OUTBREAK RESPONSE PROTOCOL: APPENDICES

PROCEDURES FOR RESPONDING TO DISEASE OUTBREAKS IN MINNESOTA

OCTOBER 2017
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Appendix 1a: Outbreak Detection
Outbreak Detection

Outbreaks are identified through two main mechanisms

Foodborne & Waterborne Illness Hotline

(Primarily suspect pathogens; e.g., norovirus)

- Complainant calls the hotline (1-877-Food-Ill) or their local health department (local health department notifies MDH of the complaint)
- Complainant is interviewed with a standard questionnaire
- Complaint is faxed or emailed to each MDH office or local agency who has regulatory authority over the facilities mentioned in the complaint
- If non-outbreak, the regulatory agency can follow up with the facility as they see fit
- If suspected outbreak, MDH initiates an outbreak investigation
- The complaint is entered into the database and queries are run on the database

Pathogen-specific Surveillance

(Confirmed pathogens; e.g., Salmonella)

- Person becomes ill and visits their healthcare provider
- Healthcare provider requests a stool sample for testing
- Stool is positive for a reportable foodborne pathogen
- Provider sends report to MDH Epi
- Culture or clinical materials are sent to MDH Public Health Lab
- Lab & Epi data are combined and cases are interviewed to ascertain exposures (reported restaurant exposures are added to complaint database)
**Details about Chart**

**Foodborne & Waterborne Illness Hotline**

1. Complainant calls the hotline (1-877-Food-Ill) or their local health department (local health department notifies MDH of the complaint)
2. Complainant is interviewed with a standard questionnaire
3. Complaint is faxed or emailed to each MDH office or local agency who has regulatory authority over the facilities mentioned in the complaint
   a. If non-outbreak, the regulatory agency can follow up with the facility as they see fit or
   b. If suspected outbreak, MDH initiates an outbreak investigation
4. The complaint is entered into the database and queries are run on the database
   a. If suspected outbreak, MDH initiates an outbreak investigation

**Pathogen-specific Surveillance**

1. Person becomes ill and visits their healthcare provider
2. Healthcare provider requests a stool sample for testing
3. Stool is positive for a reportable foodborne pathogen
   a. Provider sends report to MDH Epi and
   b. Culture or clinical materials are sent to MDH Public Health Lab
4. Lab & Epi data are combined and cases are interviewed to ascertain exposures (reported restaurant exposures are added to complaint database)
Appendix 1b: Selected Diseases Reportable to the Minnesota Department of Health
Selected Diseases Reportable to the Minnesota Department of Health

Reportable Diseases A-Z: Reportable Infectious Diseases (www.health.state.mn.us/divs/idepc/dtopics/reportable/disease.html)

Under Minnesota state law, health care practitioners, institutions, child care facilities, and camps are required to report some diseases to the Minnesota Department of Health. See Minnesota Rules, Chapter 4605 (https://www.revisor.mn.gov/rules/?id=4605) for more information.

- Amebiasis (*Entamoeba histolytica/dispar*)
- Botulism (*Clostridium botulinum*)
- Campylobacteriosis (*Campylobacter* spp.)*
- Cholera (*Vibrio cholera*)*
- Cryptosporidiosis (*Cryptosporidium* spp.)*
- Cyclosporiasis (*Cyclospora* spp.)*
- Enteric *Escherichia coli* infection*
  - (*E. coli* O157:H7, other Shiga toxin-producing *E. coli*, enterohemorrhagic *E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli*, enteroaggregative *E. coli*, enterotoxigenic *E. coli*, or other pathogenic *E. coli*)
- Free-living amebic infection*
  - (Including *Acanthamoeba* spp., *Naegleria fowleri*, *Balamuthia* spp., *Sappinia* spp.)
- Giardiasis (*Giardia intestinalis*)
- Hemolytic uremic syndrome (HUS)*
- Listeriosis (*Listeria monocytogenes)*
- Salmonellosis, including typhoid (*Salmonella* spp.)*
- Shigellosis (*Shigella* spp.)*
- Typhoid (*Salmonella Typhi)*
- Unusual or increased case incidence of any suspect infectious illness
- *Vibrio* spp.*
- Yersiniosis, enteric (*Yersinia* spp.)*

* Submission of clinical materials required.

**NOTE:** This is not a complete list of diseases reportable to MDH.
Appendix 2: Complaint Intake Form
Appendix 2: Complaint Intake Form

OUTBREAK RESPONSE PROTOCOL

To obtain this document, please contact health.foodill@state.mn.us or 651-201-5655.

---

Foodborne Illness Report
Minnesota Department of Health
Phone: (651) 201-5414  Fax: (651) 201-5082

Complaint date: __/__/___  Hollins call:  How you got #: __________________  Transaction: ___
Agency: Minnesota Department of Health  Reporter: ____________________________

First Name: _______________  Last Name: _______________  Age: ___  □ Female  □ Male
Address: ________________________________________________________________
Home phone: (_____)  Work phone: (_____)  Cell: (_____)  Zip: ___________

Establishment that the complainant suspects:
Number of persons exposed: ___  Number ill: ___  How many households with illness: _________
Did complainant call the establishment? :  □ Y  □ N  If yes, who did they speak with: ____________________________

*If a retail food product is suspected, please fill out page 4 (Retail Food Product Complaint) in addition to the 4-day food history

---

ILLNESS HISTORY
Illness onset: _____/____/____  Time: _____  Recovery: _____/____/____  Time: _____

Vomiting  □ Y  □ N  Onset: _____/____/____  Time: _____  Recovery: _____/____/____  Time: _____

Diarrhea  □ Y  □ N  Onset: _____/____/____  Time: _____  Recovery: _____/____/____  Time: _____

# of stools per 24-hr. period (max): ___  Cramps: □ Y  □ N  Fever: □ Y  □ N  (temp: ___)  Bloody stools: □ Y  □ N

Other symptoms: __________________________________________________________

If yes, name and location: __________________________________________________

Provider requested stool sample: □ Y  □ N  If yes, date stool submitted: _____/____/____  Hospitalized: □ Y  □ N

---

FOOD HISTORY
If only one person is ill or if all ill persons live in the same household, complete the entire four-day food history.
If more than one person is ill and they live in different households, record only the common meals.

Meal Time  Date: _____/____/____ (work backward starting with onset date)  Hours to Illness Onset

Brk: ______  location: ___________________________________________________

Lun: ______  location: ___________________________________________________

Sup: ______  location: ___________________________________________________

Other: ______  location: __________________________________________________

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Complainant occupation: ___________________________  Daycare exposure: Y  N
Have you been swimming in the past 2 weeks: Y  N  If yes, where ___________________________  Date: _____ / _____ / _____
Did you drink any well water in the past 2 weeks: Y  N  If yes, where ___________________________  Date: _____ / _____ / _____
Any ill household members in the last week: Y  N  If yes, who ___________________________  Date: _____ / _____ / _____
AGENCIES NOTIFIED  □ MDH-EHS  □ MDH-District Office  □ MN Dept of Ag  □ FDA  □ USDA
□ Local Agencies: ___________________________
Comments: ___________________________

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Original Complainant’s Name: ________________________________

RETAIL FOOD PRODUCT COMPLAINT (please fill in as much information as you can)

Name of product (please be specific): ________________________________

Brand of product: ________________________________________________

Manufacturer and/or distributor information (name and address): ________________________________

Container type, size and weight (18 oz. plastic bottle, 1 lb. paper carton, etc.): _______________________

USDA establishment number (if a packaged meat product): ________________________________

UPC code (12-digit bar code): ________________________________

Product/Lot/Best if Used By Date (BIUB) code: __________________________

Purchase location (name of store): _______________________________________

Address of purchase location: _________________________________________

Purchase date: _________________________________________

Does consumer still have the product or other containers of the same product? ___________________________

______________________________________________________________________________

Other information: _____________________________________________________________
Appendix 3a: Submitting a Stool Sample to MDH (English)
SUBMITTING A STOOL SAMPLE TO MDH

YOU CAN ALSO WATCH ‘HOW TO SUBMIT A STOOL SAMPLE FOR TESTING’ ON YOUTUBE AT HTTP://BIT.LY/1MRME2Y (5 MINUTES LONG)

1. Please write name, collection date, and date of birth on the top part of lab slip (these are required by the laboratory for testing).

