

# Michigan Multijurisdictional Food Emergency Response Guidance



**Version 2024.1**

# Acronyms

<b>CDC</b>	Centers for Disease Control and Prevention
<b>CIFOR</b>	Council to Improve Foodborne Outbreak Response
<b>EPC</b>	Emergency Preparedness Coordinators
<b>FBI</b>	Federal Bureau of Investigation
<b>FDA</b>	United States Food and Drug Administration
<b>FEMA</b>	Federal Emergency Management Agency
<b>HIPAA</b>	Health Insurance Portability and Accountability Act of 1996
<b>IAP</b>	Incident Action Plan
<b>ICS</b>	Incident Command System
<b>IMT</b>	Incident Management Team
<b>LHDs</b>	Local Health Departments
<b>MALEHA</b>	Michigan Association of Local Environmental Health Administrators
<b>MALPH</b>	Michigan Association for Local Public Health
<b>MDARD</b>	Michigan Department of Agriculture and Rural Development
<b>MDHHS</b>	Michigan Department of Health and Human Services
<b>MDSS</b>	Michigan Disease Surveillance System
<b>MIHAN</b>	Michigan Health Alert Network
<b>MJO</b>	Multijurisdictional Outbreak
<b>NAF</b>	Nurses Administrative Forum
<b>NORS</b>	National Outbreak Reporting System
<b>OBNE</b>	Outbreak Net Enhanced
<b>OMS</b>	Outbreak Management System
<b>PHAST</b>	Public Health and Safety Team
<b>RE</b>	Regional Epidemiologists
<b>RRT</b>	Rapid Response Team
<b>UM</b>	University of Michigan
<b>USDA FSIS</b>	United States Department of Agriculture Food Safety Inspection Service

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## Acknowledgements

The Food Committee of the Michigan Association of Local Environmental Health Administrators (MALEHA) was tasked with creating a guidance document for those entities with potential involvement in large, multijurisdictional food emergency responses. A subcommittee was formed that updates the following document.

Special thanks to the Multijurisdictional Food Emergency Response Workgroup partner agencies that helped review and update this document:

- Michigan Association of Local Environmental Health Administrators (MALEHA)
- Michigan Department of Agriculture and Rural Development (MDARD)
- Michigan Department of Health and Human Services (MDHHS)

# Introduction

Multijurisdictional food emergencies have been occurring at an increased frequency, often straining the resources of local, state, federal, and tribal regulatory and public health authorities. These agencies coordinate their response activities to ensure necessary measures are taken to rapidly control the spread of illness.

The Council to Improve Foodborne Outbreak Response (CIFOR) continues to be a national resource for regulatory and public health agencies. CIFOR's Guidelines for Foodborne Disease Outbreak Response has been updated several times since the first version of the document was released. Any local, state, or federal agency may download the current version from [www.cifor.us](http://www.cifor.us).

A group of local and state representatives in Michigan have developed and since updated guidance for public health agencies and regulatory partners to help improve multijurisdictional food emergency responses within the state. The following document has been written using the CIFOR guidelines as a model while focusing on Michigan-specific needs and public health code requirements. This document takes into consideration that each agency is unique and what works for one may not work for another.

## Guiding Principles

**Regardless of incident level, food emergency responses are typically multidisciplinary:**

- Human health response - led and/or coordinated by communicable disease staff at state or local levels.
- Food supply response – led and/or coordinated by food regulatory staff.
- Criminal investigation response (as needed) – led and/or coordinated by law enforcement staff.
- Laboratory - may support any or all human health, regulatory, and law enforcement aspects of a response.

**Food emergencies, including foodborne illness outbreaks, are most efficiently investigated as close to the source as possible.** Most food emergency responses are handled by individual local health departments (LHDs) utilizing standard operating procedures and/or emergency plans. State and federal agency involvement is minimal and usually limited to technical consultation and information sharing as needed.

**As the incident level increases, transition of lead agency designation is expected to effectively manage multijurisdictional and multi-disciplinary resources.** An ICS Unified Command structure consisting of several agencies where authority is shared may be appropriate.

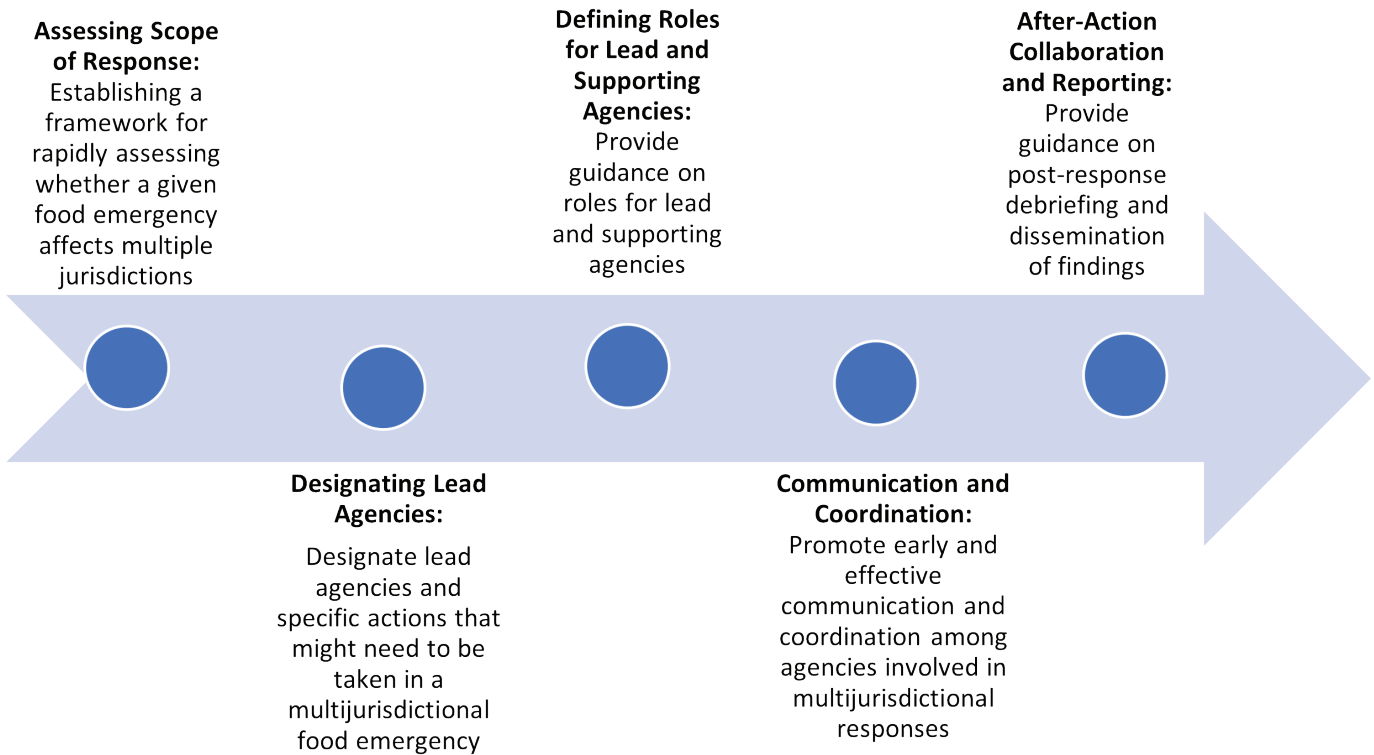
**Rapid and open sharing of information between public health and food regulatory agencies is critical to the effectiveness of multijurisdictional food emergency responses.** Because these activities build on each other, establishing information-sharing protocols before and during the earliest stages of the response is critical. Local, state, and federal public health officials should ensure that their agencies have the legal authority to share information and that their staff understand those authorities. FDA information cannot be shared with any agency without an information sharing agreement in place (for example 20.88 agreement). Therefore, local and state agencies should also consider participating in information sharing agreements, which will allow them to receive sensitive information from federal investigative partners.

