

# **Outbreak Response Protocol: APPENDICES**

**PROCEDURES FOR RESPONDING TO DISEASE OUTBREAKS IN  
MINNESOTA**

**August 2022**

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## OUTBREAK PROTOCOL APPENDICES

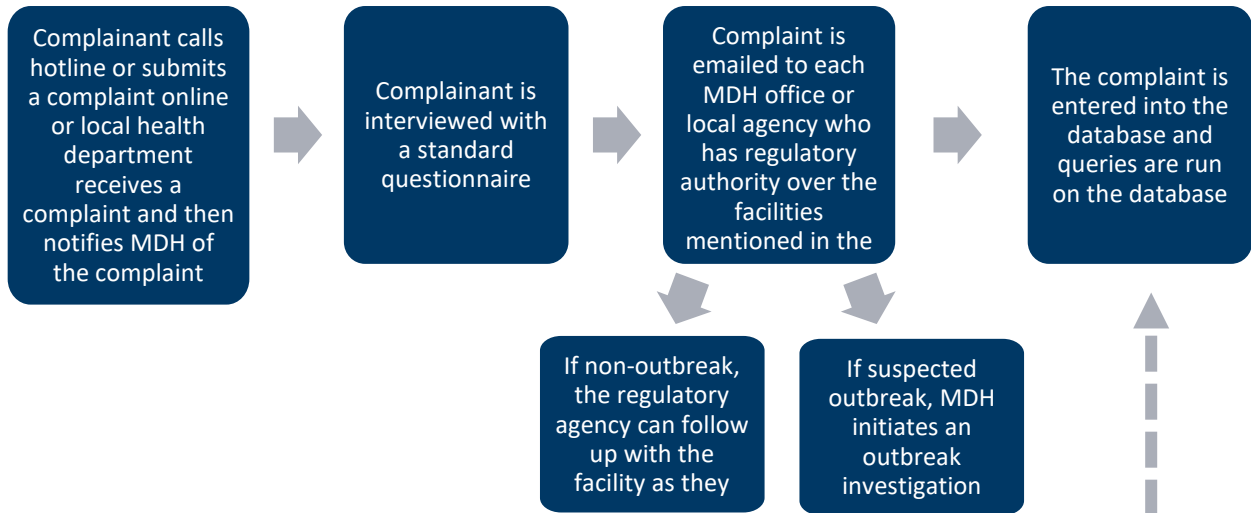
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## Appendix 1a: Outbreak Detection

Outbreaks are identified through two main mechanisms

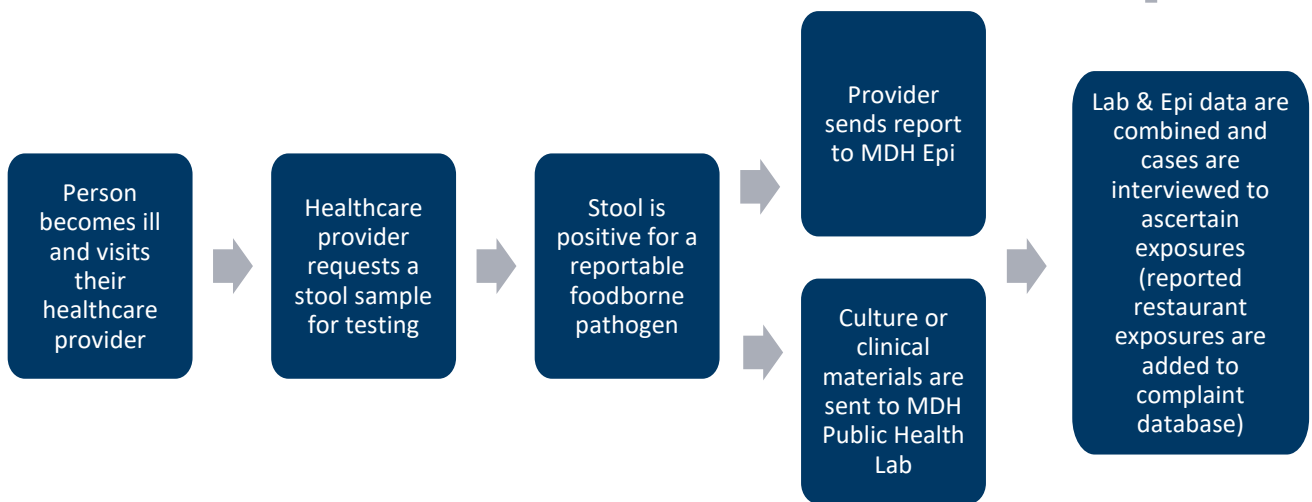
### Foodborne & Waterborne Illness Hotline

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



### Pathogen-specific Surveillance

(Confirmed pathogens; e.g., *Salmonella*)



## Details about Charta above

### Foodborne & Waterborne Illness Hotline

1. Complainant calls the hotline, submits a complaint online, or reaches out to their local health department (local health department notifies MDH of the complaint). Waterborne injury complaints and complaints received by restaurants should also be reported to the Health Department for investigation and possible follow-up.
2. Complainant is interviewed with a standard questionnaire
3. Complaint is 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
5. 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

[Reportable Diseases A-Z: Reportable Infectious Diseases \(https://www.health.state.mn.us/diseases/reportable/disease.html\)](https://www.health.state.mn.us/diseases/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

To obtain this document, please contact [health.foodill@state.mn.us](mailto:health.foodill@state.mn.us) or 651-201-5655.

<b>Foodborne Illness Report</b> <b>Minnesota Department of Health</b> Phone: (651) 201-5414 Fax: (651) 201-5082		Revised: 11/24/2014
Complaint date: ___/___/___    Hotline call: <input type="checkbox"/> How you got # _____    Tennessee: <input type="checkbox"/> Agency: Minnesota Department of Health    Reporter: _____		
First Name: _____ Last Name: _____ Age: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male Address: _____ Zip: _____ Home phone: (____) _____ Work phone: (____) _____ Cell: (____) _____		
<b>Establishment that the complainant suspects:</b> _____ Number of persons exposed: _____ Number ill: _____ <b>How</b> many households with illness: _____ Did complainant call the establishment? : <input type="checkbox"/> Y <input type="checkbox"/> N If yes, who did they speak with: _____ <i>*If a retail food product is suspected, please fill out page 4 (Retail Food Product Complaint) in addition to the 4-day food history</i>		
<b>ILLNESS HISTORY</b> Illness Onset: ___/___/___    Time: _____    Recovery: ___/___/___    Time: _____ Vomiting <input type="checkbox"/> Y <input type="checkbox"/> N    Onset: ___/___/___    Time: _____    Recovery: ___/___/___    Time: _____ Diarrhea <input type="checkbox"/> Y <input type="checkbox"/> N    Onset: ___/___/___    Time: _____    Recovery: ___/___/___    Time: _____ # of stools per 24-hr. period (max): _____ Cramps <input type="checkbox"/> Y <input type="checkbox"/> N    Fever <input type="checkbox"/> Y <input type="checkbox"/> N (temp: _____)    Bloody stools <input type="checkbox"/> Y <input type="checkbox"/> N Other symptoms: _____    Visited health care provider <input type="checkbox"/> Y <input type="checkbox"/> N If yes, name and location: _____    Date of visit: ___/___/___ Provider requested stool sample <input type="checkbox"/> Y <input type="checkbox"/> N    If yes, date stool submitted: ___/___/___    Hospitalized <input type="checkbox"/> Y <input type="checkbox"/> N		
<b>FOOD HISTORY</b> <i>If only one person is ill or if all ill persons live in 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.</i>		
	<b>Meal Time</b> <b>Date:</b> ___/___/___ (work backward starting with onset date)	<b>Hours to Illness Onset</b>
Brk: _____	location: _____ food/drinks: _____	_____
Lun: _____	location: _____ food/drinks: _____	_____
Sup: _____	location: _____ food/drinks: _____	_____
Other: _____	location: _____ food/drinks: _____	_____

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<b>Meal Time</b>	<b>Date:</b> ___/___/___	<b>Hours to Illness Onset</b>
<b>Brk:</b> _____ location: _____	<b>food/drinks:</b> _____	_____
<b>Lun:</b> _____ location: _____	<b>food/drinks:</b> _____	_____
<b>Sup:</b> _____ location: _____	<b>food/drinks:</b> _____	_____
<b>Other:</b> _____ location: _____	<b>food/drinks:</b> _____	_____
<b>Meal Time</b>	<b>Date:</b> ___/___/___	<b>Hours to Illness Onset</b>
<b>Brk:</b> _____ location: _____	<b>food/drinks:</b> _____	_____
<b>Lun:</b> _____ location: _____	<b>food/drinks:</b> _____	_____
<b>Sup:</b> _____ location: _____	<b>food/drinks:</b> _____	_____
<b>Other:</b> _____ location: _____	<b>food/drinks:</b> _____	_____
<b>Meal Time</b>	<b>Date:</b> ___/___/___	<b>Hours to Illness Onset</b>
<b>Brk:</b> _____ location: _____	<b>food/drinks:</b> _____	_____
<b>Lun:</b> _____ location: _____	<b>food/drinks:</b> _____	_____
<b>Sup:</b> _____ location: _____	<b>food/drinks:</b> _____	_____
<b>Other:</b> _____ location: _____	<b>food/drinks:</b> _____	_____
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 _____		
Any ill household members in the last week: Y N If yes, who _____ Date: ___/___/___		
<b>AGENCIES NOTIFIED</b> <input type="checkbox"/> MDH-EHS <input type="checkbox"/> MDH-District Office <input type="checkbox"/> MN Dept of Ag <input type="checkbox"/> FDA <input type="checkbox"/> USDA		
<input type="checkbox"/> Local Agencies: _____		
<b>Comments</b> _____		
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HISTORY OF OTHERS ILL		Original Complainant's Name: _____
First name: _____	Last name: _____	Age: _____
Address: _____		Phone: _____
Illness Onset: ____/____/____	Time: _____	Recovery: ____/____/____ Time: _____
Vomiting <input type="checkbox"/> Y <input type="checkbox"/> N	Onset: ____/____/____ Time: _____	Recovery: ____/____/____ Time: _____
Diarrhea <input type="checkbox"/> Y <input type="checkbox"/> N	Onset: ____/____/____ Time: _____	Recovery: ____/____/____ Time: _____
# of stools per 24-hr. period (max): _____ Cramps <input type="checkbox"/> Y <input type="checkbox"/> N Fever <input type="checkbox"/> Y <input type="checkbox"/> N (temp: _____) Bloody stools <input type="checkbox"/> Y <input type="checkbox"/> N		
Other symptoms: _____		
<b>Meals in common:</b>		<b>Incubation</b>
<b>Meal 1:</b> location: _____	food/drinks: _____	_____
_____		
<b>Meal 2:</b> location: _____	food/drinks: _____	_____
_____		
<b>Meal 3:</b> location: _____	food/drinks: _____	_____
_____		

