

CIFOR Guidelines and Toolkit Implementation Webinar for Public Health Professionals

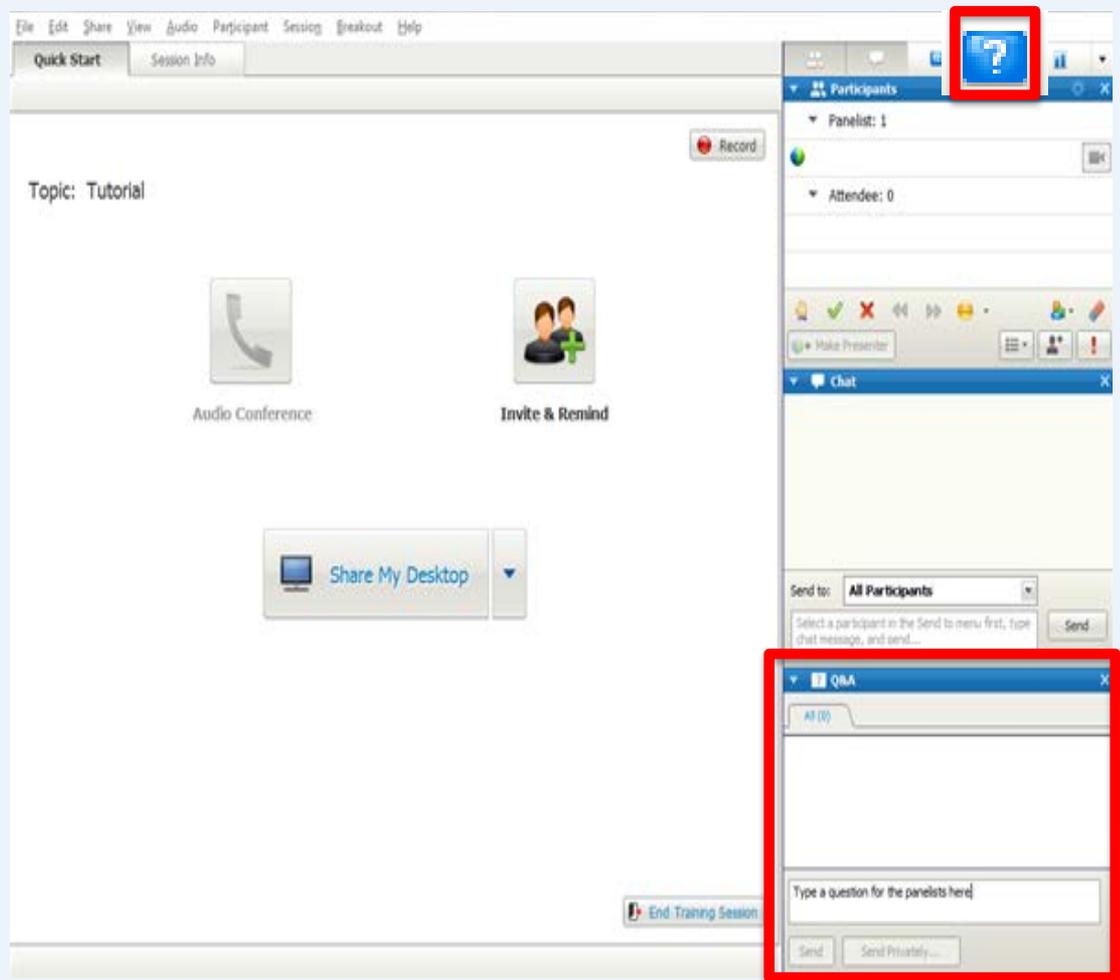
October 7, 2015
2:00 – 3:00 pm Eastern

Webinar Housekeeping

- Please note that today's webinar is being **recorded**
 - The presentation slides and a recording of the webinar will be available on the CIFOR website (www.cifor.us)
- All phone lines have been placed on **mute**
- There will be a question-and-answer period at the end of the webinar
 - To ask a question, please use the **Q&A box** on the **right side of your screen**

To Ask a Question

- Click on the blue question mark tab on the top right panel of your screen
- This will open the Q&A box on the bottom right panel on your screen
- Type a question
- Send it to **All Panelists**
- Questions will be answered during the Q&A period



Session Objectives

1. Describe the steps included in the CIFOR Toolkit process.
2. Explain what is meant by the terms “Focus Areas,” “Tracks,” and “Keys to Success.”
3. Understand how to prioritize areas of foodborne outbreak response for improvement efforts.
4. List ways the Toolkit might be used in a local health jurisdiction or in a large group settings to help improve foodborne outbreak response.
5. Know how to apply for the CSTE/CDC CIFOR Guidelines and Toolkit Implementation Training Grants.

Speakers



Jeanette Stehr-Green, MD



Angela Hagy, MSPH



Quyen Phan, MPH



Jasmine Matheson, MPH

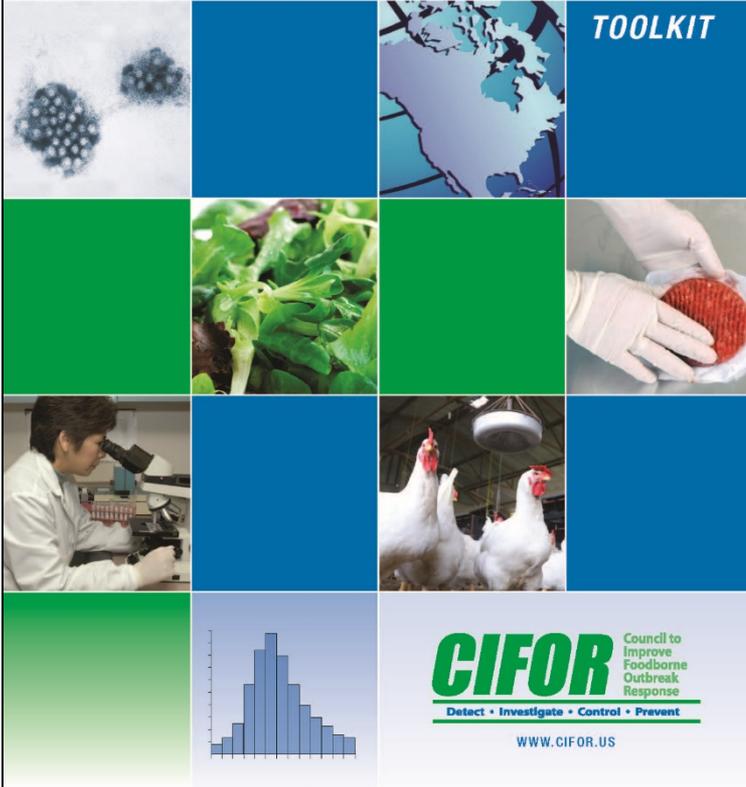


Dhara Shah, MPH

SECOND EDITION

GUIDELINES FOR
FOODBORNE DISEASE OUTBREAK RESPONSE

TOOLKIT

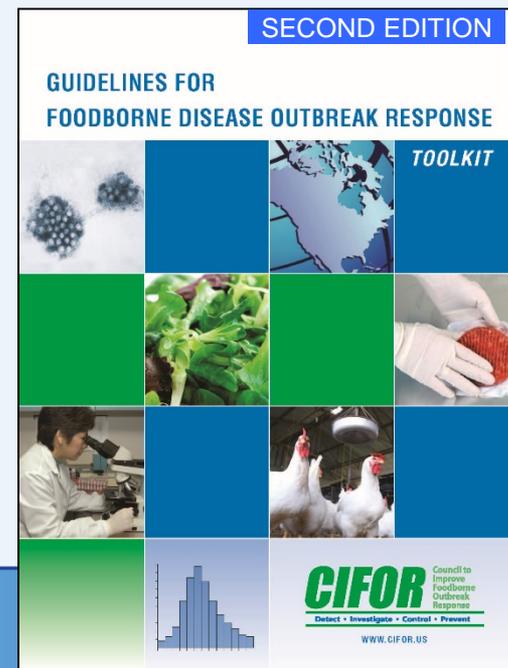


Overview of CIFOR *Guidelines* Toolkit

Jeanette Stehr-Green, MD
CSTE Consulting Medical
Epidemiologist

CIFOR *Guidelines*

- Comprehensive description of foodborne disease outbreak response
 - Planning and preparation
 - Surveillance and outbreak detection
 - Investigation of clusters and outbreaks
 - Control measures
- Developed by representatives from local, state, and federal level and all disciplines
- Released in 2009, revised 2014



CIFOR *Guidelines*

“It’s like a Bible. It’s a reference for practices that basically just existed in people’s heads or in journal articles, or were passed on in each jurisdiction.”

