by a group of subject-matter and instructional-design experts to provide participants with a real-life, plausible food safety scenario. While this scenario has been simplified to present the information effectively, the scenario itself and the

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discussion questions have been designed to encourage participant dialogue and bring to the surface topics that are critically important to react to such incidents. The exercise has also been developed to provide participants with an opportunity to explore important topics like interagency collaboration, jurisdictional issues, and risk communication. The information in this scenario supports *Standard 5: Foodborne Illness and Food Defense Preparedness and Response* of the Voluntary National Retail Food Regulatory Programs Standards and reflects the policies and procedures currently identified in this Standard as of November 2024. This exercise is designed to be easily adaptable across the diverse jurisdictional landscape.

If there has been an update to the regulatory framework or relevant procedures in your jurisdiction, please be sure to make the group aware of the change and work with the facilitator to ensure that all participants understand the update. For this reason, locations within the exercise are identified as Locations A, B, and C. Your Lead Planner and Facilitators may change these to fit the jurisdictions involved in the exercise, focusing on the incorporation of multiple jurisdictions (whether local or state).

This exercise was developed by the Association of Food and Drug Officials (AFDO). This exercise is a multimedia, facilitated tabletop exercise (TTX). Participants will engage in three modules:

- **Module 1:** Identification of confirmed illnesses; internal and external coordination and communication
- **Module 2:** Prevention plan/public communication strategies
- **Module 3:** Scenario conclusion and wrap-up questions

Exercise Guidelines

As with any learning experience, this exercise must be conducted in a safe learning environment so that all participants can share and explore concepts with one another while discussing multiple solutions and options for a given issue. This exercise will operate under the following guidelines:

- This will be an open, low-stress, and non-public learning environment and is not intended to set a precedent.
- Participants will listen to and respect the varying viewpoints of other participants.
- The scenario we will discuss is plausible, and the events occurred as presented. Suspend your disbelief, and feel free to discuss differing policies and procedures during the breakout discussion.
- Today's facilitator is not necessarily a subject matter expert, and participants are expected to provide the expertise needed to ensure that the discussion is accurate and thorough.
- We will apply our findings from today's activities to our jobs/functions and share key findings with colleagues.

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Roles and Responsibilities

Lead Planner – The person who has overall responsibility for the tabletop exercise, including all pre- and post-exercise needs.

Participants – Respond to the scenario based on their first-hand, experiential knowledge; current plans and procedures of their entity, agency, or jurisdiction; and insights from training and experience.

Evaluator(s) – Records the highlights of the discussion at each breakout table. These people do not participate in the exercise but capture the essence of the dialogue for use in the After-Action Report. They are chosen based on their expertise in the areas they are to observe.

Facilitator – Generally leads the exercise, provides situation updates, and moderates discussions. They also provide additional information and resolve questions as needed. Key officials may also assist with the facilitation of subject matter experts during the exercise.

Group Leader – A representative from each table (volunteered by the group) who will lead the group as it explores discussion questions and does the breakout activities.

Group Recorder/Reporter – A representative from each table (volunteered by the group) who will ensure that the group discussions are kept on time, record the key themes discussed at the table, and be responsible for reporting out during the large group dialogue.

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MODULE 1

Tuesday, November 12

Public health authorities in **Location A** report two confirmed cases of hepatitis A to the state health department. The epidemiologist in **Location A** gathers that the ill individuals (Patients 1 & 2) work at a restaurant, Star Wingz Co. in **Location B**. During the interview process, Patient 1 states that about a month ago, she traveled to a beach resort in Punta Cana, DR (Dominican Republic), for their college's fall break along with Patient 2, who also works at the same restaurant. The two individuals also mention they are exhausted as work has been really busy with lots of events.

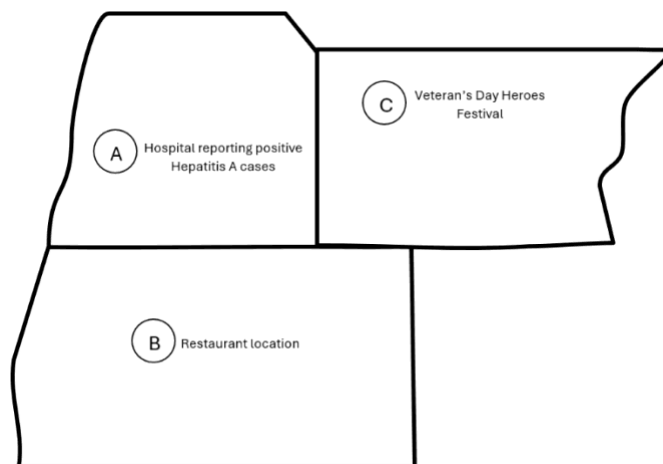
Wednesday, November 13

The health department in **Location A** calls the health department in **Location B** to alert them of the positive hepatitis A cases and that both sick individuals report working at a restaurant in the jurisdiction of **Location B**.

