



Lewis & Clark
Public Health

Communicable Disease Response Plan

Effective Date: February 20, 2025

Document Number:	DCP-011
Document Title:	Communicable Disease Response Plan
Document Owner	Environmental Health and Disease Prevention
Approval Date:	February 20, 2025
Approved By:	Drenda Niemann, Health Officer
Effective Dates:	February 20, 2025 until <i>February 20, 2027</i>

THIS PAGE INTENTIONALLY BLANK

Record of Changes

Changes Made	Changed By	Date of Change
Transferred CD Protocol document into Plan Template and updated info for 2019	Brett Lloyd	May 9, 2019
Transferring in CD	Jacqui Snyder	February 6, 2020
Transferring in Definitions and Acronyms from NPI	Jacqui Snyder	March 5, 2020
Transferred foodborne protocol	Jacqui Snyder	March 12, 2020
Complete review and revision by DCP leadership team	Laurel Riek	March 15, 2023
Added signed promulgation pages	Brett Lloyd	March 29, 2023
Review by Communicable Disease Response Team	Laurel Riek	June 10, 2024
Review by Communicable Disease Response Team, split out separate plans	Laurel Riek	January 15, 2025

Table of Contents

1.0 Introduction.....7

1.1. Purpose..... 7

1.2. Scope 7

1.3. Authorities 7

1.4. References..... 7

1.5. Definitions and Acronyms..... 8

2.0 Situation and Assumptions11

2.1. Situation.....11

3.0 Concept of Operations.....12

3.1. Active Surveillance (Routine).....12

3.2. Passive Surveillance12

3.3. Disease Investigation13

3.3.1 Disease Investigation Procedures for Unconfirmed Illness13

3.3.2 Case Investigation Procedures (Lab Confirmed).....14

3.3.3 Implement Control Measures to Prevent Secondary Transmission15

3.3.4 Contact Investigation16

3.4. Recognizing a Cluster or an Outbreak.....17

3.4.1 Outbreak Response17

3.4.2 Confirm the Outbreak17

3.4.3 Conduct outbreak investigation.....18

3.5. Outbreak Response and Escalation to Public Health Emergency.....19

3.5.1 Non-Pharmaceutical Interventions20

3.5.2 Mass Prophylaxis20

3.5.3 Mass Fatality Management.....21

3.5.4 When Outbreak is Over21

4.0 Plan Development & Maintenance.....22

5.0 Attachments.....23

Attachment 1: Communicable Disease Response Guide25

Attachment 2: Algorithms for Disease Response.....27

Routine Disease Investigation.....27

Outbreak Control Trigger Points to Prevent Secondary Transmission.....28

Table 2: Biological Agents of Highest Concern for a Bioterrorism Attack.....	29
Attachment 3: Suspect Food and Waterborne Illness Investigation Form	30
Attachment 4: Foodborne Illness Food Facility Investigation Form	32
Attachment 5: Food Sampling Procedures.....	35
Attachment 6: Decision Tree for Exclusion and Restriction	37
Attachment 7: Exclusion and Restriction Order Templates.....	38
Attachment 8: Exclusion and Collecting Samples Procedures	48
Attachment 9: Traceback for Food Source Identification	49
Attachment 10: Recall Procedures for Removing Food from Commerce	36
Attachment 11: Pandemic Flu Plan.....	40
Attachment 12: Potential Rabies Exposure Rules and Procedures	41

1.0 Introduction

1.1 Purpose

The purpose of this plan is to define procedures for LCPH response to communicable disease incidence in Lewis and Clark County with increasing response when outbreaks are recognized. This will also provide a coordinating document for supporting procedure and protocol documents. This is directly in support of our mission statement, *“To improve and protect the health of Lewis and Clark County residents.”*

1.2 Scope

This plan and its supporting documents apply to all LCPH divisions and all communicable disease incidents within Lewis and Clark County.

1.3 Authorities

- Montana Code Annotated
 - [50-2-116 Powers and Duties of Local Boards of Health](#)
 - [50-2-118 Powers and Duties of Health Officers](#)
 - [50-50 Retail Food Establishments](#)
 - [49-2-312 Discrimination Based on Vaccination Status Prohibited](#)
- Administrative Rules of Montana
 - [Title 37, Chapter 114 Communicable Disease Control](#)
 - [Title 37, Chapter 95, Section 139 Daycare Facilities Health Care Requirements](#)
 - [2013 Food Code, Chapter 2, Subpart 2-2 Retail Food Employee Health](#)
- HIPAA: Federal [Health Insurance Portability and Accountability Act of 1996](#)
- [Interlocal Agreement](#)
- [Lewis and Clark County Rabies Control Regulation \(BOH-19-01\)](#)
- Memorandum of Understanding between Lewis and Clark Public Health and Lewis and Clark County Sheriff's Office, Helena Police Department, and East Helena Police Department for Rabies Prevention

1.3 References

1. **CCDM (Control of Communicable Diseases Manual)**. A current copy is available in the Communicable Disease Nurse office, the Licensed Establishment offices and the Environmental Health Division office.
2. **Red Book (American Academy of Pediatrics)**. A current copy is available in the Communicable Disease Nurse's office.
3. **Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book)**.

4. Assistance from other staff (Environmental Health Specialists, public health nurses, medical director).
5. Assistance from DPHHS, Public Health and Safety Division, **Communicable Disease Epidemiology Section**:
24/7 Contact Number – **444-0273** CD/Epi Section Resources -
<https://dphhs.mt.gov/publichealth/cdepi/CDCPBResources/CDEpi>
6. Centers for Disease Control and Prevention (CDC) www.cdc.gov
7. FDA 2013 Food Code <https://www.fda.gov/food/fda-food-code/food-code-2013>
8. Lewis and Clark Public Health Emergency Plans <https://intranet.lccountymt.gov/Public-Health/Blue-Book>

1.4 Definitions and Acronyms

AAR: After Action Report.

Active Surveillance: Health Department solicits reports of selected, reportable diseases, inquires about observed disease activity and unusual presentations, and provides information on disease activity/trends in the community.

Antiviral Cache: An asset owned by the State of Montana containing antivirals, placed in the care and custody of a host hospital. At the present time, the purpose of the antiviral cache is to treat ill individuals following protocols and procedures that will be developed and distributed at the time of an event.

ARM: Administrative Rules of Montana.

Case Definition: Set of symptoms, clinical or diagnostic findings that constitute a case of a communicable disease. Case classifications include suspect, probable and confirmed. Case definitions can be created by Health Officer, DPHHS, CDC (Centers for Disease Control and Prevention), www.cdc.gov, or the World Health Organization, www.who.int (WHO).

Case: An individual who has been diagnosed with a communicable disease or who has symptoms that fit the case definition of a communicable disease.

CDC: Centers for Disease Control and Prevention.

CDEpi: DPHHS, Public Health and Safety Division, Communicable Disease Epidemiology Section

Cluster - closely grouped series of cases of disease or other health-related phenomena with well-defined distribution patterns in relation to time or place or both. An enteric cluster occurs when two or more similar illnesses are suspected to be associated with a common exposure, but investigators are unable to identify a shared food, animal, venue, or experience among ill persons. (NORS)

Communicable Disease Emergency –Any of the following:

1. Single case of unusual disease
 - a. Any condition on the list of reportable diseases ([table 1](#)) that requires immediate reporting.
 - b. Any condition listed as a threat for biological attack ([Table 2](#))
2. An unusual number of usual diseases

3. Number of cases exceeds the ability of staff to respond in a timely manner
4. Unusual incident of unexplained death in humans or animals
5. Unusual pharmaceutical sales
 - a. Report from the state that pharmaceutical sales indicate unusual number of over-the-counter pharmaceuticals for home treatment.

Communicable Disease: an illness due or suspected to be due to a specific infectious agent or its toxic products which results from transmission of that agent or its products to a susceptible host, directly or indirectly.

Condition of Public Health Importance: means a disease, syndrome, symptom, injury, or other threat to health that is identifiable on an individual or community level and that can reasonably be expected to lead to adverse health effects in the community.

Contact: an individual who has been identified as having been exposed, or potentially been exposed, to a communicable or potentially communicable disease through another individual or nonhuman source of the communicable or potential communicable disease.

DES: Disaster and Emergency Services

Disaster - occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property from any natural or artificial cause.

DPHHS: (Montana) Department of Public Health and Human Services.

Emergency - imminent threat of a disaster causing peril to life or property that timely action can prevent.

EMT: Emergency Medical Technician

EOC: Emergency Operations Center

ESF: Emergency Support Function

Exclude: ([2013 Food Code 1-201.10](#)) means to prevent a person from working as an employee in a food establishment or entering a food establishment as an employee.

Highly Active Surveillance: increased contact with identified providers for soliciting information on disease activity and disseminating pertinent information.

Isolation: separation during the period of communicability of an infected or probably infected person from other persons, in places and under conditions approved by the Health Officer and preventing the direct or indirect conveyance of the infectious agent to persons who are susceptible to the infectious agent in question or who may convey the infection to others.

LCPH: Lewis and Clark Public Health.

MCA: Montana Code Annotated

MIDIS: DPHHS Montana Infectious Disease Information System

MPHL: Montana Public Health Laboratory

NORS: National Outbreak Reporting System for enteric disease outbreaks

Outbreak – The occurrence of more cases of a disease than would normally be expected in a specific place or group of people over a given period of time. The MPHL and CDC can identify enteric clusters through whole genome sequencing.

The National Outbreak Reporting System (NORS), which covers *enteric disease outbreaks*, defines an outbreak as two or more cases of similar illness associated with a common exposure.

Passive Surveillance –cases of reportable disease are reported to the health department from the health care community for investigation. Complaints are received from the community regarding clusters or disease incidence.

POD – Point of Distribution

Public Health Emergency – any situation that requires rapid response to prevent or reduce the incidence of disease during natural or man-made disasters, or communicable disease event.

PHEP – Public Health Emergency Preparedness

Quarantine: those measures required by a local Health Officer or the department to prevent transmission of disease to or by those individuals who have been or are otherwise likely to be in contact with an individual with a communicable disease.

Restrict: ([2013 Food Code 1-201.10](#)) means to limit the activities of a food employee so that there is no risk of transmitting a disease that is transmissible through food and the food employee does not work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles.

SNS: Strategic National Stockpile

STI: Sexually Transmitted Infection

WHO: World Health Organization

2.0 Situation and Assumptions

2.1 Situation

- Administrative Rules of Montana [37.114.204](#) require timely reporting and investigation of certain reportable diseases.
- The purpose of investigation is to identify and implement control measures that are necessary to prevent transmission.
- The Lewis and Clark Public Health (LCPH) Disease Control and Prevention Division conducts active and passive disease surveillance with state and local partners on a regular basis to identify cases and community disease trends.
- LCPH Environmental Health Specialists regulate food, lodging, and childcare businesses including non-public water systems for public facilities and wastewater systems in Lewis and Clark County.
- Public Health Nurses and Environmental Health Specialists divide responsibility for communicable disease prevention and response according to the mode of transmission. Environmental Health Specialists are responsible for food, water and vector-borne diseases. Public health nurses are responsible for diseases with person-to-person transmission.
- The [Communicable Disease Response Guide for Reportable Conditions](#) specifies the level of response for different diseases.
- Investigation of communicable disease cases can lead to the recognition of clusters and outbreaks. Response may need to be expanded to meet the demands of investigation and prevention of additional cases. ([See outbreak response below.](#))

3.0 Concept of Operations

3.1 Active Surveillance (Routine)

LCPH solicits reports from area health care providers and/or laboratories requesting information on reportable and non-reportable disease activity within Lewis and Clark County. This information is then disseminated back to the providers.