CIFOR *Guidelines* Challenge

- Lengthy document
- A wide range of recommended practices
- Implementation of any particular recommendation depends on
 - Agency factors
 - Outbreak-specific factors

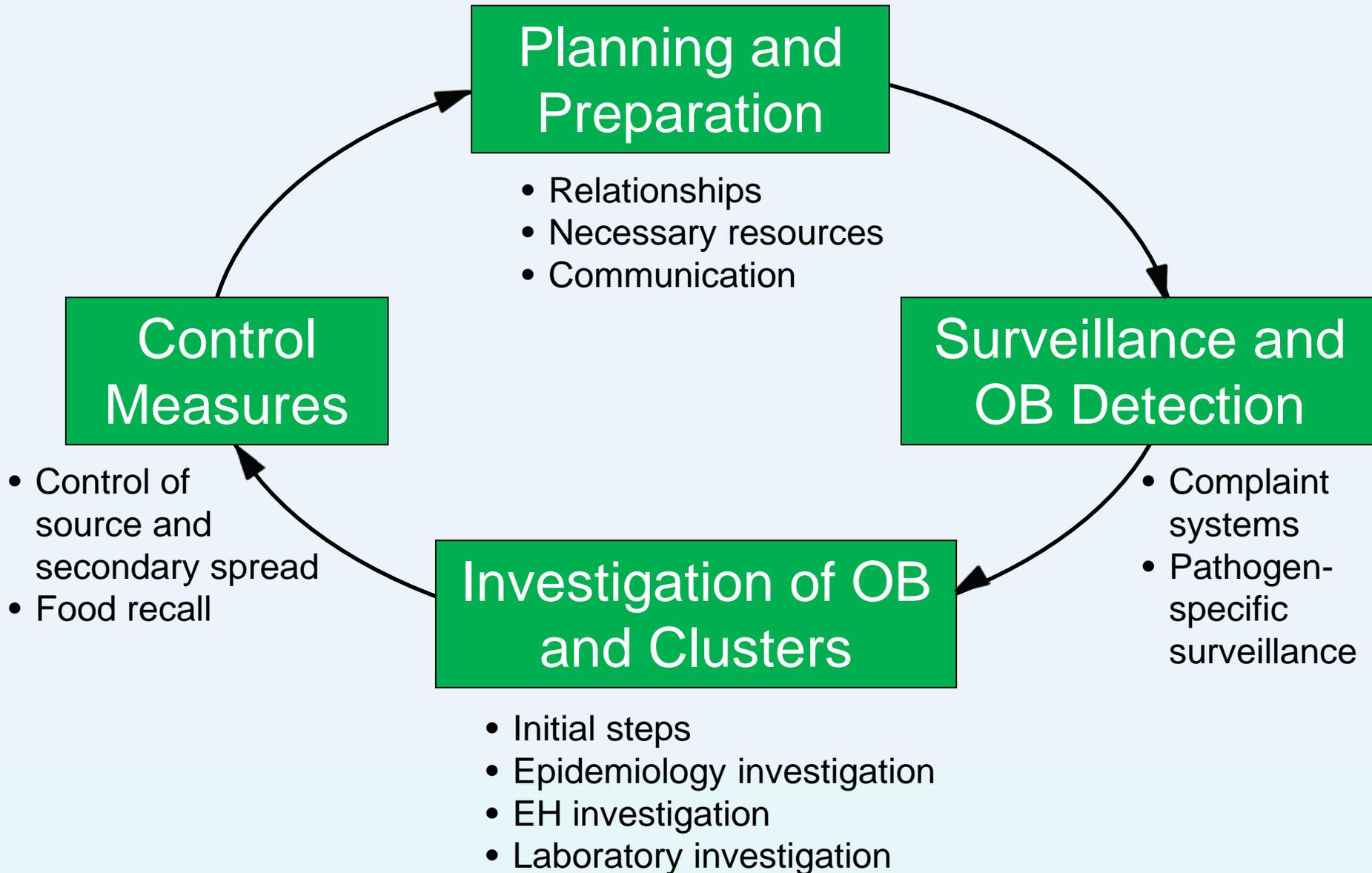
CIFOR Toolkit

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

- Better understand current activities.
- Prioritize areas in need of improvement.
- Identify appropriate activities to improve performance.
- Make plans to implement those activities.



Tracks and Focus Areas



Keys to Success

- Activities, relationships, and resources in each Focus Area considered critical for success
- Created by CIFOR Toolkit Workgroup
- If few keys to success are in place, Focus Area may need work

Keys to Success - Communications

Agency/jurisdiction

- ✓ Identifies key individuals and organizations.
- ✓ Establishes and updates contact lists for key individuals and organizations.
- ✓ Has written procedures for communicating with key individuals and organizations.
- ✓ Has staff trained in communicating with the media and risk communication.
- ✓ Identifies a spokesperson during outbreak response.
- ✓ Conducts a debriefing following each outbreak.

Presentation of Recommendations

- Rearranges recommendations from *Guidelines* by Focus Area and Keys to Success
- Provided as an easy to use worksheet
- Allows users to drill down to recommendations most appropriate for their program

The Process

Step 1: Preliminaries

- Objectives
 - Identify program/agency/jurisdiction for which decisions will be made.
 - Identify who should be involved including support staff.
 - Collect relevant background materials.
 - Decide on time frame.
- Undertaken by lead person or key decision-makers

CIFOR *Guidelines* Toolkit

Document D:
Preliminaries
Worksheet

The CIFOR Toolkit has been developed to help public health, environmental health, and food regulatory agencies and laboratories use the CIFOR Guidelines to improve their foodborne disease outbreak response activities. To prepare for the CIFOR Toolkit process and make the best use of staff time, complete this worksheet before starting the process.

1. During the CIFOR Toolkit process, for what programs, agencies, or jurisdictions will decisions be made? Be specific.

The term "agency/jurisdiction" will be used to refer to this entity on all Toolkit worksheets.

2. The CIFOR Toolkit has been developed for use by interdisciplinary workgroups, including persons with practical expertise in epidemiology, environmental health, food regulation, laboratory science, and communication. To make decisions for the agency/jurisdiction identified above, which of the following program areas should participate in the Workgroup?

- | | | |
|---|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Environmental health | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Food regulation | <input type="checkbox"/> Public health nursing |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Health education | <input type="checkbox"/> Other (specify) |

3. What additional programs or agencies might inform or enrich Workgroup discussions?

4. The CIFOR *Guidelines* offer concrete ways to achieve compliance with other ongoing efforts related to capacity development or program performance. What other initiatives are currently underway in your agency/jurisdiction? (Check all that apply.)

- FDA Retail and Manufactured Food Regulatory Program Standards

Step 2: Prioritize Focus Areas

- Objectives
 - Determine if “keys to success” are in place.
 - Identify problem areas in past outbreaks.
 - Consider priorities of other projects.
- Undertaken by key staff with expertise, practical experience

CIFOR *Guidelines* Toolkit

Document E:
**Selecting Focus
Areas Worksheet**

Step 3: Examine Priority Focus Areas

- Objectives
 - Describe current activities/procedures.
 - Identify targets for improvement.
 - Rank CIFOR recommendations to address targets.
 - Likely impact on foodborne diseases
 - Ease of implementation
 - Dependent on other factors
- Undertaken by larger group with expertise, experience

CIFOR *Guidelines* Toolkit

Document F3:
Focus Area 3
Worksheet
(Communication)

FOCUS AREA 3: COMMUNICATION

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

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

Laurie Stewart (Epidemiologist, Communicable Disease Epidemiology Section [CD], Public Health Seattle-King County [PHSKC]), Jenny Lloyd (Epidemiologist, CD, PHSKC), Tao Kwan-Gett (Medical Epidemiologist, CD, PHSKC), Craig Sivak (Public health nurse, CD, PHSKC), Jeff Duchin (Chief, CD, PHSKC), Hilary Karasz (Educator/consultant, Communications Team, PHSKC), Phil Wyman (Health and Environmental Investigator, Environmental Health Services, PHSKC), Nicola Marsden-Haug (Epidemiologist, Communicable Disease Epidemiology Section, Washington State Department of Health [WA DOH]), Brian Hiatt (Laboratorian, Public Health Laboratory, WA DOH)

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

GOALS FOR COMMUNICATION:

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 COMMUNICATION:

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

Contact lists

- Agency/jurisdiction identifies key individuals and organizations related to outbreak response before an outbreak occurs including members of the outbreak response team, officials inside the agency, contacts at external

1. DESCRIBE YOUR CURRENT ACTIVITIES AND PROCEDURES IN THIS FOCUS AREA.

Considering the keys to success on the previous page, describe your agency's/jurisdiction's current activities and procedures in this Focus Area. Refer to written protocols, if available, and materials related to ongoing efforts in capacity development or quality improvement (e.g., FDA Retail and Manufactured Food Regulatory Program Standards). As you list current activities and procedures related to this Focus Area, indicate those which could be changed to improve your agency's/jurisdiction's response to foodborne disease outbreaks.

