



KEY POINTS

for Successful Foodborne Outbreak Detection and Investigation

OBTAINING FOOD TRANSACTION RECORDS FROM CREDIT/DEBIT CARDS

Successfully identifying the source of foodborne disease outbreaks requires detailed assessment of exposures during the incubation period. Asking the case to review check registers and paper or online credit card/bank statements can provide the purchase date and location of foods consumed during the time period of interest. This can be an important starting point for recalling specific food exposures in a timely manner.

During investigations of outbreaks thought to be due to commercial food items, itemized paper receipts saved by cases and transaction records obtained from store loyalty programs, co-ops, or warehouse membership cards (“shopper cards”) are valuable sources of specific information about foods purchased by cases. When these sources of information are available, they should be used to the fullest extent possible. However, when these are not available (e.g., the store does not have a loyalty or membership program), another strategy exists – food transaction records can often be resurrected using credit or debit cards that were used for the purchase. Here are some key points for collecting transaction records, based on the Minnesota Department of Health’s experience.

1. Receipt reprints – gathered by case

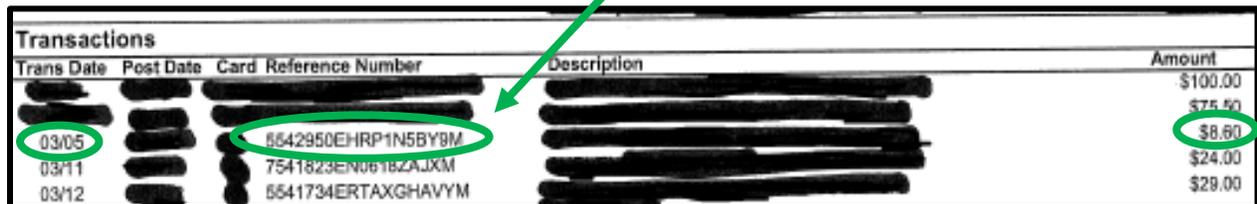
- It is becoming more common for stores to have the ability to print copies of transactions made using a credit/debit card.
- If the case is willing, it is often easiest (and the fastest way to get information to public health officials) for the case to obtain the desired records.
- Ask the case to visit the grocery store location(s) where food items eaten before illness onset were purchased. The case will need to bring the credit/debit card(s) that was used for purchases.
- The case should present their card at the store’s customer service counter and request copies of receipts for all purchases made with the card during the time period of interest (typically the month prior to illness onset).
 - Stores may also have an in-store kiosk for customers to print receipts themselves using their card.
 - Some stores can also retrieve purchases made by check using the account number on a blank check.
- Investigators can pick up the printed receipts from the case, or ask the case to email or fax the receipts to the health department to facilitate rapid transfer of information. If these are not options, receipts can be mailed.

2. Digital receipts – gathered by public health/agriculture agency

- Some stores can find itemized transaction information in their digital system using details from the case's bank statements.
- The Department of Agriculture (or other agency with jurisdiction) must work with the store or their corporate contact to find out what information is needed to find the case's receipts in their digital transaction files. The information needed to find the case's digital receipts varies by store.
- Ask the case to look at paper or online credit card/bank statements and provide the needed details for all food purchases during the time period of interest (typically **the month** prior to illness onset). This may include:
 - Location of purchase
 - Date of purchase
 - Transaction number (if available – may or may not be listed depending on bank/credit card company)
 - Time of purchase (if available – more important if transaction number is not available)
 - Total dollar amount of transaction
- It is important to stress to the case that no part of the credit/debit card number needs to be shared.

Example credit card/bank statement:

Transaction number



Trans Date	Post Date	Card Reference Number	Description	Amount
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$100.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$75.50
03/05	[REDACTED]	6542950EHRP1N5BY8M	[REDACTED]	\$8.60
03/11	[REDACTED]	7541823EN0618ZAJXM	[REDACTED]	\$24.00
03/12	[REDACTED]	6541734ERTAXGHAVYM	[REDACTED]	\$29.00

- The store may require written consent from the case to access these records. An email from the case or a letter from the epidemiologist confirming the case's verbal consent will usually suffice.
 - See our website for a template that can be used for this purpose.