Appendix B: Provincial Case Definitions for Diseases of Public Health Significance

Disease: Food poisoning, all causes

Effective: February 2019
Food poisoning, all causes

1.0 Provincial Reporting
Confirmed and probable cases of disease

2.0 Type of Surveillance
Case-by-case

3.0 Case Classification

3.1 Confirmed Case
Clinically compatible signs and symptoms, linked to food consumption with:
- Identification of a pathogenic organism that is not individually reportable, toxin or other agent in stool, or a suspected food item.

3.2 Probable Case
Clinically compatible signs and symptoms, linked to food consumption with:
- An epidemiological link* to one or more laboratory-confirmed cases of food poisoning.

3.3 Suspect Case
An incident in which one of two or more persons, who are neither confirmed nor probable cases, experience similar clinical illness after ingestion of a common food item, and epidemiologic analysis implicates the food as the source of their illness.

4.0 Laboratory Evidence
Given the variability of etiological organisms, consult with laboratory about appropriate specimens and testing methodologies.

5.0 Clinical Evidence
Clinically compatible signs and symptoms depend upon etiologic agent and may include vomiting, abdominal pain, malaise, fever, nausea, dizziness, headache and/or diarrhea.

* An individual who consumed the same food or food from the same source as the laboratory-confirmed case.
6.0 ICD 10 Code(s)
Not applicable

7.0 Comments
Exclusionary Criteria for Meeting the Case Definition for Food Poisoning

- Food poisonings under investigation that are subsequently determined to be caused by a disease of public health significance specified under Designation of Diseases (Ontario Regulations 135/18) should be reported under their respective diseases (e.g. Campylobacter spp., Salmonella spp., Shigella spp., Verotoxin-producing E. coli, etc.). All other identified pathogens should be reported as food poisoning cases.

8.0 Sources


9.0 Document History

Table 1: History of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Document Section</th>
<th>Description of Revisions</th>
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<tr>
<td>December 2014</td>
<td>General</td>
<td>New template.</td>
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<tr>
<td></td>
<td></td>
<td>Title of Section 8.0 changed from “References” to “Sources”.</td>
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<tr>
<td></td>
<td></td>
<td>Section 9.0 Document History added.</td>
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<tr>
<td>December 2014</td>
<td>3.1 Confirmed Case</td>
<td>Entire section revised.</td>
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<tr>
<td>December 2014</td>
<td>3.2 Suspect Case</td>
<td>Entire section revised.</td>
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<tr>
<td>December 2014</td>
<td>4.0 Laboratory Evidence</td>
<td>Removed: “Refer to the MOHLTC Specimen Collection Guide…”</td>
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<td>December 2014</td>
<td>7.0 Comments</td>
<td>Entire section revised.</td>
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<tr>
<td>December 2014</td>
<td>8.0 Sources</td>
<td>Updated.</td>
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<tr>
<td>February 2019</td>
<td>General</td>
<td>Minor revisions were made to support the regulation change to Diseases of Public Health Significance</td>
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<tr>
<td>February 2019</td>
<td>6.0 ICD 10 Code(s)</td>
<td>Section revised to Not applicable.</td>
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