Activity/Procedure	Needs Improvement? (Check)
<i>CD section staff have good relationships/communications with primary partners; section staff cross-trained in foodborne illness investigations and outbreak investigation so all have a good understanding of the response.</i>	
<i>Recent transfer of confirmatory laboratory testing of enteric pathogens from PHSKC to WA DOH PHL has resulted in PHSKC CD not receiving preliminary results for high-priority organisms (to allow early action by CD team if necessary); communication/collaboration with WA DOH laboratory might benefit from more frequent meetings.</i>	✓
<i>Staff less familiar with WA Department of Agriculture and U.S. FDA</i>	
<i>Section maintains contact list for key individuals/organizations but list is not updated at specified intervals.</i>	✓
<i>Criteria for engagement/notification of partners outside CD Section determined by Section staff based on "non-written protocol" as indicated on a case by case basis.</i>	✓? (Not sure written protocols are necessary except for training)
<i>No formal communication protocols exist. Section has many disease investigation protocols/procedures, some of which include communications considerations.</i>	
<i>CD section has access to communications experts at PHSKC. PHSKC Communication experts have good relationships with WA DOH communications staff. PHSKC Communications Team not as familiar as they would like regarding respective roles and responsibilities of</i>	✓

2. PRIORITIZE CIFOR RECOMMENDATIONS TO ADDRESS NEEDED IMPROVEMENTS.

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

	Already in place	Priority for Implementation or Improvement in Your Agency/Jurisdiction				
		LOW				HIGH
Contact lists						
Prepare contact information (including after-hours information) for people in the agency who should be contacted in the event of an outbreak, including backups. (3.6.2.1)	<input checked="" type="checkbox"/>	1	2	3	4	5 N/A
Prepare contact information (including after-hours numbers) for contact people in external agencies (e.g., other local, state, and federal agencies). (3.6.2.1)	<input checked="" type="checkbox"/>	1	2	3	4	5 N/A
Prepare contact information (including after-hours numbers) for important food industry contacts, including trade associations. (3.6.2.1)	<input checked="" type="checkbox"/>	1	2	3	4	5 N/A
Ensure that all contact lists are updated at least twice yearly and, when feasible, made available to all stakeholders in both electronic and hard copy formats. (3.6.2.1)	<input type="checkbox"/>	1	2	3	4	5 N/A
Distribute a list of your agency's contacts to other agencies, and obtain a list of their contacts. Provide the contact list in electronic and hard copy formats. (3.6.2.1) (3.6.2.3)	<input checked="" type="checkbox"/>	1	2	3	4	5 N/A

Develop a master electronic distribution list for regularly disseminating information.

Step 4: Make Plans

- Objectives
 - Identify who will take the lead to implement each recommendation and set timeframe.
 - Identify factors that could positively or negatively influence full implementation.
 - Set a date to check-in on progress.
- Undertaken by larger group or subgroup with primary responsibility for particular activity

TRACK: PLANNING AND PREPARATION
FOCUS AREA 3: COMMUNICATION

3. MAKE PLANS TO IMPLEMENT SELECTED CIFOR RECOMMENDATIONS.
For each CIFOR recommendation selected in the previous step (or idea formulated by the workgroup), identify who will take the lead in implementing the recommendation and the timeframe for implementation (e.g., a specific completion date or whether the change is likely to require short, mid- or long-term efforts). If certain actions must precede others, make a note of this and adjust the timeframe. In addition, consider factors that could positively or negatively influence implementation of the recommendation and ways to incorporate the recommendation into your agency's jurisdiction's standard operating procedures.

CIFOR recommendations or other ideas from previous step	Lead person	Timeframe for implementation	Notes (e.g., necessary antecedents, factors that might influence implementation, ways to incorporate the recommendation into standard operating procedures)

One person should be given responsibility for monitoring progress in implementing the above CIFOR recommendations. Follow-up should occur at specified checkpoints (e.g., 3, 6, 9, and 12 months after the start of the Toolkit process) and results should be shared with the entire workgroup.

DATE WORKSHEET COMPLETED: _____
NEXT DATE FOR FOLLOW-UP ON PROGRESS: _____ (1/4/2015)

CIFOR Guidelines Toolkit Communication – p. 8

3. MAKE PLANS TO IMPLEMENT SELECTED CIFOR RECOMMENDATIONS.

For each CIFOR recommendation selected in the previous step (or idea formulated by the workgroup), identify who will take the lead in implementing the recommendation and the timeframe for implementation (e.g., a specific completion date or whether the change is likely to require short, mid- or long-term efforts). If certain actions must precede others, make a note of this and adjust the timeframe. In addition, consider factors that could positively or negatively influence implementation of the recommendation and ways to incorporate the recommendation into your agency's/jurisdiction's standard operating procedures.

One person should be given responsibility for monitoring progress in implementing the above CIFOR recommendations. Follow-up should occur at specified checkpoints (e.g., 3, 6, 9, and 12 months after the start of the Toolkit process) and results should be shared with the entire workgroup.

CIFOR recommendations or other ideas from previous step	Lead person	Timeframe for implementation	Notes (e.g., necessary antecedents, factors that might influence implementation, ways to incorporate the recommendation into standard operating procedures)
<i>Ensure all contact lists are updated at least twice yearly and, when feasible, made available to all stakeholders in electronic and hard copy formats.</i>	<i>Jenny & Laurie</i>	<i>September 30</i>	
<i>Conduct a debriefing following each outbreak response with all members of the outbreak response team to identify lessons learned</i>	<i>Tao</i>	<i>As needed</i>	
<i>Identify and regularly communicate with agencies or organizations that receive illness complaints and ensure they have current contact information for your staff</i>	<i>Craig</i>	<i>September 30</i>	
<i>Develop a checklist of key agencies and communication considerations during outbreaks</i>	<i>Laurie</i>	<i>October 31</i>	
<i>Provide information to PHSKC communications team regarding roles, responsibilities and procedures for outbreak investigations</i>	<i>Tao</i>	<i>October 31</i>	

DATE WORKSHEET COMPLETED: July 20

NEXT DATE FOR FOLLOW-UP ON PROGRESS: November 15

Ideal Toolkit User

- Interdisciplinary workgroup from jurisdiction
- With knowledge of jurisdiction and practical experience in foodborne outbreak response
- Gathering specifically to improve foodborne outbreak response



Other Uses of Toolkit

- As part of an after-action review of a response
- During planning meetings with other programs and agencies to define working relationships, communication processes, data sharing, etc.
- As adjunct to other trainings and professional meetings

Tips for Using the Toolkit (1)

- Don't get distracted by the volume.
- Be clear on the process so as not to get lost.
- Keep moving. Don't get caught up in too much detail.



Tips for Using the Toolkit (2)

- Record highlights of discussions and decisions in provided worksheets.
- Focus on a few realistic changes as opposed to detailed expansive plans.
- End with specific action plans including a time frame and assigned responsibilities.