EHS in **Location B** reviews the previous inspection report for Star Wingz Co. (restaurant). During the last inspection conducted four months ago, several minor deficiencies were noted, including uncalibrated probe thermometers, improper glove use, an overflowing grease trap, and improper storage of cleaning chemicals. Although the previous inspection reports show some violations and the indicated deficiencies were corrected onsite, the restaurant is not due for an inspection for several months.

A reporter contacts the health department in **Location C** to provide comments for an article on the role of local health departments in regulating food trucks, festivals, and keeping food safe. The article is being written in response to community complaints and social media posts about unsafe food handling and preparation at the recent Veterans Day Heroes Festival, asking **Location C** to confirm a rumor that food workers have been hospitalized with hepatitis A (according to their source) who worked the event.

Figure 1 shows the locations of jurisdictions.



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Task

Use your allotted time to consider the developments and questions assigned by the lead planner/facilitator to your group for this module. If you are not sure which questions you have been assigned, ask!

1. Identify a group leader and group recorder/reporter at your table.
2. Identify any additional requirements, critical issues, decisions, and questions you think should be addressed at this time.
3. Unanswered questions should be recorded for discussion with the entire group.
4. Add to your Personal Learning Index (Appendix G), as appropriate.

Questions for Participant Groups

EHS – State/Local/Tribal/Territorial Environmental Health Specialists (including those responsible for inspecting retail and foodservice establishments)

1. In learning that two ill workers are associated with a restaurant in your jurisdiction, what would you do? What next steps would be taken?
2. Would you inspect the restaurant, Star Wingz Co., based on the information presented?
 - o If you chose to do an inspection, what types of questions or information would you want to ask the restaurant before you arrived?
 - o If there is an investigation, should food or environmental samples be collected for testing? Why or why not?
3. How do you coordinate with your agency's epidemiologist? What information is needed for them to effectively conduct their portion of the investigation/event?
4. What is the likelihood that authorities in Location C would be aware of hepatitis A cases in Location A, and the associated restaurant in Location B?
5. What questions should be asked to get a clear picture of the scope of impacted consumers based on the locations and activities?
6. How do you communicate and coordinate efforts given the different jurisdictions?
7. What permits or licenses are required for mobile food facilities? Is there reciprocity between neighboring jurisdictions?
8. What role do the state and neighboring regulatory agencies play in monitoring and enforcing food safety compliance, and how does this affect your potential investigation or next steps?

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9. How would a request from a local reporter be routed? Who would be responsible for responding to the request?

LPH – Local Public Health/Epidemiologist

1. In this scenario, local public health reports the illness to the state. How would you expect to learn about a confirmed case of hepatitis A, and who would you report this to?
2. How do you coordinate with your agency's EHS personnel? What information is needed for them to effectively conduct their portion of the investigation/event?
3. What additional information should be gathered from the ill individuals (the employees at the restaurant)? Which jurisdiction leads this, and how would information sharing be handled between jurisdictions?
4. Is the information about the fall break trip taken by Patients 1 and 2 relevant? How do you go about determining the possible source of illness?
5. Which jurisdiction would lead this effort?
6. How would you ensure clear and timely communication with the clinical community to expedite diagnosis and treatment for suspected cases?
 - o How is this handled since there are two locations involved (A and B)?
 - o What methods would be used to track additional hepatitis A cases?
7. Would hepatitis A be subjected to whole genome sequencing to determine whether the cases are related? If so, is this capability available in your jurisdiction?
8. Based on the timing of their hospital admissions (incubation period for hepatitis A), what is the likelihood that Patient 1 and Patient 2 were contagious while working at the restaurant? How does this influence your suggested steps to minimize additional cases?
9. Based on the incubation time of hepatitis A and the availability of a vaccine, which roles within your organization would collaborate to determine whether vaccination should be recommended to restaurant patrons? What would trigger these conversations?
 - o How do you coordinate with peers in other jurisdictions?
 - o How would these efforts be funded?
10. How would a request from a local reporter be routed? Who would be responsible for responding to the request?

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SRA – State Regulatory Agency (Including Rapid Response Team (RRT) Coordinators)

1. What actions should the state take to support local EHS, and what is the role of the Rapid Response Team in managing this?
2. Does the state play a role in conducting or coordinating a restaurant inspection? Would the state support any follow-up activities?
3. What resources (e.g., additional personnel, guidance documents) are available to assist local jurisdictions with an investigation involving multiple locations/jurisdictions?
4. What role does the state play in assisting with communications between the involved jurisdictions? How does state-level coordination and information-sharing enhance the investigation and prevention efforts at the local level – between multiple jurisdictions?
5. How do you prioritize resources when multiple jurisdictions are involved in the investigation of a foodborne illness?
6. Should the state agency consider releasing an official statement about what is going on, leave communication to local jurisdictions, or stay silent until more information is known? Why?

