

A graphic for the Minnesota Foodborne & Waterborne Illness Hotline. It features a magnifying glass over a plate of green beans, with a glass of water being poured into a bowl in the background. The text is as follows:

**Minnesota Foodborne & Waterborne Illness Hotline**  
Report foodborne or waterborne illness  
**651-201-5655**  
Toll free statewide  
**1-877-FOOD ILL**  
Email  
[health.foodill@state.mn.us](mailto:health.foodill@state.mn.us)  
Online  
[health.state.mn.us/foodill](http://health.state.mn.us/foodill)

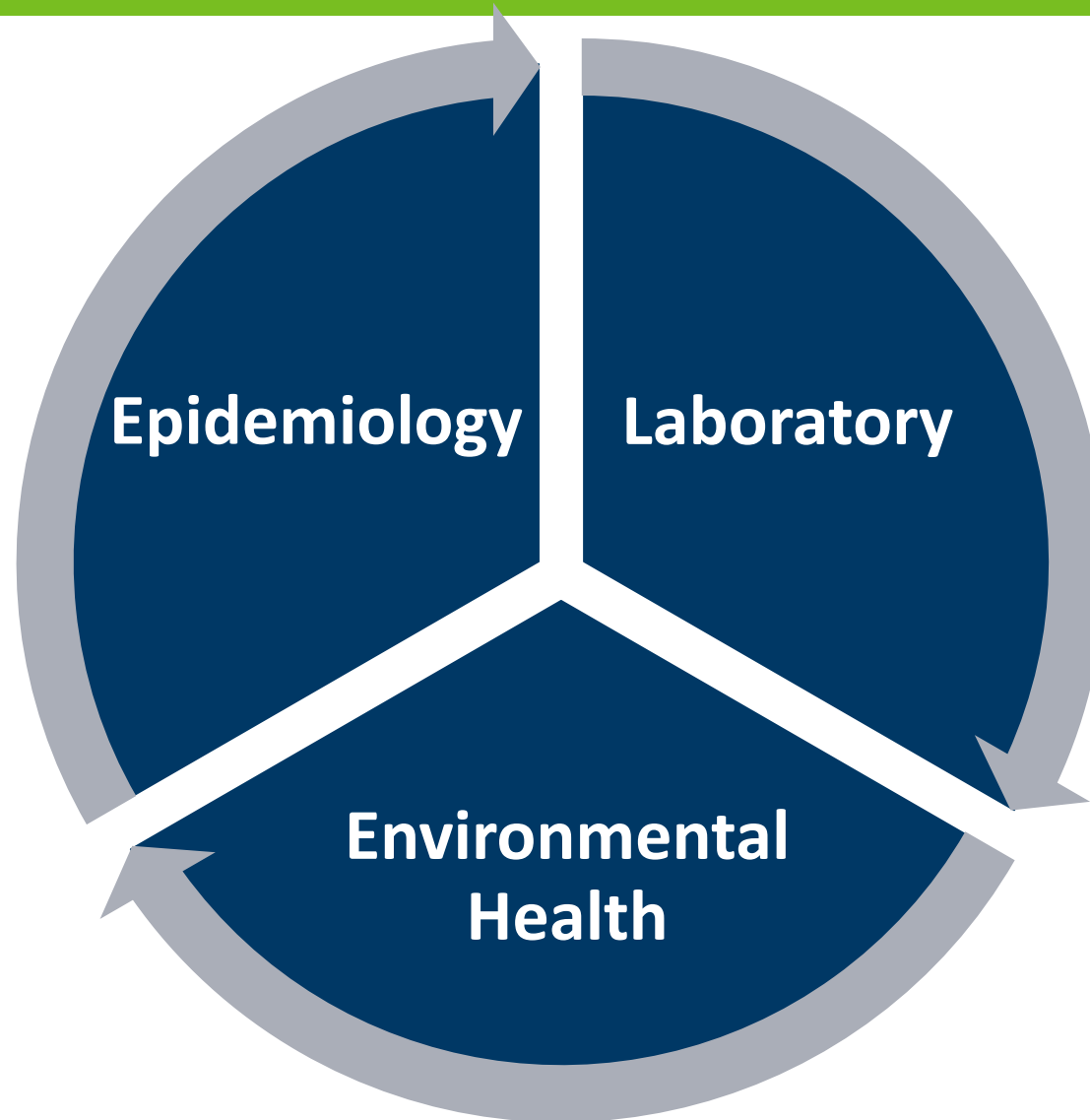
**mi** DEPARTMENT OF HEALTH

# Foodborne Illness Complaint Systems

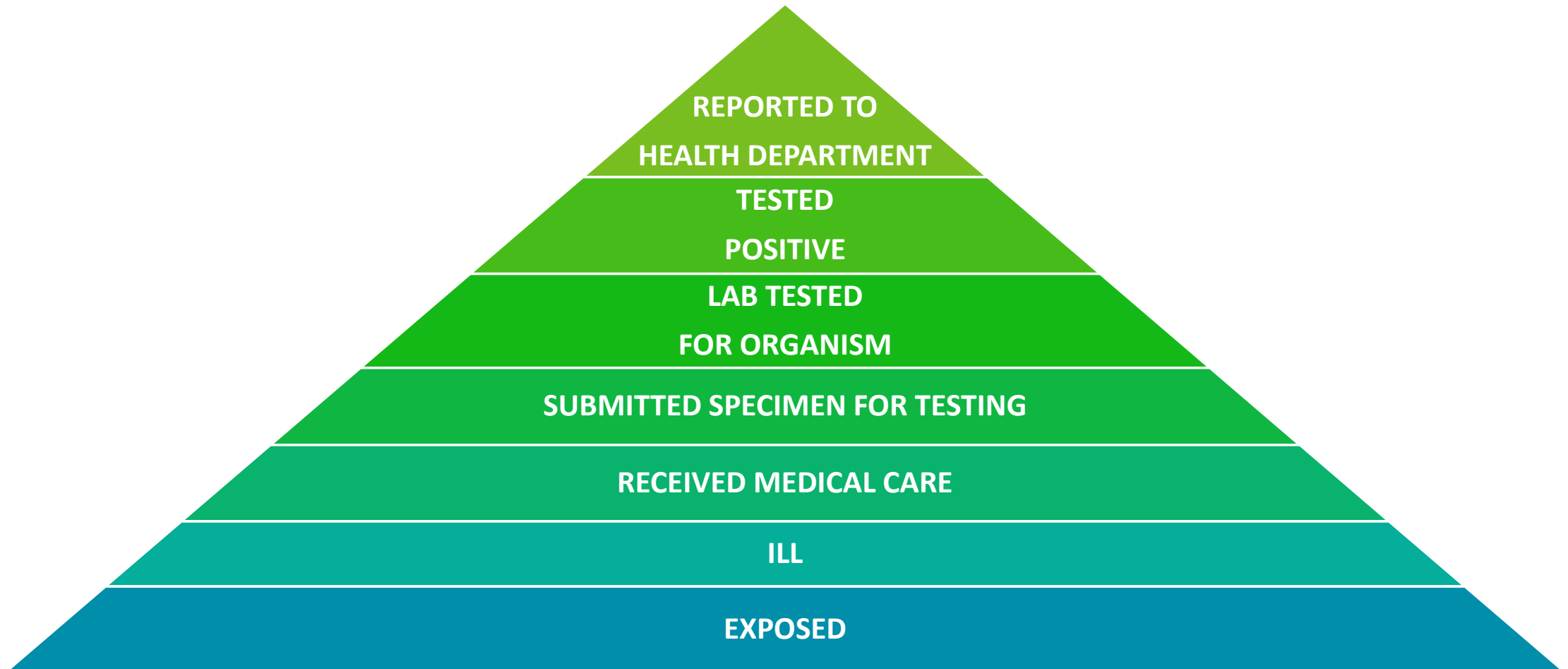
Marijke Decuir, MPH  
Epidemiologist  
Foodborne Diseases Unit