Utilizing CIFOR in Milwaukee

Angie Hagy, MSPH

Director, Consumer Environmental Health
City of Milwaukee Health Department

Preparation

- Team was identified
 - Epidemiologist
 - Communicable Disease Nurses
 - Environmental Health Specialist
 - Laboratory Staff
 - Fellow
- Review of the guidelines
- Completion of online surveys looking at how well we performed each of the “keys to success”

	No/ never	Some- times	Yes/ always	I don't know
Focus area 2: Necessary resources				
Agency/jurisdiction has access to staff with knowledge and experience in epidemiology, environmental health, the laboratory, health education, and communications to help in the response to an outbreak.	0	0	7	0
Agency/jurisdiction has a designated outbreak response team with expertise in epidemiology, environmental health, and the laboratory.	4	2	2	0
Outbreak response team members have been trained in the agency's/jurisdiction's outbreak response protocols and their individual and combined roles.	4	3	0	1
Staff have access to and familiarity with standardized documents used in an outbreak response, including reporting forms, questionnaires, and disease-specific information sheets.	0	6	2	0

Survey Results

Focus area	No/never
Necessary resources	2.13
Food recall	1.86
Epidemiologic investigation	1.75
Relationships with relevant organizations	1.64
Notification/complaint system	1.50
Initial steps	1.44
Communications	1.43
Environmental health investigation	1.22
Control of secondary spread	1.0
Control of source at implicated facility	0.80
Laboratory investigation	0.67
Pathogen-specific surveillance	0.11

Focus Area Worksheet Completion

1. DESCRIBE YOUR CURRENT ACTIVITIES AND PROCEDURES IN THIS FOCUS AREA.

Considering the keys to success on the previous page, describe your agency's/jurisdiction's current activities and procedures in this Focus Area. Refer to written protocols, if available, and materials related to ongoing efforts in capacity development or quality improvement (e.g., FDA Retail and Manufactured Food Regulatory Program Standards). As you list current activities and procedures related to this Focus Area, indicate those that might need work to improve your agency's/jurisdiction's response to foodborne disease outbreaks.

Activity/Procedure	Needs Improvement? ✓
Have job action sheets for Outbreak Response Team and other LHD positions involved in FB outbreak response	<input type="checkbox"/>
Based on incoming cases, able to define/quantify number of man hours and acquire appropriate number of staff	<input type="checkbox"/>
Defines who allocates people resources and gives approval for overtime	<input checked="" type="checkbox"/>
Reports should be shared with staff and used for evaluation, training, reinforcement	<input checked="" type="checkbox"/>
Should conduct routine CDH staff meetings for reporting and discussion after incidents	<input checked="" type="checkbox"/>
Inform public about receiving recall notifications at recall.gov and paying attention to potential risks	<input type="checkbox"/>
Filter syndromic surveillance information	<input type="checkbox"/>
Disjointed systems, communication lacking; - should have CD, Food, Lab, & Lead (Pb) meet routinely to encourage communication between all or e-mail	<input checked="" type="checkbox"/>
Need for chain of information and accountability	<input checked="" type="checkbox"/>
No performance indicators or time frame for completion	<input type="checkbox"/>

2. PRIORITIZE CIFOR RECOMMENDATIONS TO ADDRESS NEEDED IMPROVEMENTS.

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

	Already in place	Priority for Implementation or Improvement				
		LOW				HIGH
Outbreak response team						
Determine the composition of the outbreak response team before an outbreak occurs. (3.2.1)	<input type="checkbox"/>	1	2	3	4	5 N/A
Use teams that include expertise in epidemiology, environmental health, the laboratory, health education, and risk communication to respond to outbreaks. Members may come from different programs within an agency or different agencies. (3.2.2)	<input checked="" type="checkbox"/>	1	2	3	4	5 N/A
Designate a team leader to help set and enforce investigation priorities, coordinate activities associated with the investigation, and communicate with agency decision makers and other agencies and organizations. (3.2.2.1)	<input type="checkbox"/>	1	2	3	4	5 N/A
Recruit additional team members with other areas of expertise depending on the unique characteristics of each outbreak. (3.2.2.6)	<input type="checkbox"/>	1	2	3	4	5 N/A
Establish a dedicated emergency response unit if the population is large enough and the number of foodborne disease outbreaks is high enough. (3.2.3.1)	<input type="checkbox"/>	1	2	3	4	5 N/A
Ensure that members of the outbreak response team know each other. (3.6.2.2)	<input type="checkbox"/>	1	2	3	4	5 N/A
Ensure all outbreak response team members have a common understanding that the primary goal for outbreak response is to implement control measures as quickly as possible to prevent illness. (3.2.3.4)	<input type="checkbox"/>	1	2	3	4	5 N/A
Pre-assign specific tasks to team members based on their knowledge and skills before an outbreak occurs. (3.2.1)	<input type="checkbox"/>	1	2	3	4	5 N/A
Ensure that team members (and other professional staff) understand the laws and legal authority needed to conduct an outbreak response and can demonstrate competence in applying those laws and legal authorities. (3.8) (9.0.2)	<input type="checkbox"/>	1	2	3	4	5 N/A

Focus Area Worksheet Completion - Continued

3. MAKE PLANS TO IMPLEMENT SELECTED CIFOR RECOMMENDATIONS.

For each CIFOR recommendation selected in the previous step (or idea formulated by the Workgroup), identify who might take the lead in implementing the recommendation and the timeframe for implementation (e.g., a specific completion date or whether the change is likely to require short-, mid- or long-term efforts). If certain actions must precede others, make a note of this and adjust the timeframe. In addition, consider factors that might positively or negatively influence implementation of the recommendation and ways to incorporate the recommendation into your agency's/jurisdiction's standard operating procedures.

CIFOR recommendations or other ideas from previous step	Lead person	Timeframe for implementation	Notes (e.g., necessary antecedents, factors that might influence implementation, ways to incorporate the recommendation into standard operating procedures)
Determine composition of Outbreak Response Team (ORT)	Angie/Kevin	5/31/2011	
Ensure members of ORT know each other	Angie/Kevin	5/31/2011	
Ensure ORT understands primary goals of response	Fred	9/30/2011	
Train ORT in protocol and member's team role	Fred	9/30/2011	
Have support personnel available/surge capacity	Fred/Anupa	9/30/2011	
Equipment/supplies stocked and ready for use by ORT	M. Zemke/Sue	9/30/2011	Checklists; someone assigned to monitor
Identify standardized forms/tools/protocols	Fred /Alexandra	9/30/2011	Review with other members of CIFOR planning
Train staff in use of standardized forms	Fred	10/31/2011	
Assemble reference library w/ disease info & control measures	Fred	9/30/2011	Add to MINT

Date worksheet completed 04/28/2011

Outcomes

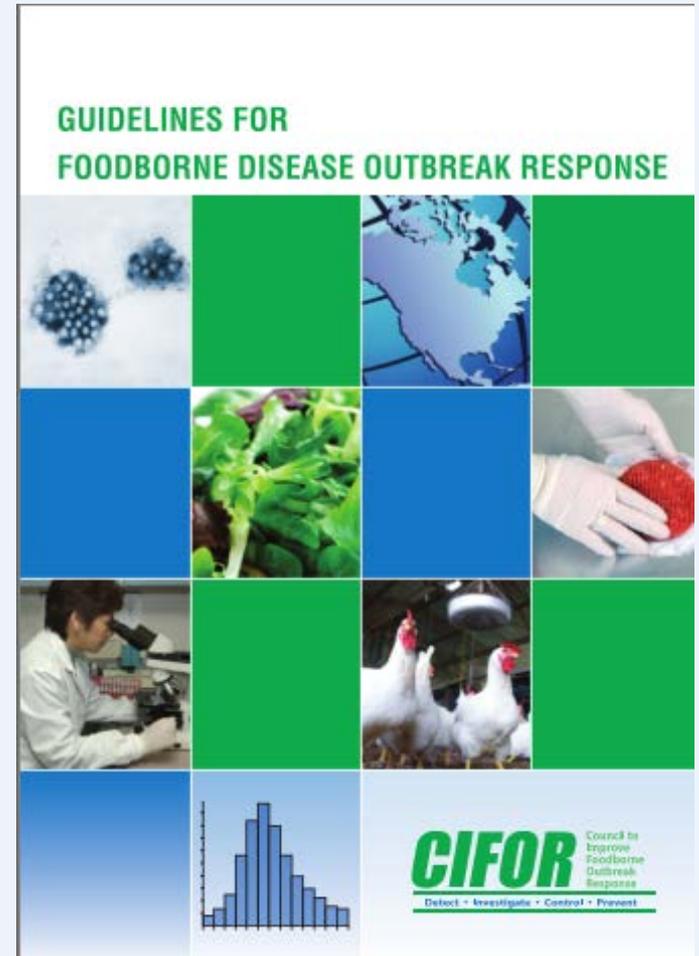
- **Communicable Disease Childcare/School Site Assessment** – This form is used by the Public Health to guide and document visits to childcares and/or schools resulting from a case or outbreak investigation
- **Direction for MHD Staff Issuing Stool Kits** – Instructions for public health nurses and other MHD staff who need to collect stool specimens from clients/patients.
- **Direction for Stool Specimen Collection** – Instructions for the clients/patients receiving a stool collection kit on how to collect the specimen.
- **Directions for Collection and Submission of Food Sample for Bacterial Examination** – Instructions on collecting food samples/specimens that are to be tested.
- **MHD Routine Enteric Follow-up Worksheet** – Form to record demographic information, medical history, food history, and other risk factors of persons with reported cases of foodborne disease.
- **MHD Foodborne Outbreak Inspection Checklist** – Form to be used by restaurant inspectors/registered sanitarians to guide and document food establishment inspections related to outbreaks.