1. Dissemination of relevant communicable disease information is provided as needed:
 - a. Public health nurse/environmental health specialist will schedule site visits or send out messaging to laboratories, physician offices, emergency rooms, urgent care clinics and other sites (as appropriate). The purpose is to:
 - (1) Review reporting procedures.
 - (2) Provide reporting packets.
 - (3) Identify a key person at each site to maintain regular contact regarding disease activity and disease reporting.
 - (4) Provide Public Health advisories or alerts.
2. A public health nurse initiates routine contact with designated sites to:
 - a. Solicit reports of reportable diseases ([see list](#)):
 - (1) On receipt of a case report through active surveillance, the steps outlined in passive surveillance procedure are to be followed.
 - (2) A suspected cluster will trigger [highly active surveillance](#)
 - b. Inquire about disease activity and unusual presentations
 - c. Provide information on disease activity/trends occurring in the community.
 3. Prepare and distribute summary of disease activity as needed to:
 - a. Health Officer
 - b. Medical Director
 - c. Administrators & Epidemiologist
 - d. CD Team (PHN, EHS)
4. The communicable disease team will prepare and distribute, at least annually, a Lewis and Clark County Communicable Disease Summary.

3.2 Passive Surveillance

Cases of reportable disease are reported to the health department from the healthcare community for investigation. Complaints are received from the community regarding clusters or disease incidence.

1. LCPH receives lab reports through MIDIS or other secure reporting systems including: JotForm, telephone, or confidential fax.
2. LCPH receives calls reporting individual disease complaints and clusters.

Lewis & Clark Public Health CD Response Plan

3. Specified diseases in [ARM 37.114.204](#) must be reported immediately by phone. The [Communicable Disease Response Guide for Reportable Conditions](#) identifies these diseases.
4. LCPH is capable of receiving and reviewing reports 24 hours a day, 7 days a week via an answering service **(406)523-5564**. Responsibility for receiving and evaluating reports after hours and on weekends is shared among health department management.
5. Case reconciliation is completed as requested by DPHHS CDEpi staff. A line listing of cases and required data elements is sent to lead public health nurse and lead sanitarian through a secure system. This is compared with our records to assure that all cases are reported to the local and state health authority and that all reports contain the required data elements.
6. The timeliness of reporting diseases is evaluated by comparing the date of diagnosis with the date the health care provider reported the case to LCPH. The timeliness of LCPH reporting to DPHHS is also reviewed.

3.3 Disease Investigation

See [Investigation Algorithms Attachment 2](#)

Investigate all communicable diseases promptly in accordance with [ARM 37.114.314](#) and [Communicable Disease Response Guide](#) (Attachment 1).

1. Food traceback procedures for identifying sources are located in [Attachment 9](#).
2. Food recall procedures for removing food from commerce are located in [Attachment 10](#).
3. Potential **Rabies exposure** investigation procedures are located in [Attachment 14](#).
4. **Disease clusters and outbreak** investigations are described under [Outbreaks](#) below.

3.3.1 Disease Investigation Procedures for Unconfirmed Illness

Complaints and reports involving illnesses that have not been lab-confirmed must also be investigated within 1 working day. (e.g. foodborne illness, rashes)

1. For suspected food and waterborne illness, use the *Suspect Food and Waterborne Disease Investigation Form* located in [Attachment 3](#).
2. Obtain all pertinent information
 - a. Name, age, date of birth, race, ethnicity, vaccine status
 - b. Contact information, address
 - c. Identify symptoms and onset date
 - d. Involved with congregate settings, sensitive occupations
3. Establish potential sources of disease
 - a. Others with similar symptoms
 - b. Recent travel history/activities/events
 - c. Food/water history for as many days as people can remember
 - i) Include recreational water exposures
 - d. Potential animal exposures

4. If suspect food is from a retail food facility, then conduct an investigation of that facility as described under [outbreak investigation 3.4.3.1.b.](#)
5. If the suspect food is a manufactured food, then contact the FDA Consumer Complaint Coordinator for Montana 800-353-3965 or visit <https://www.safetyreporting.hhs.gov/SRP2/en/Home>
6. Request laboratory confirmation of potential communicable disease reported.

3.3.2 Case Investigation Procedures (Lab Confirmed)

1. A lab report is received through MIDIS, by phone, fax or mail from:
 - a. Health Care Provider
 - b. Laboratory
 - c. Hospital
 - d. Epidemiologist/DPHHS
2. Case is assigned to a public health nurse or environmental health specialist. Gather case information.
 - a. Verify that the case is a resident of Lewis and Clark County. If not a resident, transfer case to DPHHS. Use secured email or fax.
 - i) DPHHS MIDIS guide is located at: [MIDIS Login Instructions](#)
 - b. Determine if the health care provider has received the laboratory report and if he/she has contacted the patient. It is best practice for the patient to receive diagnosis information from the provider first. Determine that appropriate treatment has been initiated. If unable to contact the provider within 24 hours, contact the case directly.
 - c. **Obtain all available case information.**
 - (1) If case is a minor (with the exception of STI investigations), obtain the name and relationship of the responsible party (parent, legal guardian)
 - (2) Age, date of birth, race, ethnicity
 - (3) Contact information, address
3. Interview case or guardian
 - a. Find disease-specific interview forms located here: <https://dphhs.mt.gov/publichealth/cdepi/CDCPBResources/CDEpi>
 - b. Identify symptoms and onset date
 - c. Establish potential sources of disease
 - i) Others with similar symptoms
 - ii) Recent travel history
 - iii) For enteric diseases:

- (1) Food/water history if the infectious agent is food or water-borne
- (2) Potential animal exposures
- d. Occupation- for assessment of secondary transmission risk
- e. Connected to a congregate setting

3.3.3 Implement Control Measures to Prevent Secondary Transmission

1. Provide education to the case regarding disease process, spread, and treatment
2. Implement necessary but least restrictive disease control measures as described in the [Administrative Rules of Montana 37.114 Communicable Disease Control](#).
 - a. Isolation (separation during the period of communicability of an infected or probably infected person from other persons) as required by communicable disease rules
 - b. Quarantine contacts as required by communicable disease rules
 - c. Sensitive Occupations - See [2013 Food Code Annex 3, 2-201.11/1-201.12 Decision Trees](#) for restriction or exclusion for food handlers. See [ARM 37.114.301](#) for congregate settings, food handlers, and healthcare providers
 - i) Exclusion will occur when:
 - (1) Case is symptomatic
 - (2) Alternative job duties are not available in accordance with the 2013 Food Code.
 - ii) Restriction will occur when:
 - (1) Alternative job duties are available that will eliminate the risk of transmission
 - (2) Effective personal hygiene practices can be determined
 - iii) Notification of exclusion
 - (1) Case will be notified of exclusion order verbally and in writing. Templates can be found in [Attachment 7](#)
 - (2) Employer will only be notified of exclusion after receiving written permissions from the employee for:
 - (a) For work schedule information (e.g. Hepatitis)
 - (b) Other information to support investigation
 - iv) Exclusion will remain in effect until:
 - (1) Case is asymptomatic; and
 - (2) Case meets requirements for restriction, OR
 - (3) Samples from case are tested and found to be negative for pathogens.
 - (a) Samples can be submitted to the LCPH for transport to the Lab. See Exclusion and Collecting Samples procedure document in [Attachment 8](#).

- (b) Costs of lab tests for Public Health control measures may be paid from the Emergency Preparedness grant fund with prior approval from an Administrator.
- d. Congregate Settings
 - i) Daycares
 - (1) Children must be excluded while symptomatic in accordance with daycare rules. ([ARM 37.95.139](#))
 - (2) When the risk of transmission exists for other children in the daycare, give prevention and symptom information fact sheets to the daycare provider and parents. Do not release identifying information of the ill child.
 - ii) Provide appropriate information on effective control measures.
 - iii) Health Alert Network (HAN) system has contact information for clinics and facilities.
- 3. Complete case report to DPHHS through MIDIS or submit by confidential fax line at [800-616-7460](tel:800-616-7460) or E-Pass if MIDIS is down.

3.3.4 Contact Investigation

1. Obtain information from case about **contacts during the contagious period** as applicable.
 - a. Name
 - b. Address
 - c. Phone number
 - d. Parent/guardian name if contact is a minor (except in STI investigations).
 - e. Last date of exposure
2. Evaluate the risk of exposure based on the extent and timing of the contact
3. If contact is not a resident of Lewis and Clark County, contact DPHHS for referral to the appropriate jurisdiction.
4. Notify contact of exposure
 - a. Provide education regarding disease process, spread and treatment.
 - b. Refer for testing and/or treatment if indicated.
 - c. Notify the contact's health care provider of the situation and LCPH's recommendations as needed.
 - d. Quarantine instructions will be provided if needed in accordance with the Communicable Disease rules (ARM) and CDC. Protocols are located in [Attachment 11 Non-Pharmaceutical Interventions](#).

3.4 Recognizing a Cluster or an Outbreak

A cluster or outbreak can be identified from the following reports.

1. Multiple disease reports with the same agent are found within a short time frame
2. MPHL and CDEpi identify clusters by whole genome sequencing, this can include identification of national/international outbreaks through CDC and/or WHO
3. Two (2) or more people experience a similar illness after ingestion of a common food or meal
4. Multiple complaints are received identifying a common source
5. A disease report within a congregate setting
6. Single case of unusual communicable disease is identified (i.e., Measles, Ebola, botulism)

3.4.1 Outbreak Response

After a cluster or outbreak has been identified, staff member will notify supervisor and Administrator. If identified as an outbreak from a common source, potential closure may be initiated.

3.4.2 Confirm the Outbreak

1. Conduct initial interviews to determine potential number of cases and sources
2. Identify common exposures (food, water, event, location)
3. Initiate lab testing to identify agent of concern
4. Designate an outbreak control team (EPI-Team) depending on the scope of the outbreak
 - a. Health Officer and Administrator
 - b. Program Supervisor, staff including Epidemiologist
 - c. Can be expanded as needed to include
 - i. All public health nurses and licensed establishment sanitarians
 - ii. Medical Director
 - iii. PHEP coordinator
 - iv. Communications Specialist
 - v. Environmental Health Services team
 - vi. Regional Partners
 - vii. Temporary staff
6. Convene meetings as appropriate to the outbreak
 - a. Situation update – agent of concern, number of cases, what we know
 - b. Response planning to define next steps
 - i. Generate case definition
 - ii. Identify additional cases –
 1. Highly active surveillance

2. Through case interviews
3. Lab reports
- iii. Generating a questionnaire to develop a hypothesis on source
- iv. Process and forms for conducting case interviews
- c. Identify any information sharing that could include:
 - i. HAN to providers to identify agent of concern if known and scope of outbreak
 - ii. Prevention messaging to the public, when applicable,
 - a. Define disease outbreak
 - b. Identify PH response
 - c. Identify actions that individuals can take to protect themselves and their families.
- d. Schedule next meeting

3.4.3 Conduct outbreak investigation

1. Conduct case/facility interviews
 - a. Follow the steps outlined in [Disease Investigation Procedures](#) and outbreak specific questions developed for the incident.
 - b. If the potential source is a food facility, then conduct an on-site evaluation of food safety for that food as soon as possible. Use Environmental Assessment tools.
 - i. Talk with the person in charge/manager about the potential source as identified by initial review.
 - ii. If related to a banquet or party, identify all the food items provided for that party. This will be used for specific questionnaires for each participant. If it is a menu item, then identify how many orders of that item were served on that day.
 - iii. Evaluate procedures for food in question from receiving to serving. Identify any gaps in safe food handling.
 - iv. If food is available for sampling, then take a sterile sample and submit it to the MPHL for testing. Ask the facility to hold any leftover product until testing is complete.
 - v. Identify any other menu items which contain the foods of concern.
 - vi. Identify any employees who reported being sick in the week prior or the day of concern. Identify when they were working last, what their responsibilities were and what the illness was.
 - vii. Provide guidance to the facility to prevent food-borne illness.
2. Implement Highly Active surveillance to identify additional cases

- a. On receipt of a case report through active surveillance, follow the steps outlined in [Disease Investigation Procedures](#)
3. Analyze data collected from interviews and lab reports
 - a. Generate a hypothesis regarding source
 - b. Identify possible sources and means of transmission
 - c. Define the population at risk
 - d. Identify information that can be shared with providers and the public to prevent further disease and identify additional cases.
4. Implement Control Measures to Prevent Secondary Transmission
 - a. [Conduct contact investigations](#)
 - b. Provide education
 - c. Refer for testing and/or treatment
 - d. Initiate movement restrictions with Health Officer and Board of Health authorities as needed to prevent the spread of disease in accordance with [ARM 37.114 subchapter 5](#). Depending on the level of public health risk the Health Officer will also notify the County Attorney, Coroner, medical community, Disaster and Emergency Services Coordinator, elected officials and law enforcement.
5. Closure orders for public events and buildings – when imminent threat of widespread disease or loss of life could be slowed or stopped by restricting assembly according to [MCA 50-2-118](#).