First name: _____	Last name: _____	Age: _____
Address: _____		Phone: _____
Illness Onset: ____/____/____	Time: _____	Recovery: ____/____/____ Time: _____
Vomiting <input type="checkbox"/> Y <input type="checkbox"/> N	Onset: ____/____/____ Time: _____	Recovery: ____/____/____ Time: _____
Diarrhea <input type="checkbox"/> Y <input type="checkbox"/> N	Onset: ____/____/____ Time: _____	Recovery: ____/____/____ Time: _____
# of stools per 24-hr. period (max): _____ Cramps <input type="checkbox"/> Y <input type="checkbox"/> N Fever <input type="checkbox"/> Y <input type="checkbox"/> N (temp: _____) Bloody stools <input type="checkbox"/> Y <input type="checkbox"/> N		
Other symptoms: _____		
<b>Meals in common:</b>		<b>Incubation</b>
<b>Meal 1:</b> location: _____	food/drinks: _____	_____
_____		
<b>Meal 2:</b> location: _____	food/drinks: _____	_____
_____		
<b>Meal 3:</b> location: _____	food/drinks: _____	_____
_____		

OUTBREAK PROTOCOL APPENDICES

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)

You can also watch 'how to submit a stool sample for testing' on youtube at [health.mn.gov/stool](http://health.mn.gov/stool) or scan the qr code



1. Please write name, date of birth, and collection date 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)

### 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 [health.mn.gov/stool](http://health.mn.gov/stool) or scan the QR code →

También puede ver el video "How to Submit a Stool Sample for Testing" en YouTube @ [health.mn.gov/stool](http://health.mn.gov/stool) o escanee el código QR →



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

**Por favor, complete la porción blanca del formulario de laboratorio. Escriba su nombre, fecha de nacimiento, y fecha de recolección de la muestra (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.

**Desenrosque la tapa del frasco. Use la cucharita que está adherida a la tapa 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 enroscada.**



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 descártela en el inodoro/lavabo. Tire la parte de cartón en la basura.**

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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 y el papel absorbente 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 de laboratorio 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 Tennesen 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

To obtain this document, please contact [health.foodill@state.mn.us](mailto:health.foodill@state.mn.us) or 651-201-5655.

Date of Interview: \_\_\_/\_\_\_/\_\_\_ Interviewer: \_\_\_\_\_ Tennesen

**PATRON INTERVIEW**  
Anytown, MN  
July 2022

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex: F M

Street: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Race: \_\_\_\_\_ *If Asian or African, Specify:* \_\_\_\_\_ Ethnicity: Hispanic or Non-Hispanic

Illness Onset: ___/___/___	Time: _____	Recovery: ___/___/___	Time: _____
Vomiting <input type="checkbox"/> Y <input type="checkbox"/> N	Onset: ___/___/___	Time: _____	Recovery: ___/___/___ Time: _____
Diarrhea <input type="checkbox"/> Y <input type="checkbox"/> N	Onset: ___/___/___	Time: _____	Recovery: ___/___/___ Time: _____
Number of stools per 24 hour period: _____		Diarrhea duration: _____ days/hours	
Bloody stools <input type="checkbox"/> Y <input type="checkbox"/> N	Cramps <input type="checkbox"/> Y <input type="checkbox"/> N	Fever <input type="checkbox"/> Y <input type="checkbox"/> N	Temperature _____°F
First Symptom: _____		Onset Date: ___/___/___ Time: _____	
Other Symptoms: _____		Onset Date: ___/___/___ Time: _____	
Called Provider: <input type="checkbox"/> Y <input type="checkbox"/> N	Visited Provider: <input type="checkbox"/> Y <input type="checkbox"/> N	Office / ER	Date of Visit: ___/___/___
Provider requested stool sample: <input type="checkbox"/> Y <input type="checkbox"/> N		Stool submitted: <input type="checkbox"/> Y <input type="checkbox"/> N	Hospitalized: <input type="checkbox"/> Y <input type="checkbox"/> 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!)*

	Y	N	U		Y	N	U
	Y	N	U		Y	N	U
	Y	N	U		Y	N	U
	Y	N	U		Y	N	U
	Y	N	U	<b>OTHER FOOD:</b> _____			
	Y	N	U	_____			
	Y	N	U	<b>BEVERAGES</b>	Y	N	U
	Y	N	U	Water	Y	N	U
	Y	N	U	Pop (Type: _____)	Y	N	U
	Y	N	U	Wine	Y	N	U
	Y	N	U	Beer	Y	N	U
	Y	N	U	Mixed drink: _____	Y	N	U
	Y	N	U	Any garnishes: _____	Y	N	U
	Y	N	U	Other Beverage: _____	Y	N	U

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Did anyone in your household experience gastrointestinal illness in the week prior to this meal?  Y  N

Name and relationship	Age	Onset date
_____	___	___/___/___
_____	___	___/___/___
_____	___	___/___/___

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

Name _____	Phone number _____
Name _____	Phone number _____
Name _____	Phone number _____
Name _____	Phone number _____





## Appendix 6: Guidance for Writing Foodborne and Waterborne Outbreak Reports

### Title

- Pathogen
- Establishment Name or Event
- County
- Month/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 ( $\geq 3$  stools in a 24-hour period)), including time definition if relevant
- 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

## 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)
- Food recalls, press releases, and/or public notices and agencies involved in those actions

## 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

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.

**Confirmed and Probable 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

DocuSign Envelope ID: C974F28C-0356-481C-8665-AF534EDD1983

**Memorandum of Understanding (MOU) between the Minnesota Department of Health and the Minnesota Department of Agriculture Concerning the Investigation of Foodborne Illnesses**

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**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 Chapter 17 and Chapters 25 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 17.03, 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.

## OUTBREAK PROTOCOL APPENDICES

DocuSign Envelope ID: C974F28C-0356-481C-8665-AF534ED01983

### 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 produced on farm, cottage food producers, food warehouse, or retail food establishment and those exempt from licensing 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 the food-processing facility, food produced on farm, cottage food producers, food warehouse, or retail food establishment and those exempt from licensing establishment located or headquartered outside of Minnesota, Agriculture will coordinate the obtainment 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 collect contact information and forward it to Health through its statewide Foodborne Illness Hotline.

## OUTBREAK PROTOCOL APPENDICES

DocuSign Envelope ID: C974F28C-0356-481C-8665-AF534EDD1983

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 be 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, farm producers, cottage food producers 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

OUTBREAK PROTOCOL APPENDICES

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f 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.

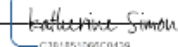
V. REVIEW OF AGREEMENT

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

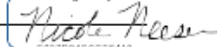
VI. TERMINATION OF AGREEMENT

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 Katherine Simon   
Title FFSD Division Director  
Date 2/23/2021

For the Department of Agriculture Dairy and Meat Inspection Division (DMID)

Signature Nicole Neeser   
Title DMID Division Director  
Date 2/23/2021

For the Department of Health DocuSigned by:

Signature Kirk Smith   
Title Program Manager  
Date 2/23/2021





## Appendix 9: Statutory Authority Letter

### Foodborne Illness Investigation Procedure

<<Date>>

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](http://www.health.state.mn.us)



## Appendix 10a: Employee Illness Screening Form for Norovirus (English)

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.

Employee Name	Date	Vomiting (Y/N)	Diarrhea (Y/N)	Employee Initials	PIC Initials





## Appendix 10b: Employee Illness Screening Form for Norovirus (Hmong)

To obtain this document, please see:

[Daim Ntawv Ntsuas Tus Neeg Ua Haujlwm Mob Norovirus \(PDF\)](https://www.health.state.mn.us/communities/environment/food/docs/empillnorofmhm.pdf)  
 (https://www.health.state.mn.us/communities/environment/food/docs/empillnorofmhm.pdf)

### Daim Ntawv Ntsuas Tus Neeg Ua Haujlwm Mob Norovirus Employee Illness Screening Form for Norovirus

#### Hmong

Siv daim ntawv no rau lub sijhawm txhawj xeeb txog tus neeg ua haujlwm li kev mob kev nkeeg. Chav ua haujlwm noj qab nyob zoo (health department) mam li qhia rau tus neeg uas yog tus coj (PIC) seb thaum twg thiaj li yuav tsis siv daim ntawv no lawm.

#### Lus Qhia

Tus PIC yuav nug cov lus nug tom ntej no rau txhua tus neeg ua haujlwm ua ntej lawv pib lawv lub sij hawm haujlwm:

- 72 xaub moos dhau los, tus neeg ua haujlwm puas tau muaj tej tsos mob li nram qab no?
  - Cov neeg ua haujlwm uas muaj cov tsos mob li hauv qab no, yuav tsis pub lawv ua haujlwm kom txog txij li 72 xaub moos tom qab lawv tsis muaj tej tsos mob no lawm.
  - Yog tias koj ib tus neeg ua haujlwm tau muaj cov tsos mob li hauv qab no, qhia rau koj tus kws tshuaj ntsuam kev noj qab nyob zoo (health inspector) paub.
- Tus PIC thiab tus neeg ua haujlwm yuav tsum initial lossis kos lawv npe rau txhua kab.

#### English

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.

Tus Neeg Ua Haujlwm Npe (Employee Name)	Hnubtim (Date)	Ntuav (Vomiting) (Y/N)	Raws Plab (Diarrhea) (Y/N)	Tus neeg ua haujlwm kos thawj tus tsiaj ntawv ntawd nws lub npe (Employee Initials)	Cov tsiaj ntawv ntawm tus neeg uas yog tus PIC npe (PIC Initials)

1






## Appendix 10c: Employee Illness Screening Form for Norovirus (Spanish)

To obtain this document, please see:

[Formulario de Detección de Enfermedades de los Empleados - Norovirus \(PDF\)](https://www.health.state.mn.us/communities/environment/food/docs/empillnorofmsp.pdf)  
 (https://www.health.state.mn.us/communities/environment/food/docs/empillnorofmsp.pdf)



### Formulario de Detección de Enfermedades de los Empleados - Norovirus

#### Employee Illness Screening Form for Norovirus

**Spanish**

Este formulario debe usarse cuando se tiene una preocupación muy grande con respecto a la enfermedad del empleado. El departamento de salud le notificará a la persona a cargo (PIC) cuándo debe dejar de usar este formulario.