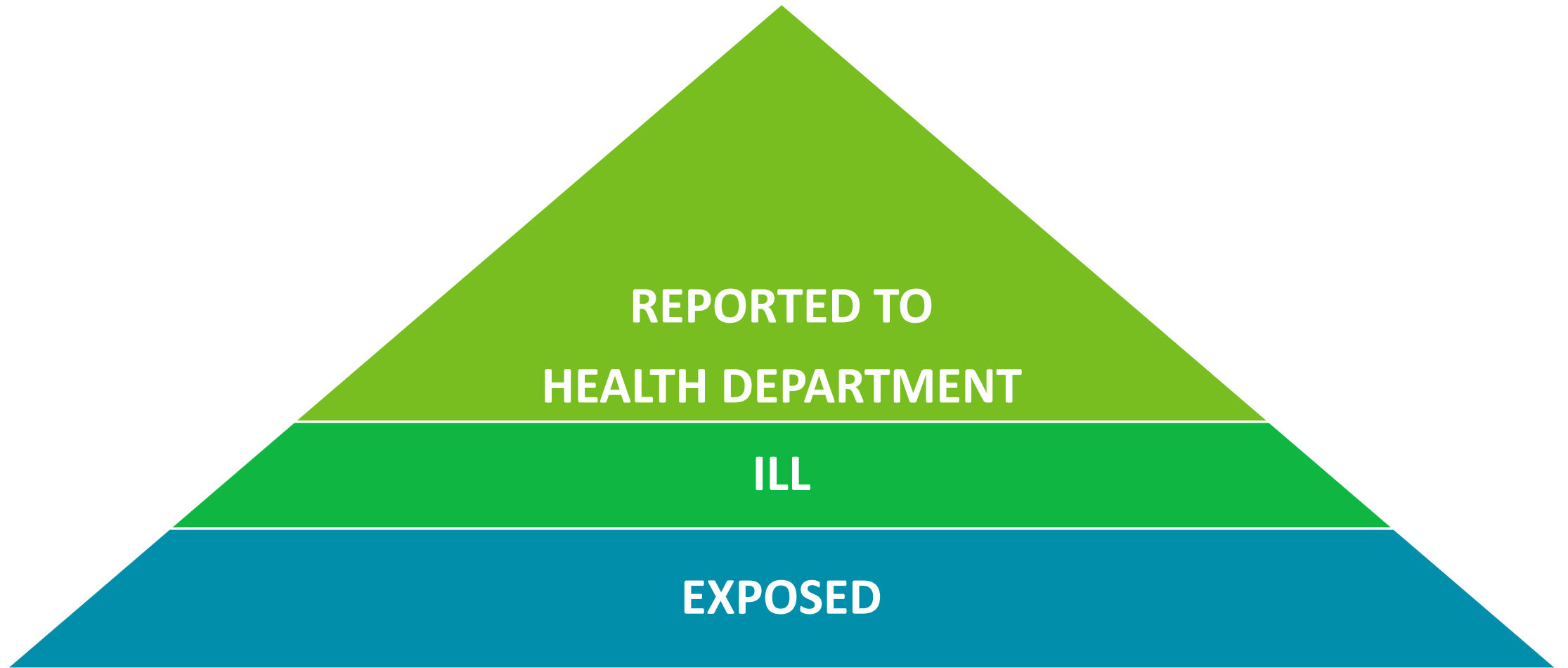
# Foodborne Outbreak Key Disciplines



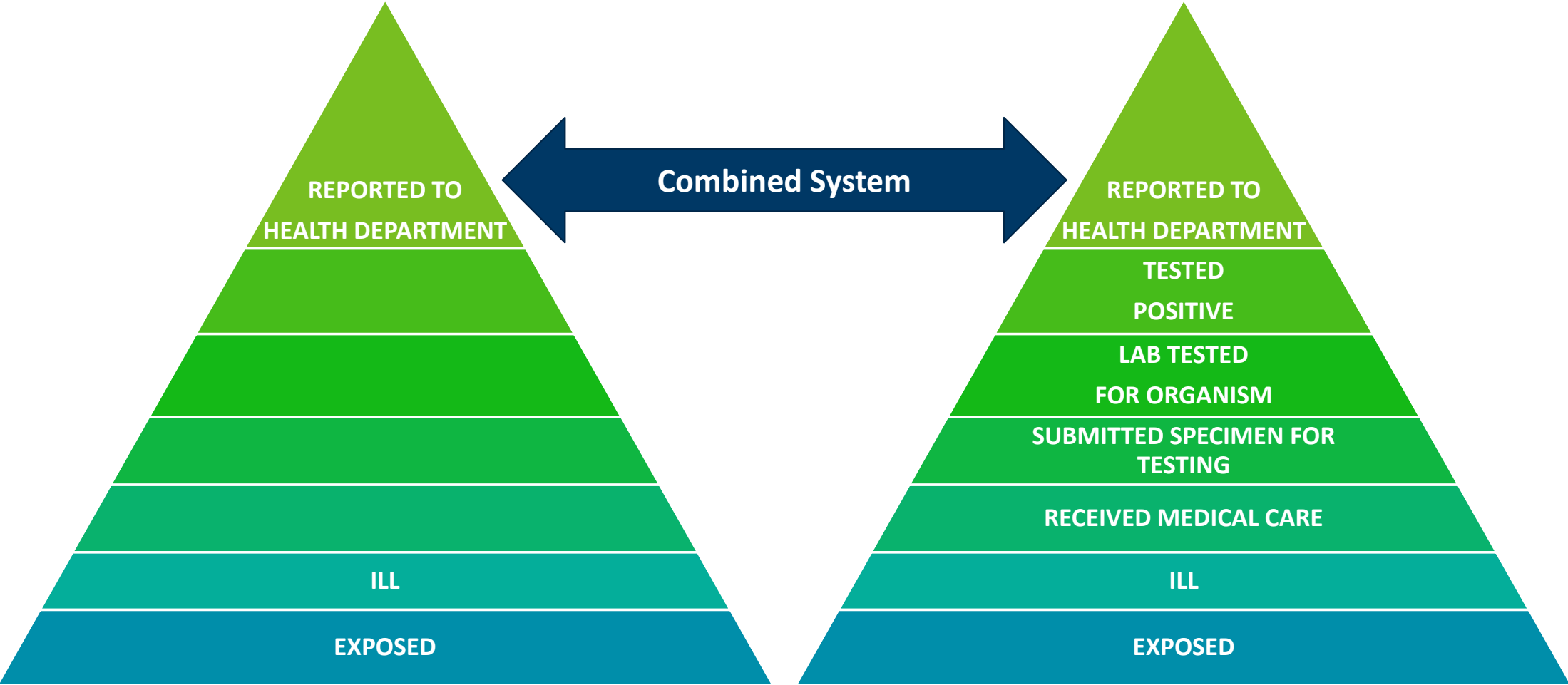
# Laboratory Surveillance



# Complaint System



# Integrated Complaint System



# Key Elements of a Complaint System

# Standard Intake Form

Complaint date: \_\_\_/\_\_\_/\_\_\_ Hotline call:  How you got # \_\_\_\_\_

Agency: Minnesota Department of Health Reporter: \_\_\_\_\_

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Ce \_\_\_\_\_

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Establishment that the complainant suspects: \_\_\_\_\_

Number of persons exposed: \_\_\_\_\_ Number ill: \_\_\_\_\_ How many households with illness: \_\_\_\_\_

Did complainant call the establishment? :  Y  N If yes, who did they speak with: \_\_\_\_\_

*\*If a retail food product is suspected, please fill out page 4 (Retail Food Product Complaint) in addition to this form.*

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**ILLNESS HISTORY** Illness Onset: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Recovery: \_\_\_/\_\_\_/\_\_\_

Vomiting  Y  N Onset: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Recovery: \_\_\_/\_\_\_/\_\_\_

Diarrhea  Y  N Onset: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Recovery: \_\_\_/\_\_\_/\_\_\_

# of stools per 24-hr. period (max): \_\_\_\_\_ Cramps  Y  N Fever  Y  N (temp: \_\_\_\_\_)

Other symptoms: \_\_\_\_\_ Visited health care provider  Y  N

If yes, name and location: \_\_\_\_\_ Date of visit: \_\_\_\_\_

Provider requested stool sample  Y  N If yes, date stool submitted: \_\_\_/\_\_\_/\_\_\_ Hos \_\_\_\_\_

## Illness Information

Detailed information on what symptoms you had, when they started, and when they ended helps identify the cause of your illness.

