

Focus Area 6 Worksheet: Initial Steps

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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	<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					N/A
		LOW				HIGH	
Initial steps							
Determine whether reported illnesses are suggestive of an outbreak. Indicators include the following:							
<ul style="list-style-type: none"> Multiple cases with a shared exposure and an incubation period and symptoms consistent with an illness resulting from the exposure or Confirmed cases in excess of the expected number or Demographic features or known exposures among cases suggestive of a common source. (5.2.1) 	<input type="checkbox"/>	1	2	3	4	5	N/A
Examine subsets of cases by using specific agent classifications (e.g., subtyping results) or certain time, place, or person characteristics to identify outbreaks among more common pathogens. (4.2.9.2)	<input type="checkbox"/>	1	2	3	4	5	N/A
Alert the outbreak response team leader as soon as a potential outbreak is suspected. (5.2.2.1)	<input type="checkbox"/>	1	2	3	4	5	N/A
To help assess the priority of investigating an outbreak and likely resources needed, review the descriptive features of the outbreak and relevant background information regarding the etiologic agent, establishment, or event. (5.2.2.1)	<input type="checkbox"/>	1	2	3	4	5	N/A
Give highest priority to the investigation of outbreaks that							
<ul style="list-style-type: none"> Are caused by a severe or life-threatening illness; Affect populations at high risk for complications of the illness; Affect a large number of persons; Might be associated with a food-service establishment in which ill food workers are a continuing source of infection; Might be associated with a commercially distributed food product that is still being consumed; Might be associated with adulterated food. (5.2.2.2). 	<input type="checkbox"/>	1	2	3	4	5	N/A
When an investigation is deemed appropriate, assemble and brief the outbreak response team on the outbreak, team members, and their individual roles in the investigation. (5.2.2.3)	<input type="checkbox"/>	1	2	3	4	5	N/A
If an agency/jurisdiction has decided to apply the incident command system (ICS) to its foodborne disease outbreak response, activate the ICS as early as possible in the response to an outbreak. (3.10.3)	<input type="checkbox"/>	1	2	3	4	5	N/A

	Already in place	Priority for Implementation or Improvement					
		LOW			HIGH		
Initial steps (cont'd)							
Consider indicators suggestive of a multijurisdictional outbreak* and respond accordingly. (7.1) (Table 7.2)	<input type="checkbox"/>	1	2	3	4	5	N/A
Assess the availability of appropriate staff to conduct the investigation. (5.2.2.3)	<input type="checkbox"/>	1	2	3	4	5	N/A
If sufficient staff with the needed skills are not available, request external assistance. (5.2.2.3) (See below.)	<input type="checkbox"/>	1	2	3	4	5	N/A
Establish the goals and objectives for the investigation early in the investigation. (5.2.3)	<input type="checkbox"/>	1	2	3	4	5	N/A
Generate hypotheses about the potential source of an outbreak during the earliest stages of the investigation and refine hypothesis as more information becomes available. (5.1.2.4)	<input type="checkbox"/>	1	2	3	4	5	N/A
In the beginning of an investigation, base hypotheses on the potential source of the outbreak on the descriptive epidemiology of cases (i.e., time, place, and person characteristics of cases), the pathogen, and known exposures among cases. (5.1.2.4)	<input type="checkbox"/>	1	2	3	4	5	N/A
Select, prioritize, and assign investigation activities to outbreak response team members based on hypotheses about the potential source. (5.2.4)	<input type="checkbox"/>	1	2	3	4	5	N/A
For group illnesses associated with an event or establishment, obtain clinical specimens from members of the ill group for laboratory testing as soon as possible. (4.3.9.4)	<input type="checkbox"/>	1	2	3	4	5	N/A
For group illnesses associated with an event or establishment, collect food samples from the event or establishment and store, but do not test them until implicated through epidemiologic or environmental investigations. (4.3.9.4)	<input type="checkbox"/>	1	2	3	4	5	N/A
Interview patients associated with an outbreak as soon as possible because recall will be better closer to the time of the exposure and cases will be more motivated to share information with investigators closer to the time of their illness. (4.2.9.3.1)	<input type="checkbox"/>	1	2	3	4	5	N/A

Additional ideas:

Requests for assistance

Request assistance in the response to an outbreak as soon as the need is recognized. (3.9.1)	<input type="checkbox"/>	1	2	3	4	5	N/A
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*A multijurisdictional foodborne disease outbreak requires the resources of more than one local, state, territorial, tribal, or federal public health or food-regulatory agency to detect, investigate, or control.

	Already in place	Priority for Implementation or Improvement					N/A
		LOW			HIGH		
Requests for assistance (cont'd)							
Request external assistance if the <ul style="list-style-type: none"> • Scale or complexity of outbreak seems likely to overwhelm agency resources; • Outbreak is known or suspected to affect multiple counties, states, or countries; • Investigation points to a commercially distributed product; • Nature of the outbreak or necessary response is beyond the experience of agency staff. (3.9.2) 	<input type="checkbox"/>	1	2	3	4	5	N/A
At the local level, call the State Epidemiologist (or surrogate) to request external assistance. (3.9.3)	<input type="checkbox"/>	1	2	3	4	5	N/A
At the state level, call the most appropriate office at CDC or the CDC emergency response number to request external assistance. (3.9.3)	<input type="checkbox"/>	1	2	3	4	5	N/A
If the suspected food falls under the jurisdiction of a food-regulatory agency, call that agency to request external assistance. (3.9.3)	<input type="checkbox"/>	1	2	3	4	5	N/A
Share as much information about the outbreak as possible when requesting external assistance. (3.9.3)	<input type="checkbox"/>	1	2	3	4	5	N/A
Additional ideas:							

Communications

Contact persons internal to and external to the agency that should be notified in the event of an outbreak, following agency/jurisdiction protocols. (3.6.2.2) (3.6.2.3)	<input type="checkbox"/>	1	2	3	4	5	N/A
If the outbreak is suspected to be multijurisdictional, notify agencies that might need to participate in the investigation or might be affected by the outbreak immediately, including surrounding jurisdictions, state health department, and appropriate food-regulatory agency. (7.2) (7.4)	<input type="checkbox"/>	1	2	3	4	5	N/A
If intentional contamination is suspected, notify law enforcement officials immediately. If the threat is deemed credible, activate the ICS. (3.10.3)	<input type="checkbox"/>	1	2	3	4	5	N/A
Identify persons who will be responsible for communication on behalf of their organizational unit and for the outbreak response team. (3.6.2)	<input type="checkbox"/>	1	2	3	4	5	N/A
Coordinate activities and set up good lines of communication between persons and agencies involved in the investigation. (5.1.2.3)	<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 _____