3.5 Outbreak Response and Escalation to Public Health Emergency

The Health Officer and the Administrators have authority to escalate response with command post activation and implement the Public Health All Hazards Annex. Circumstances that may trigger the use of the All-Hazards Annex include:

1. When a response requires reassignment of staff for an extended period of time
2. When a response includes extended staff call out after business hours
3. Routine services are suspended
4. Administrative staff can't keep up with the calls for information on a specific topic
5. Series of health events or cases of disease closely grouped by time and/or place
 - a. Naturally occurring diseases of highest concern are listed in section 1 of the [Communicable Disease Response Guide](#). (*Attachment 1*).
 - b. Agents of highest concern for biological attack ([Table 2](#)).

Actions that can be taken can include:

1. Activate an incident management team.

2. Request an Emergency or Disaster Declaration

A County Declaration of an Emergency may be requested when:

- a. Resources are required outside our agency
- b. Time required for response will be excessive
- c. Response requires activation of the strategic national stockpile when available supplies do not meet the need
- d. Compulsory closure of public events is anticipated to prevent further spread of disease
- e. Large-scale quarantine is needed

3. Request resource support from County DES and/or DPHHS.

3.5.1 Non-Pharmaceutical Interventions

1. Provide strategies for preventing, limiting and/or eliminating the spread of communicable disease

- a. Isolation of those that are identified as a case with a communicable disease easily transmitted to others. This can be by education or by health officer order as needed for the severity of the illness.
- b. Quarantine
- c. Restriction of movement and gatherings
- d. Guidance to the community for best practices to protect their families and the community
- e. For more specific guidance see the *Non-Pharmaceutical Intervention Plan* ([Attachment 11](#))

3.5.2 Mass Prophylaxis

1. Provide for prophylaxis to prevent further disease when appropriate.

- a. Mass distribution (including vaccines, antibiotics, and antivirals using approved methods and doses to provide large-scale distribution)
 - i. Convene a planning team with local partners (Health care providers, schools, congregate settings, pharmacists, communications specialists, Community Organizations Active in Disasters (COAD), regional and community partners, and others as needed)
 - ii. Identify eligible population and obtain signed standing orders for prophylaxis distribution
 - iii. Identify locations and mode of distribution (drive-through, walk-up clinics, mobile clinics, and pharmacies)

- iv. Staffing support team including vaccinators, traffic controllers, clinic manager,
 - v. Point of distribution medical supplies, and clinic supplies (See [POD inventory spreadsheet in Attachment 13](#))
 - vi. Obtain supply for distribution
 - vii. Communicate to the public regarding who is eligible, when and where distribution will occur. (e.g. web, call center, social media, advertising, press releases)
- b. Monitor the effectiveness of distribution activities to achieve the desired outcome
 - i. Analyze data and document distribution progress and populations served
2. If the emergency requires a distribution from the *Strategic National Stockpile*, additional procedures will be required. Refer to the [Emergency Medical Countermeasures Plan \(Attachment 12\)](#) for specific guidance.

3.5.3 Mass Fatality Management

1. When a communicable disease has been identified as the cause of fatalities, consult with DPHHS Communicable Disease Section on special precautions for handling the deceased.
2. Provide disease management information for coroner, health care providers, emergency responders, morticians, and the public.
 - a. The Health Alert Network system (Constant Contact) has contacts to quickly disseminate critical information
3. Funerals for individuals who have died of a reportable disease may be conducted with instruction from the Health Officer in accordance with [ARM 37.114.303](#). All available information to protect those who gather will be provided. This will include:
 - a. HAN messaging
 - b. Public information

3.5.4 Outbreak Resolution

1. Emergency outbreak procedures will remain in effect until the incidence of the disease has been eliminated or has been reclassified as endemic. A communicable disease outbreak will be “under control” in accordance with CDC guidelines.
2. Create an outbreak report for CDEpi, and department epi-team.
 - a. Include case definition, total case numbers, analysis of investigation with probable source information, methods to prevent further incidents, and identifying resource demands in the report
3. When appropriate, conduct an AAR to determine successes and challenges and any changes needed to response plan.

4.0 Plan Development & Maintenance

- The LCPH PHEP Coordinator will maintain this plan. This plan will be reviewed, tested and updated annually. Recommended changes to this annex should be forwarded to the LCPH PHEP Coordinator as needs become apparent.
- In the event that there have been no food-related outbreak investigations conducted during the year, we will plan and conduct a mock foodborne illness investigation to test program readiness. The mock investigation should simulate response to an actual confirmed foodborne disease outbreak and include on-site inspection, sample collection and analysis.
- Trainings and exercises should include external partners.
- After Action Reports will be done after all exercises and for all incidents that meet our *Significant Incident AAR Protocol*.

5.0 Attachments

Attachment 1: Communicable Disease Response Guide	21
Attachment 2: Algorithms for Disease Response	23
Routine Disease Investigation.....	23
Outbreak Control Trigger Points to Prevent Secondary Transmission.....	24
Table 2: Biological Agents of Highest Concern for a Bioterrorism Attack.....	25
Attachment 3: Suspect Food and Waterborne Illness Investigation Form	26
Attachment 4: Foodborne Illness Food Facility Investigation Form	28
Attachment 5: Food Sampling Procedures	29
Attachment 6: Decision Tree for Exclusion and Restriction	30
Attachment 7: Exclusion and Restriction Order Templates	31
Attachment 8: Exclusion and Collecting Samples Procedures	32
Attachment 9: Traceback for Food Source Identification	33
Attachment 10: Recall Procedures for Removing Food from Commerce	36
Attachment 11: Non-Pharmaceutical Intervention Plan	38
Attachment 12: Emergency Medical Countermeasures Plan	39
Attachment 13: Pandemic Flu Plan	40
Attachment 14: Potential Rabies Exposure Rules and Procedures	41

THIS PAGE INTENTIONALLY BLANK

Lewis & Clark Public Health CD Response Plan

Attachment 1: Communicable Disease Response Guide



Montana Communicable Disease Reporting Reference for Local Public Health Jurisdictions

The list of reportable diseases, reporting timeframes, control measures and other requirements below apply to local public health jurisdictions (LHJ) and are based on the Administrative Rules of Montana. Please contact the DPHHS Communicable Disease Program at 444-0273 for more information.

FOR LOCAL HEALTH DEPARTMENT USE ONLY

CONDITION ¹	LHJ REPORT TO DPHHS	INVESTIGATION FORM ²	FAX/ ePASS FORM	STAFF LEAD	CONTROL MEASURE REFERENCE ³
Acquired Immune Deficiency Syndrome (AIDS)	7 days	CDC HIV/AIDS form	YES	Helen	ARM 37.114.503
Anaplasmosis	7 days	CDC Tick-Borne Rickettsial Disease form	YES	Devon	CCDM
Anthrax* ☠️	Immediately	DPHHS General Reporting form/DPHHS consult	YES	Jessica	CCDM
Arboviral diseases*	7 days	DPHHS Arboviral form	NO	Devon	CCDM
Arsenic poisoning	7 days	DPHHS Arsenic Exposure Questionnaire	YES	Abbie	ARM 37.114.546
Babesiosis	7 days	CDC Babesiosis form	YES	Devon	CCDM
Botulism* ☠️	Immediately	DPHHS Botulism form/DPHHS consult	YES	Rachel	CCDM
Brucellosis*	24 hours	DPHHS Brucellosis form	NO	Sam	CCDM
Cadmium poisoning	7 days	DPHHS Cadmium Exposure Questionnaire	YES	Abbie	ARM 37.114.546
Campylobacter	7 days	DPHHS Campylobacteriosis form	NO	Rachel	CCDM
Candida auris*	7 days	DPHHS C. auris form	YES	Erika	CDC MDRO guidance
Chancroid	7 days	DPHHS STD form	YES	Cara	ARM 37.114.512
Chlamydia trachomatis infection	7 days	DPHHS STD form	NO	Cara	ARM 37.114.515
Coccidioidomycosis	7 days	DPHHS General Reporting form	NO	Danny	CCDM
Colorado tick fever	7 days	CDC Tick-Borne Rickettsial Disease form	NO	Devon	CCDM
Coronavirus Disease 2019 (COVID-19)	7 days	CDC COVID form	NO	Sam	CCDM
Cryptosporidiosis	7 days	DPHHS Cryptosporidiosis form	NO	Rachel	CCDM
Cyclosporiasis	7 days	CDC Cyclosporiasis form	NO	Rachel	CCDM
Dengue virus	7 days	CDC Dengue Fever form	NO	Devon	CCDM
Diphtheria*	24 hours	CDC Diphtheria form	YES	Jessica	CCDM
Ehrlichiosis	7 days	CDC Tick-Borne Rickettsial Disease form	YES	Devon	CCDM
Escherichia coli, shiga-toxin producing (STEC)*	7 days	DPHHS STEC form	NO	Rachel	CCDM
GI outbreak/outbreak in congregate setting	24 hours	DPHHS Cluster/Outbreak form	YES	Rachel	CCDM
Giardiasis	7 days	DPHHS Giardiasis form	NO	Rachel	CCDM
Gonorrheal infection	7 days	DPHHS STD form	NO	Cara	ARM 37.114.530
Granuloma inguinale	7 days	DPHHS STD form	YES	Cara	ARM 37.114.540
Haemophilus influenzae, invasive disease*	7 days	CDC ABC form	NO	Jessica	CCDM
Hansen's disease	7 days	DPHHS General Reporting form	NO	Jessica	CCDM
Hantavirus Pulmonary Syndrome/infection*	7 days	CDC Hantavirus form	YES	Sam	CCDM
Hemolytic uremic syndrome, post-diarrheal	7 days	DPHHS HUS form	NO	Rachel	CCDM
Hepatitis A, acute	7 days	DPHHS Viral Hepatitis form	YES	Rachel	CCDM
Hepatitis B, acute, chronic, perinatal	7 days	DPHHS Viral Hepatitis form (acute) DPHHS General reporting form (chronic) DPHHS Hepatitis B perinatal forms (perinatal)	NO	Jennifer Floch	ARM 37.114.540
Hepatitis C, acute, chronic	7 days	DPHHS Viral Hepatitis form (acute) DPHHS General reporting form (chronic)	NO NO	Helen	ARM 37.114.542
Human Immunodeficiency Virus (HIV)	7 days	CDC HIV/AIDS form	YES	Helen	ARM 37.114.503
Influenza (cases, hospitalizations/deaths*)	24 hours (deaths); 7 days (cases/hosp)	DPHHS Influenza death/hospitalization form	NO	Devon	CCDM
Lead Poisoning (blood levels ≥ 3.5 micrograms per dL)	7 days	DPHHS Lead Poisoning Questionnaire	YES	Abbie	ARM 37.114.546
Legionellosis	7 days	CDC Legionellosis form	YES	Rachel	CCDM
Leptospirosis	7 days	CDC Leptospirosis form	YES	Rachel	CCDM
Listeriosis*	7 days	CDC Listeria Initiative (LI) form	YES	Rachel	CCDM
Lyme disease	7 days	DPHHS Lyme Disease form	YES	Devon	CCDM
Lymphogranuloma venereum	7 days	DPHHS STD form	YES	Cara	ARM 37.114.552
Malaria	7 days	CDC Malaria form	YES	Devon	CCDM
Measles (rubeola)*	24 hours	CDC Measles form	YES	Jessica	CCDM
Melioidosis*	24 hours	DPHHS General Reporting form	YES	Sam	CCDM
Meningococcal disease (Neisseria meningitidis)*	7 days	CDC Meningococcal Disease form	NO	Jessica	CCDM
Mercury poisoning	7 days	DPHHS Mercury Exposure Questionnaire	YES	Abbie	ARM 37.114.546
Monkeypox	24 hours	CDC Monkeypox Form	YES	Beth	CCDM
Mumps	7 days	CDC Mumps form	NO	Jessica	CCDM
Novel Influenza A virus	24 hours	CDC Novel Influenza form/DPHHS consult	YES	Devon	CCDM
Outbreak of a reportable disease or condition, or any disease in the CCDM	24 hours	DPHHS Outbreak Report Form	YES	Rachel/all	CCDM
Pertussis	7 days	CDC Pertussis form	NO	Jessica	ARM 37.114.563
Plague (Yersinia pestis)* ☠️	Immediately	CDC Plague form/DPHHS consult	YES	Devon	CCDM
Poliomyelitis* ☠️	Immediately	CDC Polio form/DPHHS consult	YES	Jessica	CCDM
Psittacosis	7 days	DPHHS Psittacosis form	NO	Sam	ARM 37.114.561
Q Fever (Coxiella burnetii)	7 days	CDC Q Fever form	YES	Sam	CCDM
Rabies in a human* or animal	24 hours	CDC Rabies form for suspect human cases; case entry into MIDIS for positive animals	YES	Devon/Jessica	ARM 37.114.571
Rabies post-exposure prophylaxis (PEP) recommendation or administration	7 days	MIDIS PEP Case Investigation	NO	Devon/Jessica	
Rubella, including congenital*	24 hours	CDC Rubella form	YES	Jessica	CCDM
Salmonellosis*	7 days	DPHHS Salmonellosis form	NO	Rachel	CCDM
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease* ☠️	Immediately	CDC SARS form/DPHHS consult	YES	Sam	CCDM
Shigellosis*	7 days	DPHHS Shigellosis form	NO	Rachel	CCDM
Smallpox* ☠️	Immediately	CDC Smallpox form/DPHHS consult	YES	Jessica	CCDM
Spotted Fever Rickettsiosis	7 days	CDC Tick-Borne Rickettsial Disease form	YES	Devon	CCDM
Streptococcus pneumoniae invasive disease	7 days	CDC Streptococcus pneumoniae form	NO	Jessica	CCDM
Streptococcal toxic shock syndrome (STSS)	7 days	CDC ABC form	NO	Jessica	CCDM
Syphilis	24 hours	DPHHS STD form	NO	Cara	ARM 37.114.583
Tetanus	7 days	CDC Tetanus form	NO	Jessica	CCDM
Tickborne relapsing fever	7 days	DPHHS Tickborne Relapsing Fever Form	YES	Devon	CCDM
Toxic shock syndrome, non-streptococcal (TSS)	7 days	CDC ABC form	NO	Jessica	CCDM
Transmissible spongiform encephalopathies (TSE)	7 days	DPHHS CJD form	YES	Jessica	CCDM
Trichinellosis (Trichinosis)*	7 days	DPHHS General Reporting form	NO	Rachel	CCDM
Tuberculosis* (including latent TB infection [LTBI])	7 days	DPHHS Tuberculosis form(s)	YES	Ryan	ARM 37.114 subch. 10
Tularemia* ☠️	Immediately	DPHHS Tularemia form/DPHHS consult	YES	Devon	CCDM
Typhoid Fever/Paratyphoid Fever*	7 days	CDC Typhoid form	YES	Rachel	CCDM
Varicella (chickenpox)	7 days	CDC Varicella form	NO	Jessica	CCDM
Vibrio cholerae infection (Cholera)*	7 days	CDC Cholera form	YES	Rachel	CCDM
Vibriosis*	7 days	DPHHS Vibriosis form	YES	Rachel	CCDM
Viral hemorrhagic fevers ☠️	Immediately	DPHHS General Reporting form/DPHHS consult	YES	Jessica	CCDM
Yellow fever	7 days	DPHHS General Reporting form	NO	Devon	CCDM