PIO – Public Health Information Officer

7. How would you become aware of this situation (sick individuals from Location A who work at a restaurant in Location B)?
8. What messaging will you prioritize to avoid causing unnecessary panic while still providing the public with relevant information about the situation?
 - o What information would you share publicly at this time while ensuring patient confidentiality?
9. How would Location C respond to the reporter's request? What is the likelihood that Location C would be aware of hepatitis A cases in Location A, and the associated restaurant in Location B?
10. Should a communication/advisory be crafted?
 - o If so, who develops, approves, and disseminates the communication internally?
 - o What primary information needs to be included in a public health department advisory?
 - o What resources are consulted to develop appropriate, accurate messaging?
 - o When should this be released?
 - o How will you ensure it reaches affected or at-risk populations?
11. How is messaging coordinated between different jurisdictions? If different strategies or messages are proposed, how are decisions on moving forward made?

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FED – FDA, CDC (Optional)

12. What role do federal agencies take at this point in the investigation?
13. How does the CDC coordinate with local and state public health authorities when dealing with suspected outbreaks tied to foodborne illnesses, particularly in multi-jurisdiction cases like this one?
14. If a national outbreak is suspected, how do the federal agencies (e.g., FDA, CDC) collaborate with state and local health departments to share data and control the spread of disease?
15. What role in communication can a federal agency play between different health departments, etc.?

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MODULE 2

Friday, November 15

The decision was made to inspect the restaurant. An inspection of Star Wingz Co. was conducted by EHS at **Location B**. During the inspection, the restaurant manager mentions short staffing due to ill employees, specifically that two employees have been out since their food truck catered a big festival the weekend of November 9-11.

The results of Star Wingz Co.'s inspection revealed several violations at the restaurant:

Violations

- The cooler where raw meat, vegetables, and other temperature-controlled foods were stored was recorded at 46°F. During the inspection. Product temperatures ranged from 41°F.-47°F.
- Cross-contamination between raw chicken wings and sauces used to prepare wing flavoring (i.e., the sauce contacted raw wings, and the sauce was then reused after cooking).
- Employees were observed handling raw ground beef to make hamburger patties with improper handwashing prior to contacting other foods and utensils.
- Empty soap dispensers in employee and patron restrooms.
- No employees were wearing hairnets/restraints during food preparation.
- No sign at the handwashing sink to remind employees to wash their hands.
- Improperly placed and unmarked pest traps.
- Prior water damage on the wall from the fire in the kitchen grill.

Since the manager mentioned the sick employees, additional information about the food truck (Wingz on Wheelz) that served at the festival was gathered:

- The Wingz on Wheelz food truck is an offshoot of Star Wingz Co. (located in **Location B**) so that their most popular foods can be prepared and served at events. Wingz on Wheelz made its debut earlier in the year (May) and has catered 15+ events through the summer and early fall. The last big event was the Veterans Day Heroes Festival, November 9-11, in **Location C**. The person in charge did not have access to the event contract and did not have contact information for the festival. A menu of foods served was obtained (see Appendix A).

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- They have two weekly ‘resident’ locations they also serve (both parking lots outside of other retail locations in **Location B**). The food truck also frequents farmers' markets and some sporting events (e.g., high school football games, community soccer games, etc.) in **Locations A and B**.
- Most food preparation occurs at the restaurant and is loaded into the food truck before events.
- Wings are partially cooked at the restaurant, cooled, and kept refrigerated in the truck, fried, and tossed with selected sauce/seasonings per order.
- Small cups of blue cheese and ranch dressing, along with bags of celery and carrot sticks, are prepared at the restaurant and loaded onto the truck.
- Potatoes are cut in advance and cooked by deep frying in the food truck.
- Hamburger patties are formed at the restaurant and cooked in the food truck.
- Hamburger toppings (cheese, lettuce, tomatoes, onions, bacon) are pre-cooked (bacon) and pre-cut at the restaurant and held under refrigerated temperatures in the food truck.
- The truck has a large handwashing station hooked up to a 30-gallon potable water system with soap and disposable paper towels for food workers.
- The predominant employees of the food truck are local college students, most of whom also work at the restaurant. Several of the students have attended food handler training as part of a vocational program at their school, and certificates can be provided.

Later that afternoon, after the inspection, EHS at **Location B** followed up by phoning the event organizer (contact information was obtained from the event’s website) for the Veterans Day Heroes Festival to gather more information. During the conversation, EHS learned the following information about the festival:

- Festival hours were 10 a.m. to 10 p.m. on Saturday, November 9, Sunday, November 10, and Monday, November 11, 10 a.m. to 2 p.m.
- The Veterans Day Heroes Festival reported thousands in attendance from different areas. It was catered by eight different food trucks in a semi-outdoor venue.
- The food truck in question (Wingz on Wheelz) is owned by a restaurant, Star Wingz Co., which has one location in **Location B**. Event volunteers reported seeing 7 or 8 different employees working at the food truck throughout the weekend. Several looked “young” (suggested: college or high school students), and volunteers noted that they did not seem to be aware of general good food handling practices and were seen on their cell phones or “goofing off” while patrons waited for their food to be prepared. A roster of all food workers/shifts was not made available to the event organizer.

