Participant Guide

Initial Foodborne Illness Investigation

Team Activity 2

Initial Interview Training
Laboratory Submission Review

Integrated Food Safety
Centers of Excellence
Tennessee

Initial Foodborne Illness Investigation

Team Activity 2

Initial Interview Training

Laboratory Submission Review

Introduction

Welcome

- The second of four complementary team activities for the online Foodborne Outbreak Investigation course series offered by the TN Food Safety Center of Excellence
- Designed to bring together members of a local outbreak response team and help develop or refine an outbreak response plan for the jurisdiction

Materials

- Team Activity Facilitator PowerPoint
- Team Activity Facilitator Guide
- Team Activity Participant Guide
  - *Appendices 1-4*
  - *Appendix 5, distributed by Facilitator*
  - *Appendices 6-7 (optional)*

Activity: Initial Interview Training

Oregon Department of Health Just-in-time Interviewer Training video – https://youtu.be/HNZm7z_JELw

Appendix 1: Complaint Scenario

During the past week, 5 adults have called into the health department complaining that they became ill after eating at restaurant X. In response, an investigation has been opened. Environmental Health plans to investigate restaurant X while epidemiologists or nurses begin contacting complainants and others who have eaten at the restaurant recently.

Appendix 2: Interview Tips

Ten Cardinal Rules for Conducting Interviews

- Do a practice run until you're comfortable with the questionnaire
- Find a quiet place to conduct your interviews
- Be non-judgmental
- Avoid leading the witness
- Accurately record what people say
- Ensure confidentiality, beginning with conducting interviews in a private location
- Gently re-direct, as needed
- Probe if answers are vague, particularly about time of symptom onset
- Work with epidemiology staff to provide interpretation, if needed
- Thank interviewee at closing and explain how info will be used

Appendix 3: Environmental Health Questionnaire

Appendix 4:
Epidemiology Questionnaire

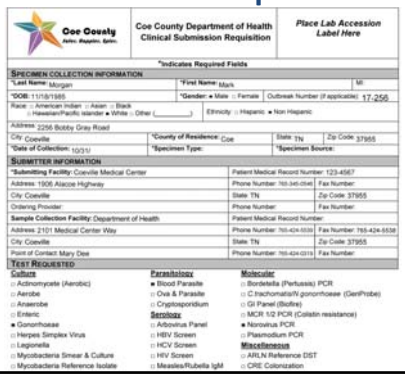
Appendix 5:
Injects – Barriers to Actionable Information

Facilitator will pass out the document at the indicated time in the activity.

Activity participants will be tasked with discussing and strategizing ways to overcome these barriers in their small groups before discussing them with the group as a whole.

Activity:
Laboratory Submission Review

Appendix 6:
Clinical Submission Requisition



Appendix 7:
Food/Environmental Sample Chain of Custody

Thank you for your participation!

Integrated Food Safety

Please remember to visit
https://is.gd/compl_activity_eval
to complete the activity evaluation form!

Appendix 1
Complaint Scenario

During the past week, 5 adults have called into the health department complaining that they became ill after eating at restaurant X. In response, an investigation has been opened. Environmental Health plans to investigate restaurant X while epidemiologists or nurses begin contacting complainants and others who have eaten at the restaurant recently.

Appendix 2
Interview Tips

Bill Keene's Keys to Interviewing Success and Ten Cardinal Rules for Conducting Interviews

Bill Keene's Keys to Interviewing Success

- Keep the interview as conversational and as natural as possible while staying in the confines of the questionnaire.
- Show empathy to the interviewee.
- Explain what you're doing and why you're doing it.

Ten Cardinal Rules for Conducting Interviews

1. Do a practice run until you're comfortable with the questionnaire
2. Find a quiet place to conduct your interviews
3. Be non-judgmental
4. Avoid leading the witness
5. Accurately record what people say
6. Ensure confidentiality, beginning with conducting interviews in a private location
7. Gently re-direct, as needed
8. Probe if answers are vague, particularly about time of symptom onset
9. Work with epidemiology staff to provide language interpretation, if needed
10. Thank interviewee at closing and explain how info will be used

Additional Resources:
Additional interview tips can be found in the following video https://www.youtube.com/watch?v=-uZsoal0by0 produced by the Colorado CoE.