Healthy People. Healthy Communities.
Department of Public Health & Human Services
DPHHS Sept 2022

**Montana Communicable Disease Confirmation of Disease for
Local Public Health Jurisdictions**

If a local health officer receives information about a case of any of the following diseases, the officer must work with the department to ensure that a specimen from the case is submitted for testing, when possible, to confirm the existence or absence of the disease in question, or for further examination associated with surveillance or investigation of disease transmission, per [ARM 37.114.313](#). Please contact the DPHHS Communicable Disease Program at 444-0273 for more information.

DISEASE	STAFF LEAD	CONTROL MEASURE REFERENCE ²
Carbapenem-resistant organisms (CRO)*	Erika	ARM 37.114.313
Vancomycin-intermediate staphylococcus aureus (VISA)*	Erika	ARM 37.114.313
Vancomycin-resistant staphylococcus aureus (VRSA)*	Erika	ARM 37.114.313

¹ Also reportable is any unusual incident of unexplained illness or death in a human or animal with potential human health implications, per [ARM 37.114.203](#)

² All forms can be found on the CDEPI Resources site accessible to public health professionals [<https://dphhs.mt.gov/publichealth/cdepi/CDCPBResources/CDEpi>]. Additional forms may be required. These forms should be used for the disease case investigation, but only the ones marked 'YES' need to be sent to CDEpi for additional reporting.

³ CCDM= Control of Communicable Diseases Control Manual, 21st edition; ARM= Administrative Rules of Montana

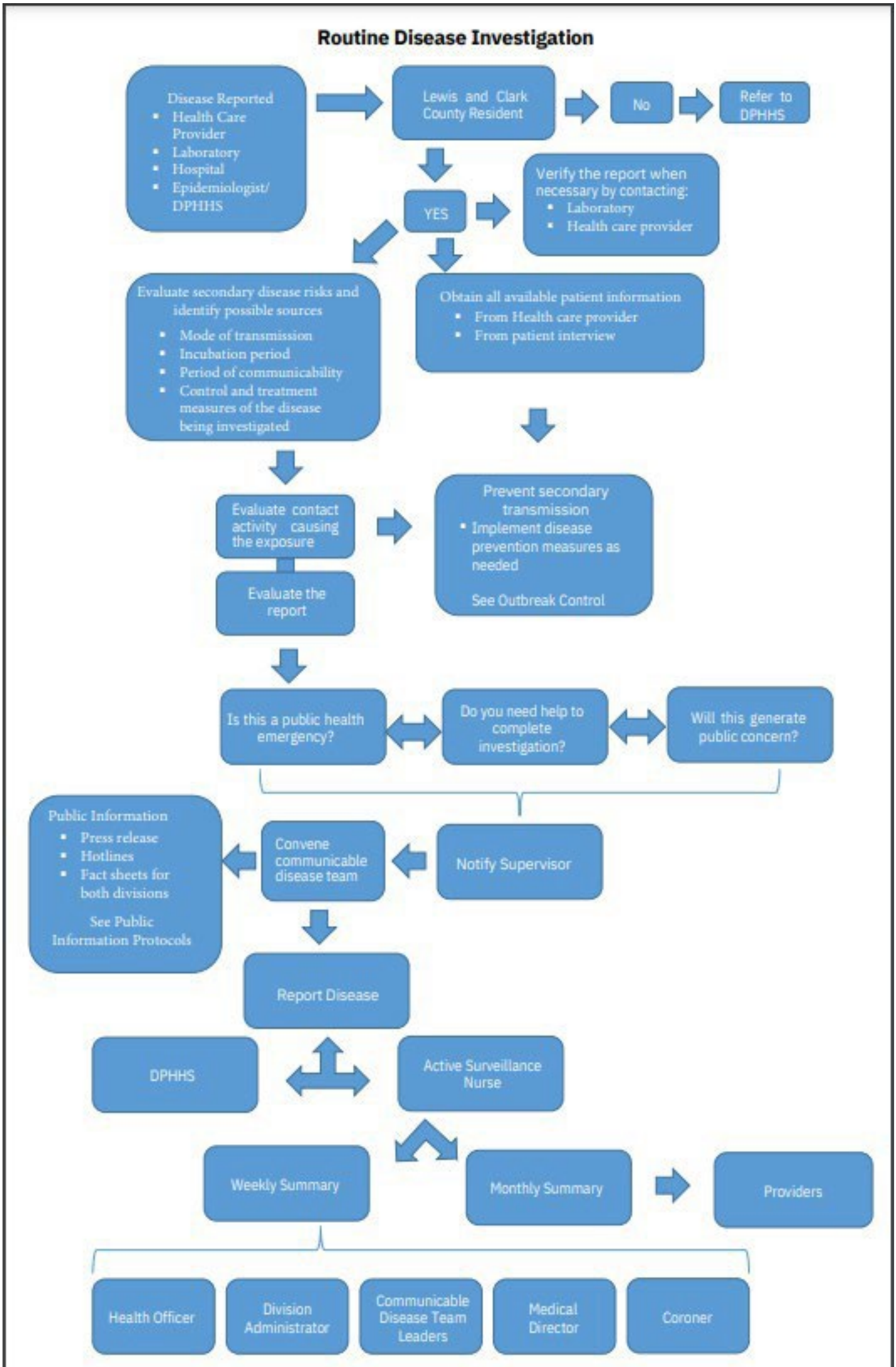
*Confirmatory specimen required to be sent to MTPHL