2. Write first name, last name, and date of birth on the vial.

3. Place collection container on toilet seat as shown. Deposit stool in tissue part.

4. Unscrew vial cap. Use scoop attached under cap to fill vial with stool until fluid reaches the red line. Put cap back on the vial.

5. Remove tissue part of collection device from cardboard part. Flush tissue and throw cardboard in trash.

6. Place vial into clear plastic biohazard bag along with the absorbent cloth. Seal clear plastic biohazard bag. Wash hands thoroughly with soap and water.

7. Place sealed clear plastic biohazard bag into the white biohazard envelope. Also place the completed lab slip in the white biohazard envelope. Seal the envelope.

8. Place white biohazard envelope in the box. Close the box (instructions on box). Place the box in a mailbox.

Please call 651-201-5655 if you have any questions. Thank you.
Appendix 3b: Submitting a Stool Sample to MDH (Spanish)
SUBMITTING A STOOL SAMPLE TO MDH

Instrucciones Para Enviar Una Muestra fecal (Excremento) al Departamento de Salud de Minnesota

You can also watch ‘How to Submit a Stool Sample for Testing’ on YouTube at http://bit.ly/1mrMe2y (5 minutes long)
También puede ver el video “How to Submit a Stool Sample for Testing” en YouTube @ http://bit.ly/1mrMe2y (5 minutos)

1. Please write name, collection date, and date of birth on the top part of lab slip (these are required by the laboratory for testing).

Por favor, complete la porción blanca del formulario. Escriba su nombre, fecha de recolección de la muestra, y fecha de nacimiento (el laboratorio requiere estos datos para hacer los exámenes de las muestras fecales).

2. Write first name, last name, and date of birth on the vial.

Escriba su nombre, apellido, y fecha de nacimiento en el frasco.

3. Place collection container on toilet seat as shown. Deposit stool in tissue part.

Coloque el recolector de muestra fecal en el inodoro/lavabo. Deposite las heces (excremento) en la parte de papel.

4. Unscrew vial cap. Use scoop attached under cap to fill vial with stool until fluid reaches the red line. Put cap back on the vial.

Abra la tapa. Dentro del frasco hay una cucharita, úsela para traspasar el excremento al frasco. Llene el frasco hasta que el líquido llegue a la raya roja. Tape de nuevo el frasco asegurándose que la tapa está bien segura.

5. Remove tissue part of collection device from cardboard part. Flush tissue and throw cardboard in trash.

Remueva la parte de papel del recolector de muestra fecal y descártila en el inodoro/lavabo. Tire la parte de cartón en la basura.
6. Place vial into clear plastic biohazard bag along with the absorbent cloth. Seal clear plastic biohazard bag. Wash hands thoroughly with soap and water.

   *Coloque el frasco dentro de la bolsa plástica que dice “biohazard”. Cierre la bolsa. Lávese las manos con agua y jabón.*

7. Place sealed clear plastic biohazard bag into the white biohazard envelope. Also place the completed lab slip in the white biohazard envelope. Seal the envelope.

   *Coloque la bolsa de plástico dentro del sobre blanco. También coloque el formulario dentro del sobre. Cierre el sobre.*

8. Place white biohazard envelope in the box. Close the box (instructions on box). Place the box in a mailbox.

   *Coloque el sobre dentro de la caja. Cierre la caja. Coloque la caja en el correo (no tiene que ponerle estampillas o pagar por el envío).*

Please call 651-201-5655 with questions. Thank you.

*Por favor llame al 651-201-5655 si tiene preguntas. Muchas Gracias.*
Appendix 4: Patron Tennessen Warning
Patron Tennessen Warning

Outbreak name:

Principal investigator:

[Month/Year]

We are investigating some reports of possible foodborne illness and are interviewing people who ate at:

For your protection, before beginning an interview, we are required to give you the following information regarding your participation in this investigation and your right to privacy.

We are collecting this information to determine what the cause of this reported illness may be. All information we collect about your health is private; the only persons who will have access to this information will be public health staff from the Minnesota Department of Health and staff from local public health agencies who work on this investigation. Under no conditions will your name be released to anyone else without your permission. You are under no obligation to participate in this investigation. There is no penalty if you choose not to participate in this investigation. However your participation may help us identify an outbreak of foodborne illness, identify its cause, and prevent further illness.
Appendix 5: Patron Interview Form
# Appendix 5: Patron Interview Form

## OUTBREAK RESPONSE PROTOCOL

To obtain this document, please contact `health.foodill@state.mn.us` or 651-201-5655.

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<th>Interviewer: __________________________</th>
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**NAME**
LOCATION: MN
DATE: 2015

Name: _____________________________ Age: _____ Sex: [F] [M]
State: ___________________________ City: ___________________________ County: ___________________________
State: _____ Zip code: ______ Phone (H): ___________________________ (W): ___________________________
Race: ___________________________ ☐ Asian or African, Specify: ___________________________ Ethnicity: Hispanic or Non-Hispanic

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<tr>
<th>Illness Onset: <em><strong>/</strong></em>/____</th>
<th>Time: ______</th>
<th>Recovery: <em><strong>/</strong></em>/____</th>
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<tr>
<td>Vomiting ☐ Y ☐ N Onset: <em><strong>/</strong></em>/____</td>
<td>Time: ______</td>
<td>Recovery: <em><strong>/</strong></em>/____</td>
<td>Time: ______</td>
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<tr>
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<td>Time: ______</td>
<td>Recovery: <em><strong>/</strong></em>/____</td>
<td>Time: ______</td>
</tr>
</tbody>
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Number of stools per 24 hour period: ______ Diarrhea duration: ______ days/hours

Bloody stools ☐ Y ☐ N Cramps ☐ Y ☐ N Fever ☐ Y ☐ N Temperature ___\(^{\circ}\)F

First Symptom: ___________________________ Onset Date: ___/___/____ Time: ______

Other Symptoms: __________________________ Onset Date: ___/___/____ Time: ______

Called Provider: ☐ Y ☐ N Visited Provider: ☐ Y ☐ N Office / ER Date of Visit: ___/___/____

Provider requested stool sample: ☐ Y ☐ N Stool submitted: ☐ Y ☐ N Hospitalized: ☐ Y ☐ N

---

**Are you willing to submit a stool sample for testing?** ☐ Y ☐ N

Meal Date: ____/___/____ Meal Time: ______

Meal Date: ____/___/____ Meal Time: ______

*(Some people take leftovers home ... get multiple meal dates/times!)*

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</table>
Did anyone in your household experience gastrointestinal illness in the week prior to this meal?  □ Y □ N

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<thead>
<tr>
<th>Name and relationship</th>
<th>Age</th>
<th>Onset date</th>
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</table>

Were there other people in your party at the restaurant? If so, are you willing to provide contact information for them?

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone number</th>
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Appendix 6: Guidance for Writing Food and Waterborne Outbreak Reports
Guidance for Writing Food and Waterborne Outbreak Reports

Title
- Pathogen
- Establishment Name or Event
- County
- Year

Background
- Date and source of initial complaint (e.g., hotline, restaurant) or date the investigating agency was notified of the outbreak
- Place of exposure (e.g., event, restaurant) and date
- Reported illness onset date
- Date investigation initiated
- Agencies notified

Methods
- Environmental health measures and dates implemented, including measures such as:
  - Visiting the facility and conducting an environmental assessment
  - Evaluation of food preparation and handling procedures
  - Gathering specific information if the incident was an event
  - Checking illness logs
  - Asking about patron complaints
- Interviews of food workers, and agency or agencies that conducted the interviews
- Acquisition of contact list of patrons, such as credit card receipts from restaurant, reservation lists, or attendee list from host
- Patron interviews to obtain information on food/beverage consumption and illness history, and agency that conducted the interviews
- Case definition (e.g., vomiting and/or diarrhea (≥3 stools in a 24-hour period))
- Analytical studies conducted, including source of non-ill and proportion of controls if applicable (e.g., case-control with 3 random-dialed community controls per case, or cohort study)
- Information regarding stool samples submitted to the MDH Public Health Laboratory for testing, and pathogens for which the specimens were tested (i.e., bacterial, viral, parasitic, bacterial toxins, or other testing)
- Food testing conducted, pathogens for which the specimens were tested, and agency that collected the food specimens and conducted the testing
- Food recalls, press releases, and/or public notices and agencies involved in those actions

