Document F12

Focus Area 12 Worksheet: Control of Secondary Spread

Focus Area 12: Control of Secondary Spread

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

GOALS FOR CONTROL OF SECONDARY SPREAD:

Agency/jurisdiction works with health-care providers, the public, and managers in settings where transmission of disease easily could occur (e.g., food establishments, health-care institutions, and child-care settings) to prevent secondary spread of disease from persons infected from the original source of the outbreak.

KEYS TO SUCCESS FOR CONTROL OF SECONDARY SPREAD:

"Keys to success" are activities, relationships, and resources that are believed to be 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.

Communication

- o Agency/jurisdiction has means to alert health-care providers regarding the outbreak and to provide specific information about treatment and infection control.
- o Agency/jurisdiction has ongoing communication with the public.
- o Agency/jurisdiction has pre-existing relationships with the media to ensure rapid and accurate communication of information to the public.
- o Agency/jurisdiction has staff trained in risk communications and communicating with the media.

Control measures

- o Agency/jurisdiction works with settings in which transmission can occur easily to prevent secondary spread.

Monitoring

- o Agency/jurisdiction monitors continued spread of the disease through surveillance and other means.

Making changes

- o Agency/jurisdiction conducts a debriefing among investigators following each outbreak response and refines outbreak response protocols based on lessons learned.
- o Agency/jurisdiction has performance indicators related to control of secondary spread from an outbreak and routinely evaluates its performance in this Focus Area.

List the persons participating in the discussion of this Focus Area and list their affiliations.

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? ✓
	☐
	☐
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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 1to 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
Communication		LOW HIGH
With health-care providers		
Notify health-care providers about the outbreak and encourage them to report cases of the illness under investigation. (6.3.1)	☐	1 2 3 4 5 N/A
Provide health-care providers with information about the disease associated with the outbreak including, specific treatments and infection-control guidance to be given to patients. (6.3.1)	☐	1 2 3 4 5 N/A
Additional ideas:		
With the public		
Determine whether public notification about an outbreak is necessary. Factors that support public notification include the following: • Medical treatment is needed by persons exposed to the etiologic agent, • Public reporting of suspected illness is important to the investigation, and • The risk of exposure still exists. (6.2.2.1.8)	☐	1 2 3 4 5 N/A
When developing messages for the public, seek assistance from the agency's Public Information Officer or the Public Information Officer at another agency, if the agency does not have this resource. (6.2.2.1.8)	☐	1 2 3 4 5 N/A
Communicate with the public using good risk communication practices. Provide only objective information. Do not give preliminary, unconfirmed information. Provide clear actions the public should take to protect itself from infection. (6.2.2.2.2)	☐	1 2 3 4 5 N/A
Use standardized scripts for reporting complex procedural or technical information to the public and actions the public should take to protect itself. (6.4.3)	☐	1 2 3 4 5 N/A
When communicating with the public about an outbreak, reinforce basic food-safety and public health messages such as thorough hand washing, proper food preparation, and advice on personal hygiene. (6.3.2)	☐	1 2 3 4 5 N/A

	Already in place	Priority for Implementation or Improvement (LOW – HIGH)
Communication (cont'd)		
With the public (cont'd)		
Inform the public regarding how to contact appropriate authorities to report suspected foodborne illnesses. (6.3.2)	☐	1 2 3 4 5 N/A
Use established channels for communication with the public. (3.6.2.5)	☐	1 2 3 4 5 N/A
Use other means to disseminate information to the public (e.g., the Internet, television, radio, and newspapers) depending on the public health risk associated with the outbreak. (6.4.3)	☐	1 2 3 4 5 N/A
Attempt to reach all members of the population at risk, including non-English–speaking and low-literacy populations. (6.2.2.2.2)	☐	1 2 3 4 5 N/A
Where appropriate, issue specific advice to certain groups (e.g., advising pregnant women and immunocompromised persons against consuming unpasteurized dairy products). (6.3.5)	☐	1 2 3 4 5 N/A
If an outbreak is large or the etiologic agent is highly virulent, consider setting up an emergency hotline so the public can call with questions. Train persons answering the hotline so that they will provide consistent messages. (6.2.2.2.2)	☐	1 2 3 4 5 N/A
Additional ideas:		
With the media		
Obtain media training for primary agency spokespersons. (3.6.2.7)	☐	1 2 3 4 5 N/A
For each outbreak, identify an agency lead on media interactions, ideally someone trained as a public information officer. (3.6.2.7)	☐	1 2 3 4 5 N/A
Establish procedures for coordinating agency communications with the media. (3.6.2.7)	☐	1 2 3 4 5 N/A
Establish channels for communication with the media (e.g., website, telephone number) including primary contact persons for major local media outlets. (3.6.2.7)	☐	1 2 3 4 5 N/A
Know routine deadlines and time frames for reporting news through major local media outlets (e.g., the deadline for having news from a press release appear in the evening newspaper). (3.6.2.7)	☐	1 2 3 4 5 N/A
Additional ideas:		