Outcomes - Continued

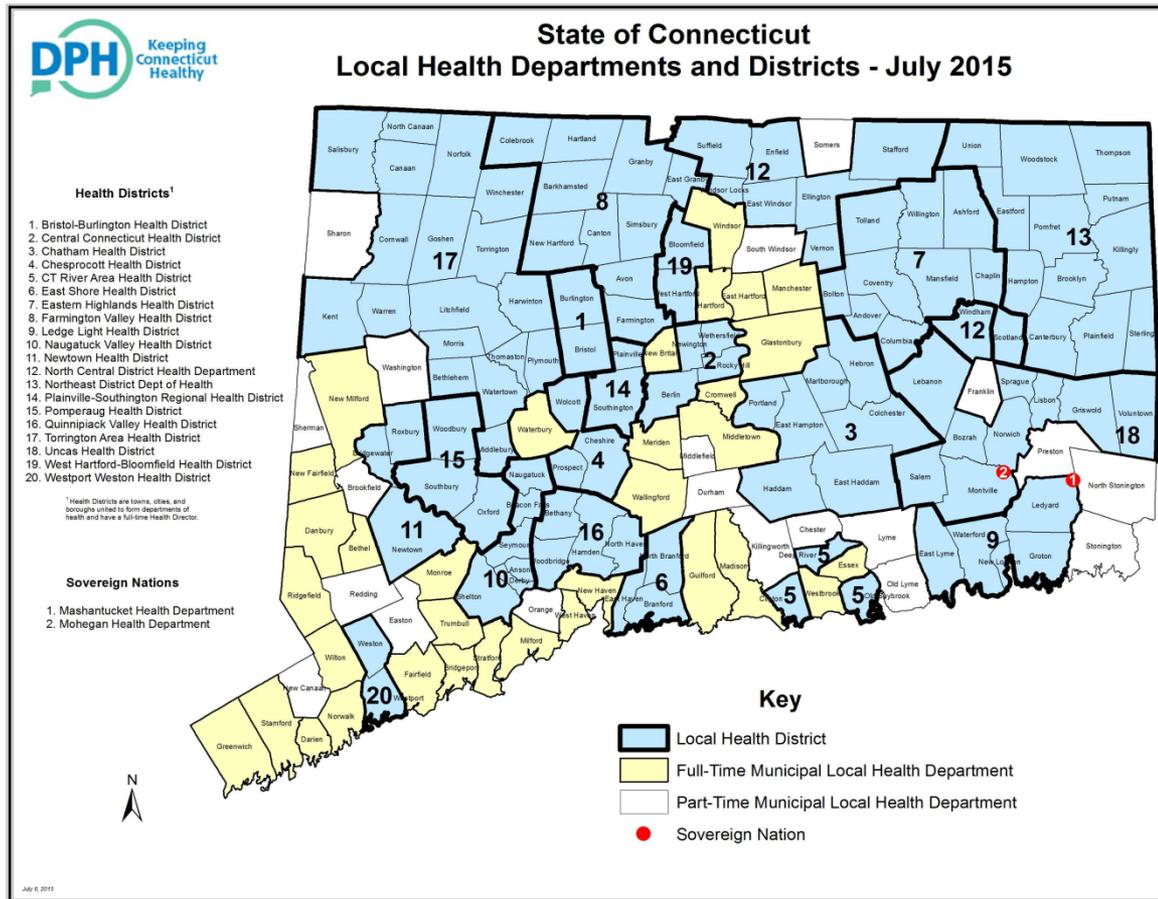
- **MHD Foodborne Outbreak Response Team Notification** – Form used to document progress in an outbreak investigation and provide progress updates for Outbreak Response Team and other MHD decision-makers.
- **Documentation Policy** – Provides guidelines in the documentation of the case investigation and outbreak investigation process.
- **Management of Client Records** – Provides guidelines to assure the safe, secure, and confidential handling of client information.
- **Supplies Available to CD Unit Staff** – Used to record inventory for stool specimen kits and other supplies needed by public health nurses.
- **Sampling Supplies Available to CEH Staff** – Used to record inventory for stool specimen kits and other supplies needed by food establishment inspectors.
- **Chain of Custody Form** – Form for documenting the movement/chain of custody of clinical and lab specimens.
- **Foodborne Outbreak Resource Link** – List of websites/online resources that may be useful in the event of an outbreak
- **Job Action Sheets**
 - Communicable Disease Coordinator
 - Public Health Epidemiologist
 - Public Health Nurse
 - Environmental Health Specialist
 - Microbiologist
 - Molecular Microbiologist

CIFOR Workshops: The Connecticut Experience

Quyen Phan, MPH
Connecticut Department
of Public Health



Background – CT Public Health Structure



- 169 towns/cities
- 73 Local Health Depts:
 - 53 full-time
 - 20 part-time
- Among 53 full-time:
 - 33 municipals
 - 20 districts (2-20 towns)

Outbreak Overview: Key Stakeholders

Suspected outbreaks reported to or identified by:



Epidemiologic Investigation – Epi Program leads or assists local health

Environmental Investigation – FPP assists local health

FoodNet/
FoodCORE
at Yale assist
with epi
investigation

DPH Laboratory
performs clinical,
environmental and
food microbiologic
testing

CT Dept. of
Consumer
Protection

CT Dept. of
Agriculture

CIFOR Workshop Objectives

- Bring together multidisciplinary team consisting of persons directly involved in outbreak investigation and response and with responsibility for policy decisions at their respective organizations;
- Familiarize workshop participants with the *Guidelines and Toolkit* by working with an experienced and trained facilitator;
- Complete at least 2-3 Focus Areas of the Toolkit;
- Describe current practices in various aspects of foodborne disease outbreak response;
- Identify needed improvements to improve foodborne outbreak response;
- Identify and prioritize recommendations from the *Guidelines* that address needed improvements;
- Create an action plan to implement the selected recommendations including a lead point person and timeframe;
- Evaluate the team's experience with the Toolkit and submit an evaluation form to CSTE.

CIFOR Workshop Preparations

- February 2011 – received CSTE funding for training
- Established Subcommittee of DPH representatives, tasked with setting priorities and planning for training
 - Epidemiology Program co-coordinators (state public health veterinarian, EIP coordinator), foodborne outbreak coordinator; Food Protection Program coordinator, Environmental Health Section chief; Local Health Administration branch chief; State Epidemiologist
- Subcommittee met in-person four times during March-April
 - Identified a facilitator (Dr. James Hadler, former State Epidemiologist)
 - Selected and secured training venue
- Drafted and distributed initial and final training announcements and agendas
- Purchased materials and supplies and assembled packets for attendees

Determining Priority Areas

- Subcommittee reviewed entire Toolkit and all the Focus Areas
- Subcommittee selected four high priority Focus Areas to cover during the workshop
 - “Relationships with Relevant Agencies and Organizations”
 - “Communications”
 - “Initial Steps”
 - “Control of Source”

SAVE THE DATE
WEDNESDAY MAY 4, 2011



CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
EPIDEMIOLOGY & EMERGING INFECTIONS PROGRAM

FOODBORNE DISEASE OUTBREAK RESPONSE WORKSHOP

WHEN AND WHERE:

Wednesday May 4, 2011

USS Chowder Pot

Hartford, Connecticut

8:30 am to 4:00 pm

The CT Department of Public Health Epidemiology Program is pleased to sponsor a one-day training workshop utilizing the Council to Improve Foodborne Outbreak Response (CIFOR) *Guidelines for Foodborne Disease Outbreak Response* and CIFOR Toolkit. The purpose of the development of the CIFOR *Guidelines* and Toolkit is to improve public health foodborne disease outbreak detection and response. The aim of the workshop is to integrate recommendations from the CIFOR *Guidelines* into the activities conducted in Connecticut by state and municipal agencies. Local health departments are encouraged to send directors of health and other senior staff (e.g. epidemiologists, public health nurses, sanitarians) who are directly involved in outbreak response activities and policy development to this training exercise. There will be no cost to attend. Refreshments will be provided.