# Definition

For the purpose of this document, the definition of a multijurisdictional food emergency response is a **food related incident, such as a foodborne illness outbreak, contaminated or adulterated food, or other food emergency, which requires the resources of more than one local, state, territorial, tribal, or federal public health or food-regulatory agency to detect, investigate, or control.** A multijurisdictional response may involve a foodborne illness outbreak or the recall of a contaminated food product. Examples: 1) ill persons occur in more than one local health department jurisdiction; or 2) the implicated food(s) are not regulated by the agency responsible for the human health investigation; or 3) implicated facilities occur in more than one local health department jurisdiction. This scenario is where it might be prudent to implement an ICS type response with the state agencies taking a leading role for traceback, sampling, and coordination with federal and state partners.

## Summary of Guidelines

These multijurisdictional guidelines are designed to assist in the following steps:



# Assessment of Scope of Food Emergency

The objectives of each multijurisdictional response will reflect the specific circumstances associated with the food emergency and available resources. The tables below include indicators of multijurisdictional food emergencies, such as outbreaks, that would activate communication and coordination with other agencies:

Categories of Multijurisdictional Outbreaks
<ul style="list-style-type: none"> <li>• Outbreaks affecting multiple local health jurisdictions (e.g., city, county, district) within the same state.</li> <li>• Outbreaks involving multiple states.</li> <li>• Outbreaks involving multiple countries.</li> <li>• Outbreaks affecting multiple distinct agencies (e.g., public health, food regulatory, emergency management).</li> <li>• Outbreaks, regardless of jurisdiction, caused by highly pathogenic or unusual agents (e.g., Clostridium botulinum) that require specialized laboratory testing, investigation procedures, or treatment.</li> <li>• Outbreaks in which the suspected or implicated vehicle is a commercially distributed, processed, or ready-to-eat food contaminated before the point of service.</li> <li>• Outbreaks involving large numbers of cases that may require additional resources to investigate.</li> <li>• Outbreaks in which intentional contamination is suspected.</li> </ul>

*Table 1 Categories of Multijurisdictional Outbreaks from CIFOR 3rd Edition*

In some of these scenarios (e.g., one case of botulism or many ill from a single catered event) the illnesses may be contained to one jurisdiction, but locals should still communicate with state partners.

The following is a list of multijurisdictional emergencies and examples of scenarios listed above:

Indicator	Example(s)
Widespread geographic area affected	<ul style="list-style-type: none"> <li>• Multiple cases or clusters in several counties, states, or even countries occurring over a similar time-period.</li> </ul>
Implicated food widely distributed food	<ul style="list-style-type: none"> <li>• Food purchased from multiple restaurants and/or grocery stores.</li> <li>• Food contaminated early in production/distribution chain.</li> </ul>
Unusual agent	<ul style="list-style-type: none"> <li>• Rarely encountered pathogen.</li> <li>• Particularly severe disease (example: botulism).</li> <li>• Unusual signs or symptoms possibly indicating a chemical contaminant.</li> </ul>
Exposed population subsequently dispersed	<ul style="list-style-type: none"> <li>• Source identified as an international or interstate airplane, bus, train, or vessel.</li> <li>• Source identified as a tourist facility, airport, convention center.</li> </ul>
Unusual or suspicious circumstances	<ul style="list-style-type: none"> <li>• Events indicating potential intentional product contamination.</li> </ul>

Any incident or event listed above may indicate a multijurisdictional food emergency. In these instances, it is important for communication with other affected LHDs, MDARD, and MDHHS to take place within the first 24 hours of an incident meeting the criteria of a multijurisdictional response investigation, or as soon as possible.

# Designation of Lead Agencies

Recommended Procedures: Designate lead agencies responsible for the human health and food supply components of the response as soon as a multijurisdictional food emergency response is identified. Once designated, the lead agency (agencies) should be clearly communicated to all response partners. If a lead agency is not capable of fulfilling all responsibilities, then it is expected that the agency would request help from other local or state agencies. The following table may be used to help determine the lead for each incident.