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- Registration emails were obtained for all who purchased tickets for the festival in advance. Full contact information is lacking for all attendees since some were “comped” and some tickets were purchased at the event gates.

Monday, November 18

The community newspaper in **Location C** published an article on Sunday, November 17 (see Appendix B), quoting a spokesperson from the health department who discussed regulations governing food trucks and other retail food establishments, and basic food safety practices. The newspaper article triggered over 30 calls and emails to the health department in **Location C**, with 18 individuals complaining about a burger and wing food truck at the Veterans Day Heroes Festival. Social media chatter across the region (**Locations A, B, and C**) has also increased with mentions about the regional health departments’ food safety programs and response to hepatitis A cases, as well as reporters and community sleuths piecing together the events in each jurisdiction over the past week.

Mock Social Media Posts

“Hepatitis? Restaurants need to check their employees for drug use!”

“Rumor has it the food truck workers were sick and still serving food. This is disgusting – where’s the accountability?”

“I heard someone got hepatitis A from the burgers at the Veterans event. Is this true?”

“Where was the health department when this food truck was serving unsafe food all weekend? They should have acted sooner!”

“Don’t fall for the government’s fear tactics! Vaccines aren’t necessary for a virus that most people don’t even catch. Do your research!”

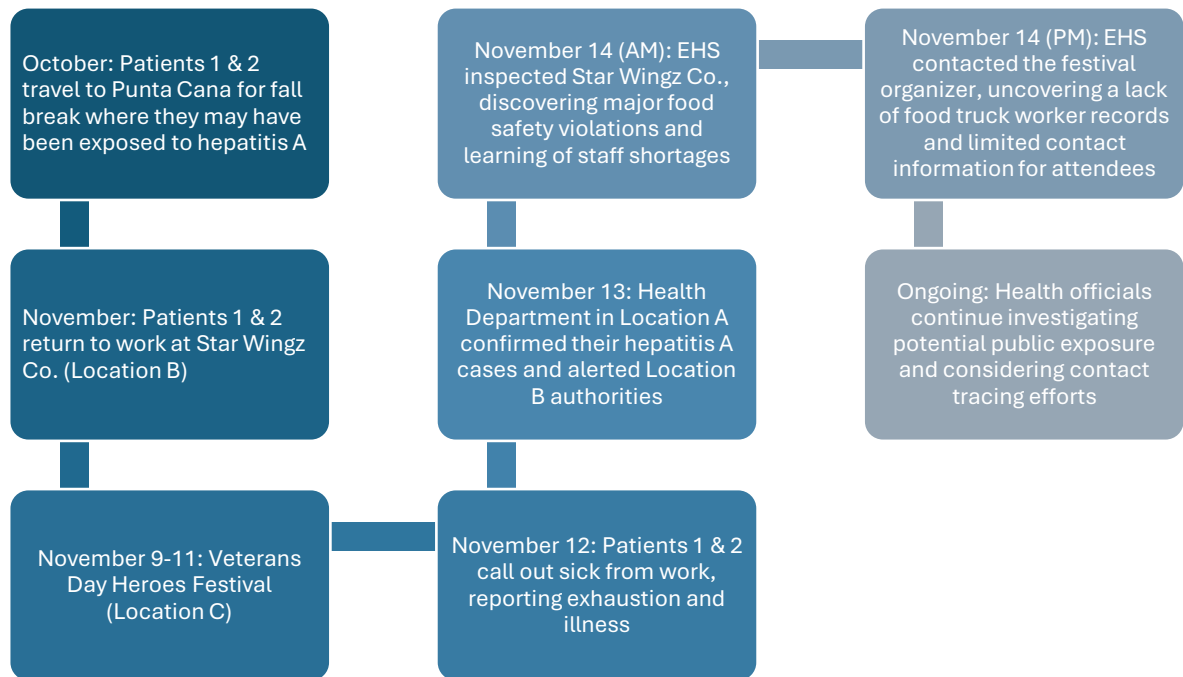
“Health officials failed to protect us from unsafe food, and now they want to fix it with vaccines? No thanks!”

Draft language has been circulating back and forth from the three health department supervisors and key team members about a coordinated media campaign or public announcement that urges individuals who patronized the Wingz on Wheelz food truck and/or Star Wingz Co. restaurant, including those who attended the Veterans Day Heroes Festival, to contact their local health department for information on the symptoms of hepatitis A and what to do if exposed. (Example Announcement Language included in Appendix C. Portions in bold are highly debated pieces of the statement, as the three jurisdictions do not have consensus. Action needs to be taken, but getting on the same page has proven to be difficult.)

An URGENT meeting invite appears in your inbox with a request for a joint conference call this afternoon. The email says: “Be ready to discuss plans for mitigating and preventing this multi-jurisdictional hepatitis A outbreak.” From the invite list, you see state and local (**Locations A, B, and C**) public health professionals (e.g., EHS, Epi, SRA, PIO).

