



Granite County Public Health Department

Foodborne Disease Outbreak Response

Signature Date
Granite County Public Health Nurse

Signature Date
Granite County PHEP

Signature Date
Tri-County Sanitarian

Signature Date
Granite County Health Officer

Record of Changes		
Date	Changes Made	Approved by
4/1/2025	Updated & signed	D. Robinson, RN

Scope

This variability poses a challenge in developing a 'standard procedure,' a 'bullet list,' or the 'step by step' instructions many of us have come to rely on. Since most outbreak investigations do not progress in a neat linear fashion (many activities are conducted concurrently and will affect what other information is required or the direction of the investigation) it is impossible to design a scheme that will account for all of these factors and, most importantly, the critical thinking that is essential for a successful investigation. In spite of this challenge, this manual attempts to provide the foundation and common steps required to perform a thorough and accurate investigation that may take unexpected turns and require varied approaches. Timely sharing of information is crucial in developing and carrying out the investigation plan. For this reason, it is important that the investigation is viewed as a collaborative and cooperative effort between local health departments, DPHHS (CD-Epi and Lab), Food Protection Program, and others, as warranted.

Early detection, notification, and a rapid response are the cornerstones to an effective foodborne outbreak investigation. It is the intent that increased knowledge regarding the responsibilities of all parties involved will lead to an improved collaborative effort, which in turn will lead to increased communication and a decrease in the confusion and frustration sometimes associated with investigations of foodborne disease outbreaks.

A. What is a Foodborne Outbreak?

A foodborne outbreak is the occurrence of two or more cases of a similar illness resulting from the ingestion of a common food. An outbreak may also result from ingestion of foods from a common source such as a restaurant where multiple foods were contaminated by an ill food worker or a contaminated surface, or when an establishment receives food that was previously contaminated somewhere along the farm-to-fork chain.

B. Regulatory Authority to Investigate Outbreaks

Investigation and control of reportable disease and outbreaks by DPHHS,

a) in cooperation with the local Public Health Nurse and/or Director, in the investigation and control of reportable disease shall make or cause to be made such investigation as it deems necessary and shall secure all such data as may assist it in establishing adequate control measures.

b) In order to investigate and control any apparent outbreak or unusual occurrence of reportable disease, the department shall institute such special disease surveillance, follow-up reports and control measures as it deems necessary.

c) Individual medical information pertaining to cases of reportable disease, persons affected by outbreaks of disease or significant increases in the rate of nosocomial infection shall be provided when requested to an investigator who presents official identification of the department or the local department of health. Such an investigator may be an employee of the State or local health department.

C. Goals of a Foodborne Outbreak Investigation

1. Identify the cause of the outbreak to prevent additional cases of illness.
2. Develop interventions to prevent similar outbreaks from occurring in the future.

3. Improve our understanding of foodborne diseases by identifying the contributing factors and antecedents that cause individual outbreaks.

1- **Multiple Illnesses** - Notification of an outbreak may be received from schools, daycares, attendees of a party, special event, or other large gathering who become ill and report the occurrence to the local or state health department.

2. **Routine Surveillance** - The state or local health department (LHD) receives confirmed laboratory results for a reportable foodborne disease. These results include notification of local or multi-state outbreaks based on common Pulsed Field Gel Electrophoresis (PFGE) results or other factors.

3. **Notification by a Health Care Worker** - A physician, nurse, infection control, facility director, or other health care practitioner reports a suspected outbreak by phone to the state/local health department, based on the number of patients reporting who have similar symptoms, exposure, etc.

DPHHS utilizes "MIDIS" (Montana Infectious Disease Information System) reporting and CD-Epi will notify any foodborne related illness with a single complaint of a possible foodborne illness is received at a local health department. Once completed, the form should be completed as soon as possible but within 24 hours of receipt of the initial call and/or email alert through MIDIS.

If there are multiple foodborne related illness complaints, then a Health Alert Network (HAN) message will be sent in two formats: phone and email notification. The HAN Alert will advise if message to be sent out to local healthcare personnel for "distribution".

A. Notification by the Public (Sanitarian)

Responding to the Complaint: Once the MIDIS form has been completed, the Tri-County Sanitarian must assess the validity and significance of the complaint to determine the appropriate response, such as a possible correlation between symptoms, foods, or the establishment that would warrant an investigation. For example, if the complainant experienced nausea and vomiting thirty minutes after consuming a chicken salad sandwich at a restaurant, a reasonable response would be to:

1. Visit the establishment to interview and observe food workers
2. Assess preparation practices of the chicken salad with an emphasis on bare hand contact
3. Examine hands of staff for wounds/burns
4. Review cooling and holding temperatures, etc.

More typically, the scenario presented by a complainant is not as obvious as this example. Although not all alerts are actually foodborne, all foodborne illness complaints should be taken seriously, as any single complaint may be the index case of a foodborne outbreak.

The response to the complaint will vary depending on the information received. It can range from faxing a treatment form to a family's provider, making a phone call to the food establishment, to conducting an in-depth site investigation. The response should begin promptly. If it is the beginning of an outbreak, the sooner an investigation can be started, the more likely it is to be successful in limiting additional illnesses. While a lapse in response time may result in incomplete data gathering during the investigation, a failure to

investigate a valid complaint endangers the public and may lead to additional cases of foodborne illness.

It is very important that all alerts are documented since any single case may be the beginning of an outbreak. Remember, the objective is to prevent foodborne illness!

Some indicators that an onsite investigation should be made include but are not limited to:

1. A case that has been hospitalized with illness suspected to be linked to a food establishment
2. A case with a confirmed foodborne pathogen and a clear association with a food establishment
3. An alert involving a food establishment that has been cited for significant or repeat risk factor violations during inspections
4. A case with a probable association with a food item of interest – e.g. raw shellfish, undercooked beef, fresh squeezed juice, etc.

If a site investigation is warranted, the EHS should visit the establishment immediately or as soon as is reasonably possible. Do not perform a routine inspection! Conducting an onsite investigation immediately will allow the EHS to assess the conditions in the establishment, speak with food workers about illness and preparation practices, and find out about any complaints received by the owner/manager. If unsure, the LHD may consult with the FPP to determine the appropriate response. Note: (As a rule, food, stool and environmental samples are not collected for a single complaint. Exceptions can only be made in consultation with DPH.)

If an onsite investigation is not feasible or warranted, the establishment must, as a minimum, be:

1. Notified that a complaint regarding an alleged foodborne illness was received
2. Asked if they have received other complaints of illness
3. Asked if any food workers have been absent from work due to illness or recently experienced gastrointestinal symptoms

The EHS should direct their inquiries to the qualified food operator (QFO), owner, operator, and other staff as appropriate.

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