

Appendix A: Disease-Specific Chapters

Chapter: Food poisoning, all causes

Food poisoning, all causes

- Communicable
 Virulent

**Health Protection and Promotion Act:
Ontario Regulation 558/91 – Specification of Communicable Diseases**

**Health Protection and Promotion Act:
Ontario Regulation 559/91 – Specification of Reportable Disease**

1) Aetiologic Agent:	Food poisoning refers to a category of enteric diseases that are acquired through the consumption of contaminated food or water but are not directly specified by Regulation 559/91 as a Reportable Disease. Food poisoning includes foodborne infections and intoxications caused by <i>Staphylococcus aureus</i> , <i>Bacillus cereus</i> and <i>Clostridium perfringens</i> , scombroid fish poisoning and ciguatera fish poisoning. However, other agents such as heavy metals, chemicals, toxins, parasites, fungi, and viruses such as noroviruses, and rotaviruses may also be reported here.
2) Case Definition:	
Surveillance Case Definition	See Appendix B
Outbreak Case Definition	<p>The outbreak case definition varies with the outbreak under investigation. Consideration should be given to the following in establishing an outbreak case definition:</p> <ol style="list-style-type: none">1. Clinical, laboratory and/or epidemiological criteria;2. The time frame for occurrence;3. The geographic location(s) or place(s) where cases live or became ill/exposed, and4. Special attributes of cases (e.g. age, underlying conditions) and/or the aetiologic agent. <p>Cases should also be classified by levels of probability (e.g. confirmed, probable and/or suspect).</p>
3) Identification:	
Clinical Presentation	Symptoms vary depending on the causative agent.
Diagnosis	See Appendix B Diagnosis is made by laboratory tests on specimens, usually stool, or through the identification of the causative organism and/or its toxin in food (1, 2).

4) Epidemiology:	
Occurrence	Food poisoning is widespread. It is most often sporadic in occurrence with cases occurring throughout the year.
Reservoir	Not applicable (1,2).
Modes of Transmission	Foodborne or waterborne.
Incubation Period	Varies depending on the agent.
Period of Communicability	Varies depending on the agent.
Susceptibility and Resistance	General susceptibility (1, 2).
5) Reporting Requirements:	
To local Board of Health	Confirmed and suspected cases shall be reported to the medical officer of health by persons required to do so under the <i>Health Protection and Promotion Act</i> , R.S.O. 1990.
To Public Health Division (PHD)	<p>Report only case classifications specified in the case definition to PHD using the integrated Public Health Information System (iPHIS), or any other method specified by the Ministry within one (1) business day of receipt of initial notification as per <i>iPHIS Bulletin</i> Number 17: Timely Entry of Cases (3).</p> <p>The minimum data elements to be reported for each case is specified in the following sources:</p> <ul style="list-style-type: none"> • <i>Ontario Regulation 569</i> (Reports) under the Health Protection and Promotion Act (HPPA); • The disease-specific User Guides published by the Ministry, and • Bulletins and directives issued by the Ministry.
6) Prevention and Control Measures:	
Personal Prevention Measures	<p>Prevention Measures:</p> <ul style="list-style-type: none"> • Maintain good personal hygiene, including hand washing after using sanitary facilities and before handling food • Prevent cross- contamination of ready-to-eat foods by storing raw and cooked foods separately • Cook foods thoroughly • Store foods at or below 4°C or at or above 60°C • Use foods from approved sources

Infection Prevention and Control Strategies	Routine practices.
Management of Cases	<p>Investigate using appropriate interview questions to obtain history of food items eaten during the suspected incubation period and the location where food was obtained (2).</p> <p>Identify other persons with similar exposure. For ill persons, obtain information on symptoms, onset date and hour, duration of illness, and any medical treatment or tests performed.</p> <p>Collect relevant stool specimens and food specimens for testing (refer to the resources listed below).</p> <p>Advise symptomatic contacts and cases to seek appropriate medical consultation.</p> <p>Educate cases on modes of transmission (if the agent can be transmitted further), and proper hand hygiene practices to prevent secondary spread.</p> <p>Exclude cases presenting with diarrhea from working in high risk settings (i.e., food-handlers, health care workers, and daycare staff and attendees) until diarrhea-free for 24 hours.</p> <p>If a seafood or a federally regulated food item is identified as the source of the illness (e.g., for scombroid and ciguatera fish poisoning), notify the Canadian Food Inspection Agency (CFIA) as appropriate.</p>
Management of Contacts	Same as above
Management of Outbreaks	<p>An outbreak is defined as the occurrence of two or more cases of enteric illness linked by time, common exposure or source and most often location.</p> <p>Provide public health management of outbreaks or clusters in order to identify the source of illness, stop the outbreak and limit secondary spread. As per this Protocol, outbreak management shall comprise of but not be limited to the following general steps:</p> <ul style="list-style-type: none"> • Confirm diagnosis and verify the outbreak; • Establish an outbreak team; • Develop an outbreak case definition; • Implement prevention and control measures; • Implement and tailor communication and notification plans depending on the scope of the outbreak; • Conduct epidemiological analysis on data collected; • Conduct environmental inspections of implicated premise where applicable; • Coordinate and collect appropriate clinical specimens where applicable, and • Prepare a written report.

	<ul style="list-style-type: none"> • Declare the outbreak over in collaboration with the outbreak team
<p>7) References</p>	<p>(1) Heymann D, editor. Control of communicable diseases manual. 18th ed. Washington: American Public Health Association; 2004.</p> <p>(2) Los Angeles County Department of Health Services. Acute communicable disease control: a manual of departmental rules, regulations, and control procedures. Los Angeles: County of Los Angeles; 2006. Available from: http://lapublichealth.org/acd/procs/b73/B73%20final%20e_version.pdf.</p> <p>(3) Ministry of Health and Long-Term Care. Timely entry of cases. iPHIS Bulletin. 2007 May 11;17.</p>
<p>8) Additional Resources</p>	<p>Ministry of Health and Long-Term Care. Food safety protocol. Toronto: Queen’s Printer for Ontario; 2008. Available from http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/protocols/food_safety.pdf. (or as current)</p> <p>Bryan FL, Cook OD, Guzewich JJ, et al. Procedures to investigate foodborne illness. 5th ed. Des Moines, IA: International Association of Food Protection; 1999. Available from http://www.foodprotection.org/committees/Foodborne%20Text.pdf.</p> <p>Gregg MB, editor. Field epidemiology. 2nd ed. New York: Oxford University Press; 2002.</p> <p><i>Health Protection and Promotion Act</i>, R.S.O. 1990, c. H.7. Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm.</p> <p>Ministry of Health and Long-Term Care. Infectious diseases protocol. Toronto: Queen’s Printer for Ontario; 2009. Available from http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/infdispro.html (or as current)</p>

