

Council to Improve Foodborne Outbreak Response (CIFOR) Metrics

CIFOR Performance Measure	Target Range
<p>1. <u>Foodborne illness complaint reporting system:</u> Metric: Agency maintains logs or databases for all complaints or referral reports from other sources alleging food-related illness, food-related injury or intentional food contamination, and routinely reviews data to identify clusters of illnesses requiring investigation.</p>	<p>Preferable: Electronic database</p> <p>Acceptable: System to log complaints</p>
<p>2. <u>Outbreaks detected from complaints:</u> Metric: Number of outbreaks detected as a result of foodborne illness complaints. Rate of outbreaks detected per 1,000 complaint received.</p>	<p>*Preferable: >20 outbreaks / 1,000 complaints</p> <p>Acceptable: 10-20 outbreaks / 1,000 complaints</p> <p>*Evidence base may not always support value judgment on range. Very low numbers of documented complaints could inflate the observed rate.</p>
<p>3. <u>Foodborne illness outbreak rate:</u> Metric: Number of foodborne outbreaks reported, all agents. Rate of outbreaks reported per 1,000,000 population</p>	<p>Preferable: >6 outbreaks / 1,000,000 population</p> <p>Acceptable: 1-6 outbreaks / 1,000,000 population</p>
<p>4. <u>Confirmed cases with exposure history obtained:</u> Metric: Number and % of confirmed cases with exposure history obtained.</p>	<p>A. <i>Salmonella</i> Preferable: > 75% of cases Acceptable: 50-75% of cases</p> <p>B. <i>E. coli</i> (STEC) Preferable: >75% of cases Acceptable: 50-75% of cases</p> <p>C. <i>Listeria</i> Preferable: >75% of cases Acceptable: 50-75% of cases</p>
<p>5. <u>Isolate/CIDT-positive clinical specimen submissions to public health laboratory (PHL):</u> Metric: Number and % of isolates from confirmed cases and clinical specimens from patients diagnosed by culture independent diagnostic test (CIDT), submitted to PHL.</p>	<p>A. <i>Salmonella</i> Preferable: > 90% of isolates/CIDT-positive clinical specimens Acceptable: 60-90% of isolates/CIDT-positive clinical specimens</p> <p>B. <i>E. coli</i> (STEC) Preferable: >90% of isolates/CIDT-positive clinical specimens Acceptable: 60-90% of isolates/CIDT-positive clinical specimens</p> <p>C. <i>Listeria</i> Preferable: >90% of isolates/CIDT-positive clinical specimens Acceptable: 60-90% of isolates/CIDT-positive clinical specimens</p>
<p>6. <u>PFGE subtyping of isolates:</u> Metric: Median number days from clinical specimen to receipt of isolates or clinical specimen from a patient diagnosed by CIDT, at PHL</p>	<p>A. <i>Salmonella</i> Preferable: > 90% of isolates Acceptable: 60-90% of isolates</p> <p>B. <i>E. coli</i> (STEC) Preferable: >90% of isolates Acceptable: 60-90% of isolates</p> <p>C. <i>Listeria</i> Preferable: >90% of isolates Acceptable: 60-90% of isolates</p>

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<p>7. <u>Isolate/CIDT-positive clinical specimen submission interval:</u> Metric: Median number days from collection of clinical specimen to receipt of isolate or clinical specimen from a patient diagnosed by CIDT, at PHL.</p>	<p>A. <i>Salmonella</i> Preferable: < 7 days Acceptable: 7-8 days</p> <p>B. <i>E. coli</i> (STEC) Preferable: < 7 days Acceptable: 7-8 days</p> <p>C. <i>Listeria</i> Preferable: < 7 days Acceptable: 7-8 days</p>
<p>8. <u>Isolate subtyping interval:</u> Metric: Median number of days from receipt of isolate to PFGE subtyping results</p>	<p>A. <i>Salmonella</i> Preferable: ≤ 4 days Acceptable: 5-6 days</p> <p>B. <i>E. coli</i> (STEC) Preferable: ≤ 4 days Acceptable: 5-6 days</p> <p>C. <i>Listeria</i> Preferable: ≤ 4 days Acceptable: 5-6 days</p>
<p>9. <u>PHEP <i>E.coli</i> O157 and <i>Listeria</i> subtyping interval:</u> Metric: % of PFGE subtyping data results for <i>E. coli</i> O157:H7 and <i>Listeria</i> submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory.</p>	<p>Acceptable: ≥ 90% of PFGE subtyping results submitted to PulseNet within 4 working days.</p>
<p>10. <u>Outbreak clinical specimen collections:</u> Metric: Number and % of outbreak investigations with clinical specimens collected and submitted to PHL from two or more people</p>	<p>Preferable: > 75% of outbreaks Acceptable: 50-75% of outbreaks</p>
<p>11. <u>Cluster investigation interval:</u> Metric: Median number of days from initiation of investigation to identification of source</p>	<p>Preferable: < 7 days Acceptable: 7-21 days</p>
<p>12. <u>Complaint investigation interval:</u> Metric: Median number days from initiation of investigation to implementation of intervention</p>	<p>Preferable: < 7 days Acceptable: 7-21 days</p>
<p>13. <u>Cluster source identification:</u> Metric: Number and % of clusters with more than five cases in which a source was identified.</p>	<p>Preferable: > 20% of clusters with >5 cases Acceptable: 10-20% of clusters with >5 cases</p>
<p>14. <u>Outbreak etiology reported to NORS:</u> Metric: Number and % of outbreaks for which etiology was identified and reported to the National Outbreak Reporting System (NORS).</p>	<p>Preferable: >68% of outbreaks Acceptable: 44-68% of outbreaks</p>
<p>15. <u>Outbreak vehicle reported to NORS:</u> Metric: Number and % of outbreaks for which a vehicle was identified and reported to NORS.</p>	<p>Preferable: > 60% of outbreaks Acceptable: 48-60% of outbreaks</p>
<p>16. <u>Outbreak contributing factor reported to NORS:</u> Metric: Number and % of outbreaks for which contributing factors were identified and reported to NORS</p>	<p>Preferable: >55% of outbreaks Acceptable: 33-55% of outbreaks</p>