Appendix 3
Environmental Health Questionnaire

Establishment: _____Date of Suspected Meal: ____/____/____ Log#: _____

Foodborne Illness Investigation: Food Worker Interview

The Department of Health is investigating an outbreak of gastrointestinal illness among persons who that had food prepared Restaurant X. We are interviewing all food workers who helped prepare/serve the food. We understand that some people did not become ill, but it is important that we talk with everyone in order to determine what caused the illness. The questionnaire will take about 5-10 minutes to complete. All information will remain strictly confidential.

Date of Interview: _____/_____/_____

Food worker name: _____ Position: _____

Address: _____ Phone: _____

Work History:

- How long have you worked at this establishment? _____ Years _____Months _____Days

- Do you work as a food worker anywhere else? □ Yes □ No
  If Yes, where? _____

Time period of concern: (usually 10 days prior to suspect meal)

- When did you work during this time period? (Indicate hours worked)
  Sun_____ Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Sat_____
  Sun_____ Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Sat_____
  Sun_____ Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Sat_____

Illness History:

- Did you have any of the following symptoms during this time period? (Check all that apply) □ Yes □ No

  □ Nausea □ Vomiting □ Abdominal cramps □ Fever
  □ Chills □ Muscle ache □ Headache
  □ Diarrhea: # of episodes/day_____

  If any of the above symptoms experienced:

  - When did the symptoms begin? Date and time: ____/_____/____ ____:____ AM/PM
  - When did the symptoms end? Date and time: ____/_____/____ ____:____ AM/PM

- Did you see a doctor or go to the hospital? □ Yes □ No
  If Yes, who was your healthcare provider? _____
  Diagnosis?_____

- When did you return to work after being ill? _____

- Has anyone in your household been ill during this same time period? □ Yes □ No

  If Yes, which symptoms did the person experience?

  □ Nausea □ Vomiting □ Abdominal cramps □ Fever
  □ Chills □ Muscle ache □ Headache
  □ Diarrhea: # of episodes/day_____

  If any of the above symptoms experienced by household member:

  - When did the symptoms begin? Date and time: ____/_____/____ ____:____ AM/PM
  - When did the symptoms end? Date and time: ____/_____/____ ____:____ AM/PM
  - What is the occupation of the ill household member?_____

- Do you know of anyone else (co-workers, friends, etc.) with a similar illness during the same time period?

  □ Yes □ No

  If yes, who? _____ Telephone: _____

- Did you eat any foods prepared on the date of the suspected meal(s)? □ Yes □ No

  If yes, indicate foods eaten: _____

- What foods do you prepare/serve? _____

  _____

  _____

Appendix 4
Epidemiology Questionnaire

Patient's Name (last, first):	Respondent is... □self □parent □spouse
Pt's phone #s – Home: **Cell:**	
Age: **Sex:** □ **Male** □ **Female**	**Ethnicity:** □ **Hispanic** □ **Not Hispanic**
Race: □ **Caucasian** □ **African-American** □ **Asian** □ **Other: _____**	
Home Address: **City:** **State & Zip:**	

Lead-In Questions (Ask of Everyone)

Did/Do you …

a. **Travel anywhere (different from your normal routine) from 6/6/17 to 6/13/17?**
   □ **Yes** □ **No** □ **Don't Know**
   ***If yes*, give place(s) that you traveled to: _____**
   When: ___ /___ /___ thru ___ /___ /___

b. **Participate in group gatherings, parties, field trips or other group activities (e.g., local sporting events) from 6/6/17 to 6/13/17?**
   □ **Yes** □ **No** □ **Don't Know**
   ***If yes*, list activities: _____**
   Where? _____ When? _____

c. **Know anyone who has been ill with diarrhea or vomiting since 6/4/17?**
   □ **Yes** □ **No** □ **Don't Know**
   ***If yes*, who (relationship and name)? _____**
   When did they get sick? ___ /___ /___

Food Exposures

d. **Did you eat at Restaurant X between 6/6/17 and 6/9/17?** □ **Yes** □ **No**
   ***If yes*, when? ___ /___ /___**

e. **At Restaurant X, did you eat any of the following?**

Item	**Y**	**N**	**D/K**
Fried Chicken	□	□	□
BBQ Pork	□	□	□
Vegetable Soup	□	□	□
Herbed Potato	□	□	□
Corn on the Cob	□	□	□
Dessert – Specify:	□	□	□
Condiments/Dips – Specify: **(Ketchup, Honey Mustard, BBQ Sauce, Butter, etc.)**	□	□	□

f. **What did you have to drink? _____**
g. **Did you have ice in your drink? □ Yes □ No □ Don't Know**
h. **Did you have any garnishes in your drink? (lemon, lime, etc.) □ Yes (specify) _____ □ No □ D/K**