**Results**

- Total number of interviews conducted
  - Number and percent that met the case definition
  - Number of attendees that reported illness that did not meet the case definition and were excluded from analyses
- Number and percent of cases reporting each specific symptom (e.g., diarrhea, vomiting, abdominal cramps, fever, bloody stools, and/or rash (in descending order of frequency))
- Median incubation and range in hours
- Median duration and range of illness in hours
- Number of cases that sought health care, number of cases that were hospitalized, and/or number of cases that died
- Number of stool specimens that were submitted to MDH and test results
- Food consumed/event menu
  - Who prepared the food
  - How the food was served (e.g., plated, buffet, self-serve)
- Results of analytical study, and type of analysis conducted (e.g., univariate analysis, multivariate analysis)
  - Food item, event, or exposure that was significantly associated with illness
  - Proportion of case and proportion of controls that reported the exposure of interest; odds ratio; 95% confidence interval, and p-value
- Employee illness reported previous to, on or after the implicated meal date
  - Total number of employees and number interviewed
  - Number of ill employees
  - Onset date of illness, food preparation duties, and if they worked while ill
  - Test results for food workers if tested
- Results of environmental health assessment/inspection
  - Any violations found pertinent to the outbreak
  - Interventions put into place (e.g., if ready-to-eat foods prepared during certain time frame were discarded, and any educational measures)

**Conclusions**

- State if this was a foodborne or waterborne outbreak, or other route of transmission
- Etiology of the outbreak (what pathogen was confirmed or suspected to have caused the illnesses)
- Source of the outbreak or factors contributing to the outbreak, such as ill employees, cross-contamination, inappropriate food temperatures
- Implicated food vehicle or exposure if identified
- Defense of conclusion, if needed (e.g., how do the symptoms, incubation period, and duration suggest a particular pathogen?)

*** If you would like to reference an actual outbreak report, feel free to contact the MDH FWVZD Section to request one. ***
Appendix 7: Outbreak Classifications
Outbreak Classifications

Outbreaks are classified based on the outbreak’s 1) etiologic agent and 2) transmission route.

Etiologic Agent Classifications

**Laboratory-Confirmed Agent:** Outbreaks in which laboratory evidence of a specific etiologic agent is obtained

**Epidemiologically Defined Agent:** Outbreaks in which the clinical and epidemiologic evidence defines a likely agent, but laboratory confirmation is not obtained

**Outbreak of Undetermined Etiology:** Outbreaks in which laboratory confirmation is not obtained and clinical and epidemiologic evidence cannot define a likely agent

Transmission Route Classifications

**Confirmed Foodborne Outbreak:** A confirmed foodborne disease outbreak is defined as an incident in which two or more persons experience a similar illness after ingestion of a common food or meal; and epidemiologic evaluation implicates the meal or food as the source of illness. Confirmed outbreaks may or may not be laboratory-confirmed.

**Probable Foodborne Outbreaks:** A probable foodborne disease outbreak is defined as an incident in which two or more persons experience a similar illness after ingestion of a common food or meal, and a specific food or meal is suspected, but person-to-person transmission or other exposures cannot be ruled out.

**Confirmed and Probable Waterborne Outbreaks:** These are similar to foodborne outbreaks, except that epidemiologic analysis implicates water as the source of illness. Waterborne outbreaks may be associated with drinking water or with recreational water.

**Animal Contact Outbreaks:** Outbreaks are considered to be due to animal contact if two or more persons experience a similar illness after exposure to live animals or animal environments.

**Environmental Outbreaks:** These are outbreaks where epidemiologic analysis implicated exposure to a contaminated environment as the route of infection. Other outbreaks with environmental sources (e.g., blastomycosis, histoplasmosis) are also included in this category.

**Gastroenteritis Outbreaks due to Person-to-Person Transmission:** These outbreaks are defined as two or more cases of gastrointestinal illness related by time and place in which an epidemiologic evaluation suggests person-to-person transmission occurred and was the primary mode.

**Outbreaks with Other or Unknown Routes of Transmission:** This category also includes gastroenteritis outbreaks for which the route of transmission could not be determined.

Note: An outbreak with ice as the implicated vehicle is considered foodborne (not waterborne). An outbreak associated with raw animal products or dead animals intended for consumption is considered foodborne (not animal contact).
Appendix 8: MOU between the Minnesota Department of Health and the Minnesota Department of Agriculture Concerning the Investigation of Foodborne Illnesses
Memorandum of Understanding (MOU) between the Minnesota Department of Health and the Minnesota Department of Agriculture Concerning the Investigation of Foodborne Illnesses

I. GENERAL

The purpose of this MOU is to clarify the respective responsibilities of the Minnesota Department of Agriculture (“Agriculture”) and the Minnesota Department of Health (“Health”) in the surveillance for and investigation of foodborne illnesses, and in furtherance of such purpose, to broaden cooperative efforts between the two agencies.

Responsible Agencies

Under Minnesota Statutes Chapters 23 through 34A, Agriculture has the authority to license, inspect, and regulate dairy, meat, food- and feed-processing facilities. Under Minnesota Statutes, sections 157.15, 157.16 and 144.99, Health has the authority to license, inspect, and regulate restaurants, bars, mobile food vehicles, and other types of food service facilities. Health is also responsible for surveillance and investigation of foodborne illnesses.

Jurisdiction

This MOU applies to investigations of foodborne illnesses conducted by Agriculture, including delegated local health units, and Health that are associated with food in commerce in Minnesota.

Effective Date

This agreement will be effective upon signature of both parties to the agreement.

Legal Authority

Minnesota Statutes Section 17.63, Subd 11. (3) and Minnesota Statutes, Section 144.05 Subd. 2 provide authority for Agriculture and Health to enter into this MOU.

Non-Binding Agreement

It is the intent of the parties to this MOU that it set forth the roles of each party in investigation of foodborne illnesses conducted by Agriculture and Health and associated with food in commerce in Minnesota. The parties do not intend this MOU to be a binding document enforceable by a court.
II. RESPONSIBILITIES AND IMPLEMENTATION

Determination of Responsibility

When a food-related illness is associated with a food product or facility regulated by Agriculture, Health will be responsible for conducting the epidemiologic investigation. Health will provide relevant illness, exposure, and epidemiologic hypothesis information to Agriculture.

Agriculture will be responsible for conducting an investigation at the food-processing facility, food warehouse, or retail food establishment under the authority of MDA. Agriculture will send a copy of these reports to Health. Agriculture will also coordinate any resulting actions to remove the contaminated food from distribution. When documents are required from a food manufacturer, food warehouse, or retail food establishment located or headquartered outside of Minnesota, Agriculture will coordinate the obtaining of these documents directly from the firm or through the state or federal agency with regulatory jurisdiction. Agriculture will send a copy of these documents to Health as permitted by law.

Laboratory support for investigations will be coordinated by each agency under separate existing agreements.

Implementation

Agriculture will define areas of responsibility and inform its field representatives and delegated local health units of these responsibilities. Health will define areas of responsibility and inform its field representatives and delegated local health units. Responsibilities of other State and Federal agencies also will be identified and communicated.

Health, Agriculture, and local health units will provide or sponsor joint training sessions in the interpretation and application of principles, regulations, standards, and techniques of common concern or interest.

III. MECHANISM FOR INFORMATION EXCHANGE

Health, Agriculture, and each local health unit will maintain rosters of staff responsible for foodborne illness investigations and make such rosters available to each other.

If Agriculture becomes aware of actual or suspected cases of foodborne illness, it will instruct the person(s) to immediately contact Health through its statewide Foodborne Illness Hotline.

If Health becomes aware of illnesses believed to be caused by food in commerce in Minnesota, it will immediately report such cases in person, by telephone, or by e-mail to Agriculture.
Health and Agriculture will jointly investigate and complete final reports involving illnesses that occur at, or due to, establishments regulated by Agriculture. These reports will be forwarded to Agriculture and to Health.

If, during the course of the investigation, a definitive food vehicle is known or suspected to be still in commerce or available for consumption, Agriculture and Health will discuss the need to notify the public either jointly or independently. Consumer advisories and press releases will be drafted in accordance to agency policies and shared with each agency prior to release.

Whenever one agency learns of an FDA Class I or similar recall of food or food products distributed in Minnesota that are known to have caused human illness, it will immediately notify the other agency of such recall. Throughout the recall process, both agencies at all levels will make a maximum effort to keep the other agency informed and cooperate in every way possible to expedite the removal of hazardous food in the marketplace.