**Information on common foodborne illnesses symptoms**

**When did you first start to feel sick?**   \* must provide value

**Did you have any vomiting?**  Yes  No  Unknown \* must provide value

**Did you have diarrhea?**  Yes  No  Unknown \* must provide value

**Did you have abdominal cramps?**  Yes  No  Unknown

**Did you have a fever?**  Yes  No  Unknown

**Did you have any blood in your stool?**  Yes  No  Unknown

# Information to Collect

- **Number of people ill**



- **Symptoms**



- **3 to 4-day food history or common meals**



- **Important to collect times and dates for both symptoms and meal exposures**



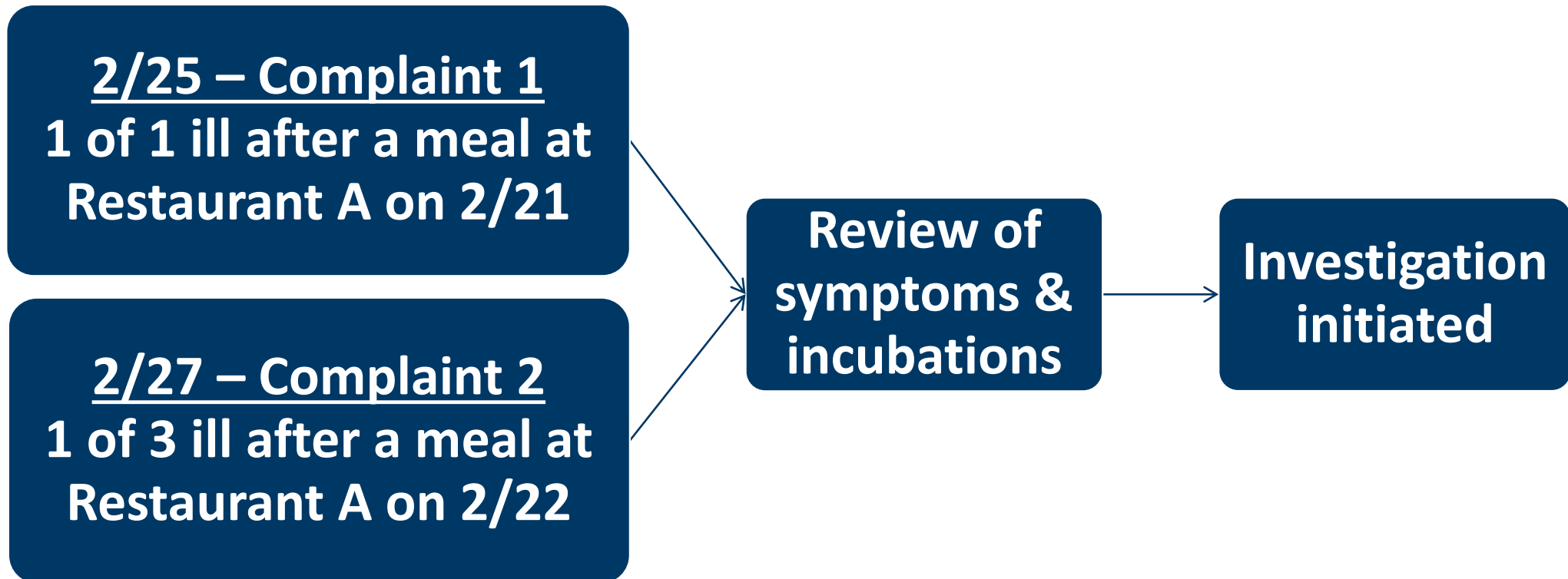


# Starting an Investigation



# Review of Data

- Complaint and surveillance data all entered into one database
- Review frequently for establishments with multiple complaints



# Review of Information – Non-Outbreak

Complaint Party	Establishment	Meal Date & Time	Incubation	Etiology	Follow-up Type:	Notes:
1	Restaurant C				None	Reported by restaurant, unable to reach
2	Restaurant C	10/23/2018 12:00	107	Campy	None	
3	Restaurant C	9/29/2018 14:00	9		None	
4	Restaurant C	11/23/2018 17:15	17		None	
5	Restaurant C	11/18/2018 18:00	0		None	Reported by restaurant, unable to reach

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# Data Sharing

- **Each complaint sent to the jurisdiction with regulatory authority**
- **Follow-up with the establishment is at the discretion of the Environmental Health authority**





# Review of Information – Outbreak

Complaint Party	Complaint Date	Suspected Establishment	Meal Date & Time	Incubation
1	8/17/2018	Restaurant A	8/17/2018 12:00	5.75 hours
2	8/19/2018	Restaurant B	8/17/2018 14:30	5.5 hours
3	8/20/2018	Restaurant C	8/15/2018 13:00	20.5 hours
4	8/20/2018	Restaurant D	8/19/2018 17:15	9 hours