Human Health Investigation Considerations	Food Supply Investigation Considerations
<p>The jurisdiction where the exposure(s) occurred typically will be the lead.</p> <ul style="list-style-type: none"> <li>• Exposure in one county and the majority of the ill reside in another county or throughout the state, environmental health staff in the county of exposure is responsible for the facility/exposure location investigation.*</li> <li>• Exposure occurred in multiple counties. The county with the majority ill may lead the epidemiological investigation -or- MDHHS may lead due to geographic scattering or assist in surge capacity.*</li> </ul> <p>*for these responses, it is highly encouraged that jurisdictions discuss who would be the appropriate lead agency.</p>	<p>The agency with jurisdiction over the source of exposure takes the lead:</p> <ul style="list-style-type: none"> <li>• Food service establishment – LHD EH (Environmental Health).</li> <li>• Retail grocery, convenience store, food processor, farms, and incidents involving food service establishments in multiple counties – MDARD.</li> <li>• Exposure occurred in multiple counties due to intrastate distribution – MDARD.</li> <li>• Exposure involves multiple states (interstate distribution) – FDA or USDA (based on jurisdiction).</li> </ul>

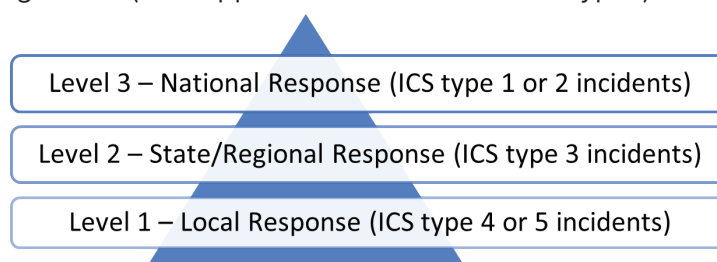
In some circumstances, there may be other considerations for delegating lead agency roles and responsibilities to another agency. For example, when mutually agreeable, an alternative lead agency can be delegated if thought to be in the best position to manage the response. This may be due to the alternative agency committing most of the resources or because an agency holds the technical expertise needed to lead the response. For example, if a state agency helps coordinate response activities, they are not considered the lead investigating agency unless mutually agreed upon.

When this occurs, the lead agency responsibilities must be formally delegated to an alternative agency. For documenting a transfer in delegation of lead agency it is recommended to use the “Request for Transfer of Leadership” located in Appendix 2.

**The lead agency must have sufficient resources, expertise, and legal authority to collect, organize, and disseminate data related to the investigation.** Some local agencies might not have sufficient resources to effectively coordinate a multijurisdictional investigation. In these situations, and if agreed upon, the lead agency may be the state or another county that has sufficient resources and is also participating in the investigation.

## Important to note:

**The incident command system (ICS) is a method to organize and coordinate response activities during food emergencies.** The scope of food emergency responses addressed in this document can be thought of in levels of magnitude: (See Appendix 8 for ICS Incident Types):





# Roles for Lead and Supporting Agencies

Local, state, federal and tribal agencies, other important cross-agency programs, nongovernment, industry, and academic partners contribute to food emergency response. The following tables provide typical roles and responsibilities for Michigan agencies.

## Local Health Agencies

- Maintain communication and working networks with local populations; community businesses, healthcare providers, and community organizations; and other local resources.
- Regulate and inspect food service establishments and educate food workers on food safety.
- Conduct complaint-based, pathogen-specific, and other surveillance to identify outbreaks.
- Investigate and control potential foodborne illnesses.
- Manage local public risk communication during foodborne outbreaks.
- Coordinate investigation and communication activities with other agencies and response partners during multijurisdictional food emergencies.
- As necessary, employ legal mechanisms for response support and control activities.
- Conduct after-action reviews to improve investigation effectiveness and prevent future outbreaks from the same causes.

## MDHHS (including lab)

- Conduct surveillance.
- Provide technical assistance and surge capacity for local and state response partners, including support for interviewing and analyses.
- Conduct and coordinate statewide or multijurisdictional response for emergencies of human illness from food, including foodborne illness outbreaks.
- Manage statewide public risk communication during emergencies of human illness related to food.
- Serve as liaison with nongovernment partners and stakeholders, including healthcare.
- Conduct after-action reviews to improve investigation effectiveness and prevent future outbreaks from the same causes.
- Serve as liaison between state and local partners and federal agencies.

## MDARD (including lab)

- Conduct routine regulatory inspections and activities for MDARD food firms.
- Maintain 1) knowledge of food industry practices; and 2) working relationships with food industry managers, associations, and technical experts.
- Conduct investigations of food establishments and food supply chains; and traceback, traceforward, environmental assessments, and sampling. Implement control measures.
- Provide technical assistance and surge capacity for local and state response partners.
- Coordinate with local, state, and national food supply stakeholders and response partners, including law enforcement when intentional contamination is suspected.
- Conduct after-action reviews to improve investigation effectiveness and prevent future outbreaks from the same causes.
- Serve as liaison between state and local partners and federal agencies.

State involvement may be necessary if the food emergency affects multiple jurisdictions, local resources are inadequate, additional expertise is required, or the disease may result in substantial morbidity or mortality. If the food emergency affects citizens in another state, MDHHS or MDARD will coordinate with the other states, FDA, and CDC. Regardless of local capacity, assistance and consultation from the state is available.