IV. MECHANISM FOR EMBARGO/SEIZURE OF FOOD SOURCES IMPLICATED IN EPIDEMIOLOGIC INVESTIGATIONS

Epidemiologic Investigation

Health will investigate foodborne disease outbreaks. Health will notify Agriculture of all ongoing investigations where a contaminated food source under the jurisdiction of Agriculture is the suspected cause of a disease outbreak. Agriculture will provide assistance in the investigation and will play the lead role in tracing contaminated foods back to their source by visiting regulated retailers, wholesalers, and manufacturers to review and obtain records that document the chain of distribution for the products. Agriculture will coordinate with Health on any product tracing investigations conducted at Health-regulated establishments. Agriculture will summarize source investigations and provide those summaries to Health. Health will analyze the findings of the epidemiologic and source investigations and make a determination as to the likelihood of a causal association between the illness outbreak and a specific food exposure.

Embargo, Seizure, Recall, and Public Notification

Based on the information from Health and determination by Agriculture that a violation of law has occurred, and based on the authority in Minnesota State Statutes Sections 31.09, 31A.22, 31A.23, and 32.21, 34A.11, Agriculture will authorize condemnation, seizure, detain, or embargo proceedings of such food. Health will assist in cases involving such seizures, quarantines, destructions and embargos by taking reasonable efforts to assure the removal of any remaining contaminated food from food service establishments. Where circumstances allow, Health and Agriculture will work cooperatively during situations when it is in the best interests of both agencies and the general public to do so.
V. REVIEW OF AGREEMENT

This agreement between the two departments will be reviewed biennially by both Agriculture and Health and make any necessary changes to this agreement.

VI. TERMINATION OF AGREEMENT

This agreement between the two departments will be reviewed biennially by both Agriculture and Health and changes made as necessary with respect to this agreement.

For the Department of Agriculture Food and Feed Safety Division (FFSD)  
Signature: [Signature]

Title: Division Director - Food and Feed Safety Division
Date: 12/6/2016

For the Department of Agriculture Dairy and Meat Inspection Division (DMID)  
Signature: [Signature]

Title: Division Director - Meat Inspection Division
Date: 12/7/2016

For the Department of Health  
Signature: [Signature]

Title: Division Director - Infectious Disease Epidemiology Prevention and Control
Date: 12/7/2016
Appendix 9a: Employee Interview
Norovirus (English)
Appendix 9a: Employee Interview Norovirus

OUTBREAK RESPONSE PROTOCOL

To obtain this document, please contact health.foodill@state.mn.us or 651-201-5655.

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<th>FACILITY NAME</th>
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Employee Interview Form

The Minnesota Department of Health (MDH) and [LOCAL PUBLIC HEALTH] are working on a foodborne illness outbreak investigation that may be associated with the facility where you work. The purpose of the investigation is to learn the source of the outbreak and stop transmission. We want to ask you questions about your work duties in food service and any recent illness you have had.

**PRIVACY:** Any information you give to us about yourself (including test results) is considered private data. Only public health officials involved in this outbreak investigation will have access to the private data. Do we have your permission to also share this information with management staff at the facility where you work?  □ YES  □ NO

**VOLUNTARY:** You are not required to answer questions. However, your answers will help us understand how this outbreak happened and prevent further transmission. If you don't answer questions, you will be excluded from work because we won't know if you could spread illness to others.

Will you answer some brief questions?  □ YES  □ NO (exclusions apply – contact epi)

**STOOL SAMPLE:** We may ask you to provide a stool specimen. Stools will be tested for bacterial and viral pathogens at MDH. Stool kits and testing are free of charge. You will be given results when they are available.

---

**Name (last, first):** ___________________________  □ Age: __________ Male   Female   Other

**Signature:** ___________________________  or  Phone interview (verbal consent): □

**Address:** ___________________________  City: ___________________________

**Zip:** ___________________________  Phone: ___________________________

**Job Title/Description:** ___________________________

---

- **Have you had any of the following symptoms since December 24?**
  - [ ] Nausea
  - [ ] Vomiting
  - [ ] Cramps
  - [ ] Diarrhea
  - [ ] Bloody stools
  - [ ] Fever

  Onset date/time: __/__/____  ______  Recovery: __/__/____  ______

  Onset date/time: __/__/____  ______  Recovery: __/__/____  ______

  Duration of diarrhea: ______ days/hours (if unsure of dates/times)

- **First symptom:** ___________________________

  Onset date/time: __/__/____  ______

- **Other symptoms:** ___________________________

  When did you feel completed recovered? __/__/____  ______  or  □ still feeling sick

---

**ILL EMPLOYEES**

- [ ] Are you willing to provide a stool sample for testing?  □ YES (contact epi)  □ NO

- [ ] Did you visit a health care provider for the illness?  □ YES  □ NO  □ Hospitalized overnight?  □ YES  □ NO  □ Submit a stool sample?  □ YES  □ NO

  if yes, when? ____________________  Where? ____________________

- [ ] Did you work while having diarrhea and/or vomiting?  □ YES  □ NO

  if yes, when? ____________________  If no, when did you return to work? ____________________
ALL EMPLOYEES

- Do you work at any other food service facilities?  □ YES  □ NO
  If yes, where? ____________________________ How often? ____________________________

- Have any members of your household been ill with diarrhea and/or vomiting since December 24?  □ YES  □ NO
  Vomiting (onset: ___/___)  □ Y □ N  Cramps □ Y □ N  Fever □ Y □ N  Blood in stool □ Y □ N
  Diarrhea (onset: ___/___)  □ Y □ N (# stools/24 hrs: ___)

- Do you remember any vomiting incidents at the facility?  □ YES  □ NO
  Describe (who, where, when): ______________________________________________________
  If yes, did you help clean up the incident?  □ YES  □ NO

- Have any of your co-workers been ill with vomiting and/or diarrhea?  □ YES  □ NO
  Describe (who, when): __________________________________________________________

During January 6 - January 10:

- Which of these dates did you work?

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<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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<td>□ Y □ N</td>
<td>□ Y □ N</td>
<td>□ Y □ N</td>
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During January 6 - January 10:

- Did you do any food prep?  □ YES  □ NO
  Describe: ________________________________________________________________

- Did you make or serve any drinks, including adding garnish or ice?  □ YES  □ NO
  Describe: ________________________________________________________________

- Did you prepare any ready-to-eat foods, like salads, breads, or chips (including garnishing plates and packaging to-go food)?  □ YES  □ NO
  Describe: ________________________________________________________________

- What were your other job duties?
  Describe: ________________________________________________________________

If you are ill with vomiting or diarrhea, it is important that you not return to work in food service for at least 72 hours after your recovery.
Appendix 9b: Employee Interview
Norovirus (Spanish)
Appendix 9b: Employee Interview
Norovirus Spanish
OUTBREAK RESPONSE PROTOCOL

To obtain this document, please contact health.foodill@state.mn.us or 651-201-5655.

FACILITY NAME
FACILITY LOCATION
Employee Interview Form

The Minnesota Department of Health (MDH) and [LOCAL PUBLIC HEALTH] are working on a foodborne illness outbreak investigation that may be associated with the facility where you work. The purpose of the investigation is to learn the source of the outbreak and stop transmission. We want to ask you questions about your work duties in food service and any recent illness you have had.

El Departamento de Salud de Minnesota está investigando una serie de enfermedades que están asociadas con el restaurante donde Ud. trabaja. El propósito de esta investigación es entender la causa de las enfermedades y para la transmisión. Queremos hacerle unas preguntas sobre su trabajo y acerca de enfermedades que pudo haber tenido recientemente.

PRIVACY: Any information you give us about yourself (including test results) is considered private data. Only public health officials involved in the outbreak investigation will have access to the private data. Do we have your permission to also share this information with management staff at the facility where you work? □ YES □ NO

Responda a la entrevista es totalmente voluntario y toda la información que Ud. nos daría sería confidencial. Las únicas personas que podrán tener acceso a esta información son las funcionarias del Departamento de Salud. Podemos compartir esta información con su jefe?

VOLUNTARY: You are not required to answer questions. However, your answers will help us understand how this outbreak happened and prevent further transmission. If you don’t answer questions, you will be excluded from the work because we won’t know if you could spread illness to others. Will you answer some brief questions? □ YES □ NO (exclusions apply – contact api)

Si hay preguntas que no desee contestar, puede no hacerlo. Sin embargo, sus respuestas son importantes para descubrir la causa del brote y prevenir más enfermedades. Si no responde a las preguntas, Ud. va a ser excluido del trabajo porque no podemos evaluar si Ud. puede transmitir la enfermedad a otras personas.