# Review of Information – Outbreak

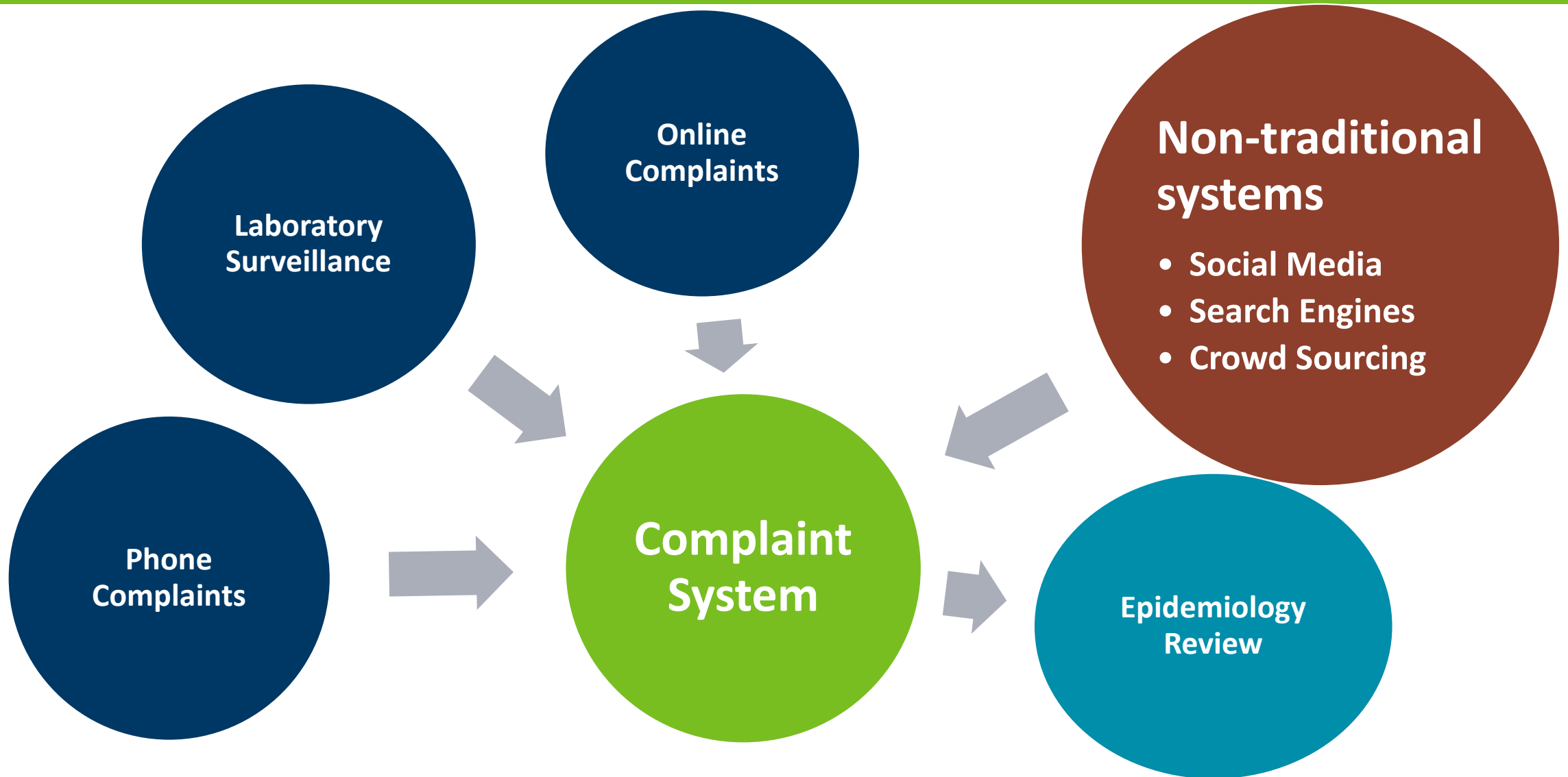
Complaint Party	Complaint Date	Suspected Establishment	Meal Date & Time	Incubation	Other Establishment	Meal Date & Time	Incubation
1	8/17/2018	Restaurant A	8/17/2018 12:00	5.75 hours	Restaurant E	8/16/2018 12:00	29.75 hours
2	8/19/2018	Restaurant B	8/17/2018 14:30	5.5 hours	Restaurant E	8/16/2018 17:30	26.5 hours
3	8/20/2018	Restaurant C	8/15/2018 13:00	20.5 hours	Restaurant E	8/14/2018 16:30	41 hours
4	8/20/2018	Restaurant D	8/19/2018 17:15	9 hours	Restaurant E	8/18/2018 18:00	34 hours