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Summary of Timeline



Task – Breakout 2a

In the first part of this breakout, you will work with your group to prepare for the conference call. Review the draft Health Advisory in Appendix C. Be prepared to share your thoughts and recommendations. All groups should use the allotted time to plan to address the following topics:

1. Who would you expect to convene the joint conference call? What role would you expect to play in the call if you are in Location A, B, or C?
2. Based on the information, does the group feel a vaccination campaign is needed now?
3. If so, how do you coordinate with peers in other jurisdictions? How would these efforts be funded?
4. What information would you now share with the community?
5. What are the next steps in identifying and notifying other potentially exposed individuals from the event and food truck/restaurant exposures?
6. How does this change when potentially exposed individuals are in your jurisdiction versus a different jurisdiction?
7. How can social media be used to notify the public about where and when they can receive vaccinations while minimizing fear or blame directed at the food truck or restaurant?

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8. What information would you share publicly at this time?
9. What's the timeline for approvals to release this information? How do you manage the approval process among multiple agencies?
10. Is there a lead agency and a lead spokesperson among the different locations? Who would/should it be?

Task – Breakout 2b

Based on the decisions made and information shared in the mock conference call, use your allotted time to consider the developments and questions assigned to your group for this module.

1. Identify a group leader and group recorder/reporter at your table.
2. Identify any additional requirements, critical issues, decisions, and questions you think should be addressed at this time.
3. Unanswered questions should be recorded for discussion with the entire group.
4. Add to your Personal Learning Index (Appendix G), as appropriate.

Questions for Participant Groups

EHS - State/Local/Tribal/Territorial Environmental Health Specialists (including those responsible for inspecting retail and foodservice establishments)

1. How would you be able to determine if any previous complaints or violations had been reported against this food truck or the associated restaurant? Does your answer change if the complaints were made in a different jurisdiction?
2. Would the food truck have been inspected at the Heroes event?
3. Based on the inspection or investigation conducted, are there possible contributing factors identified in the report? Why or why not? If contributing factors are identified, with which agencies are the results shared?
4. What follow-up will you do with the restaurant and food truck regarding food safety practices? Which agency is responsible for this follow-up?
5. How will you communicate with your EHS colleagues in Locations A, B, and/or C, as well as at the state or national level? Are there restrictions or policies that impact your ability to share information across jurisdictions?
6. How can you use social media or other communication vehicles to communicate the importance of food safety practices to the public following the reported complaints about the food truck?

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LPH - Local Public Health/Epidemiologist

1. Are there restrictions or policies that govern which information can be shared with colleagues in other jurisdictions?
2. Due to the multiple locations potentially involved in this scenario, which jurisdictions would you prioritize contacting first?
3. What methods would be used to track illnesses potentially related to this event, should credible reports or additional confirmations of illness arise (e.g., interviews with ill workers/attendees, symptom surveillance, case reporting)?
4. Given that attendees of the festival were from many areas, would you proactively communicate with your counterparts in adjacent areas? What communication platforms are available to facilitate this?
5. If you want to host a vaccine clinic, do you have access to vaccines? If not, how can vaccines be procured?
6. If the restaurant and food truck employees had appropriately used gloves and followed good handwashing and hygiene practices, would this influence your actions and recommendations? If so, how?

SRA - State Regulatory Agency (Including Rapid Response Team (RRT) Coordinators)

1. Does your state or municipality have a public complaint system? If so, where is this information initially sent, and how is it communicated for follow-up at the local level?
2. If illnesses span different jurisdictions, how does this influence your role in the investigation? How do you manage your response?
3. What is the role of the state or municipality in ensuring that the food truck and the restaurant comply with public health standards?
4. If the food truck were to be closed or require additional inspection, how would this affect the state's regulatory role in ensuring compliance?
5. How does the state regulatory agency work with local authorities to ensure that food safety practices are being properly enforced and that public health is protected?
6. If social media posts emerge claiming the outbreak is due to government or regulatory negligence, how will you respond to maintain public trust?

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PIO - Public Information Officers

1. Review Appendices C and D. What communication strategies are effective to encourage those who were potentially exposed to hepatitis A to seek prophylactic treatment?
 - o How do you determine the appropriate communication vehicles to reach the target audience?
 - o How do cultural considerations, access to technology, access to healthcare, and other factors influence these decisions?
2. If social media posts criticize the health department for not acting sooner or post misinformation, how will you respond to ensure transparency and public health while protecting the ongoing investigation?
3. What strategies will you use to preemptively address public concerns on social media or through conventional media before rumors escalate?
4. If conflicting vaccine clinic information is posted by different jurisdictions, how do you manage and correct it in real time?
5. What types of visuals or messaging (e.g., infographics, videos) can be shared to communicate the safety and importance of hepatitis A vaccinations? What communication vehicles are used (e.g., local/state websites, social media, outreach to local press)?
6. How will you address the concerns raised by the community in the aftermath of the complaints, especially regarding the positive cases of hepatitis A by food handlers?
7. How do you manage the influx of inquiries about food safety for food trucks and other non-traditional foodservice venues stemming from the newspaper article?