QR code for the CDEpi Resources



Attachment 2: Algorithms for Disease Response

Routine Disease Investigation



Outbreak Control Trigger Points to Prevent Secondary Transmission

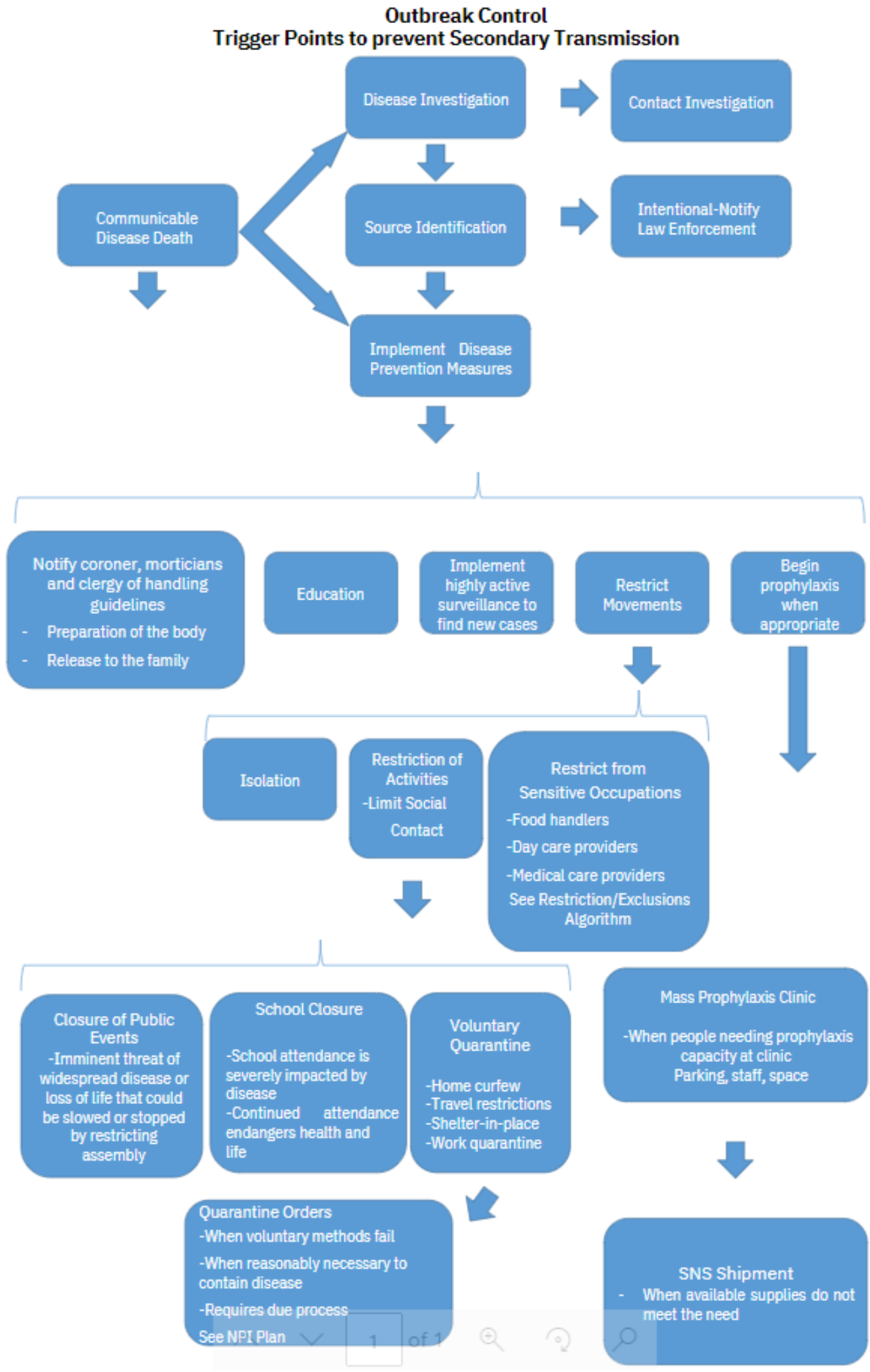


Table 2: Biological Agents of Highest Concern for a Bioterrorism Attack

Biological Agents of Highest Concern for a Bioterrorism Attack

Category A	
	Small Pox --Variola Major
2	Anthrax -- Bacillus anthracis
3	Plague -- Yersinia Pestis
4	<i>Botulinum</i> Toxin
5	Tularemia -- <i>Fransisella tularensis</i>
6	Hemorrhagic Fever

Category A -Highest-priority agents,

Include organisms that pose a risk because they

- Can be easily disseminated or transmitted person-to-person;
- Cause high mortality and subsequently have a major public health impact
- Might cause public panic and social disruption; and
- Require special action for public health preparedness.

Category B	
Animal / Human Diseases	
1	Q Fever -- <i>Coxiella burnetti</i> (Rickettsia)
2	Brucellosis -- <i>Brucella</i> species
3	Glanders -- <i>Burkholderia mallei</i>
4	Alphaviruses
	Venezuelan encephalomyelitis
	Eastern and western equine encephalomyelitis
Toxins	
1	Ricin Toxin from <i>ricinus communis</i> (Castor beans)
2	Epsilon Toxin of <i>Clostridium perfringens</i>
3	<i>Staphylococcus</i> enterotoxin B
Foodborne or Waterborne	
1	<i>Salmonella</i> Species
2	<i>Shigella dysenteriae</i>
3	<i>Escherichia coli</i> 0157:H7
4	<i>Vibrio Cholerae</i>
5	<i>Cryptosporidium parvum</i>

Category B

Includes agents that are

- Moderately easy to disseminate
- Cause moderate morbidity and low mortality; and
- Require specific enhancements of CDC

Category C	
1	Nipah virus
2	Hantaviruses
3	Tickborne hemorrhagic fever viruses
4	Tickborne Encephalitis viruses
5	Yellow fever virus
6	Multi-drug resistant <i>Mycobacterium tuberculosis</i>

Category C

Includes emerging pathogens that could be engineered for mass dissemination because:

- Availability
- Ease of production and dissemination
- Potential for high morbidity and mortality and major health impact

Attachment 3: Suspect Food and Waterborne Illness Investigation Form

Suspect Food and Waterborne Illness Investigation Form					
Suspected:					
Confirmed:					
Date of Lab Results:					
Reported by:		Date:		Time:	
		Date:		Time:	
Investigator:					
Case Demographics					
Name:				Parent	
Address:					
Home phone:		Work	Cell phone		
Date of Birth					
Age:		Sex:		Occupation:	
Race: <input type="checkbox"/> White		<input type="checkbox"/> Native HI/other PI		Ethnicity: <input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Asian Hispanic or Latino		<input type="checkbox"/> Am Indian/AK Native		<input type="checkbox"/> _____ Not	
Contacts: <input type="checkbox"/> Black/Afr Amer		<input type="checkbox"/> Other		Day Care	
Household					
Clinical Information					
Onset date:		Time:		Incubation Period:	
Duration:		Case Outcome:		Date:	
Days of work missed:					
Symptoms:					
Nausea		Vomiting:			
Diarrhea:		Bloody:		Max # of stools per 24 hours:	
Abdominal cramps or pain:		Other:			
Fever:		Headache:			
Physician:					
Date Contacted:		Phone:			
Hospital:		Diagnosis:			
		Date:			
Date Samples taken:					
Prior Medical Problems					
Current Medications:					
Investigation					
Anyone else ill:					
Water Source:					
Do you have pets in your household:					
Are there any farm animals at your residence					
Have you had recent contact with any wildlife ?					
During the 2 weeks before your illness, did you go swimming ? Where?					
Recent Travel History:					
Common Sources of lab reported illness (from Control of Communicable Diseases in Man, CDC):					
Do you smoke, chew fingernails, chew, chew on pens or pencils?					
Comments:					

Lewis & Clark Public Health CD Response Plan

Food Consumed During Previous Meals: Note: Identify as best remembered or typical meals									
Date:									
Time:									
Time:									
Time:									
Date:									
Time:									
Time:									
Time:									
Date:									
Time:									
Time:									
Time:									
Date:									
Time:									
Time:									
Time:									
Date:									
Time:									
Time:									
Time:									
Date:									
Time:									
Time:									
Time:									

Attachment 4: Foodborne Illness Food Facility Investigation Form



Environmental Assessment Field Guide

Suspect Agent or Pathogen of Concern and Corresponding Field Focus		Risk Factors & Interventions	Remediation & Control Measures
VIRUSES → FIELD FOCUS <input type="checkbox"/> Norovirus* <input type="checkbox"/> Hepatitis A III FW, BHC, HW		Ill Food Workers (Ill FW) <input type="checkbox"/> Exclude Ill FW <input type="checkbox"/> Check work schedules <input type="checkbox"/> Determine employee health status <input type="checkbox"/> Determine roles of food workers for suspected meals or ingredients	<i>Consider each item listed below and check each used.</i> Control Measures <input type="checkbox"/> Behavior Change <input type="checkbox"/> Procedure Change <input type="checkbox"/> Exclude Ill FW <input type="checkbox"/> Food Destruction <input type="checkbox"/> Hold Order <input type="checkbox"/> Cleaning & Sanitizing <input type="checkbox"/> Closure
BACTERIAL TOXINS → FIELD FOCUS <input type="checkbox"/> <i>Clostridium botulinum</i> <input type="checkbox"/> <i>Clostridium perfringens</i> <input type="checkbox"/> <i>Bacillus cereus</i> <input type="checkbox"/> <i>Staphylococcus aureus</i> Cooling, HH, RH, RTS, ROP		Bare Hand Contact (BHC) <input type="checkbox"/> Gloves/utensils available and signs of usage <input type="checkbox"/> History of BHC prevention in establishment <input type="checkbox"/> Discussion of food preparation steps	<input type="checkbox"/> Food Samples <input type="checkbox"/> Environmental Samples <input type="checkbox"/> Stool Samples <input type="checkbox"/> Photographs <input type="checkbox"/> Receipts, Inventory, Trace-back <input type="checkbox"/> Multiple FE's Investigated <input type="checkbox"/> Additional Case Finding
BACTERIAL INFECTIONS → FIELD FOCUS <input type="checkbox"/> <i>Escherichia coli</i> Enterohemorrhagic or Shiga toxin-producing <input type="checkbox"/> <i>Shigella spp</i> <input type="checkbox"/> <i>Campylobacter jejuni</i> <input type="checkbox"/> <i>Salmonella spp</i> <input type="checkbox"/> <i>Listeria monocytogenes</i> <input type="checkbox"/> <i>Yersinia enterocolitica</i> III FW, HW, CH, Cook, XC, CA, Source, Produce Washing		Handwashing (HW) <input type="checkbox"/> Handwash sinks available and have soap and towels <input type="checkbox"/> Observe proper HW Cold Holding (CH), Hot Holding (HH), Cooling, Reheating (RH), Room Temperature Storage (RTS), Reduced Oxygen Packaging (ROP) <input type="checkbox"/> Proper CH and HH <input type="checkbox"/> Proper Cooling and RH practices <input type="checkbox"/> History of Cooling or RH practices in establishment <input type="checkbox"/> History of proper temperature control practices <input type="checkbox"/> Presence of RTS or advanced preparation <input type="checkbox"/> ROP products used in suspect menu	Investigation Methods <input type="checkbox"/> Food Samples <input type="checkbox"/> Environmental Samples <input type="checkbox"/> Stool Samples <input type="checkbox"/> Photographs <input type="checkbox"/> Receipts, Inventory, Trace-back <input type="checkbox"/> Multiple FE's Investigated <input type="checkbox"/> Additional Case Finding
PARASITES → FIELD FOCUS <input type="checkbox"/> <i>Cryptosporidium parvum</i> <input type="checkbox"/> <i>Giardia lamblia</i> <input type="checkbox"/> <i>Trichinella spiralis</i> <input type="checkbox"/> <i>Cyclospora cayetanensis</i> <input type="checkbox"/> <i>Toxoplasma gondii</i> III FW, BHC, HW, Source, Water, Produce Washing		Cross Contamination (XC), Cook, Consumer Advisory (CA) <input type="checkbox"/> Proper storage of raw meats <input type="checkbox"/> Separation of utensils used for raw product <input type="checkbox"/> Cleaning and sanitizing of equipment and utensils <input type="checkbox"/> Menu with proper CA <input type="checkbox"/> Calibrated digital thermometer readily available <input type="checkbox"/> Cooking methods validated and logs checked	Moving Forward <input type="checkbox"/> Follow-Up Visit Scheduled <input type="checkbox"/> Follow-Up Visit with Interpreter <input type="checkbox"/> Increased Inspections <input type="checkbox"/> Menu Reduction <input type="checkbox"/> Required Ed/Training <input type="checkbox"/> Risk Control Plan <input type="checkbox"/> Office Conference
SEAFOOD TOXINS & INFECTIONS → FIELD FOCUS <input type="checkbox"/> Scombroid fish poisoning <input type="checkbox"/> Shellfish poisoning* PSP, DSP, NSP, ASP <input type="checkbox"/> <i>Vibrio spp</i> * CH, Cook, XC, CA Receiving/Source, Shellfish Tags		Receiving/Source <input type="checkbox"/> Copy of receipts <input type="checkbox"/> Shellfish Tags Produce Washing <input type="checkbox"/> Clean, sanitized sink available <input type="checkbox"/> Proper process observed or discussed <input type="checkbox"/> Suspect products sources identified	Communication <input type="checkbox"/> Local Health CD-Epi <input type="checkbox"/> State Food Safety <input type="checkbox"/> State CD-Epi
*See Environmental Assessment Field Guide for Molluscan Shellfish Illness when shellfish is implicated. (Page 2)			