**Instrucciones**

La PIC le hará la siguiente pregunta a cada uno de los empleados antes de que empiecen sus respectivas guardias:

- ¿Durante las últimas 72 horas, el empleado ha experimentado alguno de los síntomas que aparecen a continuación?
- Los empleados que tengan alguno de los síntomas que se enumeran a continuación no podrán regresar al trabajo antes de, cuando menos, 72 horas después de haber desaparecido los síntomas.
- Si un empleado ha tenido alguno de los síntomas siguientes, notifíquelo a su inspector de salud.
- La PIC y el empleado deben confirmar cada anotación con sus iniciales.

**English**

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.

Nombre del empleado (Employee Name)	Fecha (Date)	Vómitos (Sí o No) (Vomiting (Y/N))	Diarrea (Sí o No) (Diarrhea (Y/N))	Iniciales del Empleado (Employee Initials)	Iniciales de la Persona a Cargo (PIC) (PIC Initials)

1





## Appendix 10d: Employee Illness Screening Form for Norovirus (Somali)

To obtain this document, please see:

[Foomka Baaritaanka Caafimaadka Shaqaalaha ee Norovirus \(PDF\)](https://www.health.state.mn.us/communities/environment/food/docs/empillnorofmso.pdf)  
 (https://www.health.state.mn.us/communities/environment/food/docs/empillnorofmso.pdf)

**DEPARTMENT OF HEALTH**

### Foomka Baaritaanka Caafimaadka Shaqaalaha ee Norovirus

#### Employee Illness Screening Form for Norovirus

**Somali**

Foomkaan waxaa la adeegsadaa inta lagu jiro marka ay barato walaaca xanuunka shaqaalaha. Waaxda caafimaadka ayaa u sheegi doonta qofka masuuliyada leh (PIC) marka la joojinaayo adeegsiga foomkaan.

**Tilmaamaha**

PIC ayaa su'aasha soo socota waydiin doona shaqaale kasta kahor intuuusan bilaabin tookadiisa shaqada:

- 72 saacadood ee lasoo dhaafay, shaqaaluhu ma qabay wax kamid ah astaamaha hoos ku qoran?
  - Shaqaalaha qaba wax kamid ah astaamaha hoos ku qoran kuma laaban karaan shaqada ugu yaraan 72 saacadood kadib marka xanuunku ka ba'o.
  - Haddii shaqaale qabo wax kamid ah astaamaha hoose, u sheeg kormeerahaaga caafimaadka.
- PIC iyo shaqaaluhu waa inay saxiixaan qayb kasta.

**English**

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.

Magaca Shaqaalaha (Employee Name)	Taariikhda (Date)	Matag (haa/maya) (Vomiting (Y/N))	Shuban (haa/maya) (Diarrhea (Y/N))	Saxiixyada Shaqaalaha (Employee Initials)	Saxiixa PIC (PIC Initials)

1







OUTBREAK PROTOCOL APPENDICES

Employee Name	Date	Vomiting (Y/N)	Diarrhea (Y/N)	Fever (Y/N)	Cramping (Y/N)	Employee Initials	PIC Initials



## Appendix 10f: Employee Illness Screening Form for *Salmonella* (Hmong)

To obtain this document, please see:

[Daim Ntawv Ntsuas Tus Neeg Ua Haujlwm Mob Salmonella \(PDF\)](https://www.health.state.mn.us/communities/environment/food/docs/empillsalmfshm.pdf)  
 (https://www.health.state.mn.us/communities/environment/food/docs/empillsalmfshm.pdf)

### Daim Ntawv Ntsuas Tus Neeg Ua Haujlwm Mob *Salmonella*

#### Employee Illness Screening Form for Salmonella

#### Hmong

Siv daim ntawv no rau lub sijhawm txhawj xeeb txog tus neeg ua haujlwm li kev mob kev nkeeg. Chav ua haujlwm noj qab nyob zoo (health department) mam li qhia rau tus neeg uas yog tus coj (PIC) seb thaum twg thiaj li tsis siv daim ntawv no lawm.

#### Lus Qhia

Tus PIC yuav nug cov lus nug tom ntej no rau txhua tus neeg ua haujlwm ua ntej lawv pib lawv sij haujlwm:

2 lub lim tiam dhau los, tus neeg ua haujlwm puas tau muaj tej tsos mob li nram qab no?

- Yog tias ib tus neeg ua haujlwm twg tau muaj tej tsos mob li hauv qab no, yuav tsis pub lawv ua haujlwm thiab yuav tsum muab lawv xa mus tsev.
- Tus PIC yuav tsum qhia rau chav ua haujlwm noj qab nyob zoo (health department) txog seb thaum twg mam li rov pub cov neeg no rov qab ua haujlwm.

Tus PIC thiab tus neeg ua haujlwm yuav tsum initial lossis kos lawv npe rau txhua kab.

#### English

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 2 weeks, has the employee experienced any of the symptoms listed below?

- If an employee has any of the symptoms listed below, they cannot work and should be sent home immediately.
- The PIC must contact the health department for further instructions before employees with any of the symptoms listed below can return to work.

The PIC and employee should initial each entry.

Tus Neeg Ua Haujlwm Npe (Employee Name)	Hnub tim (Date)	Ntuav (Y/N) (Vomiting (Y/N))	Raws Plab (Y/N) (Diarrhea (Y/N))	Ua Npaws (Y/N) (Fever (Y/N))	Mob Plab Tej Zag Tej Zag (Y/N) (Cramping (Y/N))	Tus neeg ua haujlwm kos thawj tus tsiaj ntawv ntawd nws lub npe (Employee Initials)	Cov tsiaj ntawv ntawm tus neeg uas yog tus PIC npe (PIC Initials)

1

OUTBREAK PROTOCOL APPENDICES

DAIM FOOS NTSUAS TUS NEEG UA HAUJLWM MOB SALMONELLA | EMPLOYEE ILLNESS SCREENING FORM FOR SALMONELLA

Tus Neeg Ua Haujlwm Npe (Employee Name)	Hnub tim (Date)	Ntuav (Y/N) (Vomiting (Y/N))	Raws Plab (Y/N) (Diarrhea (Y/N))	Ua Npaws (Y/N) (Fever (Y/N))	Mob Plab Tej Zag Tej Zag (Y/N) (Cramping (Y/N))	Tus neeg ua haujlwm kos thawj tus tsiaj ntawv ntawd nws lub npe (Employee Initials)	Cov tsiaj ntawv ntawm tus neeg uas yog tus PIC npe (PIC Initials)

Minnesota Department of Health  
 Food, Pools, and Lodging Services  
 PO Box 64975  
 St. Paul, MN 55164-0975  
 651-201-4500  
[health.foodlodging@state.mn.us](mailto:health.foodlodging@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

LUB 1 HLIS XYOO 2019

JANUARY 2019

*Xav tau cov ntaub ntawv no ua lwm hom, hu rau:*  
 651-201-4500 or 651-201-6000.


*To obtain this information in a different format, call:*  
 651-201-4500 or 651-201-6000.



## Appendix 10g: Employee Illness Screening Form for *Salmonella* (Spanish)

To obtain this document, please see:

Formulario de Detección de Enfermedades de los (PDF)  
<https://www.health.state.mn.us/communities/environment/food/docs/empillsalmfmsp.pdf>



**Formulario de Detección de Enfermedades de los Empleados - *Salmonella***

**Employee Illness Screening Form for Salmonella**

**Spanish**

Este formulario debe usarse cuando se tiene una preocupación muy grande con respecto a la enfermedad del empleado. El departamento de salud le notificará a la persona a cargo (PIC) cuándo debe dejar de usar este formulario.

**Instrucciones**

La PIC le hará la siguiente pregunta a cada uno de los empleados antes de que empiecen sus respectivas guardias:

- ¿Durante las últimas dos semanas el empleado ha experimentado alguno de los síntomas que aparecen a continuación?
  - Si un empleado ha tenido alguno de los síntomas que se enumeran a continuación, no puede seguir trabajando y se le debe enviar a casa de inmediato.
  - La PIC debe contactar al departamento de salud para que le den instrucciones adicionales antes que los empleados que han tenido cualquiera de los síntomas puedan volver al trabajo.
- La PIC y el empleado deben confirmar cada anotación con sus iniciales.

**English**

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 2 weeks, has the employee experienced any of the symptoms listed below?
  - If an employee has any of the symptoms listed below, they cannot work and should be sent home immediately.
  - The PIC must contact the health department for further instructions before employees with any of the symptoms listed below can return to work.
- The PIC and employee should initial each entry.

Nombre del empleado (Employee Name)	Fecha (Date)	Vómitos (Sí o No) (Vomiting (Y/N))	Diarrea (Sí o No) (Diarrhea (Y/N))	Fiebre (Sí o No) (Fever (Y/N))	Retortijones (Sí o No) (Cramping (Y/N))	Iniciales del Empleado (Employee Initials)	Iniciales de la Persona a Cargo (PIC) (PIC Initials)

1

OUTBREAK PROTOCOL APPENDICES

FORMULARIO DE DETECCIÓN DE ENFERMEDADES DE LOS EMPLEADOS -  
SALMONELLA | EMPLOYEE ILLNESS SCREENING FORM FOR SALMONELLA

Nombre del empleado (Employee Name)	Fecha (Date)	Vómitos (Sí o No) (Vomiting (Y/N))	Diarrea (Sí o No) (Diarrhea (Y/N))	Fiebre (Sí o No) (Fever (Y/N))	Retortijones (Sí o No) (Cramping (Y/N))	Iniciales del Empleado (Employee Initials)	Iniciales de la Persona a Cargo (PIC) (PIC Initials)

Minnesota Department of Health  
Food, Pools, and Lodging Services  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-4500  
[health.foodlodging@state.mn.us](mailto:health.foodlodging@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

ENERO DE 2019  
*Para obtener esta información en otro formato,  
llame al 651-201-4500 or 651-201-6000.*

JANUARY 2019  
*To obtain this information in a different format,  
call: 651-201-4500 or 651-201-6000.*




## Appendix 10h: Employee Illness Screening Form for *Salmonella* (Somali)

To obtain this document, please see:

[Foomka Baaritaanka Caafimaadka Shaqaalaha ee Salmonella \(PDF\)](#)

(<https://www.health.state.mn.us/communities/environment/food/docs/empillsalmfmso.pdf>)



### Foomka Baaritaanka Caafimaadka Shaqaalaha ee *Salmonella*

#### Employee Illness Screening Form for Salmonella

#### Somali

Foomkaan waxaa la adeegsadaa inta lagu jiro marka ay badato walaaca xanuunka shaqaalaha. Waaxda caafimaadka ayaa u sheegi doonta qofka masuuliyada leh (PIC) marka la joojinaayo adeegsiga foomkaan.