Registration opens March 25 on CT TRAIN: <http://ct.train.org>



Council of State and Territorial Epidemiologists
Leaders in Applied Public Health Epidemiology



Foodborne Disease Outbreak Response Workshop



**Anticipated
Participants:**

- Department of Public Health
- Local Health Departments & Districts
- Department of Consumer Protection
- Department of Agriculture
- Law enforcement

Contact Information

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This workshop is supported by
a grant from the Council of
State and Territorial
Epidemiologists (CSTE)

Join us on Wednesday, May 4th to discuss:

- = *Relationships and Communication between Relevant Agencies/Organizations*
- = *Initial Steps in Outbreak Investigations*
- = *Control Measures*

The CT Department of Public Health is pleased to sponsor a one day workshop utilizing the Council to Improve Foodborne Outbreak Response (CIFOR) *Guidelines for Foodborne Disease Outbreak Response* and CIFOR Toolkit. The purpose of the development of the CIFOR *Guidelines* and Toolkit is to improve public health foodborne disease outbreak detection and response. The aim of the workshop is to integrate recommendations from the CIFOR *Guidelines* into the activities conducted in Connecticut by state and municipal agencies.

TARGET AUDIENCE: Local health departments are encouraged to send directors of health and other senior staff (e.g. epidemiologists, public health nurses, sanitarians) who are directly involved in outbreak response activities and policy development to this workshop exercise.

Date: May 4, 2011
Location: USS Chowder Pot IV
165 Brainerd Road
Hartford, CT
Time: 8:30 A.M – 4:00 P.M.
Register: CT TRAIN: <http://ct.train.org>
Course ID #1026829



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Workshop Proceedings

- One-day in-person training workshop on May 4, 2011
- Welcoming remarks by State Epidemiologist and brief overview of the CIFOR Guidelines
- Overview of the Toolkit, describing purpose and intent of the Toolkit
- Majority of time devoted to facilitator leading participants through Focus Area worksheets and identifying recommendations most relevant/useful for implementation
- With each recommendation discussed, participants asked to offer comments and group collectively assessed level of priority on scale of 1-5 for implementation in CT

Workshop Participants

Health Dept. Type	# (%)
Full-time	35/52 (67%)
Part-time	7/25 (28%)
Total	43/77 (56%)

Job Function/Specialty	No.
Environmental health specialists/sanitarians	57
Directors/assistant directors of health	28
Epidemiologists	15
Public health nurses	13
Emergency preparedness coordinators	6
Student interns	5
Public health laboratorians	2
Dept. Consumer Protection	2
Communications	2
Local health administration	2
Legal specialist	1
TOTAL	133

Agencies Represented
CT Dept. of Public Health Epidemiology Program Food Protection Program State Laboratory Local Health Administration Office of Communications Legal Office Yale Emerging Infections Program
CT Dept. of Consumer Protection

High Priority Recommendations

(Ranking of 4 or 5)

- Decide in advance whether and how to apply the **incident command system (ICS)** in the response to a foodborne disease outbreak and incorporate the ICS structure into response planning. Regardless of the decision, if intentional contamination is suspected in an outbreak or someone claims to have tampered with food and the threat is deemed credible, the ICS should be activated.
- Establish protocols to allow **rapid and open information sharing** between public health and food-regulatory agencies.
- After each outbreak, conduct a **debriefing** with all collaborating agencies, summarizing the effectiveness of communication and coordination among jurisdictions and identifying gaps or problems that arose during the investigation. Refine the agency's outbreak response protocol and relationships with other agencies based on these discussions.

Workshop Outcomes

- Identification of several issues the assembled group felt were of high priority
- Need for further discussion and evaluation for implementation in CT
 - role and utility of an incident command system or structure during foodborne outbreak investigations
 - establishing protocols to enable rapid and open information sharing
 - conducting debriefings or “hot washes”
- Next steps - establish smaller workgroups with state/local representatives to work together on these issues and develop consensus recommendations in these areas to help improve foodborne disease outbreak response in CT

Post CIFOR Workshop Activities



SAVE THE DATE
THURSDAY JUNE 13, 2013



CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
EPIDEMIOLOGY AND
FOOD PROTECTION PROGRAMS

FOODBORNE OUTBREAK RESPONSE TRAINING

WHEN AND WHERE:	TOPICS WILL INCLUDE:
<p>Thursday June 13, 2013 State of Connecticut Laboratory Rocky Hill, Connecticut 8:30 am to 4:00 pm</p>	<ul style="list-style-type: none"> - Follow-up discussions from last CIFOR meeting (Incident Command System, information sharing, hotwashes) - Specimen sampling - Foodborne disease surveillance and outbreak response - Scenario-based exercises

The last CIFOR workshop in May 2011 identified three issues which require further evaluation for implementation in Connecticut: 1) role and utility of an incident command system/structure for outbreak investigations, 2) establishing protocols to enable rapid information sharing between public health and regulatory agencies, and 3) conducting "hot washes" after investigations.

This training is designed to address the issues above, provide information on local and national foodborne disease surveillance and outbreak response initiatives, and provide scenario-based exercises dealing with outbreak investigations and control measures. Other topics that will be presented that day will include: changes/updates regarding Foodcore and Maven, GEDIF, specimen sampling, and inter-active exercises highlighting the components of the new Foodborne Diseases Outbreak Investigation Handbook.

The State of Connecticut Department of Public Health is inviting key members of the outbreak response team: chief sanitarians, certified food inspectors, public health nurses, and directors of health to participate in this training. Six (6) contact hours towards food inspector recertification will be awarded for full attendance.

Registration via CT TRAIN (web link) will open in late April 2013.

Foodborne Disease Outbreak Investigations



A Practical Guide For Local Health Departments

May 2013



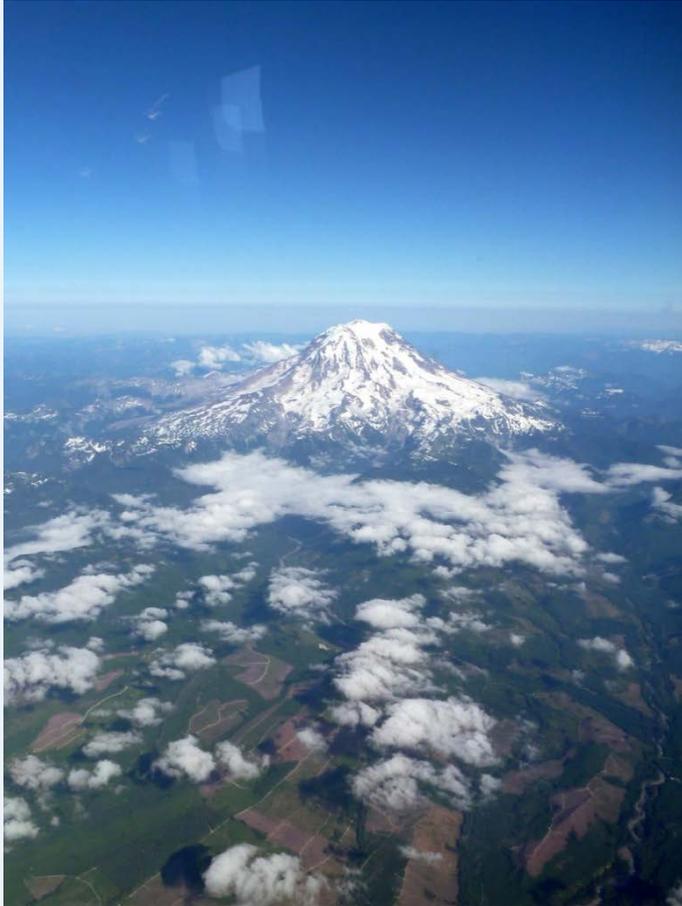


Implementing the CIFOR Guidelines in Washington State

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

Jasmine Matheson, MPH
Office of Communicable Disease Epidemiology

Background



- 39 counties, 35 local health jurisdictions (LHJ)
- Foodborne outbreaks are legally reportable to LHJs
- Survey of LHJs identified foodborne outbreak training as a need
- Funding opportunities for foodborne outbreak training
- Cross-division collaboration