Each agency should have programs that help complete or support food emergency response-related activities. Examples of typical state agency food emergency response roles, responsibilities, and contributions that may assist local jurisdictions include the following:

Program	Roles, Responsibilities, and Contributions
Rapid Response Team	<ul style="list-style-type: none"> <li>• Responsible for implementing partnerships between the FDA and other state programs to build food safety infrastructure and integrated rapid response for all-hazards human and animal food emergencies.</li> <li>• Maintain and promote the RRT Best Practices Manual.</li> <li>• Provide training in outbreak response methods for local health agencies.</li> <li>• Lead, assist, and support investigations by supporting facility inspections; informational traceback investigations; and food recalls that involve food products through consultation with health department investigators, federal food safety agency partners, and food industry firms.</li> <li>• Initiate chain-of-custody, quality assurance, and safety procedures when collecting and submitting food samples to support regulatory response.</li> </ul>
Food Emergency Response Network	<ul style="list-style-type: none"> <li>• Maintain an integrated network of local, state, and federal laboratories across the U.S. capable of rapid response to food-related emergencies and attacks on the U.S. food supply.</li> <li>• Detect and identify biological, chemical, and radiologic agents in food, and provide food testing surge capacity during national emergencies.</li> </ul>

Each agency can also assign specific roles and responsibilities for team members. Some examples are as follows:

Team Member	Responsibilities and Contributions
Team Leader Responsibilities	<ul style="list-style-type: none"> <li>• Sets and enforces priorities.</li> <li>• Coordinates all activities associated with the investigation.</li> <li>• Serves as the point of contact.</li> </ul>
Epidemiologic / Communicable Disease Investigator	<ul style="list-style-type: none"> <li>• Identifies cases.</li> <li>• Develops a working case definition.</li> <li>• Creates or deploys supplemental or outbreak-specific questionnaires.</li> <li>• Develops hypotheses and strategies to test them.</li> <li>• Interviews both cases and healthy controls.</li> <li>• If using supplemental tools, determines how to store and share data (MDSS, OMS).</li> <li>• Completes analysis of data.</li> <li>• Collects or coordinates clinical specimens.</li> <li>• Coordinates clinical, environmental, and consumer sample testing.</li> <li>• Consults and coordinates with environmental and laboratory investigators.</li> </ul>
Environmental Investigator	<ul style="list-style-type: none"> <li>• Investigates food-preparation sites.</li> <li>• Coordinates environmental and food sampling, chain of custody, and testing.</li> <li>• Assesses food inventory, distribution records, food flow, and contributing factors.</li> <li>• Consults with epidemiologic and laboratory investigators.</li> <li>• Conducts traceback investigations.</li> </ul>
Laboratory Investigator	<ul style="list-style-type: none"> <li>• Conducts testing of clinical specimens, food, and environmental samples.</li> <li>• Determines specimen or sample types, transport, storage conditions, chain of custody, testing methodologies, and relevant laboratory.</li> <li>• Provides informatics expertise.</li> </ul>
Public Information Officer	<ul style="list-style-type: none"> <li>• Develops general and specific messages for the public through the media.</li> <li>• Responds to media inquiries or identifies the appropriate spokesperson.</li> <li>• Coordinates communication with multiple agencies to ensure consistent messaging.</li> </ul>
Additional team members may include:	<ul style="list-style-type: none"> <li>• Public health nurses, statisticians, health-care providers, health educators, clerical staff, law enforcement, Emergency Preparedness Coordinators (EPCs), and others as needed.</li> </ul>

**Additional support for large-scale food emergencies** - Some food emergencies are too large for one agency to manage independently. Advance preparations can help mitigate the impact of a large-scale emergency and ensure effective response.

Identify individuals within the agency or from other organizations who have applicable skills or knowledge and would be willing to help conduct interviews or provide other support during a large-scale outbreak. For example:

- MDHHS (Communicable Disease Division: RE, OBNE, Flex Unit)
- MDARD (RRT, Regional food staff, LHS)
- Other branches of government (FDA, USDA, CDC)
- University students, (e.g., PHAST at UM)
- Volunteers (e.g., Medical Reserve Corps)

Develop a contact list and protocol for contacting these individuals when needed. Include after-hours and weekend contact information and assign an individual or group to update it regularly. See Appendix 4 - Multijurisdictional Food Emergency Response Checklist.

**Food emergencies progress through phases of activity, and leadership of the investigation should reflect the focus of the response at the time.** The epi phase of the response may progress to the regulatory phase, and transition of leadership within the food emergency control team should be planned in advance by consensus and communicated to the entire team.

Determine how confidential information will be stored and whether, how, and/or when it can be shared. All confidential information will be shared in a secure manner in accordance with approved state policies.

## Communication and Coordination

Early communication is critical when a multijurisdictional food emergency is suspected. Other agencies that may need to be part of the response should be notified via email or phone as soon as possible and no later than 24 hours after the multijurisdictional response begins.

### Issuing an Initial Notification

- Prepare a concise written summary of available information:
  - ◆ Early Notification/Email Template – suggested when limited information is available (Appendix 2)
- Share the written summary with all potentially involved jurisdictions via multiple and redundant communication channels. The following methods are recommended:
  - ◆ Contact affected jurisdictions and agencies by phone.
  - ◆ Issue a MIHAN alert to local and state staff in communicable diseases, environmental health, agriculture, epidemiology, and emergency preparedness, including medical directors and health officers, as all subscribe to the health alert network.
  - ◆ As needed, notify through established MALPH e-mail listservs.

Appendix 3 contains contact information for notification of staff in each local health department in Michigan as well as state and federal agencies.

The following are examples of scenarios and appropriate notifications at the local, state and federal levels that must be taken at each step:

Examples of Key Indicators and Required Notification Steps		
Outbreak	Detection	Key Indicator Notification
Local Level	Commercially distributed processed or ready-to-eat food contaminated prior to the point of service suspected or implicated as the vehicle in the outbreak.	LHDs: Immediately notify MDARD/MDHHS  State: Contact LHD, CDC, and FDA or USDA, depending on product and its distribution.
	Fresh produce item contaminated prior to the point of service is suspected or implicated as the vehicle in the outbreak.	
	Ground beef is implicated in an outbreak of E. coli O157:H7 infections.	
	Molecular subtype characteristics of etiologic agent matches the pattern of an agent independently associated with other foodborne disease outbreaks.	
	Intentional contamination of food item is suspected or implicated.	
State Level	Increase of sporadic infections with common subtype characteristics identified across multiple jurisdictions.	State: Immediately notify affected local agencies, affected states, lab partners, CDC, or federal food regulatory agencies.
	Multiple common-source outbreaks linked by common agent, food, or water.	
	Microbiological food testing by state food regulatory agency prompts recall or consumer advisory notice.	
	Agricultural commodity produced in a limited number of states.	
Federal Level	Increase of sporadic infections with common subtype characteristics identified across multiple states.	Federal agency usually notifies affected state health and food regulatory agencies.
	Multiple common source outbreaks linked by common agent, food, or water.	
	Microbiological food testing by, or reported to, FDA or USDA prompts recall.	