#### Tilmaamaha

PIC ayaa su'aasha soo socota waydiin doonta shaqaale kasta kahor intuu bilaabin tookadiisa shaqada:

- 2 asbuuc ee lasoo dhaafay, shaqaaluhu ma qabay wax kamid ah astaamaha hoos ku qoran?
  - Haddii shaqaale qabo wax kamid ah astaamaha hoos ku qoran, ma shaqayn karo waana in guriga loo diraa isla markaaba.
  - PIC waa qasab inuu la xariiro waaxda caafimaadka si tilmaamo dheeraad ah loo siiyo kahor intaan shaqaalaha qaba wax kamid ah astaamaha hoos ku qoran ku laaban shaqada.
- PIC iyo shaqaaluhu waa inay saxiixaan qayb kasta.

#### English

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 2 weeks, has the employee experienced any of the symptoms listed below?
  - If an employee has any of the symptoms listed below, they cannot work and should be sent home immediately.
  - The PIC must contact the health department for further instructions before employees with any of the symptoms listed below can return to work.
- The PIC and employee should initial each entry.

Magaca Shaqaalaha (Employee Name)	Taariikhda (Date)	Matag (haa/maya) (Vomiting (Y/N))	Shuban (haa/maya) (Diarrhea (Y/N))	Qandho (haa/maya) (Fever (Y/N))	Nabar caloosha ka haya (haa/maya) (Cramping (Y/N))	Erayada hore ee magaca shaqaalaha (Employee Initials)	Erayada hore ee magaca PIC (PIC Initials)

1








## Appendix 11a: Employee Interview Norovirus (English)

To obtain this document, please contact [health.foodill@state.mn.us](mailto:health.foodill@state.mn.us) or 651-201-5655.



Date of Interview: \_\_\_/\_\_\_/\_\_\_  
Interviewer: \_\_\_\_\_

**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.

**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	<input type="checkbox"/> Y <input type="checkbox"/> N	
Vomiting	<input type="checkbox"/> Y <input type="checkbox"/> N	Onset date/time: ___/___/___ Recovery: ___/___/___
Cramps	<input type="checkbox"/> Y <input type="checkbox"/> N	
Diarrhea	<input type="checkbox"/> Y <input type="checkbox"/> N	Onset date/time: ___/___/___ Recovery: ___/___/___
# stools/24 hrs	_____	Duration of diarrhea: _____ days/hours (if unsure of dates/times)
Bloody stools	<input type="checkbox"/> Y <input type="checkbox"/> N	
Fever	<input type="checkbox"/> Y <input type="checkbox"/> N	Temperature: _____ ° F
First symptom:		Onset date/time: ___/___/___
Other symptoms: _____		
When did you feel completely recovered? ___/___/___ or <input type="checkbox"/> 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? \_\_\_\_\_      Submit a stool sample?  YES  NO
- Did you work while having diarrhea and/or vomiting?  YES  NO  
 If yes, when? \_\_\_\_\_ If no, when did you return to work? \_\_\_\_\_

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Employee Name: \_\_\_\_\_

**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?

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			6	7	8	9
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10						
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

**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 11b: Employee Interview Norovirus (Spanish)

To obtain this document, please contact [health.foodill@state.mn.us](mailto:health.foodill@state.mn.us) or 651-201-5655.

	Date of Interview: ____/____/____ Interviewer: _____										
<b>FACILITY NAME</b> <b>FACILITY LOCATION</b> <b>Employee Interview Form</b>											
<p>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.</p> <p><i>El Departamento de Salud de Minnesota está investigando unas quejas de enfermedades que están asociadas con el restaurante donde usted 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.</i></p> <p><b>PRIVACY:</b> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>Responder a la entrevista es totalmente voluntario y toda la información que usted nos de será 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?</i></p> <p><b>VOLUNTARY:</b> 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.</p> <p>Will you answer some brief questions? <input type="checkbox"/> YES <input type="checkbox"/> NO (exclusions apply – contact epi)</p> <p><i>Si 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, usted será excluido del trabajo porque no podremos evaluar si usted puede transmitir la enfermedad a otras personas.</i></p> <p><b>STOOL SAMPLE:</b> 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.</p> <p><i>Es posible que le pidamos una muestra de heces. Las heces serán analizadas en el Departamento de Salud de Minnesota por patógenos bacterianos y virales. Los kits para tomar las muestras de heces y los exámenes de estas muestras son gratis. Se le darán los resultados cuando estos estén disponibles.</i></p>											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <b>Name (last, first):</b> _____  <i>Nombre (apellido, nombre)</i> </td> <td style="width: 50%; border: none;"> <b>Age:</b> _____      <b>Male</b> <b>Female</b> <b>Other</b>  <i>Edad</i>                              <i>Hombre</i> <i>Mujer</i> <i>Otro</i> </td> </tr> <tr> <td style="border: none;"> <b>Signature:</b> _____  <i>Firma</i> </td> <td style="border: none;">                     or    <b>Phone Interview (verbal consent):</b> <input type="checkbox"/>  <i>Entrevista por el teléfono</i>  <i>(consentimiento verbal)</i> </td> </tr> <tr> <td style="border: none;"> <b>Address:</b> _____  <i>Dirección</i> </td> <td style="border: none;"> <b>City:</b> _____  <i>Ciudad</i> </td> </tr> <tr> <td style="border: none;"> <b>Zip:</b> _____  <i>Código postal</i> </td> <td style="border: none;"> <b>Phone:</b> _____  <i>número de teléfono</i> </td> </tr> <tr> <td colspan="2" style="border: none;"> <b>Job Title/Description:</b> _____  <i>Nombre del puesto/Descripción del trabajo</i> </td> </tr> </table>		<b>Name (last, first):</b> _____ <i>Nombre (apellido, nombre)</i>	<b>Age:</b> _____ <b>Male</b> <b>Female</b> <b>Other</b> <i>Edad</i> <i>Hombre</i> <i>Mujer</i> <i>Otro</i>	<b>Signature:</b> _____ <i>Firma</i>	or <b>Phone Interview (verbal consent):</b> <input type="checkbox"/> <i>Entrevista por el teléfono</i> <i>(consentimiento verbal)</i>	<b>Address:</b> _____ <i>Dirección</i>	<b>City:</b> _____ <i>Ciudad</i>	<b>Zip:</b> _____ <i>Código postal</i>	<b>Phone:</b> _____ <i>número de teléfono</i>	<b>Job Title/Description:</b> _____ <i>Nombre del puesto/Descripción del trabajo</i>	
<b>Name (last, first):</b> _____ <i>Nombre (apellido, nombre)</i>	<b>Age:</b> _____ <b>Male</b> <b>Female</b> <b>Other</b> <i>Edad</i> <i>Hombre</i> <i>Mujer</i> <i>Otro</i>										
<b>Signature:</b> _____ <i>Firma</i>	or <b>Phone Interview (verbal consent):</b> <input type="checkbox"/> <i>Entrevista por el teléfono</i> <i>(consentimiento verbal)</i>										
<b>Address:</b> _____ <i>Dirección</i>	<b>City:</b> _____ <i>Ciudad</i>										
<b>Zip:</b> _____ <i>Código postal</i>	<b>Phone:</b> _____ <i>número de teléfono</i>										
<b>Job Title/Description:</b> _____ <i>Nombre del puesto/Descripción del trabajo</i>											

- Have you had any of the following symptoms since \_\_\_\_\_?  
*¿Desde el \_\_\_\_\_, ha estado enfermo con los siguientes síntomas?*

Nausea <i>Náusea</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
Vomiting <i>Vómito</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	Onset date/time: ____/____/____      Recovery: ____/____/____ <i>Fecha/hora comienzo      Fecha/hora cuando se recuperó</i>
Cramps <i>Cólicos</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
Diarrhea <i>Diarrea</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	Onset date/time: ____/____/____      Recovery: ____/____/____ <i>Fecha/hora comienzo      Fecha/hora cuando se recuperó</i>
# stools/24 hrs <i>¿Cuántas veces en 24 horas?</i>	_____	Duration of diarrhea: _____ days/hours (if unsure of dates/times) <i>Duración de diarrea horas/días (si no está seguro(a) de fechas/días)</i>
Bloody stools <i>¿Notó sangre en las heces?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
Fever <i>Calentura/fiebre</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	Temperature: _____ ° F <i>Temperatura</i>
First symptom: <i>Primer síntoma</i>		Onset date/time: ____/____/____      _____ <i>Fecha/ hora de primer síntoma</i>
Other symptoms: _____ <i>Otros síntomas</i>		
When did you feel completely recovered? ____/____/____		or <input type="checkbox"/> still feeling sick <i>Cuándo se recuperó?      Todavía tiene síntomas</i>

**ILL EMPLOYEES**

- Are you willing to provide a stool sample for testing?  YES (contact epi)  NO  
*¿Estaría dispuesto(a) a dar una muestra de heces para analizar?*

Did you visit a health care provider for the illness?  YES  NO  
*¿Visitó su proveedor de salud médica para esta enfermedad?*

If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ Where? \_\_\_\_\_  
*¿Cuándo?      ¿Dónde?*

Hospitalized overnight?  YES  NO  
*¿Fue hospitalizado (paso la noche en el hospital)?*

Submit a stool sample?  YES  NO  
*¿Le dio a su médico una muestra de heces?*

- Did you work while having diarrhea and/or vomiting?  YES  NO  
*¿Fue a trabajar cuando tenía diarrea/vómito?*

If yes, when? \_\_\_\_\_ If no, when did you return to work? \_\_\_\_\_  
*¿Cuándo?      ¿Cuándo regresó al trabajo?*



Employee Name: \_\_\_\_\_

**ALL EMPLOYEES**

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

*¿Trabaja en otros restaurantes o servicios de comida?*

If yes, where? \_\_\_\_\_ How often? \_\_\_\_\_

*¿Dónde?*

*¿Cuál es su horario?*

- 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 vómito?*

Vomiting (onset: \_\_\_\_/\_\_\_\_)  Y  N Cramps  Y  N Fever  Y  N Blood in stool  Y  N  
*¿En qué fecha comenzó a vomitar? Cólicos Calentura/fiebre ¿Notó sangre en las heces?*

Diarrhea (onset: \_\_\_\_/\_\_\_\_)  Y  N (# stools/24 hrs: \_\_\_\_)  
*¿En qué fecha le comenzó la diarrea? (# en 24 horas.)*

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

*¿Usted recuerda haber visto a alguien vomitar en su trabajo?*

Describe (who, where, when): \_\_\_\_\_  
*Describe (quién, dónde, 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

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

Describe (who, when): \_\_\_\_\_  
*Describe (quién, cuándo)*

During \_\_\_\_\_ to \_\_\_\_\_:

- Which of these dates did you work?