The Plan

Phase 1

Small regional meetings

Self-assessment by local leadership of existing systems

Identification of priority areas for improvement

Phase 2

One day trainings

Presentation-based training for field staff on outbreak related topics

Phase 3

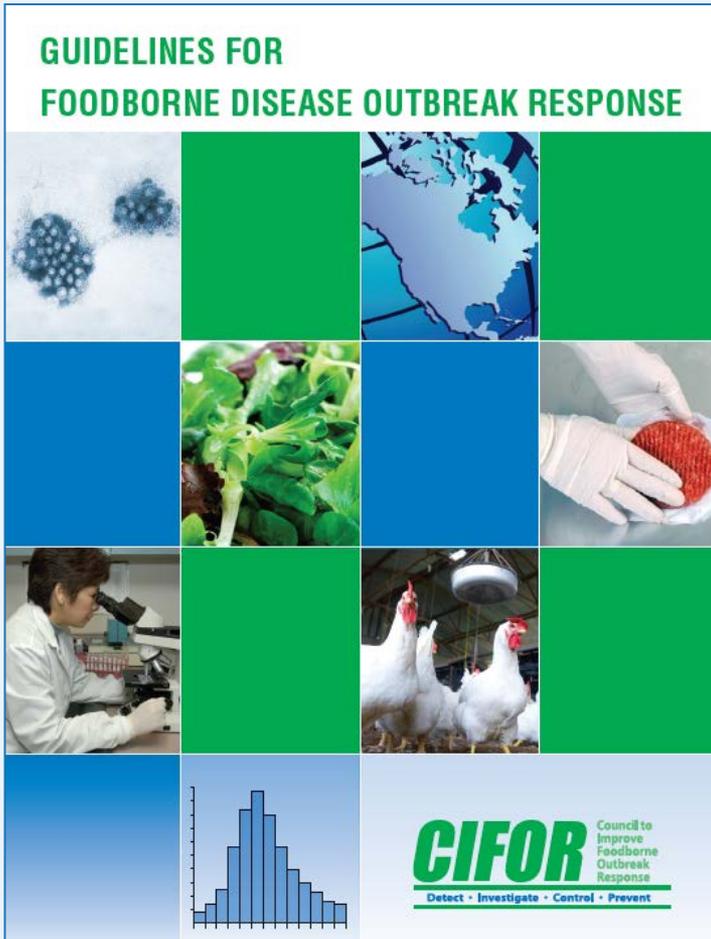
Follow-up to regional meetings

Follow-up of identified priority areas for improvement

CIFOR Guidelines

FDA Voluntary National Retail Food Regulatory Program Standards

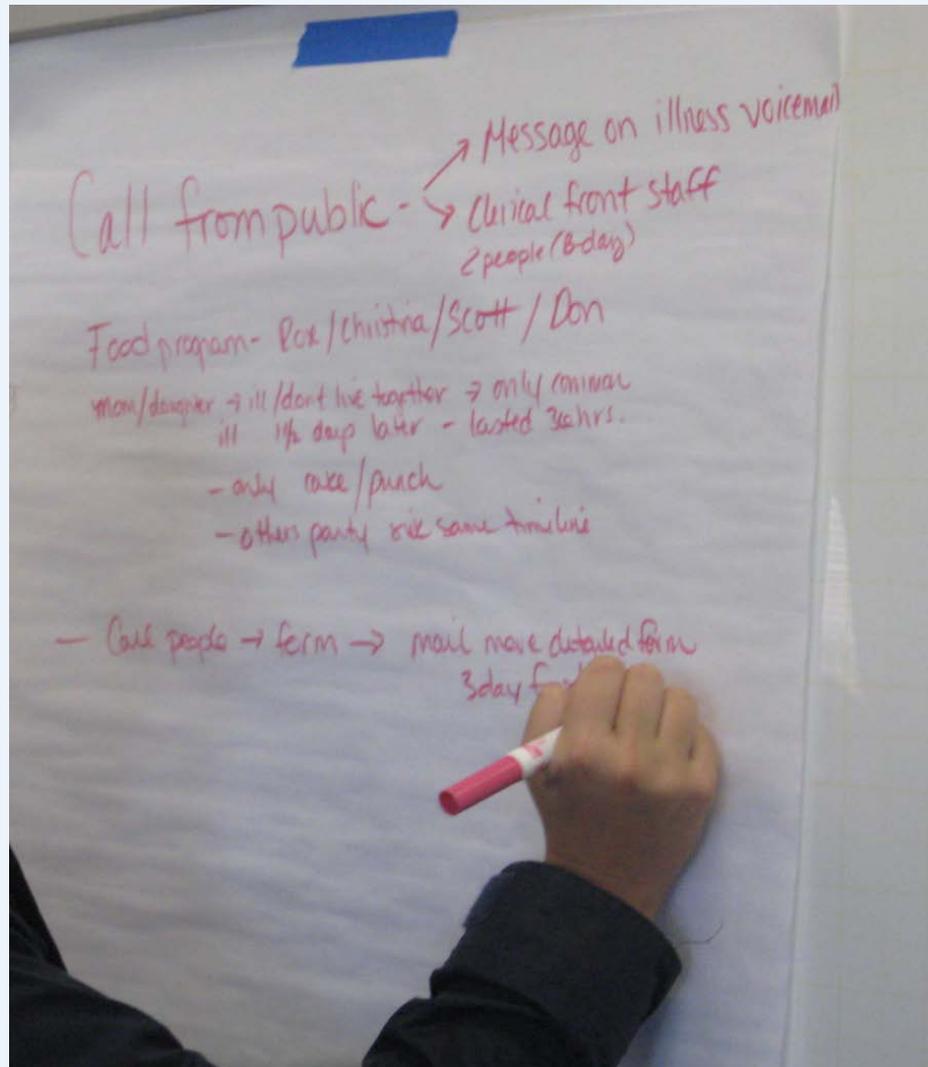
Regional Meetings



Objectives:

- Bring together multidisciplinary teams involved in outbreak response
- Familiarize participants with the *Guidelines for Foodborne Disease Outbreak Response* and Toolkit
- Identify actions to improve foodborne disease outbreak response
- Create an action plan to implement the selected recommendations

Scenario



CIFOR Toolkit Document E

Selecting Focus Areas →

“52 Card Pick-up”

HIGH PRIORITY
TO WORK ON

INVESTIGATION OF CLUSTERS AND OUTBREAKS (cont'd)



FOCUS AREA 7: Epidemiologic investigation

During an outbreak investigation, agency/jurisdiction staff collect, analyze, and interpret exposure (and other) information from cases (and comparison groups, where appropriate) to determine the etiologic agent, persons at risk, mode of transmission, and the vehicle of the outbreak.

KEYS TO SUCCESS:

Staff skills and expertise

- Staff have good interviewing skills and can collect complete and accurate exposure information from cases and controls, where appropriate (or have access to staff in other agencies with this expertise).
- Staff have expertise in epidemiologic study design (or have access to staff in other agencies with this expertise).

Outbreak investigation

- Agency/jurisdiction has a written protocol outlining the steps in the epidemiologic investigation of a foodborne disease outbreak. Staff have easy access to the protocol and have been trained in its implementation.
- Staff interview cases about exposures as soon as possible after the case is reported.
- Staff have access to standard epidemiologic questionnaires used by other investigators in similar outbreaks.



Focus Area 7

Staff have expertise in epidemiologic study design (or have access to staff in other agencies with this expertise)