Fed – (Optional)

1. What role do federal agencies (e.g., FDA) play in investigations involving food establishments or events? If the food truck operates in a different state from the restaurant, does this constitute interstate commerce?
2. In light of this event, how might the FDA or CDC update national standards or guidelines for food safety at mobile food facilities or large-scale events?
3. What advice or recommendations would federal agencies provide regarding public health messaging during an outbreak, particularly in a case involving a food truck and confirmed cases of hepatitis A?
4. Given the confirmed cases of hepatitis A, what guidance does the CDC have for preventing the spread to other individuals who may have been exposed, especially if the exposure is from a mobile food truck?

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5. What national epidemiological support can the CDC offer in tracking potential cases across multiple states or jurisdictions?
6. How can national agencies assist local jurisdictions by creating shareable content (for social or conventional media) that addresses both vaccination efforts and public concerns?
7. What protocols should the CDC follow to counter misinformation about hepatitis A and food safety spreading online? Or counter anti-vaccine narratives?
8. Should federal agencies release a unified social media campaign to address the outbreak, or allow state and local agencies to tailor their messages? Why?

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MODULE 3: CONCLUSION

December 22

Before everyone goes on holiday, the organizational leads from **Locations A, B, and C** convene to discuss updates to hepatitis A cases in different locations and determine how the issue could have been better addressed.

Group Discussion

Your facilitator will engage in conversation with the entire group on the following topics:

1. As part of the overall public health outreach strategy, what percentage of event attendees contacted would be considered successful (e.g., 25%, 50%, 95%)? What percentage would you expect to respond?
 - o How would additional members of the public who might have been exposed to the food truck and the restaurant's other catering activities during that period be contacted? What would be considered a successful contact percentage?
 - o Are there any novel methods for navigating the challenges of finding and contacting potentially affected members of the public?
2. What would be considered a successful vaccination campaign (e.g., 80% of exposed individuals who are contacted get vaccinated)?
3. What types of activities would you anticipate if there had been reported cases resulting from the Veterans Day event?
4. What communication barriers do you foresee in your jurisdiction if a situation such as this one played out in real life?
 - o With the general public?
 - o With peers and colleagues in other jurisdictions?

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APPENDIX A: WINGZ ON WHEELS MENU

Wingz

6 pc - \$8

12 pc - \$14

18 pc - \$20

Signature Sauces: Big City BBQ, Cajun Honey Hot, Honey Sriracha, Classic Buffalo, Spicy Garlic, Lemon Pepper (dry), Ranch (dry), Garlic Parm (dry)

Served with your choice of carrot or celery, blue cheese, or ranch

Burgerz

Plain Jane - \$12

Double beef on a toasted bun

Average Joe - \$13

Double beef with American cheese and bacon

City Slicker - \$16

Double beef, bacon, jalapeños, pepperjack cheese, onion ring, house-made western sauce

Freebies: lettuce, tomato, onion, pickle, ketchup, mustard, and mayo upon request

Hamburgers cooked rare, medium rare, or pink in the middle may be undercooked and are served only upon request. (Consumption of raw beef may result in foodborne illness.)

Sidez

Hand-cut fries (small) - \$8

Hand-cut fries (large) - \$12

Bevz

Water - \$3

Soda - \$4

Seltzer - \$4

Juice box - \$2

Milk - \$2

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APPENDIX B: COMMUNITY NEWS ARTICLE

An article in a community newspaper in **Location C** on Sunday morning highlighted the Veterans Day Heroes Festival event, which occurred earlier in the week, and noted that there were concerns about undercooked food served to attendees.

From the desk of: Kaitlynn O'Reilly, Journalist

With cheap, chic fare like Baja fish taco bowls and woodfired gourmet pizza, the state's 2,000+ food trucks are rolling into virtually every small town and event. But the burning (or not so burning) question: Is it safe to grab a bite from a truck that cooks for hundreds, maybe even thousands of people in a space that's the fraction of the size of your home kitchen?

Our Community News team was recently on-site for a three-day Veterans Day Heroes Festival. While our focus was on the current state of veterans affairs – and not the food – we couldn't help but ponder this question as a very red, but juicy burger stared one of our team members in the face during the lunch break.

"Food trucks are required to follow strict guidelines, and they are often inspected as frequently as restaurants," a spokesperson from the local environmental health and safety office said. By law, food trucks need a license to operate so the local health department can track them for inspections.

Why this matters to you: Illegal operators tend not to worry as much about cooking and storage temperatures. BUT there is also an element of surprise – for an owner of a food truck – an inspector could drop by at any time. Some sage guidance we received from the county's Health office: "Know that you can always ask to see the license. And if they can't produce it, it's probably best to eat somewhere else."