*¿Del \_\_\_\_\_ al \_\_\_\_\_, en qué fechas trabajó?*

SUNDAY Domingo	MONDAY Lunes	TUESDAY Martes	WEDNESDAY Miércoles	THURSDAY Jueves	FRIDAY Viernes	SATURDAY Sábado
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

During \_\_\_\_\_ to \_\_\_\_\_:

*Del \_\_\_\_\_ al \_\_\_\_\_:*

- Did you do any food prep?  YES  NO

*¿Preparó (cortó, manipuló) los alimentos?*

**MDH** Minnesota Department of Health Employee Name: \_\_\_\_\_

Describe: \_\_\_\_\_  
Describe

- Did you make or serve any drinks, including adding garnish or ice?  YES  NO  
*¿Preparó o sirvió bebidas, incluyendo el hielo o adornos/decoraciones?*

Describe: \_\_\_\_\_  
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 las papitas "chips" (incluyendo el adorno o empaquetado de estos alimentos pre-hechos)?*

Describe: \_\_\_\_\_  
Describe

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


Describe: \_\_\_\_\_  
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 vómito, es importante que no regrese a trabajar en servicios de comida por 72 horas después de recuperarse.*



## Appendix 11c: Employee Interview *Salmonella* (English)

To obtain this document, please contact [health.foodill@state.mn.us](mailto:health.foodill@state.mn.us) or 651-201-5655.



Date of Interview: \_\_\_/\_\_\_/\_\_\_  
 Interviewer: \_\_\_\_\_

**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 epi)

**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.

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

---

Name (last, first): \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ 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 **August 1st?**

Nausea	<input type="checkbox"/> Y <input type="checkbox"/> N	
Vomiting	<input type="checkbox"/> Y <input type="checkbox"/> N	Onset date/time: ___/___/___ Recovery: ___/___/___
Cramps	<input type="checkbox"/> Y <input type="checkbox"/> N	
Diarrhea	<input type="checkbox"/> Y <input type="checkbox"/> N	Onset date/time: ___/___/___ Recovery: ___/___/___
# stools/24 hrs	_____	Duration of diarrhea: _____ days/hours (if unsure of dates/times)
Bloody stools	<input type="checkbox"/> Y <input type="checkbox"/> N	
Fever	<input type="checkbox"/> Y <input type="checkbox"/> N	Temperature: _____ ° F
First symptom:		Onset date/time: ___/___/___
Other symptoms: _____		
When did you feel completely recovered? ___/___/___ or <input type="checkbox"/> still feeling sick		

**ILL EMPLOYEES**

• Did you visit a health care provider for the illness?  YES  NO  
 If yes, when? \_\_\_/\_\_\_/\_\_\_ Where? \_\_\_\_\_ Hospitalized overnight?  YES  NO  
 Submit a stool sample?  YES  NO

• Did you work while having diarrhea and/or vomiting?  YES  NO  
 If yes, when? \_\_\_\_\_ If no, when did you return to work? \_\_\_\_\_



OUTBREAK PROTOCOL APPENDICES

Employee Name: \_\_\_\_\_

**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: \_\_\_)
- 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?

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
14	15	16	17	18	19	
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

**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 11d: Employee Interview *Salmonella* (Spanish)

To obtain this document, please contact [health.foodill@state.mn.us](mailto:health.foodill@state.mn.us) or 651-201-5655.


	Date of Interview: ___/___/___ Interviewer: _____
<b style="background-color: yellow;">FACILITY • LOCATION</b> Employee Interview Form	
<p>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.</p> <p><i>El Departamento de Salud de Minnesota está investigando unas quejas de enfermedades que están asociadas con el restaurante donde usted 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.</i></p> <p><b>PRIVACY:</b> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>Responder a la entrevista es totalmente voluntario y toda la información que usted nos de será 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?</i></p> <p><b>VOLUNTARY:</b> 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.</p> <p>Will you answer some brief questions? <input type="checkbox"/> YES <input type="checkbox"/> NO (exclusions apply – contact epi)</p> <p><i>Si 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, usted será excluido del trabajo porque no podremos evaluar si usted puede transmitir la enfermedad a otras personas.</i></p> <p><b>STOOL SAMPLE:</b> We will be testing stool samples to see if employees have <i>Salmonella</i> (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 <i>Salmonella</i>, you will be excluded from work until two stool samples in a row test negative for <i>Salmonella</i>. 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.</p> <p><i>MUESTRA DE HECES: Analizaremos muestras de heces para ver si los empleados tienen Salmonella (una bacteria que se puede propagar a través de los alimentos). Debe enviar dos muestras de heces, recolectadas con al menos 24 horas de diferencia. Si ha estado enfermo(a) o ha dado positivo en la prueba de Salmonella, se le excluirá del trabajo hasta que usted tenga dos muestras seguidas que sean negativas por Salmonella. Si no envía sus muestras de heces, será excluido(a) del trabajo porque no podremos evaluar si usted puede contagiar a otras personas. Los kits para tomar las muestras de heces y los exámenes de estas muestras son gratis. Se le darán los resultados cuando estos estén disponibles.</i></p> <p>Will you submit stool samples? <input type="checkbox"/> YES <input type="checkbox"/> NO (exclusions apply – contact epi)</p> <p><i>¿Está dispuesto(a) a enviar muestras de heces para analizar?</i></p>	

Photo of example Employee Interview Form Salmonella (Spanish), page 1.

Employee Name: \_\_\_\_\_

---

Name (last, first): \_\_\_\_\_ Age: \_\_\_\_\_ Male Female Other  
*Nombre (apellido, nombre) Edad Hombre Mujer Otro*

Signature: \_\_\_\_\_ or Phone Interview (verbal consent):   
*Firma Entrevista por el teléfono*

Address: \_\_\_\_\_ City: \_\_\_\_\_  
*Dirección Ciudad*

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Código postal número de teléfono*

Job Title/Description: \_\_\_\_\_  
*Nombre del puesto/Descripción del trabajo*

---

• Have you had any of the following symptoms since \_\_\_\_\_?  
*¿Desde el \_\_\_\_\_, ha estado enfermo con los siguientes síntomas?*

Nausea <i>Náusea</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
Vomiting <i>Vómito</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	Onset date/time: ____/____/____ <i>Fecha/hora de comienzo</i> Recovery: ____/____/____ <i>Fecha/hora cuando se recuperó</i>
Cramps <i>Cólicos</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
Diarrhea <i>Diarrea</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	Onset date/time: ____/____/____ <i>Fecha/hora de comienzo</i> Recovery: ____/____/____ <i>Fecha/hora cuando se recuperó</i>
# stools/24 hrs <i>¿Cuántas veces en 24 horas?</i>	_____	Duration of diarrhea: _____ days/hours <i>Duración de diarrea horas/días</i>
Bloody stools <i>¿Notó sangre en las heces?</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
Fever <i>Calentura/fiebre</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	Temperature: _____ ° F <i>Temperatura</i>
First symptom: <i>Primer síntoma</i>		Onset date/time: ____/____/____ <i>Fecha/hora de primer síntoma</i>
Other symptoms: _____ <i>Otros síntomas</i>		
When did you feel completely recovered? ____/____/____ <i>Cuándo se recuperó?</i>		or <input type="checkbox"/> still feeling sick <i>Todavía tiene síntomas</i>

**ILL EMPLOYEES**

• Did you visit a health care provider for the illness?  Y  N Did you submit a stool sample?  Y  N  
*¿Visitó su proveedor de salud médica para esta enfermedad? Le dio a su médico una muestra de heces?*

If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ where? \_\_\_\_\_ Hospitalized overnight?  Y  N  
*¿Cuándo? ¿Dónde? ¿Fue hospitalizado (paso la noche en el hospital)?*

Did you work while having diarrhea and/or vomiting?  YES  NO  
*¿Fue a trabajar cuando tenía diarrea/vómito?*

If yes, when? \_\_\_\_\_ If no, when did you return to work? \_\_\_\_\_  
*Si sí, ¿cuándo? Si no, ¿cuándo regresó al trabajo?*

OUTBREAK PROTOCOL APPENDICES

Employee Name: \_\_\_\_\_

ALL EMPLOYEES

- Do you work at any other food service facilities?  YES  NO  
*¿Trabaja en otros restaurantes o servicios de comida?*

If yes, where? \_\_\_\_\_ How often? \_\_\_\_\_  
*¿dónde? ¿Cuál es su horario?*

- 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 vómito?*

Vomiting (onset: \_\_\_\_/\_\_\_\_)  Y  N Cramps  Y  N Fever  Y  N Blood in stool  Y  N  
*¿En qué fecha comenzó a vomitar? Cólicos Calentura/fiebre Notó sangre en las heces*

Diarrhea (onset: \_\_\_\_/\_\_\_\_)  Y  N (# stools/24 hrs: \_\_\_\_)  
*¿En qué fecha le comenzó la diarrea? (# en 24 horas.)*

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

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

Describe (who, when): \_\_\_\_\_  
*Quién, cuándo*

During \_\_\_\_\_ to \_\_\_\_\_

- Which of these dates did you work?

*¿Del \_\_\_\_\_ al \_\_\_\_\_, en cuáles fechas trabajó?*

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
14	15	16	17	18	19	
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

During \_\_\_\_\_ to \_\_\_\_\_:

*Del \_\_\_\_\_ al \_\_\_\_\_:*

- Did you do any food prep?  YES  NO

*¿Preparó (cortó, manipuló) los alimentos?*

Describe: \_\_\_\_\_

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

*¿Preparó o sirvió bebidas, incluyendo el hielo o adornos/decoraciones?*

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 las papitas "chips" (incluyendo el adorno o empaquetado de estos alimentos pre-hechos)?*

Describe: \_\_\_\_\_

- What were your other job duties?