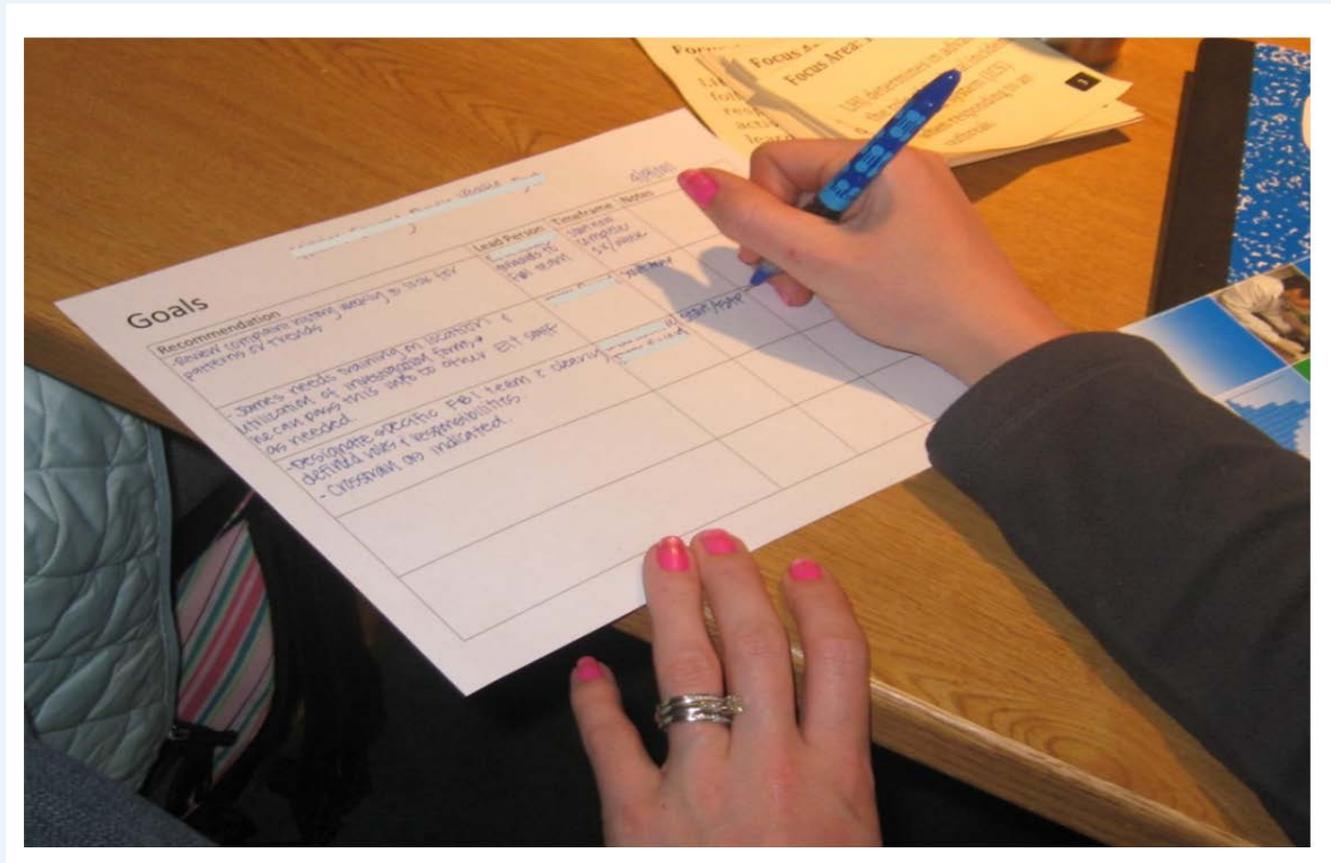
Self-assessment



Focus Areas Prioritized



Focus Area Worksheets & Setting Goals



Summary

- 10 regional meetings during March and April 2011
- 96 attendees from LHJs
- 5 attendees from other public health agencies such as Indian Health Service
- 28 (80%) LHJs participated in at least one of the meetings

CIFOR Toolkit Evaluation

- The CIFOR Toolkit process supported a meaningful examination of our outbreak response activities and needed changes
86% Strongly Agree or Agree
- The worksheets helped us identify CIFOR recommendations to improve outbreak response in our agency/jurisdiction
86% Strongly Agree or Agree

Successes

- Brought together: DOH, LHJs, Regional public health, Indian Health Service
- Improved collaboration and communication
- Evaluated local foodborne outbreak investigation activities within a nationally recognized framework
- Identified practical goals to improve foodborne outbreak investigation

Acknowledgements

- Participating agencies
- Food Safety Program
- Public Health Laboratories

CIFOR *Guidelines* and Toolkit Implementation Training Grants

Dhara Shah, MPH
Council of State and Territorial
Epidemiologists

CIFOR *Guidelines* and Toolkit Implementation Training Grants

- Intended to provide small grant support to interested state and large urban health departments* to conduct training workshop(s) using the *Guidelines* and Toolkit
- Grant funds (~\$5000) can be used for:
 - Travel support (for facilitators/trainers)
 - Meeting room space
 - Renting A/V equipment
 - Facilitator contract and other training-related expenses
- Trainings must be completed by May 31, 2016

*Large urban health departments = 1,000,000+ population size

Intended Audience

- The training workshops should bring together multidisciplinary food safety investigation teams together, including but not limited to:
 - State Epidemiologist
 - State-level foodborne disease epidemiologists
 - Laboratory scientists
 - Environmental health specialists
 - Senior level regulators
 - Senior level representatives from the State Department of Agriculture
 - Public health nurses, if appropriate

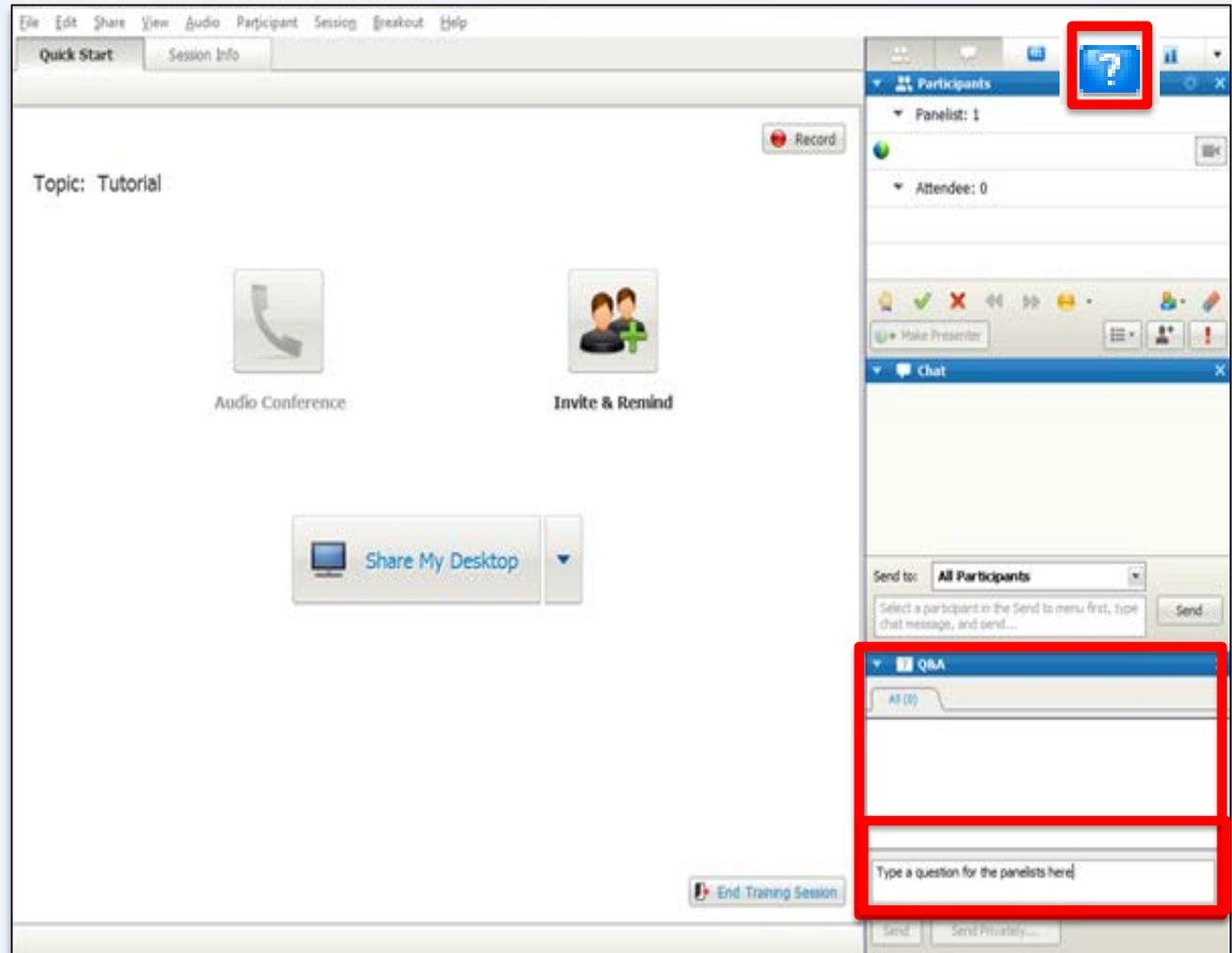
Timeline

- RFP Release Date: October 14, 2015
- Application Deadline: November 25, 2015
- Award Notifications: December 15, 2015
- Anticipated Award Date: December 22, 2015
- Training(s) Completion Date: May 31, 2016
- Final Summary Report Deadline: June 30, 2016

*** Please note the above listed dates are subject to change ***

To Ask a Question

- Click on the blue question mark tab on the top right panel of your screen
- This will open the Q&A box on the bottom right panel on your screen
- Type a question
- Send questions to All Panelists



Thank you for participating!

- Please complete the webinar evaluation:
<https://www.research.net/r/CIFORToolkit2>
- The webinar recording & slides will be available on the CIFOR website at www.cifor.us