But how much can a piece of paper assure you that the food you're about to eat won't leave you hugging the porcelain throne overnight? Here are a few red flags that State University Food Safety Program food safety specialist, Dr. Jeffrey Pierce, shared with our reporting team:

"Try to be on the lookout for proper food handling practices – if you can see what is going on behind the ordering window and inside the truck. Things like proper glove use, food that looks to be left out, presence of insects, clean clothing, hair nets/hats, and general cleanliness of the food preparation space – those little practices can make a big difference when it comes to safely preparing food."

After a long, eventful day, it's natural to want to dive right into the food you've ordered. But Pierce also cautions the public to pay attention to the food's temperature. It's not just a bummer to receive lukewarm chow mein. "Temperature problems are one of the most common violations in food trucks," said Pierce.

And (not-so-spoiler alert) – our news team member seems to be just fine after eating his meals on wheels. Interested in seeing what's on tap – and on wheels – at this weekend's local events? Check out the listing of food trucks that will be rolling into your neighborhood over the next few weeks: [link to community calendar].

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APPENDIX C: HEALTH ADVISORY

In your group, discuss which components below you would or would not include in the health advisory. What additional information is missing?

Example of Health Department Advisory: Take Action to Prevent Hepatitis A

If you ate at Star Wingz restaurant located at Location B, or patronized their Wingz On Wheelz food truck between **[there is debate about the date range to include in the notice]**, including at the Nov 9-11 Veterans Day Heroes Festival in Location C, contact your local health department immediately, as you may have been exposed to hepatitis A. **[There is debate whether they should contact the health department, doctor, other, or if no suggestion should be made.]**

Hepatitis A is a highly contagious viral infection that causes liver inflammation. Symptoms include stomach pain, nausea, fatigue, jaundice, and more. While most recover within two months, it can be life-threatening for older adults or those with other health issues.

A single shot of the hepatitis A vaccine within two weeks of exposure can prevent illness – even if you’re unsure about previous vaccination. **[There is debate about this. Some want to omit reference to a vaccination and let the person’s medical advisor share this information privately. Others want to hold public vaccination clinics. Others are in between and want to note that there is a vaccine.]** Depending on your age and health, your doctor may also recommend immune globulin (IG), especially for children under 1 year old or those unable to get vaccinated. To prevent the spread of hepatitis A, practice good hand hygiene: wash hands with soap and water after using the bathroom, changing diapers, and before handling food.

Act quickly to protect yourself and others. For more information, contact your local health department @ ##.

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APPENDIX D: HEPATITIS A (HAV) FACT SHEET

Source: Excerpts from CDC - <https://www.cdc.gov/hepatitis-a/about/index.html>

About Hepatitis A

The hepatitis A virus is highly contagious. People who get hepatitis A may feel sick for a few weeks or several months, but usually recover completely and do not have lasting liver damage. In rare cases, hepatitis A can cause liver failure and even death. This is more common in older people and people with other serious health issues, such as chronic liver disease.

Since 2016, there have been outbreaks in multiple states caused by person-to-person transmission. These outbreaks have primarily been from person-to-person contact.

Signs and Symptoms

Not everyone with hepatitis A has symptoms. Adults are more likely to have symptoms than children. If symptoms develop, they usually appear 2-7 weeks after exposure. Symptoms usually last less than 2 months, although some people can feel sick for as long as 6 months.

Symptoms can include:

- Dark urine or clay-colored stools
- Diarrhea
- Feeling tired
- Fever
- Joint pain
- Loss of appetite
- Nausea, stomach pain, throwing up
- Yellow skin or eyes (jaundice)

Risk Factors

Anyone who hasn't been vaccinated or previously infected can get hepatitis A. Certain life circumstances and behaviors can also increase your risk of infection.

How It Spreads

Hepatitis A is spread when someone ingests the virus, even in very small amounts. This usually occurs through person-to-person contact or by eating or drinking contaminated food or drink.

Prevention

The best way to prevent hepatitis A is by getting vaccinated. You need to get all the shots in the series to be fully protected. In addition, it's important to practice good hand hygiene, including thoroughly washing hands after using the bathroom, changing diapers, and before preparing or eating food.

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CDC recommends the following groups get vaccinated against hepatitis A:

- All children ages 12-23 months
- All children and adolescents between the ages of 2 and 18 years who have not been vaccinated
- All people, including pregnant people, with increased risk factors for hepatitis A

Screening, Testing, and Diagnosis

A doctor can give you a blood test if you think you have been exposed to HAV.

Treatment and Recovery

To treat the symptoms of hepatitis A, doctors usually recommend resting, eating a well-balanced diet, and making sure you get enough fluids.

Clarifying Misconceptions

Hepatitis A is sometimes difficult to understand, especially the way it spreads and how people recover. Here are a few misconceptions cleared up for you:

- "If I don't have symptoms, I'm not infected."

Many people with hepatitis A do not have any symptoms. Young children are more likely than adults to have hepatitis A without symptoms.

- "If I don't have symptoms, I can't spread the virus to others."

