

eFORS Definitions and Common Reporting Questions

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&

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What is your definition of a 'foodborne outbreak'?

The eFORS definition of a foodborne outbreak is: the occurrence of two or more cases of a similar illness resulting from the ingestion of a common food.

Some states distinguish between suspect and confirmed foodborne outbreaks, and some specifically state that ill persons can not be from the same household.

What is your criteria for confirming a food vehicle?

At CDC, the criteria for confirmation of a food vehicle is either laboratory confirmation or statistical evidence from an epi study (or both).

	Implicated Food2	Main Ingredients Food2	Contaminated Ingredients Food2
Food2	<input type="text"/> <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="button" value="SELECT FOOD2"/> <input type="button" value="DESELECT FOOD2"/> <input type="text"/> <input type="button" value="SELECT REASONS"/> <input type="text"/> <input type="button" value="SELECT METHODS"/>	<p>To erase an entry, choose the blank line at the top of picklist</p> <input type="text"/> <input type="button" value="←"/> <input type="button" value="→"/> <input type="text"/> <input type="button" value="←"/> <input type="button" value="→"/> <input type="text"/> <input type="button" value="←"/> <input type="button" value="→"/> <input type="text"/> <input type="button" value="←"/> <input type="button" value="→"/> <input type="text"/> <input type="button" value="←"/> <input type="button" value="→"/>	<p>To erase an entry, choose the blank line at the top of picklist</p> <input type="text"/> <input type="button" value="←"/> <input type="button" value="→"/> <input type="text"/> <input type="button" value="←"/> <input type="button" value="→"/> <input type="text"/> <input type="button" value="←"/> <input type="button" value="→"/> <input type="text"/> <input type="button" value="←"/> <input type="button" value="→"/>

Reason Suspected (choose all that apply) (col 2)

- 1 - Statistical evidence from epidemiological investigation
- 2 - Laboratory evidence (e.g., identification of agent in food)
- 3 - Compelling supportive information
- 4 - Other data (e.g., same phage type found on farm that supplied eggs)
- 5 - Specific evidence lacking but prior experience makes this likely source

How do you determine whether an outbreak is foodborne or person-to-person when the evidence does not clearly indicate one or the other (or indicates both)?

Ultimately, at CDC we leave the final decision up to the state to determine whether or not an outbreak was foodborne or person-to-person.

Most epidemiologists will base this determination on a variety of factors, such as prior experience, common exposures (or lack thereof), and outbreak epidemic curve.

Have BT-related restrictions had an impact on foodborne outbreak investigations in your state?

BT-related restrictions have made it difficult to get *C perfringens* toxin-testing kits, so in some states isolates of *C perfringens* are instead being cultured from bulk stool.

We have had difficulties getting the required 2 or more lab cases in order to confirm etiologies: what do we do?

Some states have innovative stool-collection kits that they are using to try to increase the rate of stool collection during outbreak settings.

Though it may be difficult to collect 2 specimens for bacterial toxin or norovirus, for consistency we do maintain the CDC criteria of 2 or more lab cases for confirmation of those etiologies.

What does the CDC do with foodborne outbreak data?

Outbreak summaries and linelists

www.cdc.gov/foodborneoutbreaks/us_outb.htm

Foodborne outbreak data requests

Policy decisions and legislation

Does your state maintain a foodborne outbreak database separate from eFORS?

Do you have to do double data entry if you have a separate database?

Who maintains your separate database?

What does your state do with foodborne outbreak data?

Thank you!

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