Environmental Assessment Field Guide for Molluscan Shellfish Illness

Suspect Agent or Pathogen of Concern and Corresponding Field Focus		Risk Factors & Interventions	Remediation & Control Measures
VIRUSES → FIELD FOCUS			<i>Consider each item listed below and check each used.</i>
<input type="checkbox"/> Norovirus	III FW, BHC, HW, Source, CA	III Food Workers (III FW) <ul style="list-style-type: none"> <input type="checkbox"/> Exclusion policy <input type="checkbox"/> Check work schedules <input type="checkbox"/> Determine employee health status <input type="checkbox"/> Determine roles of food workers for implicated meals or ingredients Bare Hand Contact (BHC) <ul style="list-style-type: none"> <input type="checkbox"/> Gloves/utensils available and signs of usage <input type="checkbox"/> History of BHC prevention in establishment <input type="checkbox"/> Observations of BHC during the investigation <input type="checkbox"/> Discussion of BHC prevention for implicated meal <input type="checkbox"/> Discussion of food preparation steps Handwashing (HW) <ul style="list-style-type: none"> <input type="checkbox"/> Handwash sinks available and have soap and towels <input type="checkbox"/> Observe proper HW Cold Holding (CH) <ul style="list-style-type: none"> <input type="checkbox"/> Proper CH at Receiving, Storage, Prep, Service <input type="checkbox"/> History of proper temperature control practices <input type="checkbox"/> Advanced preparation 	Control Measures <ul style="list-style-type: none"> <input type="checkbox"/> Behavior Change <input type="checkbox"/> Procedure Change <input type="checkbox"/> Exclude III FW <input type="checkbox"/> Food Destruction <input type="checkbox"/> Hold Order <input type="checkbox"/> Cleaning & Sanitizing <input type="checkbox"/> Closure Investigation Methods <ul style="list-style-type: none"> <input type="checkbox"/> Food Samples <input type="checkbox"/> Environmental Samples <input type="checkbox"/> Stool Samples <input type="checkbox"/> Photographs <input type="checkbox"/> Receipts, Inventory, Trace-back <input type="checkbox"/> Multiple FEs Investigated <input type="checkbox"/> Additional Case Finding Moving Forward <ul style="list-style-type: none"> <input type="checkbox"/> Follow-Up Visit Scheduled <input type="checkbox"/> Follow-Up Visit with Interpreter <input type="checkbox"/> Increased Inspections <input type="checkbox"/> Menu Reduction <input type="checkbox"/> Required Ed/Training <input type="checkbox"/> Risk Control Plan <input type="checkbox"/> Office Conference
BACTERIAL INFECTIONS → FIELD FOCUS			
<input type="checkbox"/> <i>Vibrio</i> species	CH, XC, Source, CA	Cross Contamination (XC) <ul style="list-style-type: none"> <input type="checkbox"/> Proper storage of other foods <input type="checkbox"/> Separation of utensils used for raw product <input type="checkbox"/> Cleaning and sanitizing of equipment and utensils <input type="checkbox"/> Discuss XC prevention during implicated meal Source <ul style="list-style-type: none"> <input type="checkbox"/> Copies of relevant tags/receipts/invoices Consumer Advisory (CA) <ul style="list-style-type: none"> <input type="checkbox"/> Disclosure <input type="checkbox"/> Reminder 	Communication <ul style="list-style-type: none"> <input type="checkbox"/> State Shellfish Program <input type="checkbox"/> Local Health CD-Epi <input type="checkbox"/> State Food Safety <input type="checkbox"/> State CD-Epi
SHELLFISH TOXINS → FIELD FOCUS			
<input type="checkbox"/> Shellfish Poisoning PSP, DSP, ASP	Source		

Attachment 5: Food Sampling Procedures

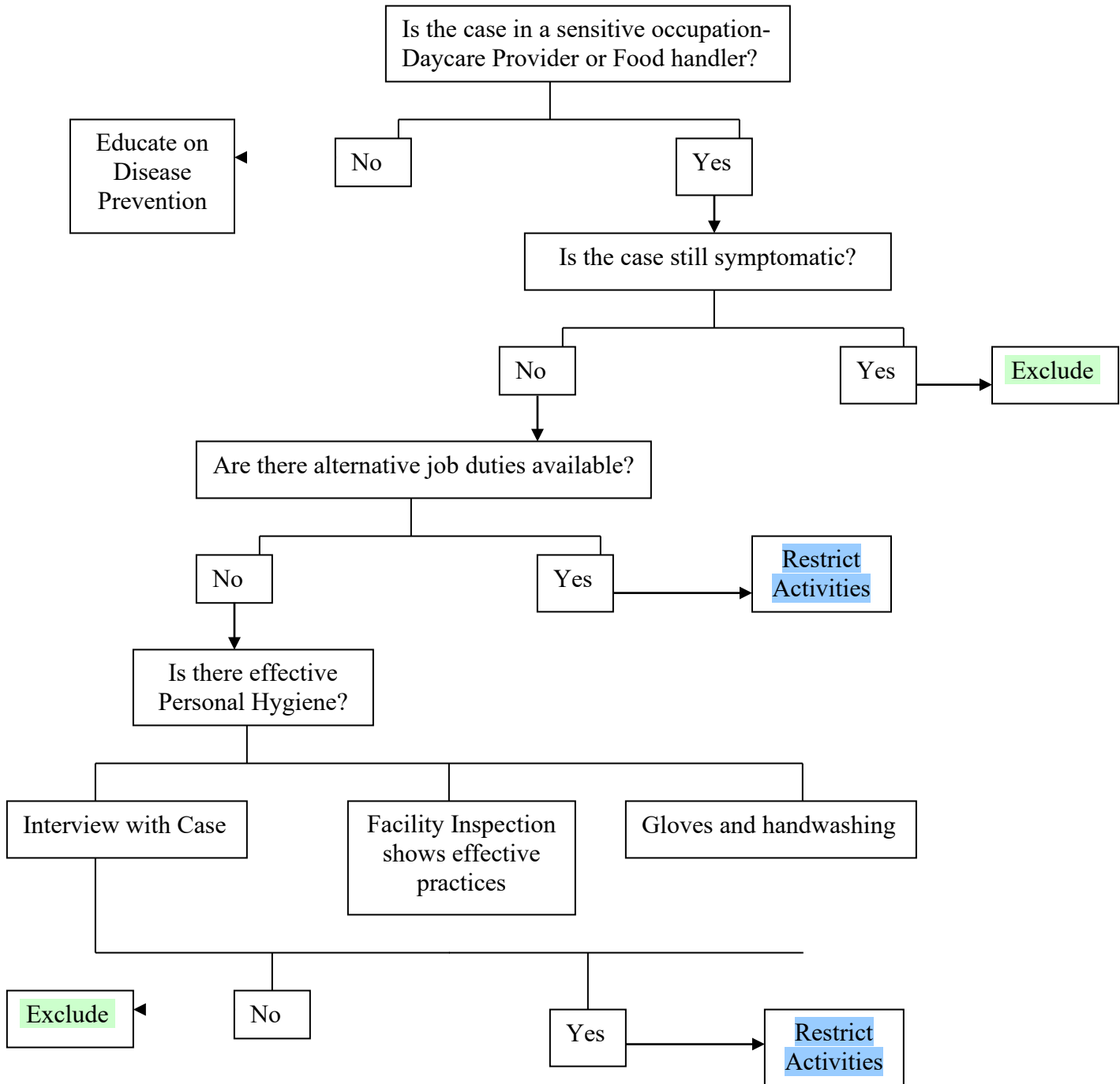
Food Sampling Procedures

Food samples may be collected if warranted by the investigation and suspected food remains onsite.

1. The Licensed Establishment team will decide which collected food samples will be forwarded to the Montana Public Health Laboratory for testing as advised by the laboratory. (All samples must be submitted to the Montana Public Health Laboratory. The laboratory will then determine if other laboratory support is required).
2. For 24/7 access to **laboratory services** (both the MT Public Health Laboratory and the MT Environmental Laboratory), the team will call 1-800-821-7284. This is a direct line to the Laboratory Services Bureau during business hours and to the answering service for after-hours calls.
3. If food samples are to be collected, the procedures from the Montana Public Health Laboratory must be followed depending on the food sample.
4. If food samples are in the original packaging, the entire package should be collected and stored as instructed by the Montana Public Health Laboratory.
5. If unpackaged food is collected, it must be done aseptically to avoid contamination of the product using procedures provided by the laboratory.
6. Use the correct kit for specimen collection and delivery.
7. Follow procedures for food collection and handling, and human sample collection handling as directed by the Laboratory. The procedures are in the foodborne illness outbreak kit.
8. Contact the Montana Public Health Laboratory (DPHHS) for proper procedures regarding transportation of specimens to the lab (phone number 406-444-3444).
9. Reporting of results: telephone, fax, mail – provide contact name and number for results.

Attachment 6: Decision Tree for Exclusion and Restriction

Prevention of Secondary Disease Transmission By Restriction or Exclusion from Sensitive Occupations



Attachment 7: Exclusion and Restriction Order Templates



Health Officer Exclusion Order

Name
Address

Date

Dear Name:

Your child, Child's Name, was diagnosed with Salmonellosis on diagnosis date. This disease may be spread through fecal contamination of the child's and/or caregiver's hands. Children who attend day care are especially at risk for spreading salmonellosis to others. Therefore, by order of the Lewis and Clark County Health Officer, your child must not return to day care until released to do so.

The authority to exclude your child as a day care attendee is located in the Administrative Rules of Montana (ARM). Relevant sections of the ARM are provided on the back of this letter.

In order for your child to return to day care, you must complete the following:

- 10. Your child must be free of all symptoms
- 11. If prescribed, your child must finish the entire course of antibiotics
- 12. Wait 48 hours
- 13. Collect stool sample using the kit and instructions provided to you
- 14. Contact a public health nurse at 457-8900 and make an appointment to drop off the sample and collect additional kit
- 15. Wait 24 hours
- 16. Collect stool sample using the kit and instructions provided to you
- 17. Contact the public health nurse at 457-8900 and make an appointment to drop off the sample

When two (2) consecutive stool samples are culture-negative for salmonella, we will provide you with a letter allowing your child to return to daycare.

Due to the public health risk associated with salmonellosis, it is imperative that you follow the directions provided in this order. Please understand that if you do not follow these instructions, we will need to take additional action.

Drenda Niemann, MPA, CPH
Health Officer

Date: _____

I have discussed and reviewed this order with Franchesca Talbot, RS. I understand and agree to the provisions of this Exclusion Order.

Parent Name

Date: _____

Ec: Drenda Neiman, Health Officer
Licensed Establishment Program Supervisor

For your information, sections of the Administrative Rules of Montana that regulate the control of communicable diseases are included in this letter.

Administrative Rules of Montana (ARM) 37.95.139 CHILD CARE FACILITIES: HEALTH CARE REQUIREMENTS (7) The parent or guardian may also provide the day care facility with a signed certification of health from a licensed physician, except that the following restrictions must be followed:

(a) If a child is excluded for shigellosis or salmonella, the child may not be readmitted until the child has no diarrhea or fever, the child's parent or guardian produces documentation that two stools, taken at least 24 hours apart, are negative for shigellosis or salmonella, and the local health authority has given written approval for the child to be readmitted to the day care facility;



Lewis & Clark
Public Health

Division of Disease Control and Prevention

1930 Ninth Avenue, Helena MT 59601

Phone: 406-457-8900

Fax: 406-457-8997

<http://www.lccountymt.gov/health.html>

Date: DATE, 20XX

Facility: ADDRESS
Helena, MT 59601
License #

To NAME, General Manager:

You are hereby notified that the FACILITY employee NAME is excluded from work as a food handler until further notice by order of Lewis and Clark Public Health. This employee may work in a restricted capacity in a food service facility if the employer and employee so choose and if both the employee and Person in Charge (PIC) at the food service facility ensure proper compliance with this status. A restricted capacity means that the employee will have no contact with food, surfaces in a food preparation or food storage area, or with clean dishes, utensils, or single-service articles.