*¿Cuales fueron sus otras funciones del trabajo?*


Describe: \_\_\_\_\_

SALM



## Appendix 11e: Employee Interview Waterborne

To obtain this document, please contact [health.foodill@state.mn.us](mailto:health.foodill@state.mn.us) or 651-201-5655.



Date of Interview: \_\_\_/\_\_\_/\_\_\_  
 Interviewer: \_\_\_\_\_

**Facility Name**  
**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.

**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 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.

---

Name (last, first): \_\_\_\_\_ Age: \_\_\_\_\_ Male Female Other  
 Signature: \_\_\_\_\_ or Phone Interview (verbal consent):   
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Job Title/Description: \_\_\_\_\_

• Have you been ill with diarrhea and/or vomiting since **xxx**?  YES  NO

Vomiting	<input type="checkbox"/> Y <input type="checkbox"/> N	Onset date/time: ___/___/___	Recovery: ___/___/___
Cramps	<input type="checkbox"/> Y <input type="checkbox"/> N		
Diarrhea	<input type="checkbox"/> Y <input type="checkbox"/> N	Onset date/time: ___/___/___	Recovery: ___/___/___
# stools/24 hrs	_____	Duration of diarrhea: _____ days/hours (if unsure of dates/times)	
Bloody stools	<input type="checkbox"/> Y <input type="checkbox"/> N		
Fever	<input type="checkbox"/> Y <input type="checkbox"/> N	Temperature: _____ ° F	
First symptom:		Onset date/time: ___/___/___	
Other symptoms: _____			
When did you feel completely recovered? ___/___/___ or <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Submit a stool sample?	<input type="checkbox"/> YES <input type="checkbox"/> NO
- If yes, when? \_\_\_/\_\_\_/\_\_\_ Where? \_\_\_\_\_
- Did you work while having diarrhea and/or vomiting?  YES  NO
 

If no, when did you return to work?	_____
-------------------------------------	-------
- Have you gone swimming anywhere else since your illness started?  YES  NO
 

---if yes, where?	_____
When?	_____

SUSPWATER

OUTBREAK PROTOCOL APPENDICES



Employee Name: \_\_\_\_\_

**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 12a: Environmental Health Checklist When Responding to a Suspected Bacterial Intoxication Outbreak

1. Ask management if they have received any illness complaints. If they have, and the complaints were not reported to EH, inform them that this is a violation of the food code and that all future complaints need to be reported.
2. Because bacterial intoxications are not spread by person-to-person transmission but rather by ingesting a food that has been time/temperature abused and has developed toxins, employee interviews are not necessary. However, it is still important to ask management about any recent illness among employees, as employees may have eaten the same food item.
3. Obtain credit card receipts, reservation lists, online reservation lists (ex: Open Table) and/or takeout/carry out orders for the meal date in question. Provide these to Epi.
4. Obtain restaurant menu (if different from online menu) and ask if the establishment had any specials on the date in question.
5. Provide education on bacterial intoxications to management.
6. While on-site, conduct an Environmental Assessment and provide findings to Epi:
  - Review food flows of particular item(s) of interest and determine the potential for time/temperature abuse of those food items.
  - Does the establishment maintain temperature logs? Review available logs.
  - Take temperatures of foods both in hot and cold-holding.
  - Any cooling violations observed-issues with temperature or cooling methods?
  - Any reheating issues?
  - Review hand-hygiene: Adequate handwashing? Bare-hand contact with RTE?
  - Note violations and provide appropriate corrective actions
7. If Epi suspects and outbreak of *Staph. aureus*, ask management if any employee has a cut or open wound on hands or arms. During the observation period try to view workers hands to see if there are noticeable cuts/sores. And observe handwashing procedures.
8. Is any of the suspect food item that would have been served on the meal date in question remaining at the establishment? If yes, set it aside-do not serve. Notify Epi and discuss if sampling would be appropriate. If yes, Epi can help coordinate the collection of food samples by MDA.
9. After appropriate sampling has occurred, or if Epi determines sampling would not be appropriate, ensure the remaining food in question is completely discarded.



## Appendix 12b: Environmental Health Checklist When Responding to *Campylobacter* Illness

1. Ask management if they have received any illness complaints. If they have, and the complaints were not reported to EH, inform them that this is a violation of the food code and that all future complaints need to be reported.
2. Ask management if they are able to provide itemized receipts for the patrons who ate the suspected food item. This will help focus patron calling and help us better understand how many may have consumed the item.
3. Visit the restaurant to conduct an environmental assessment and focus on the preparation of the suspected food item. If they only make the suspected food item a couple times a week, please schedule a time to watch the preparation/cooking process from start to finish (e.g. liver pate).
  - What ingredients go into the suspect food item?
  - Are final cooking temperatures taken?
  - Do they have any temperature logs that include cook temperatures?
  - Verify the final cooking temperature of the suspected food item.
  - Any cross-contamination potential during storage or preparation?
  - Review hand-hygiene: Adequate handwashing? Bare-hand contact with RTE?
4. Verify the source of the suspected food item. Ask about any recent changes in suppliers.
5. Ask management about any recent illness among employees, as employees may have eaten the same food items and become ill. If recently ill staff are identified, find out if they ate the suspect food item.
6. Provide factsheets and education materials to management on *Campylobacter*:  
[CAMPYLOBACTERIOSIS \(PDF\)](https://www.health.state.mn.us/diseases/campylobacteriosis/campy.pdf)  
[\(https://www.health.state.mn.us/diseases/campylobacteriosis/campy.pdf\)](https://www.health.state.mn.us/diseases/campylobacteriosis/campy.pdf)  
[Chefs, Cooks, and Caterers: Cook Chicken Liver Like It's Chicken \(It Is\) \(PDF\)](https://www.cdc.gov/nceh/ehs/docs/factsheets/chicken-liver-infographic-p.pdf)  
[\(https://www.cdc.gov/nceh/ehs/docs/factsheets/chicken-liver-infographic-p.pdf\)](https://www.cdc.gov/nceh/ehs/docs/factsheets/chicken-liver-infographic-p.pdf)

### Additional follow-up during outbreaks:

7. If Epi feels employee interviews are warranted, interview all employees with the provided interview form. Ensure ill employees are properly excluded.
8. If the restaurant is unable to provide itemized receipts for patrons, then obtain credit card receipts, reservation lists, online reservation lists (e.g., Open Table) and/or takeout orders for the meal date in question. Provide these to Epi as soon as possible so additional patrons can be contacted.



## OUTBREAK PROTOCOL APPENDICES

9. Is any of the suspect food item that would have been served on the meal date in question remaining at the establishment? If yes, set it aside-do not serve. Notify Epi and discuss if sampling would be appropriate. If yes, Epi can help coordinate the collection of food samples by MDA.
10. After appropriate sampling has occurred, or if Epi determines sampling would not be appropriate, ensure the remaining food is completely discarded.
11. 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.



## Appendix 12c: 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 \(PDF\)](https://www.cdc.gov/healthywater/swimming/pdf/hyperchlorination-to-kill-crypto-when-chlorine-stabilizer-is-not-in-the-water.pdf) (<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 \(PDF\)](https://www.cdc.gov/healthywater/swimming/pdf/hyperchlorination-to-kill-crypto-when-chlorine-stabilizer-is-in-the-water.pdf) (<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 \(Cryptosporidium\) \(PDF\)](https://www.health.state.mn.us/diseases/cryptosporidiosis/crypto.pdf) (<https://www.health.state.mn.us/diseases/cryptosporidiosis/crypto.pdf>)

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- b. [Important Notice to All Swimmers \(PDF\)](https://www.health.state.mn.us/diseases/waterborne/healthyswim.pdf)  
(<https://www.health.state.mn.us/diseases/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 12d: Environmental Health Checklist When Responding to a Single Hepatitis A Virus Case

1. Contact the establishment and ask management about recent employee illness including diarrhea, vomiting and jaundice
2. Make sure the ill worker has been excluded and let management know when the employee can return to work (Epi will provide the return-to-work date).
3. Ask about the ill workers work schedule. Obtain work schedule for the past 3 weeks and provide to Epi.
4. Ask about the ill workers specific job duties (do they serve beverages, handle ice, garnish plates, handle clean dishes/utensils, prep food, etc.). Determine if they handle any RTE foods with bare hands.
5. Put the symptom tracking form in place. Management should screen employees through the dates on the form. If anyone reports symptoms consistent with HepA, they should notify their inspector. The inspector should notify Epi if illness is reported.
6. Provide HepA factsheets and educational materials to management and ask that they share information on the signs and symptoms of HepA with all staff. Epi can provide sample letters or additional information, if needed. [Hepatitis A \(PDF\) \(https://www.health.state.mn.us/diseases/hepatitis/a/hepafacts.pdf\)](https://www.health.state.mn.us/diseases/hepatitis/a/hepafacts.pdf)
7. While on site, conduct an environmental assessment:
  - a. Review the illness log
  - b. Observe hand-hygiene (e.g., no bare-hands with ready-to-eat foods and handwashing)
  - c. Are gloves available and used when required?
  - d. Are hand sinks properly stocked?
8. Provide education on the importance of good hand-hygiene, no bare hand contact with ready-to-eat foods, and illness reporting by employees (both symptoms and diagnosed illnesses)
9. Instruct the establishment to clean and sanitize properly.
  - a. The establishment should contact their chemical supplier to obtain a product that has a “Hepatitis A claim” to clean all surfaces.
    - i. If they can’t find a product with a HepA claim, then a product with a norovirus claim would be sufficient.
    - ii. If they don’t have a chemical supplier, they can use 2,500 ppm bleach (3/4 cup per 1 gallon) with a 5-minute contact time.
    - iii. All products must be appropriate for food contact surfaces and used for the correct contact time, per the product label.