To ensure that all responders have the consistent, current, and correct information, hold an initial meeting with other agencies involved. This may help alleviate the number of emails between the agencies. Initial meetings are critical to establish a framework for response activities. Appendix 5 contains guidelines for meeting framework.

- Identify lead and supporting agencies and clarify agency roles and responsibilities.
- Identify a main contact person, as well as a back-up contact, for each agency.
- Identify a main contact for industry.
- Determine the best time for future meetings and who exactly should be included.
- Identify main objective from each agency.
- Identify best methods for information sharing of large documents or files (e.g., SharePoint, FoodShield, or other).
- Determine if ICS is necessary for managing the response.
- If samples might be collected, include the laboratory early on to ensure they are available to test samples and to consult with them on appropriate sample sizes and collection methods.

## Important to note:

**Regular communication and coordination prior to and during an emergency response will help to ensure shorter response times, less duplication of efforts, and a more comprehensive approach to conducting response-related activities.** Agencies should meet regularly and provide prompt updates to other agencies. It may be effective to conduct joint inspections and sampling to ensure both agencies contribute their specific skills and knowledge. Use of ICS in this type of response may help facilitate the setting of objectives for investigation and sampling, scheduling of meetings, providing briefings, and determining when the response is closed.

**A possible intentional contamination incident could result in a criminal investigation. Information sharing and public information are likely to work differently.** Law enforcement may have limitations on what can be shared but will have the same goal of preventing additional harm.

**A wide-scale emergency that involves multiple agencies and requires coordination among them may benefit from engaging the local emergency management coordinator or the State Emergency Operations Center.**

**Identifying the source of a multijurisdictional emergency represents a collaborative process among local, state, and federal agencies and industry.** Individual food companies and trade associations may initiate their own investigation activities (e.g., providing product information, providing records and purchase history information, sampling, conducting a recall, disseminating resources, or other related activities during the investigation).

**Releasing public information about the emergency should be coordinated with the lead agency PIO, when feasible. Identify the persons who will be responsible for communication on behalf of their organizational unit (epidemiology, environmental health, laboratory) and for the emergency response team.** A coordinated communications plan can help provide a consistent message about the progress of the response or the source of the food emergency.

# After-Action Collaboration and Reporting

## Post-response Debriefing

Once it has been determined that response activities are complete, the state agencies assisting with the investigation may coordinate an after-action review, in addition to the lead investigative agency's response summary report. During the review, the coordinating agency should collaborate with other agencies involved to:

- Review the timeline of the emergency response.
- Review the significant steps and activities of the response.
- Summarize the effectiveness of communication and coordination among jurisdictions.
- Identify specific gaps or problems that arose during the investigation. What worked well? Where can we improve? What additional resources are needed?
- Consider sharing pertinent lessons learned with industry representatives.
- Allow each agency to include their specific action items to ensure proper follow-up.

## Post-outbreak Conference Call

If warranted, the agencies involved should hold a conference call within three months of the end of the initial response to review lessons learned and to update participants on findings, conclusions, and actions taken.

Appendix 6 contains an example After Action Report and format.

# Closing Investigation and Final Reporting

## Closing response and final reporting

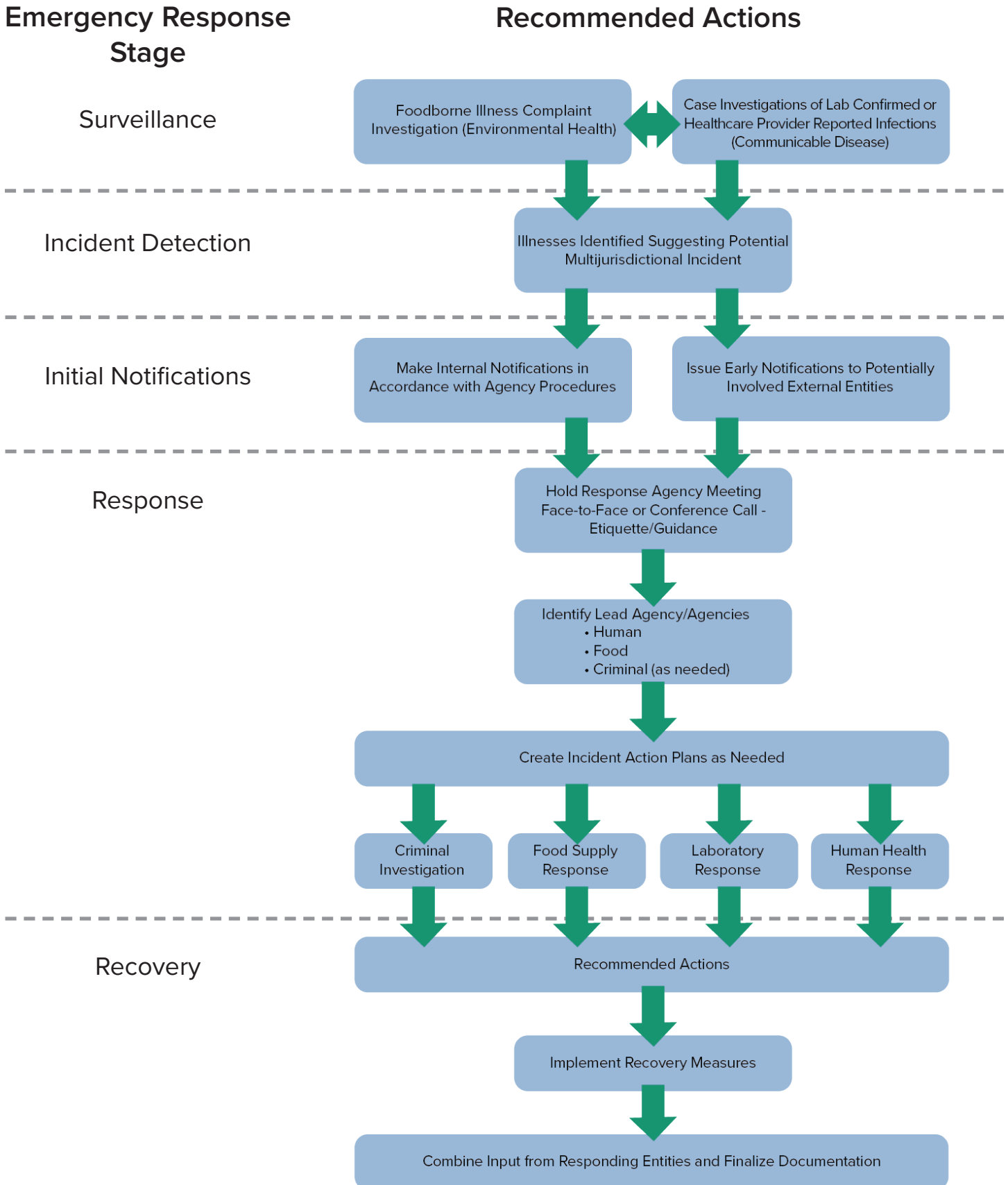
The lead agency/agencies coordinating the response should prepare an after-action report based on the findings from the debriefing. The report should summarize the effectiveness of communication and coordination among jurisdictions and identify specific gaps or problems that arose during the investigation. Action items or recommendations for improving future responses should also be identified in the report.