Symptom History

Now I want to ask you some questions about recent stomach illness you may have experienced.

i. **Have you been sick at all with diarrhea since 6/6/2017?**
By diarrhea, I mean three or more loose stools in a 24-hour period. □ Yes □ No □ Don't Know

Since 6/6/17, did you have any...

Y	N	D/K		Y	N	D/K	
□	□	□	Nausea	□	□	□	Chills
□	□	□	Vomiting	□	□	□	Headache
□	□	□	Diarrhea	□	□	□	Backache
□	□	□	Blood in stool	□	□	□	Muscle aches
□	□	□	Cramps	□	□	□	Unusual fatigue (feeling tired)
□	□	□	Constipation	□	□	□	Other (*if other, specify* _____)
□	□	□	Fever				("Did you feel sick any other way?")
			(*if yes*, □ subjective or _____˚)				

***If this person has NOT had either diarrhea or vomiting*, STOP HERE (Go to Ending Statement).**
***If they have had these symptoms*, CONTINUE.**

Onset and Duration

Get precise answers for onset time. If you don't get a date and time, it can't be placed on an epi curve. Estimates are OK. Prompt as needed: "What is your best guess of the time?" Don't accept vague responses like "morning" or "after midnight." Be careful with times such as "midnight" or early morning hours—which day do they mean? By "2am Friday night," for example, do they mean Saturday morning? Keep probing until it is unambiguous.

j. **On what date did you first feel sick? ___ /___ /___**
k. **At what time did you first feel sick? □ _____ am □ noon □ _____ pm □ midnight (end of day)**
l. **What was your first symptom? _____**
m. ***[If applicable]* On what day did you start having the diarrhea? ___ /___ /___**
n. ***[If applicable]* At what time did the diarrhea begin?**
□ _____ am □ noon □ _____ pm □ midnight (end of day)
o. **Are you still having any diarrhea now? □ Yes □ No**
***If Yes,* Are you willing to submit a stool specimen? □ Yes □ No**

***If No,* How long did the diarrhea last? _____ minutes _____ hours _____ days**

p. **Did you have contact with anyone else who was sick with vomiting and/or diarrhea during the 7 days prior to becoming ill?**
***If Yes*, who and when? _____**

Ending Statement

Thank you very much for your time. These interviews are extremely valuable in helping us solve the mystery of why people are getting sick. Depending on what we find out when we put these interviews together, we may need to follow up about a few details. Would it be okay if I contacted you again if we have additional questions?

Appendix 5
Injects – Barriers to Actionable Information

A wide variety of challenges can occur during the course of an outbreak investigation, complicating team efforts to resolve the situation. Small teams will be assigned one or more of the following injects. Teams should discuss the injects for an additional 5 minutes. Teams should strategize ways to overcome these barriers before discussing them with the group as a whole.

1. Patient specimens arrive at the lab without being properly labeled.
2. Food samples arrive at the lab out of temperature.
3. The wrong test was used to test patient specimens at the local hospital and the samples have been discarded.
4. A suspected food vehicle cannot be distinguished from patient interviews.
5. The majority of interviewees are uncooperative and unwilling to give epidemiologists/nurses any information.
6. A potential source of contamination is found at Restaurant X during a site visit by Environmental Health personnel, but it does not have a clear relationship to the suspected food vehicle.