## OUTBREAK PROTOCOL APPENDICES

- b. Wash, rinse, and sanitize all food contact surfaces, equipment, and utensils in the kitchen area.
  - c. Clean and sanitize the inside of the ice bin, door handles, faucet handles, tabletops, etc. (any areas where people touch).
  - d. Clean and sanitize restrooms that the ill staff member may have used.
10. If the employee worked while ill any ready-to-eat food items that would have been prepared or handled by that employee must be discarded. This includes ice from the ice machine.
11. Epi will provide guidance on whether postexposure prophylaxis (PEP) is necessary for co-workers



## Appendix 12e: Environmental Health Checklist When Responding to a single *Legionella* case with spa exposure

### Records review & discussions for management

1. Visit the establishment and review the pool and spa logs for the last month to see if they have been running appropriately. Provide copy of logs to Epi.
2. Have there been any complaints from patrons or staff?
3. Provide *Legionella* factsheet to management and ask that they share information on the signs and symptoms of *Legionella* with all staff. [Legionnaires' Disease \(state.mn.us\)](http://state.mn.us)
4. Provide CDC best practices guide to management as a resource: [Disinfection of Hot Tubs that Contain Legionella \(cdc.gov\)](http://cdc.gov).
5. If the facility is a vacation home rental, here are some additional resources that may be useful:
  - a. [Considerations for Vacation Rental Owners and Managers \(cdc.gov\)](http://cdc.gov)
  - b. [Residential Swimming Pool and Spa Rentals \(PDF\) \(https://www.health.state.mn.us/communities/environment/recreation/pools/docs/residentialpoolfaqs.pdf\)](https://www.health.state.mn.us/communities/environment/recreation/pools/docs/residentialpoolfaqs.pdf)
6. Have there been any maintenance issues (broken pump, spa closed, etc.)? If so, what issues and when?
7. Ask management how often they clean, scrub, and refill the spa.
8. Are there any water features onsite? (e.g., decorative fountains, kiddie pool spray features, etc.) Ask management how often are those cleaned and how?

### Observations and spa check

9. Check the chemicals in the spa and see if they are at appropriate levels.
10. Check the walls and skimmers of the spa for any biofilm or slime build-up.
11. How is the ventilation in the pool area?
12. If you notice slime/biofilm buildup in the skimmers/spa walls or spa logs or chemicals appear off the establishment should plan for a remediation step.
  - a. Drain the spa then scrub and clean walls, skimmers, etc.
  - b. Backwash sand filters.
  - c. Refill the spa and then hyperchlorinate.
    - i. Maintain chlorine at 20ppm for a total of 10 hours.

- ii. During the 10 hours, leave the jets off for the first hour and then run the jets for the remaining 9 hours.
- iii. Let the spa levels come down naturally (no dechlor) to acceptable levels before reopening.

## **Additional follow-up for establishments with more than one sporadic case within a year**

- 9. Close the spa immediately.
- 10. Collect samples using the Legionella Sampling Instructions provided by Epi.
- 11. Follow CDC guidance to disinfect the spa. [Disinfection of Hot Tubs that Contain Legionella \(cdc.gov\)](https://www.cdc.gov/legionella/media/releases/2015/s0515-hot-tubs.html).
- 12. Additional questions to ask management:
  - a. What type of filter(s) do they use? (sand, diatomaceous earth, cartridge)
  - b. When was the filter(s) last changed?
  - c. When were the filter(s) last backwashed?
  - d. Date spa was last drained and scrubbed?
    - i. What is their normal procedure for draining and cleaning the spa? Are they physical scrubbing spa to remove biofilm?
- 13. Once samples are taken and remediation is complete, EH and Epi can discuss next steps for reopening of the spa.



## Appendix 12f: 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:
  - 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.
  - 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 Tennessee 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 disinfect 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) with a 5-minute contact time. Most quats are ineffective against norovirus. When using a food contact sanitizer at disinfection strength



(like 1000ppm bleach), make sure to thoroughly rinse off equipment/surfaces after the 5-minute contact time has been reached.

14. 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 and/or a rinse with potable water after disinfection). Here is the EPA list of disinfectants that are effective against norovirus (updated 2018): [EPA's Registered Antimicrobial Products Effective Against Norovirus \(PDF\)](https://www.epa.gov/sites/default/files/2018-04/documents/list_g_disinfectant_list_3_15_18.pdf) ([https://www.epa.gov/sites/default/files/2018-04/documents/list\\_g\\_disinfectant\\_list\\_3\\_15\\_18.pdf](https://www.epa.gov/sites/default/files/2018-04/documents/list_g_disinfectant_list_3_15_18.pdf))
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: [Clean-up and Disinfection for Norovirus \("Stomach Bug"\) \(PDF\)](https://www.publichealthmdc.com/documents/Cleanup%20of%20Norovirus%20Poster.pdf) (<https://www.publichealthmdc.com/documents/Cleanup%20of%20Norovirus%20Poster.pdf>)



## Appendix 12g: Environmental Health Checklist When Responding to reports of *Pseudomonas* Dermatitis (Hot Tub Rash)

### Records review & discussions for management

1. Visit the establishment and review the pool and spa logs for the last month to see if they have been running appropriately. Provide copy of logs to Epi.
2. Have there been any complaints from patrons?
3. Provide information on the symptoms, transmission, and prevention of *Pseudomonas* to management: [Hot Tub Rash \(\*Pseudomonas\* Dermatitis/Folliculitis\)](https://www.health.state.mn.us/diseases/pseudomonis/index.html) (<https://www.health.state.mn.us/diseases/pseudomonis/index.html>)
4. Have there been any maintenance issues (broken pump, spa closed, etc.)? If so, what issues and when? Or any staffing issues where the CPO hasn't been available?
5. Ask management how often they clean, scrub, and refill the spa.

### Observations and spa check

6. Check the chemicals in the spa and see if they are at appropriate levels.
7. Check the walls and skimmers of the spa for any biofilm or slime build-up.
8. If you notice slime/biofilm buildup in the skimmers/spa walls or spa logs or chemicals appear off the establishment should plan for a remediation step.
  - a. Drain the spa then scrub and clean walls, skimmers, etc.
  - b. Backwash sand filters.
  - c. Refill the spa and then hyperchlorinate.
    - i. Maintain chlorine at 20ppm for a total of 10 hours.
    - ii. During the 10 hours, leave the jets off for the first hour and then run the jets for the remaining 9 hours.
    - iii. Let the spa levels come down naturally (no dechlor) to acceptable levels before reopening.



## Appendix 12h: Environmental Health Checklist When Responding to a *Salmonella* Outbreak

### Employee Health

1. Determine if the establishment has an illness policy and review the details of that policy.
2. Review the employee illness log and assess recent employee illness.
3. Implement the illness-screening form so management can screen all employees before they begin their shift.
  - d. Anyone reporting illness must be excluded from work and referred to EH for re-interview.
  - e. Inform Lead Epi if this occurs.
4. Interview all employees, including management.
  - a. If an employee has been recently ill with any GI symptoms (time frame determined by Epi):
    - i. The employee is excluded until they test negative for Salmonella twice.
    - ii. Specimens must be collected at least 24 hours apart.
    - iii. The lead Epi can help arrange stool kit distribution.
5. Distribute stool kits to ALL employees, including management.
  - a. All employees must submit two stool samples, collected at least 24 hours apart, regardless of illness status.
  - b. Explain the stool kit requirement clearly to the PIC so he/she can facilitate follow-through with staff.
  - c. Stool kits must be returned to the Public Health Laboratory (coordinate with Epi).
  - d. Any employee who has not submitted a stool kit by the date chosen by EH/Epi will be excluded until kits are received.
  - e. Antibiotics are not recommended for most Salmonella infections. Taking antibiotics may prolong the duration of shedding of Salmonella in stool.

### Customer and Menu/Food Information

6. Ask management if they have received any illness complaints.
  - a. If they have, and the complaints were not reported to EH, inform them that this is a violation of the food code and that all future complaints need to be reported.
7. Collect records to contact additional patrons from the meal date(s) in question, and provide them to the lead Epi:

- b. Credit card receipts with names
  - c. Reservation lists
  - d. Online reservation lists (ex: Open Table)
  - e. Takeout/carry out orders
  - f. Loyalty programs
8. Obtain a restaurant menu (if different from online menu), provide to Epi.
  9. Ask if the establishment had any specials on the date(s) in question.
  10. Collect a list of food suppliers.
    - a. This includes distributors, grocery stores, warehouse stores, etc.

## Environmental Assessment

11. Review general cross contamination potential throughout the facility.
  - a. How does the establishment clean the kitchen areas (i.e. using a hose to spray the floors, wiping cloth bucket practices)?
  - b. How do they store food and utensils (i.e. dirty knives and utensils stored between prep tables, cutting boards with cloth underneath, raw above RTE in coolers)?
  - c. How do they prep food (i.e. same cutting boards for raw and RTE, improper handwashing between changing tasks), etc.?
12. Review food flows of particular item(s) of interest from receiving to service to determine the potential for cross contamination (by both hands and equipment).
13. Determine if the establishment maintains temperature logs and review, if available.
14. Take final cook temperatures of animal proteins.
15. Assess if “risky” foods are being served.
  - a. e.g.) Is the restaurant using raw shell eggs in any menu items: mayo, aioli, custards, desserts, hollandaise sauce, Bearnaise sauce, fancy drinks?
  - b. Any other food items of interest reported by Epi.
16. Ask if there have been any recent changes to the menu, food suppliers, or other unique events that occurred policy or practice-wise?
17. Review hand-hygiene (adequate handwashing? Bare-hand contact with RTE?).
18. Note violations and provide appropriate corrective actions.

## Cleaning, Sanitizing, Condemnation and Embargo

19. Wash, rinse, and sanitize all food contact surfaces, equipment and utensils in the kitchen area.
  - a. Standard bleach and quaternary ammonia concentrations are effective against Salmonella.

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- b. Thorough cleaning of all surfaces, both food-contact and non-food-contact, is important to stop further contamination.
  - c. Consider steam cleaning surfaces that cannot be cleaned with sanitizer.
20. Embargo any remaining suspect food items from the meal date if available.
- a. Notify Epi and discuss if sampling would be appropriate. If yes, Epi can help coordinate the collection of food samples by MDA.
21. After appropriate sampling has occurred, or if Epi determines sampling would not be appropriate, ensure the remaining food in question is completely discarded.
22. Discard any ready-to-eats foods prepared by ill workers.

### Communication

23. Provide Salmonella factsheet to management:
- MDH [Salmonella \(PDF\)](https://www.health.state.mn.us/diseases/salmonellosis/salmonella.pdf)  
(<https://www.health.state.mn.us/diseases/salmonellosis/salmonella.pdf>)
24. Establish the best method for ongoing communication with both Epi and the establishment regarding:
- a. Employee stool sample results and employee exclusion.
  - b. Additional questions about food handling practices in the restaurant.
  - c. Addition questions about invoices, purchasing, and financial records.