STOOL SAMPLE: We may ask you to provide a stool specimen. Stool will be tested for bacterial and viral pathogens at MDH. Stool kits and testing are free of charge. You will be given results when they are available.

El departamento de salud va a hacer exámenes de muestras de heces. Analizaremos los heces por patógenos bacterianos y virales. Los exámenes de estas muestras son gratis. Se le dará los resultados cuando estén disponibles.

Name (last, first): ____________________________  Age: ________ Male Female Other
Fecha de nacimiento: __________________________

Signature: ____________________________
Firma

Address: ____________________________
Dirección

Zip: ____________________________
Código postal

Job Title/Description: ____________________________
Nombre del puesto/Descripción de trabajo

Date of Interview: ______/____/____
Entrevistado: ____________________________

MINNESOTA DEPARTMENT OF HEALTH
SUSPENSO

To obtain this document, please contact health.foodill@state.mn.us or 651-201-5655.
**Have you had any of the following symptoms since?**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Y</th>
<th>N</th>
<th>Onset date/time:</th>
<th>Recovery:</th>
<th>Fecha/hora comienzo:</th>
<th>Fecha/hora que se recuperó:</th>
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<tbody>
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<td>Nausea</td>
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<td>Vomiting</td>
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<td>Cramps</td>
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<tr>
<td>Diarrhea</td>
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<tr>
<td>Bloody stools</td>
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<tr>
<td>Fever</td>
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</tr>
</tbody>
</table>

**Other symptoms:**

When did you feel completed recovered? __/__/____ or □ still feeling sick

---

**ILL EMPLOYEES**

- Are you willing to provide a stool sample for testing? □ YES [contact epi] □ NO

- Did you visit a health care provider for the illness? □ YES □ NO

- Hospitalized overnight? □ YES □ NO

- Submit a stool sample? □ YES □ NO

- Did you work while having diarrhea and/or vomiting? □ YES □ NO
ALL EMPLOYEES

- Do you work at any other food service facilities?  
  - YES  
  - NO

  ¿Trabaja en otros restaurantes o serviciios de comida?

  If yes, where? __________________________  How often? __________________________

  ¿Dónde?  ¿Cuándo seguido?

- Have any members of your household been ill with diarrhea and/or vomiting since _______?  
  - YES  
  - NO

  ¿Desde el _______ ha habido alguien que vive en su casa con diarrea o vómitos?

  Vomiting (onset: ___/___)  
  Cough  
  Cramps  
  Fever  
  Blood in stool  

  En qué fecha comenzó a vomitar  
  Cólicos  
  Calentura/fiebre  
  Notó sangre en las heces?

  Diarrhea (onset: ___/___)  
  (if stools/24 hrs: ___)

  En qué fecha comenzó la diarrea  
  (# en 24 horas.)

- Do you remember any vomiting incidents at the facility?  
  - YES  
  - NO

  ¿Usted recuerda ver a alguien vomitar en su trabajo?

  Describe (who, where, when): __________________________

  Describa (quien, donde, cuándo)

  If yes, did you help clean up the incident?  
  - YES  
  - NO

  ¿Ayudó a limpiarlo?

- Have any of your co-workers been ill with vomiting and/or diarrhea?  
  - YES  
  - NO

  ¿Ud. sabe si alguno de sus compañeros de trabajo ha estado enfermo con diarrea o vómito?

  Describe (who, when): __________________________

  Describa (quien, cuándo)

**During ______ to ______:**

- Which of these dates did you work?

  ¿Del domingo al ______, en cuáles fechas trabajó?

<table>
<thead>
<tr>
<th></th>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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<tbody>
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<td>☐ Y ☐ N</td>
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<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N</td>
</tr>
</tbody>
</table>

**During ______ to ______:**

- Did you do any food prep?  
  - YES  
  - NO

  ¿Preparó (corta, manipula) los alimentos?
Describe:

Did you make or serve any drinks, including adding garnish or ice?  ☐ YES  ☐ NO
¿Preparó o sirvió bebidas, incluyendo el helio o adorno/decoración

Describe:

Did you prepare any ready-to-eat foods, like salads, breads, or chips (including garnishing plates and packaging to-go food)?  ☐ YES  ☐ NO
¿Preparó (cortó, manipuló) alimentos que están listos para comer/pre-hechos, como ensaladas, panes, o los papitas "chips" (incluyendo el adorno o empaqueada los alimentos pre-hechos)

Describe:

What were your other job duties?
¿Cuáles fueron sus otras funciones del trabajo?

Describe:

If you are ill with vomiting or diarrhea, it is important that you not return to work in food service for at least 72 hours after your recovery.

Si tiene diarrea o vómitos, es importante que no regrese al trabajo en servicios de comida por 72 horas después de recuperarse.
Appendix 10a: Employee Interview

Salmonella (English)
Appendix 10a: Employee Interview

Salmonella

OUTBREAK RESPONSE PROTOCOL

To obtain this document, please contact health.foodill@state.mn.us or 651-201-5655.

---

**FACILITY - LOCATION**

**Employee Interview Form**

The Minnesota Department of Health (MDH) and [LOCAL PUBLIC HEALTH] are working on a foodborne illness outbreak investigation that may be associated with the facility where you work. The purpose of the investigation is to learn the source of the outbreak and stop transmission. We want to ask you questions about your work duties in food service and any recent illness you may have had.

**PRIVACY:** Any information you give to us about yourself (including test results) is considered private data. Only public health officials involved in this outbreak investigation will have access to the private data. Do we have your permission to also share this information with management staff at the facility where you work?  
☐ YES  ☐ NO

** VOLUNTARY:** You are not required to answer questions. However, your answers help us understand how this outbreak happened and prevent further transmission. If you don’t answer questions, you will be excluded from work because we won’t know if you could spread illness to others.

Will you answer some brief questions?  ☐ YES  ☐ NO (exclusions apply – contact spi)

**STOOL SAMPLE:** We will be testing stool samples to see if employees have *Salmonella* (a germ that can be spread by food). You must submit two stool samples, collected at least 24 hours apart. If you have been ill, or test positive for *Salmonella*, you will be excluded from work until two stool samples in a row test negative for *Salmonella*. If you don’t submit stool specimens, you will be excluded from work because we won’t know if you could spread illness to others. Stool kits and testing are free of charge. Will you submit stool samples?  ☐ YES  ☐ NO (exclusions apply – contact spi)

---

**Name (last, first):** ___________________________  ☐ Male ☐ Female ☐ Other  
**DOB:** __/__/______  
**Signature:** ___________________________  
**Date of interview:** __/__/______  
**Interviewer:** ___________________________

**Address:** ___________________________  
**City:** ___________________________  
**Zip:** ___________________________

**Job title/Description:** ___________________________

---

**Have you had any of the following symptoms since August 1st?**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cramps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td># stools/24 hrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bloody stools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Onset date/time:** __/__/______  
**Recovery:** __/__/______  
**Duration of diarrhea:** _______ days/hours (if unsure of dates/times)

**Other symptoms:** ___________________________

**When did you feel completely recovered?** __/__/______  
☐ still feeling sick

---

**ILL EMPLOYEES**

- Did you visit a health care provider for the illness?  ☐ YES  ☐ NO  
  ☐ hospitalized overnight?  ☐ YES  ☐ NO
  If yes, when? __/__/______  Where? ___________________________

- Did you work while having diarrhea and/or vomiting?  ☐ YES  ☐ NO
  If yes, when? ___________________________
  If no, when did you return to work? ___________________________
ALL EMPLOYEES

• Do you work at any other food service facilities? □ YES □ NO
  if yes, where? __________________________ How often? ________________________________

• Have any members of your household been ill with the following symptoms since August 1st? □ YES □ NO
  Vomiting (onset: ___/___) □ Y □ N Cramps □ Y □ N Fever □ Y □ N Blood in stool □ Y □ N
  Diarrhea (onset: ___/___) □ Y □ N (# stools/24 hrs: ___) □ Y □ N

• Have any of your co-workers been ill with vomiting and/or diarrhea? □ YES □ NO
  Describe (who, when): __________________________

During August 14 - 19:

• Which of these dates did you work?