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Appendix 6
Clinical Submission Requisition Example

Coe County *Safer. Happier. Epier.*	**Coe County Department of Health Clinical Submission Requisition**	***Place Lab Accession Label Here***

***Indicates Required Fields**

SPECIMEN COLLECTION INFORMATION

***Last Name:** Morgan	***First Name:** Mark	MI:
***DOB:** 11/18/1985	***Gender:** ■ Male □ Female	Outbreak Number (if applicable): 17-256
Race: □ American Indian □ Asian □ Black □ Hawaiian/Pacific islander ■ White □ Other (_____)	Ethnicity: □ Hispanic ■ Non Hispanic	
Address: 2256 Bobby Gray Road		
City: Coeville	***County of Residence:** Coe	State: TN / Zip Code: 37955
***Date of Collection:** 10/31/	***Specimen Type:**	***Specimen Source:**

SUBMITTER INFORMATION

***Submitting Facility:** Coeville Medical Center	Patient Medical Record Number: 123-4567	
Address: 1906 Alacoe Highway	Phone Number: 765-345-0546	Fax Number:
City: Coeville	State: TN	Zip Code: 37955
Ordering Provider:	Phone Number:	Fax Number:
Sample Collection Facility: Department of Health	Patient Medical Record Number:	
Address: 2101 Medical Center Way	Phone Number: 765-424-5539	Fax Number: 765-424-5538
City: Coeville	State: TN	Zip Code: 37955
Point of Contact: Mary Dee	Phone Number: 765-424-0319	Fax Number:

TEST REQUESTED

Culture
- □ Actinomycete (Aerobic)
- □ Aerobe
- □ Anaerobe
- □ Enteric
- ■ Gonorrhoeae
- □ Herpes Simplex Virus
- □ Legionella
- □ Mycobacteria Smear & Culture
- □ Mycobacteria Reference Isolate
- □ Mycology
- □ Viral: Virus Suspected _____

Parasitology
- ■ Blood Parasite
- □ Ova & Parasite
- □ Cryptosporidium

Serology
- □ Arbovirus Panel
- □ HBV Screen
- □ HCV Screen
- □ HIV Screen
- □ Measles/Rubella IgM
- □ Syphilis RPR
- □ VDRL

Molecular
- □ Bordetella (Pertussis) PCR
- □ *C.trachomatis/N.gonorrhoeae* (GenProbe)
- □ GI Panel (Biofire)
- □ MCR 1/2 PCR (Colistin resistance)
- ■ Norovirus PCR
- □ Plasmodium PCR

Miscellaneous
- □ ARLN Reference DST
- □ CRE Colonization
- □ CRE Confirmation
- □ **Other** _____

ADDITIONAL INFORMATION

Is this isolate/specimen being submitted in response to the CCDH Reportable Diseases and Events Guidelines? □ No ■ Yes

Is this isolate/specimen being submitted as part of a surveillance program? ■ No □ Yes If yes, program name: _____

Please provide the following information with regard to isolates/specimens submitted:
Gram Stain Reaction: oxidase-positive diplococcal strain Other lab tests performed and results: Superoxol Test +ve; all strains give 4+ reaction
Automated ID if applicable: 4456 Suspected Organism: Neisseria gonorrhoeae

Appendix 7
Food/Environmental Sample Chain of Custody Example

Coe County *Safer. Happier. Epier.*	Coe County Department of Health Food and Environmental Sample Testing	*Place Lab Accession Label Here*

*Indicates Required Fields

SAMPLE COLLECTION INFORMATION

*Outbreak ID: 17-667	Sample # 1 of 5	
*County: Coe	*Sample Collector:	*Contact Phone # ( )
*Date of Collection: 05/09/2017	*Sample Type/Lot No.: 24	*Temperature: 4
Comments:		

Suspected Organism(s) for testing based on Epi data:

- ☒ Salmonella
- ☐ Shiga-toxin producing E. coli
- ☐ Shigella
- ☐ Bacillus cereus
- ☒ Staphylococcus aureus
- ☒ Clostridium perfringens
- ☐ Campylobacter
- ☐ Norovirus (environmental sampling only)
- ☐ Other _____

CHAIN OF CUSTODY

Collected By: Mary	Date: 05/19/2017	Time: 07:30	Signature:
Organization: CCHD	Phone Number: ( )		County: Coe
Address:	City:		State: / Zip:

Date/ Time	Released By	Received By	Purpose of Change in Custody	Temp (if applicable)
	Signature: Name, Title: Mary, Health Inspector	Signature: Name, Title: Robert, Microbiologist		
	Signature: Name, Title:	Signature: Name, Title:		
	Signature: Name, Title:	Signature: Name, Title:		
	Signature: Name, Title:	Signature: Name, Title:		
	Signature: Name, Title:	Signature: Name, Title:		

For Laboratory Use Only:

Date Sample Destroyed	Person Responsible
	Signature:
	Name, Title: