Focus Area 4 Worksheet: Notification/ Complaint Systems

CIFOR Council to Improve Foodborne Outbreak Response
Detect • Investigate • Control • Prevent

Focus Area 4: Notification/Complaint Systems

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

GOALS FOR NOTIFICATION/COMPLAINT SYSTEMS:

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

KEYS TO SUCCESS FOR NOTIFICATION/COMPLAINT SYSTEMS:

"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.

Soliciting and receiving reports

- o Agency/jurisdiction has an established process for receiving reports from the public about possible foodborne illness(es).
- o Public knows how to report possible foodborne illnesses to the agency/jurisdiction.
- o Agency/jurisdiction solicits reports of possible foodborne illness from other agencies and organizations likely to receive these reports (e.g., poison control center, industry) inside and outside the jurisdiction.
- o Agency/jurisdiction works with the local media to solicit reports of possible foodborne illness from the public.

Detection of clusters/outbreaks

- o Staff collect specified pieces of information about each foodborne illness report and record the information in an electronic data system.
- o Staff regularly review reports of foodborne illness to identify cases with common characteristics or suspicious exposures that might represent a common source outbreak.

Responding to complaints

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

Making changes

- o Agency/jurisdiction has performance indicators related to notification/complaint systems 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
Soliciting and receiving reports		LOW HIGH
Establish a formal system for receiving reports about possible foodborne illness from the public. (3.4) (4.3.9)	☐	1 2 3 4 5 N/A
To increase reporting, make the reporting process as simple as possible for the public. (4.3.9.9)	☐	1 2 3 4 5 N/A
Use one 24/7 toll-free telephone number or website address that can be remembered easily or found in the telephone directory. (4.3.9.10)	☐	1 2 3 4 5 N/A
Routinely distribute press releases regarding food safety that include the telephone number or website address for reporting to encourage reporting by the public. (4.3.9.10)	☐	1 2 3 4 5 N/A
Use a standard process to collect information from individuals reporting a possible foodborne illness, including use of a standard interview form that solicits information on both food and nonfood exposures. (3.4) (4.3.9)	☐	1 2 3 4 5 N/A
Collect as much information as possible during the initial report. (3.4)	☐	1 2 3 4 5 N/A
For individual complaints, collect a detailed exposure history for the 5 days before onset of illness. If norovirus is suspected, collect an exposure history for the 24 to 48 hours before onset of illness. (4.3.9.1)	☐	1 2 3 4 5 N/A
Identify and regularly communicate with agencies or organizations that receive possible foodborne illness complaints (e.g., agriculture agencies, facility licensing agencies, poison control centers, grocery stores) and ensure they have current contact information for your staff. (4.3.9.7) (4.3.9.12)	☐	1 2 3 4 5 N/A
Train food managers and workers about the importance of reporting unusual patterns of illness among workers or customers and food code requirements for disease reporting. (4.3.9.10)	☐	1 2 3 4 5 N/A

Additional ideas:

	Already in place	Priority for Implementation or Improvement
Detection of clusters/outbreaks		LOW HIGH
Set up the reporting process so all reports go through one person or one person routinely reviews all reports to increase the likelihood that patterns among individual complaints will be detected. (3.4) (4.3.9.11)	☐	1 2 3 4 5 N/A
Compile interview data in a single database to facilitate examination of reports for exposure clustering, trends, or commonalities. (4.3.9.6)	☐	1 2 3 4 5 N/A
Review individual complaints regularly to recognize multiple persons with a similar illness or a common exposure. (4.3.9.6)	☐	1 2 3 4 5 N/A
Compare exposure information collected through the notification/complaint system with data from pathogen-specific surveillance to reveal potential connections between cases and increase the likelihood of detecting an outbreak. (4.3.9.6)	☐	1 2 3 4 5 N/A
Check complaint information against national databases (e.g., USDA/FSIS Consumer Complaint Monitoring System) to identify cases with similar characteristics or exposures. (4.3.9.8)	☐	1 2 3 4 5 N/A

Additional ideas:

Responding to individual complaints		
Guide staff on responses to and communications with upset members of the public. (3.6.2.5)	☐	1 2 3 4 5 N/A
Train staff to give appropriate instructions to persons reporting a possible foodborne illness about prevention of secondary spread and seeking health-care services. (3.4)	☐	1 2 3 4 5 N/A
Decide whether to routinely collect clinical specimens from independent complaints or encourage patients to seek health care. (4.3.9)	☐	1 2 3 4 5 N/A
Prioritize the investigation of establishments named in individual complaints based on whether the complainant's illness is consistent with foods eaten at the establishment, whether a food preparation or serving problem was reported, and the number of persons (with no other shared food history) implicating the establishment. (4.3.9.2)	☐	1 2 3 4 5 N/A

Additional ideas:

Responding to group complaints (cont'd)	Already in place	Priority for Implementation or Improvement LOW HIGH
Investigate reports of illness among groups who ate together more aggressively than illness related to isolated individual complaints. (4.3.9.3)	☐	1 2 3 4 5 N/A
Focus interviews associated with group complaints on the event shared by members of the group. However, be aware that a group might have more than one event in common. (4.3.9)	☐	1 2 3 4 5 N/A
Obtain and test clinical specimens from members of the ill group. Establishing an etiology will help investigators understand the outbreak and establish links to other outbreaks or sporadic cases. (4.3.9.5) (4.3.9.4)	☐	1 2 3 4 5 N/A
If the presumed exposure involves food, collect and store—but do not test—food from the implicated event. Test only after epidemiologic or environmental investigations implicate the food. (4.3.9.4)	☐	1 2 3 4 5 N/A
Test foods (rather than clinical specimens) for outbreaks thought to involve preformed toxins (e.g., enterotoxins of *Staphylococcus aureus* or *Bacillus cereus*), because detection of toxin or toxin-producing organisms in clinical specimens can be problematic. (4.3.9.4)	☐	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 work sheet completed _____