<table>
<thead>
<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>□ Y □ N</td>
<td>□ Y □ N</td>
<td>□ Y □ N</td>
<td>□ Y □ N</td>
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<td></td>
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</tr>
</tbody>
</table>

During August 14 - 19:

• Did you do any food prep? □ YES □ NO
  Describe: ___________________________________________________________

• Did you make or serve any drinks, including adding garnish or ice? □ YES □ NO
  Describe: ___________________________________________________________

• Did you prepare any ready-to-eat foods, like salads, breads, or chips (including garnishing plates and packaging to-go food)? □ YES □ NO
  Describe: ___________________________________________________________

• What were your other job duties?
  Describe: ___________________________________________________________
Appendix 10b: Employee Interview

*Salmonella* (Spanish)
Appendix 10b: Employee Interview

Salmonella Spanish

OUTBREAK RESPONSE PROTOCOL

To obtain this document, please contact health.foodill@state.mn.us or 651-201-5655.

---

FACILITY • LOCATION

Employee Interview Form

The Minnesota Department of Health (MDH) and Ramsey County Public Health working on a foodborne illness outbreak investigation that may be associated with the facility where you work. The purpose of the investigation is to learn the source of the outbreak and stop transmission. We want to ask you questions about your work duties in food service and any recent illness you may have had.

El Departamento de Salud de Minnesota está investigando unas quejas de enfermedades que están asociadas con el restaurante donde Ud. trabaja. El propósito de esta investigación es entender la causa de las enfermedades y parar la transmisión. Queremos hacerle unas preguntas sobre su trabajo y acerca de enfermedades que podría haber tenido recientemente.

PRIVACY: Any information you give to us about yourself (including test results) is considered private data. Only public health officials involved in this outbreak investigation will have access to the private data. Do we have your permission to also share this information with management staff at the facility where you work? □ YES □ NO

Responder a la entrevista es totalmente voluntario y toda la información que Ud. nos daría sería confidencial. Las únicas personas que podrían tener acceso a esta información son los funcionarios del departamento de salud.

Podemos compartir esta información con su jefe?

VOLUNTARY: You are not required to answer questions. However, your answers help us understand how this outbreak happened and prevent further transmission. If you don’t answer questions, you will be excluded from work because we won’t know if you could spread illness to others.

Will you answer some brief questions? □ YES □ NO (exclusions apply – contact epil)

Sí hay preguntas que no desea contestar, puede no hacerlo. Sin embargo, sus respuestas son importantes para descubrir la causa del brote y prevenir más enfermedades. Si no responde a las preguntas, Ud. va a ser excluido del trabajo porque no podemos evaluar si Ud. puede transmitir la enfermedad a otras personas.

STOOL SAMPLE: We will be testing stool samples to see if employees have Salmonella (a germ that can be spread by food). You must submit two stool samples, collected at least 24 hours apart. If you have been ill, or test positive for Salmonella, you will be excluded from work until two stool samples in a row test negative for Salmonella. If you don’t submit stool specimens, you will be excluded from work because we won’t know if you could spread illness to others.

Stool kits and testing are free of charge. You will be given results when they are available.

El departamento de salud va a hacer exámenes de heces para determinar si los empleados tienen Salmonella (una bacteria transmitida por la comida). Tiene que enviar dos muestras de heces, tomadas 24 horas aparte. Si Ud. estuvo enfermo, o el resultado de su muestra es positivo por Salmonella, Ud. será excluido del trabajo hasta que Ud. tenga dos muestras negativas de Salmonella. Si no envía sus muestras de heces, será excluido del trabajo porque no sabemos si Ud. podría propagar la enfermedad. Los exámenes de estas muestras son gratis. Ud. se le dará los resultados cuando estén disponibles.

Will you submit stool samples? □ YES □ NO (exclusions apply – contact epil)

¿Está dispuesto a enviar una muestra de heces para analizar?

Employee Name: ____________________________
<table>
<thead>
<tr>
<th>Name (last, first):</th>
<th>Age:</th>
<th>Male</th>
<th>Female</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nombre (apellido, nombre)</td>
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<tr>
<td>Signature:</td>
<td>or</td>
<td>Phone Interview (verbal consent):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hirma</td>
<td></td>
<td>Entrevista por teléfono</td>
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<tr>
<td>Address:</td>
<td>City:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dirección</td>
<td>Ciudad</td>
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<tr>
<td>Zip:</td>
<td>Phone:</td>
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<tr>
<td>Código postal</td>
<td>número de teléfono</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Job Title/Description: ____________________________
Nombre del puesto/Descripción de trabajo

- Have you had any of the following symptoms since August 1st?
+ ¿Desde el 1 de agosto, ha estado enfermo con los siguientes síntomas?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Onset date/time:</th>
<th>Recovery:</th>
<th>Onset date/time:</th>
<th>Recovery:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td></td>
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<tr>
<td>Vomiting</td>
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<tr>
<td>Cramps</td>
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<tr>
<td>Diarrhea</td>
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<tr>
<td>Bloody stools</td>
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<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>First symptom:</td>
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</tr>
</tbody>
</table>

Other symptoms: ____________________________
Otras síntomas

When did you feel completely recovered? | | or | still feeling sick |
Cuándo se recuperó? | | Todavía se siente enfermo? |

ILL EMPLOYEES
- Did you visit a health care provider for the illness? | | Did you submit a stool sample? | | |
| Visité algún médico para esta enfermedad | | Le dio a su médico una muestra de heces? | | |
If yes, when? | | where? | | |
¿Cuándo? | | ¿Dónde? | | |
Hospitalized overnight? | | |
¿Fue hospitalizado (pasó la noche en el hospital)? |

- Did you work while having diarrhea and/or vomiting? | | YES | NO |
Fue a trabajar cuando tenía la diarrea/vómitos
If yes, when? If no, when did you return to work? |
Si sí, ¿cuándo? | Si no, ¿cuando regresó al trabajo? |
ALL EMPLOYEES

- Do you work at any other food service facilities? □ YES □ NO
  ¿Trabajas en otras empresas de servicios de comida?
  If yes, where? ____________________________ How often? ____________________________
  Si sí, dónde ____________________________ cuántas veces

- Have any members of your household been ill with diarrhea and/or vomiting since August 1st? □ YES □ NO
  Hasta el primer de Agosto, ha habido alguien que vive en su casa con diarrea o vómitos
  Vomiting (onset: ___/____) □ Y □ N Cramps □ Y □ N Fever □ Y □ N Blood in stool □ Y □ N
  En qué fecha comenzó el vómito ____________________________
  Cólicos ____________________________
  Calenturas/fiebre ____________________________
  Notó sangre en las heces ____________________________
  Diarrhea (onset: ___/____) □ Y □ N (# stools/24 hrs: ___)
  En qué fecha comenzó la diarrea ____________________________
  (# en 24 horas: ___)

- Have any of your co-workers been ill with vomiting and/or diarrhea? □ YES □ NO
  ¿Sabe si alguno de sus compañeros de trabajo ha estado enfermo con diarrea o vómitos?
  Describe (who, when): ___________________________________________________________
  Quién, cuándo

- During August 14 - 15:
  ¿Del domingo catorce al viernes diecinueve de Agosto, en cuáles fechas trabajó?

<table>
<thead>
<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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<td>□ Y □ N</td>
<td>□ Y □ N</td>
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</tbody>
</table>

- During August 14 - 15:
  Durante la semana del domingo catorce de Agosto al viernes diecinueve de Agosto

- Did you do any food prep? □ YES □ NO
  ¿Preparaste (cocinaste, manipulaste) los alimentos
  Describe: ____________________________________________________________

- Did you make or serve any drinks, including adding garnish or ice? □ YES □ NO
  ¿Preparaste o serviste bebidas, incluyendo el hielo o adorno/decoración
  Describe: ____________________________________________________________

- Did you prepare any ready-to-eat foods, like salads, breads, or chips (including garnishing plates and packaging to-go food)? □ YES □ NO
  ¿Preparaste (cocinaste, manipulaste) alimentos que están lista para comer/pre-hechos, como ensaladas, panes, o los papitas “chips” (incluyendo el adorno o empaquetado los alimentos pre-hechos)
  Describe: ____________________________________________________________

- What were your other job duties?
  ¿Cuáles fueron sus otras funciones del trabajo?
  Describe: ____________________________________________________________

SALIM
Appendix 10c: Employee Interview
Waterborne
Appendix 10c: Employee Interview

Waterborne

OUTBREAK RESPONSE PROTOCOL

To obtain this document, please contact health.foodill@state.mn.us or 651-201-5655.

---

**Employee Interview**

The Minnesota Department of Health (MDH) is working on a waterborne illness outbreak investigation that may be associated with the facility where you work. The purpose of the investigation is to learn the source of the outbreak and stop transmission. We want to ask you questions about your work duties and any recent illness you may have had.

**PRIVATE:** Any information you give us about yourself (including test results) is considered private data. Only public health officials involved in this outbreak investigation will have access to the private data. Do we have your permission to also share this information with management staff at the facility where you work? □ YES □ NO

**VOLUNTARY:** You are not required to answer questions. However, your answers help us understand how this outbreak happened and prevent further transmission. If you don’t answer questions, you may be excluded from work (or your duties restricted) because we won’t know if you could spread illness to others.

Will you answer some brief questions? □ YES □ NO (exclusions apply - contact epi)

**STOOL SAMPLE:** If you have been ill, we may ask you to provide a stool specimen for testing. Stools will be tested for pathogens at the MDH lab. Stool kits and testing are free of charge. You will be given results when they are available.

---

**Facility Name**

**Employee Interview**

**Date of Interview: **

**Interviewer:**

---

<table>
<thead>
<tr>
<th>Name (last, first):</th>
<th>Age:</th>
<th>Gender: Male</th>
<th>Female</th>
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<tbody>
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<td>Signature:</td>
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<tr>
<td>Address:</td>
<td>City:</td>
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<tr>
<td>Zip:</td>
<td>Phone:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Job Title/Description:**

---

**Have you been ill with diarrhea and/or vomiting since?**

□ YES □ NO

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<thead>
<tr>
<th>Vomiting</th>
<th>Onset date/time:</th>
<th>Recovery:</th>
</tr>
</thead>
<tbody>
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<td>/ / /</td>
<td>/ / /</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Onset date/time:</th>
<th>Recovery:</th>
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<td>/ / /</td>
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<th>Onset date/time:</th>
<th>Recovery:</th>
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<tbody>
<tr>
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<td>/ / /</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># stools/24 hrs</th>
<th>Duration of diarrhea: days/hours (if unsure of dates/times)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bloody stools</th>
<th>Fever</th>
<th>Temperature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**First symptom:**

<table>
<thead>
<tr>
<th>Onset date/time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other symptoms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
</tr>
</tbody>
</table>

When did you feel completely recovered? / / / or □ still feeling sick

---

**ILL EMPLOYEES**

**Are you willing to provide a stool sample for testing?**

□ YES (contact epi) □ NO

**Did you visit a health care provider for the illness?**

□ YES □ NO □ hospitalized overnight? □ YES □ NO

If yes, when? / / / Where?

**Did you work while having diarrhea and/or vomiting?**

□ YES □ NO

If yes, when? / / / Where?

**Have you gone swimming anywhere else since your illness started?**

□ YES □ NO

--- □ YES  □ NO

When? / / / Where? / / /
ALL EMPLOYEES

- Do you work at any other aquatic facilities?  □ YES  □ NO
  ---If yes, where? ___________________________ How often? ___________________________

- Do you remember any vomiting or fecal incidents at the facility?  □ YES  □ NO
  Describe (who, where, when): ____________________________________________________
  If yes, did you help clean up the incident?  □ YES  □ NO

If you have been ill with diarrhea, it is important that you not go swimming for at least 2 weeks following the end of your symptoms.
Appendix 11a: Employee Illness Screening Form for Norovirus
**Employee Illness Screening Form for Norovirus**

This form is for use during times of elevated concern for employee illness. The health department will notify the person in charge (PIC) when to discontinue using this form.

**Instructions**

The PIC will ask the following question of each employee before they begin each of their shifts:

- In the last 72 hours, has the employee experienced any of the symptoms listed below?
- Employees with any of the symptoms listed below cannot return to work for at least 72 hours after symptoms end.
- If an employee has experienced one of the symptoms below, notify your health inspector.
- The PIC and employee should initial each entry.

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Date</th>
<th>Vomiting (Y/N)</th>
<th>Diarrhea (Y/N)</th>
<th>Employee Initials</th>
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Appendix 11b: Employee Illness Screening Form for *Salmonella*
Employee Illness Screening Form for *Salmonella*

This form is for use during times of elevated concern for employee illness. The health department will notify the person in charge (PIC) when to discontinue using this form.

**Instructions**

The PIC will ask the following question of each employee before they begin each of their shifts:

- In the last 72 hours, has the employee experienced any of the symptoms listed below?
- Employees with any of the symptoms listed below cannot return to work for at least 72 hours after symptoms end.
- If an employee has experienced one of the symptoms below, notify your health inspector.
- The PIC and employee should initial each entry.

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Appendix 12a: Environmental Health Checklist When Responding to a Norovirus Outbreak
Environmental health checklist when responding to a norovirus outbreak

1. Contact the establishment and have them begin gathering a contact list for all employees and credit card receipts, reservation lists, or takeout orders for the meal date in question. In addition, ask the following questions:
   a. Has the business received any complaints? If they have and the complaints were not reported, inform them that this is a violation of the food code.
   b. How many food service workers does the business employ?
2. Gather employee screening forms and copy enough interview forms. A unique form is developed by epi for each outbreak. The Tennessen warning is included on the form and must be read to each employee before the interview. Head out to restaurant as soon as possible.
3. Ask management what their illness policy is. Ask to see their illness log and assess recent employee illness.
4. Interview all employees, including management. If employees have been ill, they must be excluded for at least 72 hours after their last symptom of vomiting and diarrhea.
5. Ask ill employees if they would be willing to submit a stool sample. If so, obtain their name, address, and telephone number and coordinate with epi on getting stool kits out to employee.
6. Obtain credit card receipts, reservation lists, and/or takeout/carry out orders for meal date in question. Provide these to epi as soon as possible. These are used to interview additional patrons and determine if there is a particular food item that is contaminated.
7. Obtain restaurant menu (if different from online menu) and ask if the establishment had any specials on the date in question. Provide menu to epi as soon as possible. This is needed to interview additional patrons.
8. Put illness screening form in place so management can screen all employees before they begin their shift to ensure that they have not been recently ill.
9. Provide norovirus factsheets and educational materials to management.
10. While on site, conduct an environmental assessment. Review employee handwashing and bare-hand contact policies (e.g., minimizing bare-hands with ready-to-eat foods).
11. Wash, rinse, and sanitize all food contact surfaces, equipment, and utensils in the kitchen area. The establishment should contact their chemical supplier to obtain a product that has a “norovirus claim” to clean all surfaces, if they don’t have a chemical supplier, they can use 1,000 ppm bleach (1/3 cup per 1 gallon). Most quats are ineffective against norovirus. It is also a good idea to clean and sanitize the inside of the ice bin, door handles, faucet handles, tabletops, etc. (any areas where people touch). If obtaining a product with a norovirus claim, management must make sure it is appropriate for food contact surfaces and read the label for proper application instructions (some products require a longer contact time).
12. If there have been employees who worked while ill or weren’t excluded for an appropriate length of time and then handled/prepared food, consider discarding ready-to-eat food items that may have been contaminated. This includes ice from the ice machine.