All participating agencies should have the opportunity to review and comment on the report before it is more widely distributed.

The lead agency/agencies should review after-action reports periodically to determine whether common problems in investigations or responses are occurring over time. This can help with an agency's quality improvement efforts.

**All multijurisdictional outbreak investigation** findings should be reported by the lead agency using the NORS/CDC 52.14 form (recently updated – attached as Appendix 7) and sent to MDARD and MDHHS. LHD Accreditation Minimum Program Requirements outline the timeframes on when the 52.14 form must be submitted. Refer to MPH Accreditation tool for further guidance at [Cycle 8 Tool – accreditation.local-health.net](https://www.mph.accreditation.local-health.net). MDHHS will enter the outbreak into the National Outbreak Reporting System (NORS) database. Please use the CDC 52.14 for food and waterborne investigations and submit to MDHHS.

# Appendix 1: Recognizing Stages of Multijurisdictional Food Emergency Response



# Appendix 2: Request for Transfer of Leadership

Note: Click on PDF icon for a fillable Request for Transfer of Leadership Form.

Date: \_\_\_\_\_  
**State of Michigan**  
**Multi-jurisdictional Food Emergency**  
**Request for Transfer of Leadership**

To: \_\_\_\_\_

cc: Michigan Department of Agriculture and Rural Development - [MDARD-MI-FSPR@michigan.gov](mailto:MDARD-MI-FSPR@michigan.gov)

**State Notifications Sent To:**

MDARD, Food & Dairy Division Name of Contact: \_\_\_\_\_ Date: \_\_\_\_\_

MDHHS Name of Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Reporting Agency: \_\_\_\_\_ Lead Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

A multi-jurisdictional food emergency is under investigation. The information contained in this notice should be considered preliminary and confidential. This information should not be shared or distributed without permission from the sender.

**Preliminary Information:** section 4

Suspected Place of Exposure	Address of Exposure	Agency	Confirmed Cases (N)	Suspected Cases (N)

Cluster Name \_\_\_\_\_ Cluster Code \_\_\_\_\_ Outbreak ID \_\_\_\_\_

Section 6  
**Justification for Transfer of Lead Agency:**  
 \_\_\_\_\_

**Declaration of Release**  
 "Due to the multi-jurisdictional nature of this food emergency, and the reasons outlined above,  
 \_\_\_\_\_ requests to transfer leadership of the ongoing investigation to  
 \_\_\_\_\_"

Representative Signature \_\_\_\_\_ Transferring Agency Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Representative Signature \_\_\_\_\_ New Lead Agency Printed Name \_\_\_\_\_ Date \_\_\_\_\_



Request for Transfer of Leadership Form\_1

# Appendix 3: Resource List of Contacts

Visit Michigan Association for Local Public Health for an interactive directory (sample below).

Agency	Main Contact	After Hour Contact
MDARD	800-393-2929	517-373-0440
MDARD Food Complaints	<a href="mailto:MDA-Complaints@michigan.gov">MDA-Complaints@michigan.gov</a>	517-373-0440
MDARD Foodborne Illness Outbreaks	<a href="mailto:MDARD-MI-FSPR@michigan.gov">MDARD-MI-FSPR@michigan.gov</a>	517-373-0440
USDA	<a href="http://usda.gov">Contact Support (usda.gov)</a>	
FDA	<a href="#">Contact FDA   FDA</a>	
MDHHS	Communicable Disease Division: 517-335-8165 <a href="#">Regional Epidemiologist Directory</a>	517-335-9030
MDHHS Laboratory	(517) 335-8063 <a href="mailto:MDHHS Lab@michigan.gov">MDHHS Lab@michigan.gov</a>	517-335-9030
<a href="#">Directory   Michigan Association for Local Public Health (malph.org)</a>		



# Appendix 4: Multijurisdictional Food Emergency Response Checklist

This checklist identifies information gathered during a food emergency response. Not all items apply to all responses (e.g., an analytical study is sometimes not possible).

