

Focus Area 12 Worksheet: Control of Secondary Spread

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? ✓
	<input type="checkbox"/>
	<input type="checkbox"/>
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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 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					N/A
		LOW				HIGH	
Communication							
<i>With health-care providers</i>							
Notify health-care providers about the outbreak and encourage them to report cases of the illness under investigation. (6.3.1)	<input type="checkbox"/>	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)	<input type="checkbox"/>	1	2	3	4	5	N/A
Additional ideas:							
 <i>With the public</i>							
Determine whether public notification about an outbreak is necessary. Factors that support public notification include the following:							
<ul style="list-style-type: none"> • 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) 	<input type="checkbox"/>	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)	<input type="checkbox"/>	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)	<input type="checkbox"/>	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)	<input type="checkbox"/>	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)	<input type="checkbox"/>	1	2	3	4	5	N/A

	Already in place	Priority for Implementation or Improvement					N/A
		LOW				HIGH	
Communication (cont'd)							
<i>With the public</i> (cont'd)							
Inform the public regarding how to contact appropriate authorities to report suspected foodborne illnesses. (6.3.2)	<input type="checkbox"/>	1	2	3	4	5	N/A
Use established channels for communication with the public. (3.6.2.5)	<input type="checkbox"/>	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)	<input type="checkbox"/>	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)	<input type="checkbox"/>	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)	<input type="checkbox"/>	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)	<input type="checkbox"/>	1	2	3	4	5	N/A

Additional ideas:

<i>With the media</i>							
Obtain media training for primary agency spokespersons. (3.6.2.7)	<input type="checkbox"/>	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)	<input type="checkbox"/>	1	2	3	4	5	N/A
Establish procedures for coordinating agency communications with the media. (3.6.2.7)	<input type="checkbox"/>	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)	<input type="checkbox"/>	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)	<input type="checkbox"/>	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)	<input type="checkbox"/>	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)	<input type="checkbox"/>	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)	<input type="checkbox"/>	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)	<input type="checkbox"/>	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)	<input type="checkbox"/>	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: _____