Please see the following definition from the Montana Food Code:

“Restrict” means to limit the activities of a FOOD EMPLOYEE so that there is no RISK of transmitting a disease that is transmissible through FOOD and the FOOD EMPLOYEE does not work with exposed FOOD, clean EQUIPMENT, UTENSILS, LINENS, or unwrapped SINGLE-SERVICE or SINGLE-USE ARTICLES.

You may also wish to see Section 2-2 in the Montana Food Code for information on employee health exclusions and restrictions. This can be found at <https://www.fda.gov/media/87140/download>.

You will be notified when this exclusion/restriction is lifted.

Signed by Health Officer



Health Officer Exclusion/Restriction Order

Date

To: Name
Address
Email

Lewis and Clark Public Health was notified on **Date** that you have been diagnosed with **(Salmonellosis, Shigellosis.)** This disease may be spread through fecal contamination from unclean hands to food and food contact surfaces. Therefore, by order of the Lewis and Clark County Health Officer, you must not work as a food handler or in a kitchen until released to do so. The authority to exclude you as an employee in a sensitive occupation is located in the Administrative Rules of Montana (ARM). Relevant sections of the ARM are provided on the back of this letter.

In order to return to work as a food handler, you must complete the following:

1. You must be free of all symptoms
2. If prescribed, finish your antibiotics then
3. Wait 48 hours
4. Collect stool sample using the kit and instructions provided to you
5. Contact a public health nurse at 457-8900 and make an appointment to drop off the sample and collect additional kit
6. Wait 24 hours
7. Collect stool sample using the kit and instructions provided to you
8. Contact the public health nurse at 457-8900 and make an appointment to drop off the sample

When two (2) consecutive stool samples are culture negative for **(Disease)**, we will provide you with a letter allowing you to return to work, without restriction.

Once you are symptom-free for at least 24 hours, you may work in a food service facility **in a restricted capacity only, and only if the employer agrees.** This would mean that you may not work in the kitchen or with any food, clean surfaces, clean dishes/utensils, or single-service articles. From the Food code, please see the following definition: "Restrict" means to limit the activities of a FOOD EMPLOYEE so that there is no RISK of transmitting a disease that is transmissible through FOOD and the FOOD EMPLOYEE does not work with exposed FOOD, clean EQUIPMENT, UTENSILS, LINENS, or unwrapped SINGLE-SERVICE or SINGLE-USE ARTICLES.

Please contact us if you feel there is work in a restricted capacity available with your employer.

Due to the public health risk of foodborne illness, it is imperative that you follow the directions provided in this order. Please understand that if you do not follow these instructions, we will need to take additional action.

Drenda Niemann, MPA, CPH, Health Officer

Date: _____

I have discussed and reviewed this order with **(Sanitarian of the Day)**, RS. I understand and agree to the provisions of this Exclusion Order.

Date: _____

NAME _____

Ec: Drenda Neiman, Health Officer
Laurel Riek, Administrator, Disease Control and Prevention Division
Nina Heinzinger, Licensed Establishment Program Supervisor

For your information, sections of the Administrative Rules of Montana that regulate control of communicable diseases are included in this letter.

Administrative Rules of Montana (ARM) **37.114.301** SENSITIVE OCCUPATIONS

(1) A local health officer or the department may restrict a person employed or engaged in direct care of children, the elderly, or individuals who are otherwise at a high risk for disease from practicing an occupation or activity while infected by a reportable disease if, given the means of transmission of the disease in question, the nature of the person's work would tend to transmit the disease.

(2) No infectious person may engage in any occupation or activity involving the preparation, serving, or handling of food, including milk, to be consumed by others than his/her immediate family, until a local health officer determines him/her to be free of the infectious agent or unlikely to transmit the infectious agent due to the nature of his/her particular work.

(3) Persons involved in food preparation, serving, or handling of food may be subject to additional restrictions as specified in: "Food Code, 2013, Recommendations of the United States Public Health Service, Food and Drug Administration" published by National Technical Information Service, Publication PB2013-110462, ISBN 978-1-935239-02-4, November 3, 2013.

Food Code, 2013, Chapter 2, Section **2-201.11**

(A) The PERMIT HOLDER shall require FOOD EMPLOYEES and CONDITIONAL EMPLOYEES to report to the PERSON IN CHARGE information about their health and activities as they relate to diseases that are transmissible through FOOD. A FOOD EMPLOYEE or CONDITIONAL EMPLOYEE shall report the information in a manner that allows the PERSON IN CHARGE to reduce the RISK of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of a diagnosis without symptoms, if the FOOD EMPLOYEE or CONDITIONAL EMPLOYEE:

- (2) Has an illness diagnosed by a HEALTH PRACTITIONER due to:
 - (a) Norovirus,
 - (b) Hepatitis A virus,
 - (c) Shigella spp.,
 - (d) SHIGA TOXIN-PRODUCING ESCHERICHIA COLI,
 - (e) Salmonella Typhi;
 - (f) nontyphoidal Salmonella

2013 Food Code Section with Disease specific information:

2-201.12 The PERSON IN CHARGE shall EXCLUDE or RESTRICT a FOOD EMPLOYEE from a FOOD ESTABLISHMENT in accordance with the following:

(A) *Except when the symptom is from a noninfectious condition*, EXCLUDE a FOOD EMPLOYEE if the FOOD EMPLOYEE is: (1) Symptomatic with vomiting or diarrhea; or

(2) Symptomatic with vomiting or diarrhea and diagnosed with an infection from Norovirus, *Shigella* spp., nontyphoidal *Salmonella*, or SHIGA TOXIN-PRODUCING *E. COLI*

(3) If a FOOD EMPLOYEE was diagnosed with an infection from *Shigella* spp. and EXCLUDED as specified under Subparagraph 2-201.12(A)(2):

(a) RESTRICT the FOOD EMPLOYEE, who is ASYMPTOMATIC for at least 24 hours and works in a FOOD ESTABLISHMENT not serving a HIGHLY SUSCEPTIBLE POPULATION, until the conditions for reinstatement as specified under Subparagraphs (E)(1) or (2) of this section are met; or

(b) Retain the EXCLUSION for the FOOD EMPLOYEE, who is ASYMPTOMATIC for at least 24 hours and works in a FOOD ESTABLISHMENT that serves a HIGHLY SUSCEPTIBLE POPULATION, until the conditions for reinstatement as specified under Subparagraphs (E)(1) or (2), or (E)(1) and (3)(a) of this section are met.

(E) Reinstatement a FOOD EMPLOYEE who was EXCLUDED as specified under Subparagraphs 2-201.12(A)(2) or (E)(1) or who was RESTRICTED under Subparagraph 2-201.12(E)(2) if the PERSON IN CHARGE obtains APPROVAL from the REGULATORY AUTHORITY and one of the following conditions is met:

(1) The EXCLUDED or RESTRICTED FOOD EMPLOYEE provides to the PERSON IN CHARGE written medical documentation from a HEALTH PRACTITIONER stating that the FOOD EMPLOYEE is free of a *Shigella* spp. infection based on test results showing 2 consecutive negative stool specimen cultures that are taken:

(a) Not earlier than 48 hours after discontinuance of antibiotics, and

(b) At least 24 hours apart;

(2) The FOOD EMPLOYEE was EXCLUDED or RESTRICTED after symptoms of vomiting or diarrhea resolved, and more than 7 calendar days have passed since the FOOD EMPLOYEE became ASYMPTOMATIC; or

(3) The FOOD EMPLOYEE was EXCLUDED or RESTRICTED and did not develop symptoms and more than 7 calendar days have passed since the FOOD EMPLOYEE was diagnosed.

1-201.10 Statement of Application and Listing of Terms Defined Terms. (A) The following definitions shall apply in the interpretation and application of this Code. (B) Terms Defined. As used in this Code, each of the terms listed in ¶ 1- 201.10(B) shall have the meaning stated below.

“Restrict” means to limit the activities of a FOOD EMPLOYEE so that there is no RISK of transmitting a disease that is transmissible through FOOD and the FOOD EMPLOYEE does not work with exposed FOOD, clean EQUIPMENT, UTENSILS, LINENS, or unwrapped SINGLE-SERVICE or SINGLE-USE ARTICLES.



Lewis & Clark
Public Health

Division of Disease Control and Prevention
1930 Ninth Avenue, Helena MT 59601
Phone: 406-457-8900
Fax: 406-457-8997

Health Officer Restriction Order

Date:

Name

Address

Email

Thank you for your cooperation with the Exclusion Order. You must continue with the stool sample process until you have 2 culture negative results. At this time, one sample has tested culture negative for **(disease.)** As you are currently asymptomatic and in the process of obtaining the additional culture negative sample, you may work in a food service facility **in a restricted capacity only, and only if the employer agrees.**

This would mean that you may not work in the kitchen or with any food, clean surfaces, or clean dishes/utensils or single service articles. From the 2013 Food Code, please see the following definition: "Restrict" means to limit the activities of a food employee so that there is no risk of transmitting a disease that is transmissible through food and the food employee does not work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles.

You have requested to work in a restricted capacity by **(Describe here)**. We can authorize your return to work in this restricted capacity until such time as we are able to give you a release notice.

Due to the public health risk of foodborne illness, it is imperative that you follow the directions provided in this order. Please understand that if you do not follow these instructions, we will need to take additional action.

Date:

Drenda Niemann, MPA, CPH
Health Officer



Lewis & Clark
**Public
Health**

Division of Disease Control and Prevention
1930 Ninth Avenue, Helena MT 59601
Phone: 406-457-8900
Fax: 406-457-8997

DATE

Name
Address
City

RE: Release from Exclusion Order

Dear NAME:

On DATE, we were notified by the Montana Public Health Laboratory that your child has provided two negative stool cultures and is free of (Disease). At this time, your child is released from exclusion and may return to day care unrestricted. Thank you for your attention to this matter.

If you have questions about this release you may call (**Sanitarian**), 406-xxx-xxxx or Nina Heinzinger at 406-447-8361.

Sincerely,

Drenda Niemann, MPA, CPH
Health Officer

Ec: Administrator

Attachment 8: Exclusion and Collecting Samples Procedures

Exclusion and Collecting Samples

1. RS provide case with test kit (Cary-Blair Transport media, hat)
 - a. Instruct on how to collect sample
 - i. Use Swab immediately
 - ii. Place swab in Cary-Blair Transport Media
 - iii. Refrigerate until delivered to laboratory
2. RS Instruct on how to return the sample
 - b. Call PHN and make appointment to deliver the sample (457-8900)
3. RS Complete lab form and deliver to PHN with another Carey-Blair kit.
 - c. Write in comment box "Test of Cure: SALM-SCR"
 - d. No tests need to be marked. Comment will suffice.
4. When case arrives,
 - e. PHN meets with case in private room
 - f. Obtains sample
 - g. Confirms date and time of collection
 - h. Obtains lab sheet from folder in lab
 - i. Gives additional kit with instructions to collect after 24 hours
5. PHN will initiate new lab sheet
6. PHN will Deliver to the Montana Public Health Lab



Lab results will be sent to the Sanitarians

- * RS will call case and give them the results. If they have 2 negative stool samples 24 hours apart they will be released from exclusion.
- * RS will notify PHN so that unused lab sheet will be destroyed.

Attachment 9: Traceback for Food Source Identification

Traceback Protocol

PURPOSE

This procedure is intended to guide Environmental Health Specialists on how to address the trace-back of foods implicated in an illness, outbreak, or intentional food contamination. Additionally, the procedure outlines how the roles of involved agencies will be coordinated.

INTRODUCTION

A trace-back investigation is the method used to determine and document the distribution and production chain, and the source(s) of a *product* that has been implicated in a foodborne illness investigation. A food may be implicated or associated with foodborne illness outbreak through epidemiological or statistical analysis, laboratory analysis, food preparation review or a combination of these methods. A trace-back investigation involves good interviewing techniques, a complete record review, and timely reporting to meet its intended purpose. A subsequent source investigation may be conducted to determine possible routes or points of contamination by inspecting common distribution sites, and/or processors identified in the trace-back investigation.