Human Health Epidemiologic Response:	
<ul style="list-style-type: none"> <li>• Development of response**</li> <li>• Response action plan (in coordination with other responding agencies)**</li> <li>• Define cases to be included in the outbreak/adverse event (Outbreak Case Definition)**</li> <li>• Provide number of ill persons including hospitalizations and fatalities.</li> <li>• Include number exposed (if known).</li> </ul>	<ul style="list-style-type: none"> <li>• Include dates/times of illness onsets and exposures.</li> <li>• Include location(s) of illness occurrence.</li> <li>• Questionnaire development and administration**</li> <li>• Determination of interview data storage/sharing.</li> <li>• List of foods and other variables assessed.</li> <li>• Portion size of food consumed (if available).</li> <li>• Analyses and Results: epi curve plot and food-specific attack rates**</li> </ul>
Laboratory Response:	
<ul style="list-style-type: none"> <li>• Identify appropriate lab testing based on evidence provided**</li> <li>• Clinical samples from symptomatic individuals (stools, serum, urine, other).</li> <li>• Specimen(s) from food workers (stools, swabs from hands, nose, and throat).</li> <li>• Food, environmental, and water samples from point of service.</li> <li>• Communicate lab findings.</li> </ul>	
Food Supply and Environmental Response:	
<i>(Conduct an environmental assessment to complete the following)</i>	
<ul style="list-style-type: none"> <li>• Identify and document likely contributing factors.</li> <li>• Identify suspected agent and vehicle. If a pesticide is suspected, collect product name, EPA registration number, and active ingredients (if known).</li> <li>• Collect food worker specimens (if appropriate).</li> <li>• Review of implicated food prep, including times and temperatures.</li> <li>• Assess water supply, potential cross connections.</li> <li>• Assess sewage disposal system, any opportunities for wastewater backup into food, sinks, or equipment.</li> <li>• Assess traps and drains as a potential source of contamination.</li> <li>• Collect samples.</li> <li>• Analyze results of samples of the implicated food, where available and appropriate (industry or regulatory samples).</li> <li>• Review food worker illnesses and absences.</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze results of environmental swabs, if collected (industry or regulatory samples).</li> <li>• Photograph labels and identifying information on products, where available.</li> <li>• Review sale/shipment records for one shelf life of product (harvest-to-table shelf life).</li> <li>• Assess food worker/food safety training/knowledge.</li> <li>• Conduct traceback/trace forward investigations**</li> <li>• Remove suspect or adulterated products from commerce.</li> <li>• Oversee disposal of affected food or agricultural products.</li> <li>• Oversight of recalls of affected food or agricultural products**</li> <li>• Collaborate on rapid public communication (in coordination with human health investigation) controlling contaminated products.</li> <li>• Oversee decontamination of affected food facilities.</li> </ul>
[** = lead agency responsibilities]	
<p><b>Lead Agencies are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Developing the investigation design/response action plan.</li> <li>• Coordinating response implementation.</li> <li>• Adjusting the plan with response partners as needed.</li> <li>• Writing the final report.</li> </ul>	<p><b>Supporting Agencies are responsible for:</b></p> <ul style="list-style-type: none"> <li>• Fulfilling their legal jurisdictional requirements.</li> <li>• Completing commitments in accordance with agreed upon response plan.</li> <li>• Timely notification of the lead agency when they become aware that the plan must be adjusted.</li> <li>• Completion of case interviews for ill persons residing in their jurisdiction.</li> <li>• Taking regulatory actions needed to control sources under their jurisdiction.</li> </ul>

# Appendix 5: Conference Call / Virtual Meeting Framework

Multijurisdictional conference calls are an important tool for improving coordination and communication among different agencies. Impacted food regulatory agencies (local, state, federal, and tribal) should be included on the calls to understand the methods, findings, and conclusions so the implicated product(s) can be removed from the market as rapidly as possible. Calls should be initiated by a local jurisdiction or state agency.

**Conference calls in the early phase of a multijurisdictional food emergency response should include:**

- Epidemiologic information discussion.
- Epidemiologic and laboratory guidance.
- Communication on how epidemiologic data will be collected and shared.
- A clear understanding of action item expectations.
- Information exchanged on methods, findings, and conclusions.
- Discussion and coordination of media issues.

**Conference calls in the later phase of a multijurisdictional food emergency response will generally be hosted by the designated lead agency for the food supply component of the investigation and will generally include:**

- A focus on the food supply or environmental investigation – provide environmental/regulatory guidance and technical support.
- Updates of facility inspections, product sampling and analysis, food preparation reviews, traceback and source investigation discussions.
- Environmental and food laboratory guidance.
- An exchange of information on methods, findings, conclusions, and regulatory actions.
- Discussion and coordination of media issues.
- Ensure all partners know who will be on the call. Hold a pre-call if necessary.
- Consider FOIA when taking notes (including using Teams or Zoom chat)

Conference Call Framework Checklist: Host
<ul style="list-style-type: none"><li>• Identify host/leader of call.</li><li>• Consider requesting a note taker. It is ideal that the host and the note taker are not the same person.</li><li>• Distribute agenda and handouts before the conference call if possible.</li><li>• Identify point of contact for relevant agencies.</li><li>• Take attendance, make introductions.</li><li>• Ensure names and affiliations of all participants are accounted for.</li><li>• Explain jargon, abbreviations.</li><li>• Stay on topic, stay on time.</li><li>• Solicit everyone's input.</li><li>• Record and distribute a summary of the call including action items and plans for the next meeting, as needed.</li></ul>

# Appendix 6: After-Action Report Example

## Agency After-Action Report (AAR)

Investigation/Incident/Outbreak Title: \_\_\_\_\_

Location: \_\_\_\_\_

Investigation Dates: \_\_\_\_\_

Report Date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Pathogen/Vehicle: \_\_\_\_\_

### Investigators:

- o Lead Agency \_\_\_\_\_
- o Support Agency #1 \_\_\_\_\_
- o Support Agency #2 \_\_\_\_\_

**Summary:** Overall synopsis of event or incident, including general details of the what, when, and where of the event.

### Timeline:

Date #1	
Date #2	
Date #3	
Date #4	
Date #5	
Date #6	
Date #7	
Date #8	

**What went well?** Opportunity for everyone to give feedback on something that went well.

**Support Agency #1**

.

**Support Agency #2**

.

**Lead Agency**

.

**Opportunities for improvement?** Opportunity for everyone to give feedback on improvement for the future.

**Support Agency #1**

.

**Support Agency #2**

.

**Lead Agency**

.

**Action Items** List items and responsible party for future actions that need to be taken.

.