You can still spread HAV to others even if you don't have any symptoms. It's possible to spread HAV up to 2 weeks before you have any symptoms.

- "I can get infected with HAV more than once."

If you have been infected with HAV in the past, you can't get infected again. Once you recover from hepatitis A, you develop antibodies that protect you from reinfection.

What to Expect Long Term

People who get hepatitis A may feel sick for a few weeks or several months, but usually recover completely and do not have lasting liver damage.

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APPENDIX E: RESOURCES

AFDO Root Cause Analysis for Retail Food Safety: <https://www.afdo.org/training/#upcoming>

AFDO Environmental Sampling: A Tool for Solving Outbreaks at the Retail Food Level:
<https://www.afdo.org/training/#upcoming>

CDC Hepatitis A information: <https://www.cdc.gov/hepatitis-a/about/index.html>

Hepatitis A Fact Sheet: <https://www.cdc.gov/hepatitis-a/media/HepAGeneralFactSheet.pdf>

Spanish: https://www.cdc.gov/hepatitis-a/media/HepAGeneralFactsheet_spa.pdf

Hepatitis A Vaccine Information Statement (VIS): <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/hep-a.pdf>

CDC Restaurant Food Safety – Contributing Factors: https://www.cdc.gov/restaurant-food-safety/php/investigations/factors.html?CDC_AAref_Val=https://www.cdc.gov/nceh/ehs/nears/what-are-contributing-factors.htm

CDC – YouTube Video – From Inspector to Investigator: Finding the Factors that Lead to Foodborne Illness Outbreaks: <https://www.youtube.com/watch?v=pWEyWTiX3Sw>

CIFOR main page: <https://foodsafetycoe.org/cifor/>

EpiReady: <https://www.neha.org/epi-ready>

FDA Model Food Code: <https://www.fda.gov/food/fda-food-code/food-code-2022>

Food Emergency Response Network (FERN): <http://www.fernlab.org>

FoodSHIELD: <http://www.foodshield.org>

Integrated Food Safety Centers of Excellence (Food Safety CoEs):
<https://www.cdc.gov/foodsafety/centers/index.html>

International Food Protection Training Institute (IFPTI): <http://www.ifpti.org>

NEARS CDC landing page: https://www.cdc.gov/restaurant-food-safety/php/investigations/nears.html?CDC_AAref_Val=https://www.cdc.gov/nceh/ehs/nears/index.htm

Products developed by CoEs: <https://foodsafetycoe.org/>

Retail Food Safety Regulatory Association Collaborative Foodborne Illness Outbreak Resource Library: <https://www.retailfoodsafetycollaborative.org/tools/foodborne-illness-outbreak-resource-library/>

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RRT Best Practices Manual: <https://www.fda.gov/files/newsroom/published/2017-RRT-Best-Practices-Manual-REDUCED.pdf>

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APPENDIX F: ACRONYMS USED

Acronym	Organization
AFDO	Association of Food and Drug Officials
CDC	Centers for Disease Control and Prevention
EHS	Environmental health specialist
FDA	Food and Drug Administration
FERN	Federal Emergency Response Network
PFGE	Pulsed field gel electrophoresis
TTX	Tabletop exercise
WGS	Whole genome sequencing

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APPENDIX G: PERSONAL LEARNING INVENTORY

This is your Personal Learning Inventory (PLI). Use it throughout the day to record your notes, questions, and discoveries. Not only is the PLI a convenient place to capture the significant events of today's tabletop exercise, but it can also be highly useful later for documenting your experience and reviewing the key points. The PLI is your personal document and will not be collected by the facilitator or evaluators. This is your journal.

Participant Name		Tabletop Exercise	
Date		Facilitator	

1. What are the most important things you learned today?

2. What are some key follow-up items that you will undertake based on your participation in today's tabletop exercise?

3. Did you learn about some new resources that will help you in your daily activities? If so, list and describe.

General Notes

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APPENDIX H: AAR/IP

Information and data collection for the evaluation of discussion-based exercises come from the information that evaluators record as the exercise takes place. Typically, the evaluator (not to be confused with the group spokesperson or the group recorder) records for each breakout group certain specific information as the discussion is taking place. The kinds of information that evaluators should record include issues identified, how decisions are made, roles and responsibilities (of participating entities), coordination/cooperation issues, and recommendations made by the breakout group.

For the analysis phase of the exercise, evaluators should, as a group, try to address the following facets of the exercise:

- How well would personnel from the exercising jurisdiction and other participating entities have been able to perform the necessary or critical tasks?
- What decisions were required, and who should have made them?
- Were additional resources required? If so, how should they have been sourced?
- Would existing plans/protocols/policies enable the full performance of critical or necessary tasks? Were participants familiar with those documents?
- How well did personnel from various entities and jurisdictions coordinate and cooperate to accomplish necessary tasks? Are there agreements in place (among entities, agencies, and/or jurisdictions) to support cooperative accomplishment of necessary tasks?
- What lessons were learned from the exercise?
- What changes/improvements are recommended?