13. If there is vomit in the establishment, the best way to prevent transmission is to physically remove it as soon as possible by scrubbing it off of the carpet/floor. Worker should wear gloves, discard all cloths/material used to clean up vomit and thoroughly wash hands after. Do not use a vacuum to clean vomit on carpeted areas. Vacuuming will aerosolize particles. You can use a steamer. Here is a factsheet on clean-up: Help Prevent the Spread of Norovirus (“Stomach Bug”) (http://www.disinfect-for-health.org/wp-content/themes/disinfect/pdfs/NorovirusPrevent_8.5x11_English_Color.pdf)
Appendix 12b: Environmental Health Checklist When Responding to a Cryptosporidium Outbreak
Environmental health checklist when responding to a *Cryptosporidium* outbreak

1. Pool should be closed immediately and hyperchlorinated per CDC guidelines:
   a. If stabilizer is NOT used in the pool, hyperchlorinate to 20 parts per million (ppm) for 12.75 hours (13 hours).
      i. See [Hyperchlorination to Kill Cryptosporidium When Chlorine Stabilizer is NOT in Water](https://www.cdc.gov/healthywater/swimming/pdf/hyperchlorination-to-kill-crypto-when-chlorine-stabilizer-is-not-in-the-water.pdf) for more information.
   b. If stabilizer is used in the pool, and the cyanuric acid concentration is 1–15:
      i. Raise the free chlorine to 20 ppm and maintain for 28 hours, or
      ii. Raise the free chlorine to 30 ppm and maintain for 18 hours, or
      iii. Raise the free chlorine to 40 ppm and maintain for 8.5 hours
          1. See [Hyperchlorination to Kill Cryptosporidium When Chlorine Stabilizer is in Water](https://www.cdc.gov/healthywater/swimming/pdf/hyperchlorination-to-kill-crypto-when-chlorine-stabilizer-is-in-the-water.pdf) for more information.
   c. If the cyanuric acid concentration is more than 15 ppm, lower the concentration to 1–15 ppm by draining partially and adding fresh water without chlorine stabilizer before attempting to hyperchlorinate.
   d. Pools must be held at the appropriate concentration for the entire length of time (e.g., 20 ppm for a full 12.75 hours) and someone should monitor the pool to ensure this level is maintained.
   e. All pools effected should be held at this level (e.g., kiddie pool, slides, lazy river). Keep slides running, and leave toys and floaties in the pool to sanitize as well.
   f. A 2-3-day shut-down time during hyperchlorination should be expected. Normal chlorination kills crypto naturally in 10.6 days.
   g. Discourage the use of dechlor to bring down chlorine levels after the appropriate length of time has been reached. Dechlor doesn’t work immediately, so often times more and more is dumped in until there is no chlorine left. Either let the chemical levels come down naturally or add more water to the pool before reopening.

2. Provide factsheet to operator on crypto and ask that they post signs around pool. A few examples are provided below:
   a. [Cryptosporidiosis (Cryptosporidium)](https://www.health.state.mn.us/divs/idepc/diseases/cryptosporidiosis/crypto.pdf)
b. **Important Notice to All Swimmers** *(www.health.state.mn.us/divs/idepc/dtopics/waterborne/healthyswim.pdf)*

c. Hyperchlorinating is only effective until the next ill swimmer enters the water. It is important to provide education.

3. Ask about fecal accidents in the pool and request copies of the pool logs dating back to a few weeks before the incident date (exact date can be discussed with lead Epi).

4. Epi may request reservation lists to contact additional guests or ask Environmental Health to conduct interviews of all aquatic staff (this will be determined by lead epi).

   a. Staff with crypto-like symptoms (diarrhea) should be excluded for 2 weeks after their last symptom of diarrhea.

*During a crypto investigation, MDH usually does not test the water for crypto (results take too long and if negative, it doesn’t tell us that the parasite is not in the pool).*
Appendix 13: Traceback Information Gathering Worksheet
**Traceback Information Gathering Worksheet**

Use interviews, observations, and records to collect information about the product of interest during the time period of interest.

**Goal:** Determine, with what level of certainty (definitely not, possibly, probably, definitely) specific incoming shipments received by the firm were included in outgoing shipments (or sales) during the timeframe of interest.

**Product of Interest:**

**Timeframe of Interest:**

**Investigational Traceback**

<table>
<thead>
<tr>
<th>Traceback Task</th>
<th>Notes</th>
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<tbody>
<tr>
<td>1. Establishment name and address.</td>
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<td>2. Epi data (to share with industry as needed).</td>
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<td>3. Identify the shelf life and average daily use of the product.</td>
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<td>4. Determine the regular suppliers or distributed for the product of interest during the time frame of interest (include manufacturer name and production facility address).</td>
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<td>5. Collect product identifiers (brand, food type, size, container type, lot codes, UPC, SKY, PLU, production dates, pull dates) for the product of interest.</td>
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<td>6. Collect lot codes, sell-by dates, and/or use-by dates for these products.</td>
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<td>7. Obtain clear digital photos of product or label, if possible.</td>
<td>Send photos via email</td>
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<td>Traceback Task</td>
<td>Notes</td>
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<td><strong>8.</strong> Document how the product is received (box description, fresh/frozen).</td>
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<td><strong>9.</strong> Obtain invoices and inventory for the product for the time period of interest.</td>
<td><em>Send invoices via email</em></td>
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<td><strong>10.</strong> Determine how and when the product is ordered and how often the firm receives the product (frequency, specific days of the week, etc.).</td>
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<td><strong>11.</strong> Determine or estimate transportation time from supplier to point-of-service.</td>
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<td><strong>12.</strong> Determine the quantity in shipment in the facility (typically and for the timeframe of interest) and if inventory is taken regularly (specific day of the week, daily, etc.).</td>
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<tr>
<td><strong>13.</strong> Determine how much (if any) of the previous shipments is left over when new shipments are received and if first-in first-out (FIFO) rotation policy is standard and how closely it’s adhered to.</td>
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<td><strong>14.</strong> Determine if the firm received any non-routine shipments of the product of interest.</td>
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<td><strong>15.</strong> Identify any on-site handling/preparation/repacking that created opportunities for cross contamination or mishandling at the facility.</td>
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<td><strong>16.</strong> Identify if anything affected normal handling or ordering of the implicated product.</td>
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<td><strong>17.</strong> If records are not available on-site, determine location where they may be stored and request needed information (by phone, fax, email, etc.).</td>
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Appendix 14: Foodborne Illness
Investigation Procedure
To Whom It May Concern:

The Minnesota Department of Health (MDH) has undertaken an investigation into a potential outbreak of foodborne illness among individuals who ate at the <<Restaurant>> in <<City>>, Minnesota on <<Date>>. Based on the past experience and expertise of MDH staff, this outbreak may represent an ongoing health threat that requires intervention. Accordingly, MDH would like to contact as soon as possible a sample of individuals who ate at this establishment. Information requested includes names and phone numbers of those who were at the restaurant. Data collected will be maintained as private, in accordance with the Minnesota Government Data Privacy Act. MDH has authority to undertake this investigation and collect private data under Minn. Stat. 144.05, subd. 1, 144.053, and Minn. Rules part 4605.7500.

For purposes of this investigation, the Commissioner of Health has authorized staff in the Infectious Disease Epidemiology, Prevention, and Control Division (IDEPC) of MDH to receive and utilize this data. In accordance with departmental practices policy, the private data collected will only be disseminated within MDH and local public health agencies on a need-to-know basis. In the event of subsequent legal actions, the private data will be protected from discovery under Minn. Stat. Section 144.658.

Thank you for your cooperation in this matter. As soon as you have this information ready, please fax it to <<Epidemiologist>> at 651-201-5082. If you have any further questions please give us a call at 651-201-5414.

Sincerely,

<<Name>>
Epidemiologist
Minnesota Department of Health
625 Robert St. N
St. Paul, MN 55155
www.health.state.mn.us
### Resources

**Minnesota Department of Health** (www.health.state.mn.us)
- Foodborne Illness (www.health.state.mn.us/divs/idepc/dtopics/foodborne/)
- Waterborne Illness (www.health.state.mn.us/divs/idepc/dtopics/waterborne/)
- Zoonotic Diseases: Disease Transmitted from Animals to Humans (www.health.state.mn.us/divs/idepc/dtopics/zoo/)
- Licensing: Food, Pools, and Lodging Services (www.health.state.mn.us/divs/eh/food/license/)

**Centers for Disease Control and Prevention** (www.cdc.gov/ncezid/dfwed/)

**State and Local Environmental Health Delegated Agencies**
- Licensing Jurisdiction: Food, Pools, and Lodging Services (www.health.state.mn.us/divs/eh/food/license/delegation.html)
- Minnesota State and Local Food, Pools and Lodging Contacts (www.health.state.mn.us/divs/eh/food/license/locals.pdf)

**Map of Field Services Epidemiologists in Greater Minnesota** (www.health.state.mn.us/divs/idepc/epis.html)

**Foodborne & Waterborne Illness Hotline**
- Reporting Suspected Foodborne and Waterborne Illness (www.health.state.mn.us/divs/idepc/dtopics/foodborne/reporting.html)
- Call to report foodborne illness
  - 651-201-5655
  - Toll-free statewide
    - 1-877-366-3455
    - 1-877-FOOD ILL
- Email
  - health.foodill@state.mn.us