# Appendix 7: NORS/CDC 52.14

The National Outbreak Reporting System [NORS] CDC 52.14 form is inclusive of Foodborne Disease Transmission, Waterborne Disease Transmission, Person-to-Person Disease Transmission, and Animal Contact Disease Transmission. CDC 52.14 form can be found on the CDC's website at the below link:

[National Outbreak Reporting System, CDC 52.14](https://www.cdc.gov/nors/)

Form fillable format: <https://foodsafetycoe.org/wp-content/uploads/product/CDC-52.14-NORS-Fillable.pdf>

Note: This form replaces previous copies of CDC 52.12 and 52.13



## National Outbreak Reporting System

General

OMB No. 0920-1304  
Exp. 08/31/2025

This form is used to report investigations of foodborne and waterborne disease outbreaks; enteric disease outbreaks transmitted by contact with persons, animals, or environmental sources, or by an unknown mode; and certain fungal disease outbreaks. This form has 16 sections, indicated by the dark purple headers. **Please complete as much as possible of all applicable sections.**

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA, 30333, ATTN: PRA (0920-1304) <--DO NOT MAIL CASE REPORTS TO THIS ADDRESS

Guidance document: <https://www.cdc.gov/nors/forms.html>

CDC ID <i>CDC use only</i>	State ID <i>(required)</i>

### Primary Mode of Transmission *Select one (required)*

- Animal contact  
 Environmental contamination other than food/water  
 Food  
 Person-to-person  
 Water  
 Indeterminate/Unknown

### Dates *mm/dd/yyyy*

Date first case became ill *(required)*: \_\_\_\_\_ Date last case became ill: \_\_\_\_\_ Date of initial exposure: \_\_\_\_\_  
 Date of last exposure: \_\_\_\_\_ Date of notification to State/Territory or Local/Tribal Health Authorities: \_\_\_\_\_  
 Date outbreak investigation began: \_\_\_\_\_

### Geographic Location

Exposure state *(required)*: \_\_\_\_\_  
 Exposure occurred in multiple states  
 Exposure occurred in a single state, but some or all cases resided in a different state(s)  
 Other states: \_\_\_\_\_  
*(For multistate exposure or multistate residency outbreaks, enter the case count for each state)*  
 Exposure county: \_\_\_\_\_  
 Exposure occurred in multiple counties in exposure state  
 Exposure occurred in a single county, but some or all cases resided in a different county or multiple counties  
 Other counties: \_\_\_\_\_  
 Exposure occurred on any of the following:  
 Not applicable (N/A)  National park  
 Tribal land (within census bureau boundaries)  Other federal land *(e.g., national forest, military base; specify below)*  
 City/Town/Place of exposure *(e.g., facility name)*: \_\_\_\_\_

### Primary Cases

#### Primary Case Counts

Primary Case Counts	Number	Sex Number or percent of the primary cases	Number	Percent
Lab-confirmed primary cases	#	Male	#	%
Probable primary cases	#	Female	#	%
Estimated total primary cases <i>(required)</i>	#	Unknown sex	#	%

#### For food and animal contact outbreaks, if outbreak occurred during >1 calendar year, # cases per year (by illness onset)

Case Type	Year: _____	Year: _____	Year: _____	Year: _____
Lab-confirmed primary cases				
Probable primary cases				
Estimated total primary cases				

## Appendix 8: ICS Information

<b>Type 5</b>	<ul style="list-style-type: none"> <li>• The emergency response can be handled with one or two single resources with limited personnel. Command and General Staff positions (other than the Incident Commander) are not usually activated. No written Incident Action Plan (IAP) is required.</li> <li>• The emergency is contained within the first operational period and often within an hour to a few hours after resources arrive on scene.</li> <li>• Examples include a small fire at a retail establishment.</li> </ul>
<b>Type 4</b>	<ul style="list-style-type: none"> <li>• Command and General Staff are activated, if needed. Several resources are required to mitigate the emergency.</li> <li>• The emergency response is usually limited to one operational period in the control phase.</li> <li>• The agency administrator may have briefings and ensure the complexity analysis and delegation of authority are updated.</li> <li>• No written Incident Action Plan (IAP) is required but a documented operational briefing will be completed for all incoming resources.</li> <li>• The role of the agency administrator includes operational plans including objectives and priorities.</li> </ul>
<b>Type 3</b>	<ul style="list-style-type: none"> <li>• When capabilities exceed initial efforts, the appropriate ICS positions should be added to match the complexity of the emergency.</li> <li>• Some or all Command and General Staff positions may be activated, as well as Division/Group Supervisor and/or Unit Leader level positions.</li> <li>• An Incident Management Team (IMT) manages initial actions with a significant number of resources, an extended emergency response will occur until containment/control is achieved, or an expanding incident until transition to a Type 1 or 2.</li> <li>• The emergency may extend into multiple operational periods. A written IAP may be required for each operational period.</li> </ul>
<b>Type 2</b>	<ul style="list-style-type: none"> <li>• Extends beyond the capabilities for local control and is expected to go into multiple operational periods. May require regional and/or national resources to effectively manage Operations, Command, and General staffing. Most or all Command and General Staff positions are filled. Many of the functional units are needed and staffed.</li> <li>• The agency administrator is responsible for the emergency complexity analysis, agency administrator briefings, and the written delegation of authority.</li> <li>• A written IAP is required for each operational period.</li> </ul>
<b>Type 1</b>	<ul style="list-style-type: none"> <li>• Most complex emergency. Requires national resources to manage and operate safely and effectively.</li> <li>• All Command and General Staff positions are activated.</li> <li>• Branches need to be established.</li> <li>• The agency administrator will have briefings and ensure that the complexity analysis and delegation of authority are updated.</li> <li>• Use of resource advisors at the incident base is recommended.</li> <li>• There is a high impact on the local jurisdiction, requiring additional staff for office administrative and support functions.</li> </ul>
<b>Position-Specific Information</b>	<ul style="list-style-type: none"> <li>• <a href="#">Incident Commander Checklist</a></li> <li>• <a href="#">Operations Section Chief Position Checklist</a></li> <li>• <a href="#">Planning Section Chief Position Checklist</a></li> <li>• <a href="https://www.fema.gov">FEMA.gov</a></li> </ul>