A trace-back investigation may be conducted for several reasons:

- to identify the source and distribution of the implicated food and remove the contaminated product from the marketplace,
- to distinguish between two or more implicated food products, and
- to determine potential routes and/or sources of contamination to prevent future illnesses.

CDC or state/local health or regulatory agencies may conduct limited trace-backs and/or trace-forward investigations to strengthen an epidemiological association by comparing the distribution of illnesses and the distribution of the product. This is often referred to as an “epi” trace-back.

TRACE-BACK PROCEDURES

INITIATING A TRACEBACK INVESTIGATION

Initiation of a trace-back investigation usually begins when 1) epidemiological evidence implicates a food product *and* 2) hazard analysis shows that other contributing factors were not to blame (e.g., cross-contamination, ill food workers, other on-site sources of infectious agent). Other factors that will be considered before initiating a trace-back investigation include disease severity, the risk of ongoing exposure, the availability of shipping records, reliable exposure data, the size and scope of the outbreak(s), and the availability of resources to conduct the investigations.

When the licensed establishment team determines that a foodborne illness outbreak has occurred, Lewis and Clark Public Health will follow the Communicable Disease Response Plan, Outbreak Response. During a foodborne illness outbreak, Lewis & Clark Public Health will consult with the MT Dept of Public Health (DPHHS) when necessary to determine if a trace-back investigation is needed. When an implicated product involves interstate commerce, DPHHS will notify the Food and Drug Association (FDA) or the United States Dept of Agriculture (USDA) depending on the type of product involved.

Information needed for the trace-back investigation will include a written epidemiologic summary, a hazard analysis and inspection reports (including a food preparation review), laboratory results, and copies of any invoices and distribution information.

All information from the trace-back investigation will be forwarded as requested to the DPHHS, FDA and CDC.

TRACE-BACK COORDINATION

Lewis and Clark Public Health will coordinate with the DPHHS and the FDA on all trace-back investigations. Most trace-back investigations are in response to multi-state foodborne illness outbreaks and therefore trace-backs are usually occurring simultaneously in multiple jurisdictions. When it is a multi-state outbreak the FDA will ask for assistance from the state/local agencies.

PRODUCT SAMPLING

If leftover food from the implicated meal(s) or product from an implicated shipment is available, it may be collected for laboratory analysis. Necessary materials and instructions may be obtained from DPHHS Public Health Laboratory.

TRACE-BACK REPORTS

The investigating sanitarian(s) along with the program supervisor will be responsible for generating a report. The trace-back report should include the following forms and include relevant invoices, inventory records, shipping/receiving records, as well as a cover letter summarizing the timeline and information gathered from observations and interviews. The report will be submitted to DPHHS, who is responsible for sharing the report with federal agencies as needed.

Forms for these reports are available through DPHHS, FCSS.

- Form A: Food Investigation Traceback Report – identifies food item under investigation and distribution.
- Form B: Food Investigation Traceback Report – identifies food item under investigation, place of service and preparation and/or purchase.
- Form C: Flow Diagram of Product Source and Distribution

TRACE-BACK RESPONSIBILITIES

The investigating sanitarian is responsible for completing the following tasks:

1. Review background information on the outbreak and establishment before visiting the establishment.
2. Conduct an investigation and record collection at the implicated establishment(s).
The investigation must include the following information.
 - j. Epidemiologic data
 - i. Exposure dates
 - ii. Exposure places
 - k. Environmental inspection
 - i. Food service employee health

- ii. Cross-contamination issues
- iii. Collection of food samples, if directed
- l. Preliminary trace-back and distribution information
- m. Implicated product name and any available packaging, labeling
- 3. Analyze the data. Discuss analysis and next steps with the supervisor
- 4. Write trace-back report and submit it for review by supervisor and division administrator

The Licensed Establishment Supervisor is responsible for completing the following tasks.

- 1. Coordinate with DPHHS and FDA on trace-back investigation.
- 2. Update the Health Officer on the trace-back investigation.
- 3. Maintain regular contact with the investigating sanitarian(s).
- 4. Review trace-back records and data analysis.
- 5. Review the final trace-back report.
- 6. Submit final trace-back report to all agencies involved in the investigation.

Coordinating Agencies may provide direction and technical expertise, depending on the food product involved. Contact information is listed below:

Montana Department of Public Health and Human Services (DPHHS)

406-444-2837 OR hhsfcs@mt.gov

Food and Drug Administration (FDA)

888-723-3366

United States Department of Agriculture (USDA)

Meat and Poultry 888-674-6854 OR MPHotline.fsis@usda.gov

Links to DPHHS Forms

DPHHS Forms are found on the Sanitarian Resource page under Emergency Preparedness

<https://dphhs.mt.gov/publichealth/FCSS/sanitarianresource/FCSDeliverables>

[Form A: Food Investigation Traceback Report](#)

[Form B: Food Investigation Traceback Report](#)

[Form C: Flow Diagram of Product Source and Distribution](#)

Attachment 10: Recall Procedures for Removing Food from Commerce

Lewis and Clark Public Health

Recall Procedures of Food

PURPOSE

This procedure will address the responsibilities of Lewis and Clark Public Health (LCPH) in assisting the Montana Department of Public Health and Human Services (DPHHS) and FDA in mandatory and voluntary recalls from industry.

INTRODUCTION

Recall of food is in the common interest of the industry, the government and in particular, the consumer. A recall is defined as an action to remove from sale, distribution and consumption foods which may pose a safety hazard to the consumer.

A food recall notice may be initiated when there is suspected or confirmed presence of physical, bacterial, or chemical contaminant in a distributed food product that could cause illness or injury. Examples of contaminants include bacterial pathogens, metal filings or a major food allergen that is not disclosed on the label. A recall may also be initiated when a food product has been deemed to be misbranded, adulterated, or determined in some other way to pose harm to the health and safety of the consumer.

RECALL PROCEDURES

1. The FDA and other Federal food safety agencies will issue food product recall notices to the FDA liaison in the DPHHS Food and Consumer Safety Section (FCSS). Food product recalls regarding products that have been produced or distributed within Montana will be routed to interested parties such as local health department sanitarians via email.
2. The recall notices from FCSS are broken down into three categories:

Recall Level	Category
1	Action Needed
2	Discretionary
3	Advisory

Level 1: Action needed recall means the food product is in Montana, or the action is warranted

Level 2: Discretionary recall means the food product may be or is in Montana, but exact information is not known

Level 3: Advisory recall means no actionable information is known

3. FCSS will send the recall notice to all LCPH sanitarians.

4. The Licensed Establishment Supervisor will assure the sanitarians take the appropriate action stated in the recall notice. Each sanitarian will be responsible for contacting the establishments they inspect unless otherwise directed by the LE supervisor. With wide distribution of recalled products, a single email to multiple facilities may be advised.

Description of recommended action to be taken by sanitarian staff:

Alert level 1 – Action Recommended

- Identify distributors and retailers in assigned area.
- Supervisor will create message for sending to the affected facilities.
- This will be forwarded to staff sanitarians for distribution to affected facility contacts. HANMasterList has contact information for each facility.
- When requested by FCSS or FDA, sanitarian will contact distributors or retailers
 - Verify that the distributor or retailer is aware of the recall.
 - Confirm if product is currently or has been in stock.
 - Advise retailer to remove product and follow recall instructions.
 - Notify DPHHS where product was located and its disposition.

Alert level 2 - Discretionary

- Recall notice will be evaluated for risk to the public. Bacterial or physical contamination concerns will always be distributed to affected facilities.
- Identify distributors and retailers in assigned area.
- Supervisor will create message for sending to the affected facilities.
- This will be forwarded to staff sanitarians for distribution to affected facility contacts. HANMasterList has contact information for each facility.
- When requested by FCSS or FDA, sanitarian will contact distributors or retailers
 - Verify that distributor or retailer is aware of recall.
 - Confirm if product is currently or has been in stock.
 - Advise retailer to remove product and follow recall instructions.
 - Notify DPHHS where product was located and its disposition.

Alert level 3 – Advisory

- No action needs to be taken
- Be alert for additional updates.

Attachment 11: Pandemic Flu Plan

Promulgation Document

Pandemic Flu Plan

Promulgation of Authorization

This document serves as the formal declaration authorizing the use of this emergency response plan to protect the public's health and safety in Lewis & Clark County against communicable diseases. Lewis & Clark City-County Board of Health acknowledges that Lewis & Clark Public Health has the responsibility and duty to execute this plan in defense of public health.

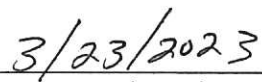
This plan complies with existing federal, state, and local statutes and agreements made with the various agencies identified within. Lewis & Clark Public Health, in defense against disease outbreaks in our communities, prepares and maintains emergency preparedness documents and is committed to the training and exercises required to support this plan.


All partners with roles identified in this plan have participated in its development and concur with the processes and strategies found within, which comply with the *Public Health Emergency Preparedness and Response Capabilities National Standards* (CDC, 2019), and adhere to the science-based, industry, and academic standards of disease control.

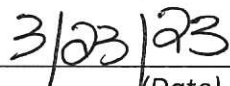
All partners and stakeholders are responsible for advising Lewis & Clark Public Health of any changes in their own procedures or operations that could affect any emergency responses undertaken.

This plan is hereby approved for implementation. It supersedes all previous editions.


Board of Health Chair – Justin Murgel


(Date)


Health Officer – Drenda Niemann
(Sign)


(Date)

Pandemic Influenza Plan

Purpose:

The purpose of this plan is to provide a framework and context within the larger *Communicable Disease Response Plan* for response to an Influenza Pandemic.

Scope:

This plan falls under the umbrella CD Response Plan as well as the LCPH All-Hazards Annex and the Lewis & Clark County Emergency Operations Plan. Response to a pandemic flu will be conducted within the scope and authority of those higher level plans.

Situation:

Pandemic Influenza will stress, even overwhelm, all aspects of the public health and larger healthcare system response, but it will be managed using existing plans and procedures as well as lessons learned from the recent Covid Pandemic. It is possible that a highly impacting and/or long duration pandemic will degrade the ability of LCPH to maintain staffing and services. In those instances, we will do the best we can with what we have still available.

Access & Functional Needs Accommodations:

LCPH recognizes that certain segments of the population may be at higher risk during a flu pandemic and will adjust our response strategies based on the best data and risk assessment outcomes we have at our disposal given the situation. We routinely work very closely with a variety of populations and service providers to help identify those likely to be most at risk during a pandemic and to mitigate those risks as much as possible.

Planning Assumptions:

This plan assumes that LCPH will be able to maintain at least a basic level of service in spite of the impacts of the pandemic and that we will have adequate staff, space and resources to do so.

Concept of Operations:

(see the CD Response Plan, Section 3.0)

Risk Communications:

(see the LCPH Emergency Risk Communications Plan)

Information Communications:

Information sharing regarding incident operations will utilize all available platforms including, but not limited to phone, internet-based programs, GIS platforms, email and others. The County's primary productivity software is Microsoft 365, which includes Outlook (email) Teams (video meetings) as well as the usual office suite of Word, Excel, and PowerPoint. We will use these and others available (e.g state platforms like the Montana Infectious Disease Information System (MIDIS), Health Alert Network (HAN), and the Montana Immunization Information System (imMTrax) as appropriate.

Roles & Responsibilities:

(see the LCPH All-Hazards Annex, Section 4.0)

Plan Review & Maintenance:

This plan will be reviewed annually and after incidents or exercises as needed. Appropriate training and exercises will be conducted annually as needed and in accordance with the PHEP deliverables, LCPH and Lewis & Clark County Training & Exercise Plans.

Last Update: March 14, 2023

Attachment 12: Potential Rabies Exposure Rules and Procedures

See [Rabies Control & Prevention Kit](#)