# Data Sharing

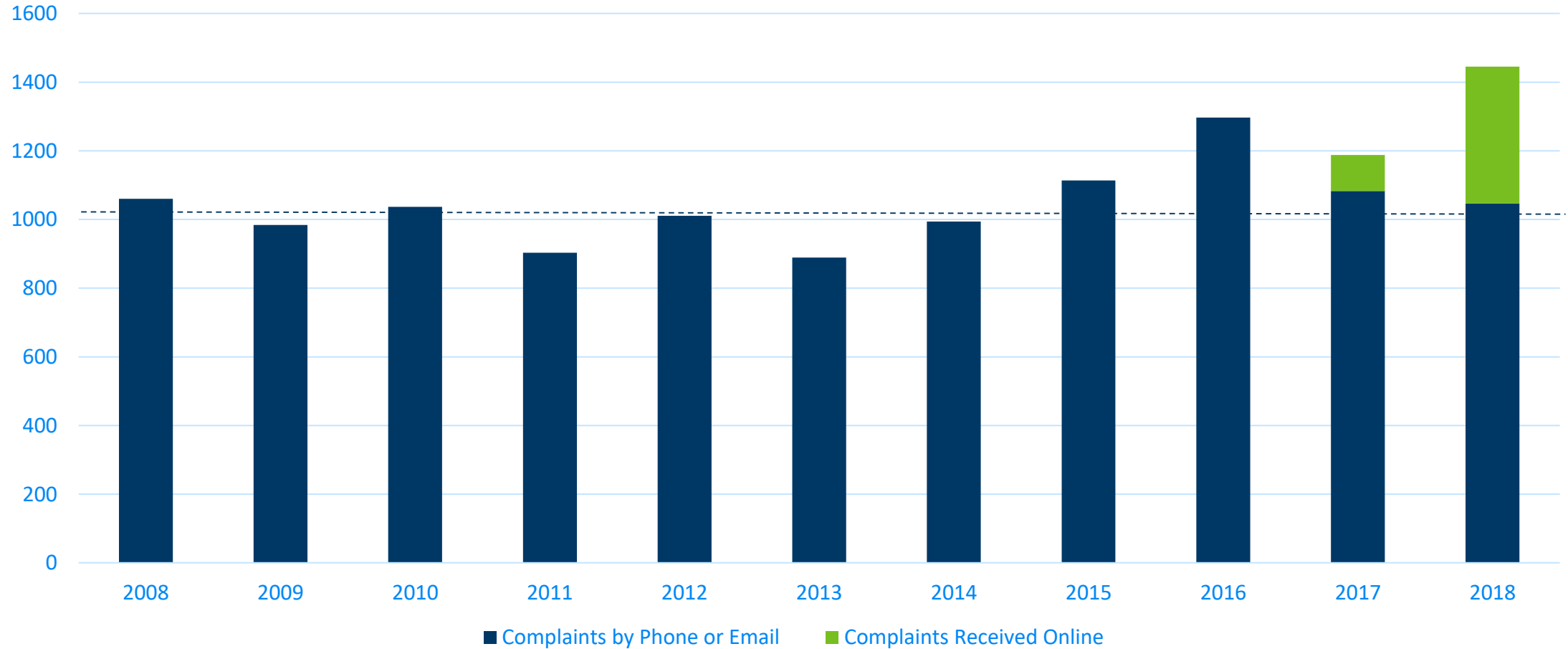
- **Each complaint sent to the jurisdiction with regulatory authority**
- **Follow-up with the establishment is coordinated based on outbreak protocols**



# Adding Data to the System



# Complaints Received in Minnesota



**Thank You! | Questions?**

**[Marijke.Decuir@state.mn.us](mailto:Marijke.Decuir@state.mn.us)**