## Appendix 12i: Environmental Health Checklist When Responding to a *Vibrio* infection


1. Ask management if they have received any illness complaints. If they have, and the complaints were not reported to EH, inform them that this is a violation of the food code and that all future complaints need to be reported.
2. Identify which oysters were served on the meal date(s) in question.
3. If the case gives us permission to share their name with the establishment, request their receipt from the establishment.
4. Obtain tags and invoices for all raw oysters that would have been served on the meal date(s) in question. Make sure to cross-reference the tags and invoices to ensure they match up and correspond to the oysters that would have been served on those date(s).
5. Obtain oyster/raw seafood menu and ask if the establishment had any specials on the date in question. Provide the menu to Epi.
6. Conduct an environmental assessment and focus on oyster handling from receiving to service:
  - How are the oysters received? Any receiving temperatures taken?
  - Review storage practices: Any temperature issues observed during storage? Any comingling issues observed? Are oysters kept in live tanks?
  - Are they maintaining temperature logs for cold-holding?
  - Any bare-hand contact observed? Adequate handwashing observed?
  - Are tags and invoices kept for at least 90 days?
7. Are any oysters remaining from the same lot that would have been served on the meal date in question? If yes, set aside-do not serve. Notify Epi and discuss if sampling would be appropriate. If yes, Epi can help coordinate the collection of food samples by MDA.
8. After appropriate sampling has occurred, or if Epi determines sampling would not be appropriate, ensure the remaining oysters (from the meal date in question) are discarded.
9. Ask management about any recent illness among employees, as employees may eat oysters. If recently ill staff are identified, find out if they ate oysters and what type.
10. Provide factsheets and education materials to management on *Vibrio*:
  - [VIBRIO INFECTION \(Vibrio\) \(PDF\)](https://www.health.state.mn.us/diseases/vibrio/vibrio.pdf)  
(<https://www.health.state.mn.us/diseases/vibrio/vibrio.pdf>)
  - [Vibrio and Oysters](https://www.cdc.gov/vibrio/vibrio-oysters.html) (<https://www.cdc.gov/vibrio/vibrio-oysters.html>)

Additional follow-up during outbreaks:

11. If Epi feels employee interviews are warranted, interview all employees with the provided interview form. Ensure ill employees are properly excluded.
12. Ask management if they are able to provide itemized receipts for the patrons who ate the suspected food item (e.g. Any receipt with oysters). This will help focus patron calling and help us better understand how many may have consumed the item.
13. If the restaurant is unable to provide itemized receipts for patrons, then obtain credit card receipts, reservation lists, online reservation lists (e.g. Open Table) and/or takeout orders for the meal date in question. Provide these to Epi as soon as possible so additional patrons can be contacted.

Example of a receipt with matching oyster tags and invoices:

Check #: 3725	6/23/18
Server: Monika H	8:34 PM
TABLE: 92/1	Guest Count: 2
-----	
1 r11 GL- Chinon, Trinch	11.00
1 ██████ Manhattan	12.00
1 Oysters ██████ <i>unknown type</i>	13.50
1 Crab Louie	16.00
1 Glacier Point	3.75
1 Hama Hama	3.75
1 Bay View	3.65
1 Beau Soleil	3.95
1 With seafood	
1 Moules Frites	26.00
1 Burger	16.00
1 Bearnaise	2.50
1 *r7 6oz. Cahors, Clos Siguiet 2015	12.00
1 GL - Bordeaux Superior	9.00
-----	
Sub-total	133.10
Sales Tax	11.59
<b>TOTAL</b>	<b>144.69</b>

HAMA  HAMA® **SHELLFISH** Lillwaup, WA 98555  
 Original Shipper's Cert # if different than above: WA-0259-SP PO WA 259 SP (360) 877-5811

For customer use:  
 First shucking: \_\_\_\_\_  
 Last shucking: \_\_\_\_\_  
 Type of Shellfish: **Hama Hama Oysters X-small**  
 Quantity of Shellfish: 10 doz. Oysters


Harvest Date: 6/14/2018 Harvest Location: WA-Hamma Hamma River HC #5

SHIP TO: ██████ *7/1* Product Wet-Stored at HH - Hood Canal 5  
 From: w- 6/14/2018 To: w- **6/18/2018**

ALL PRODUCT FROM SAME GROWING AREA  
 Perishable Keep Refrigerated

THIS TAG REQUIRED TO BE ATTACHED UNTIL CONTAINER IS EMPTY AND THEREAFTER KEPT ON FILE FOR 90 DAYS

OUTBREAK PROTOCOL APPENDICES

 **Hama Hama Co.**  
 35846 N US HWY 101  
 Lilliwaup, WA 98555

Tel: 360-877-5811 Fax: 360-877-6942  
 accounting@hamahamaoysters.com  
 www.hamahamaoysters.com

**Invoice**  
 71386

Harvest time: [Redacted] To Cooler: [Redacted] Time of Shipping: [Redacted] All product was adequately iced at time of shipment and if not iced product was maintained under temperature control at: [Redacted] Ship Date: **6/21/2018**

Iced

Quantity	Item	Price Ea...	Amount
10	dz Hama Hama oysters - Xsm	14.00	140.00
10	dz Sea Nymph oysters - Xsm	14.00	140.00
7	dz Hammersley oysters - Xsm	13.00	91.00
3	dz Hammersley oysters - Xsm	13.00	39.00
10	dz Eld Inlef oysters - Xsm	13.00	130.00

PERISHABLE  
 KEEP REFRIGERATED

ALASKA SHELLFISH FARMS, LLC  
 P.O. Box 1401, Homer, AK 99603  
 (907) 299-2481

CERT#  
 AK-5547-SS

ORIGINAL SHIPPER'S CERT. No. IF OTHER THAN ABOVE

HARVEST DATE: **JUN 18 2018** SHIPPING DATE: **JUN 19 2018**

HARVEST LOCATION: HALIBUT COVE KACHEMA BAY AK

TYPE OF SHELLFISH: **GLACIER POINT OYSTERS**

PRODUCT OF USA: FARM RAISED

QUANTITY OF SHELLFISH: **125 COUNT**

THIS TAG IS REQUIRED TO BE ATTACHED UNTIL CONTAINER IS EMPTY OR IS RETAGGED AND THEREAFTER KEPT ON FILE FOR 90 DAYS.

TO: [Redacted]

RESHIPPER'S CERT. NO. 1 DATES RESHIPPED 1

Quantity	Description	Rate	Amount
25	dozen Glacier Point Oysters	6.00	150
1	Shipping charges Fedex overnight and packaging shipped 6/19/18 9am at 35 degrees F Fedex overnight	150.00	150





## Appendix 13: Traceback Information Gathering Worksheet

This worksheet can be used as a tool for gathering product-specific information. Tasks from the list below should be selected based on what is applicable for the outbreak.

Product of Interest:

Timeframe of Interest:

### Investigational Traceback

Traceback Task	Notes
1. Establishment name and address	
Epi data (to share with industry as needed)	
2. Identify the shelf life and average daily use of the product	
3. Determine the regular suppliers or distributed for the product of interest during the time frame of interest (include manufacturer name and production facility address)	
4. Collect product identifiers (brand, food type, size, container type, lot codes, UPC, SKY, PLU, production dates, pull dates) for the product of interest	
14. Collect lot codes, sell-by dates, and/or use-by dates for these products	
15. Obtain clear digital photos of product or label, if possible.	<i>Send photos via email</i>
16. Document how the product is received (box description, fresh/frozen)	
17. Obtain invoices and inventory for the product for the time period of interest	<i>Send invoices via email</i>

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Traceback Task	Notes
18. Determine how and when the product is ordered and how often the firm receives the product (frequency, specific days of the week, etc.)	
19. Determine or estimate transportation time from supplier to point-of-service	
20. 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.)	
21. 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	
22. Determine if the firm received any non-routine shipments of the product of interest	
23. Identify any on-site handling/preparation/repacking that created opportunities for cross contamination or mishandling at the facility	
24. Identify if anything affected normal handling or ordering of the implicated product	
25. If records are not available on-site, determine location where they may be stored and request needed information (by phone, fax, email, etc.)	



## Appendix 14: Resources

### Minnesota Department of Health (<http://www.health.state.mn.us>)

- [Foodborne Illness \(https://www.health.state.mn.us/diseases/foodborne/\)](https://www.health.state.mn.us/diseases/foodborne/)
- [Waterborne Illness \(https://www.health.state.mn.us/diseases/waterborne/\)](https://www.health.state.mn.us/diseases/waterborne/)
- [Zoonotic Diseases: Disease Transmitted from Animals to Humans \(https://www.health.state.mn.us/diseases/animal/zoo/\)](https://www.health.state.mn.us/diseases/animal/zoo/)
- [Licensing: Food, Pools, and Lodging Services \(https://www.health.state.mn.us/communities/environment/food/license/\)](https://www.health.state.mn.us/communities/environment/food/license/)

### Centers for Disease Control and Prevention (<http://www.cdc.gov/ncezid/dfwed/>)

#### State and Local Environmental Health Delegated Agencies

- [Licensing Jurisdiction: Food, Pools, and Lodging Services \(https://www.health.state.mn.us/communities/environment/food/license/delegation.html\)](https://www.health.state.mn.us/communities/environment/food/license/delegation.html)
- [Minnesota State and Local Food, Pools and Lodging Contacts \(PDF\) \(https://www.health.state.mn.us/communities/environment/food/docs/license/locals.pdf\)](https://www.health.state.mn.us/communities/environment/food/docs/license/locals.pdf)

### [Map of Field Services Epidemiologists \(https://www.health.state.mn.us/about/org/idepc/epis.html\)](https://www.health.state.mn.us/about/org/idepc/epis.html)

#### Minnesota State Duty Officer

Duty Officer may have information on an outbreak/injury that was reported after hours

- Metro: 651-649-5451 (24 hour)
- Statewide: 800-422-0798 (24 hour)

#### Foodborne & Waterborne Illness Hotline

- [Reporting Suspected Foodborne and Waterborne Illness \(https://www.health.state.mn.us/diseases/foodborne/reporting\)](https://www.health.state.mn.us/diseases/foodborne/reporting)
  - Call to report foodborne illness
    - 651-201-5655
  - Toll-free statewide
    - 1-877-366-3455
    - 1-877-FOOD ILL

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- Submit an online [Foodborne and Waterborne Illness](https://redcap.health.state.mn.us/redcap/surveys/?s=FJXMYFLXTH) (<https://redcap.health.state.mn.us/redcap/surveys/?s=FJXMYFLXTH>)
- Email
  - [health.foodill@state.mn.us](mailto:health.foodill@state.mn.us)