Control measures	Already in place	Priority for Implementation or Improvement (LOW – HIGH)
Recommend that ill persons working in settings where disease transmission can occur (e.g., food-preparation, health-care, child-care) be restricted to tasks that provide minimal risk for transmitting the disease to others. (6.3.3)	☐	1 2 3 4 5 N/A
If restricting ill persons is not possible, recommend excluding them from the facility until no further risk of transmission of the disease exists. The risk of transmission is agent-dependent. For pathogen-specific guidance and other information about restriction and exclusion of workers, consult the latest version of the FDA Food Code. http://www.cfsan.fda.gov/~dms/fc05-toc.html. (6.3.3)	☐	1 2 3 4 5 N/A
Identify and dispose of or embargo all food potentially contaminated by an ill worker. When determining which food is at risk, consider food-preparation procedures, dates the food worker worked, and dates the food worker probably was able to transmit disease. (6.3.3)	☐	1 2 3 4 5 N/A
Educate food workers about the illness and general infection-control precautions. Emphasize the importance of thorough hand washing, not working when ill, no bare-hand contact with ready-to-eat foods, proper use of gloves and utensils, proper holding temperatures and procedures for rapid cooling, and thorough cooking and reheating of foods. (6.3.4)	☐	1 2 3 4 5 N/A
Recommend the use of infection-control precautions with hospitalized and institutionalized persons with infectious diarrhea (particularly easily transmissible infections such as *Salmonella* serotype Typhi, *Shigella*, and norovirus), including isolation of patients; barrier nursing precautions; strict control of contaminated clothing, surfaces, and bedding; and strict observation of personal hygiene measures. (6.3.4)	☐	1 2 3 4 5 N/A
During a norovirus outbreak, recommend the use of chlorine solutions or other approved effective sanitizers or methods rather than standard cleaning chemicals. (6.3.4)	☐	1 2 3 4 5 N/A
Set up processes with area hospitals, physicians, local health departments, specialty clinics, or other health-care providers to provide prophylaxis before an outbreak occurs. (6.3.5)	☐	1 2 3 4 5 N/A
Have tested plans in place for large-scale prophylaxis before an outbreak occurs. (6.3.5)	☐	1 2 3 4 5 N/A
Develop processes to identify and communicate with persons who might need prophylaxis including groups at higher risk for severe illness and poor outcomes from foodborne diseases. (6.3.5)	☐	1 2 3 4 5 N/A

Additional ideas:

	Already in place	Priority for Implementation or Improvement (LOW – HIGH)
Monitoring		
Conduct post-outbreak monitoring of the population at risk for signs and symptoms of the illness under investigation to ensure the outbreak has ended and the source has been eliminated and to track secondary spread. (6.5.3)	☐	1 2 3 4 5 N/A
Consider conducting active surveillance, working with health-care providers to increase their vigilance for cases, and collecting stool samples from the population at risk. (6.5.3)	☐	1 2 3 4 5 N/A

Additional ideas:

Making changes		
Arrange a debriefing following each outbreak investigation with all investigators to assess lessons learned (e.g., the effectiveness of outbreak control measures and difficulties implementing them). (6.6) (3.2.3) (5.2.8)	☐	1 2 3 4 5 N/A
Prepare summary reports for all outbreaks consistent with the size and complexity of the response. Use the reports as a continuous quality improvement opportunity. (6.7)	☐	1 2 3 4 5 N/A
Identify the need for broad education of the public, the food-service and food-processing industries, or health-care providers to reduce the number of cases or severity of illness during future outbreaks. (6.8.3)	☐	1 2 3 4 5 N/A

Additional ideas:

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)

Date worksheet completed: _____