Guidelines for the investigation of gastroenteritis
Acknowledgments

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Foreword

This publication provides a comprehensive guide for those involved in the investigation of a number of infectious diseases causing gastroenteritis. It guides investigators from the time the incident is detected, through the investigational requirements, to the implementation of control measures.

The State Government of Victoria has a role to play in promoting and protecting the health and wellbeing of the Victorian population. This includes controlling threats to public health, such as gastroenteritis, imposed by infectious pathogens found in food, water, the environment, or in other infected individuals. The incidence of gastroenteritis may be influenced by a range of factors such as changes in agricultural and manufacturing practices, and consumer food choices. The effects of gastroenteritis can range from mild to more severe forms of illness, sometimes with complicated sequelae. Vulnerable population groups, such as the aged and those with pre-existing medical conditions, can be severely affected by gastroenteritis. As such, the guidelines aim to provide an effective health response framework to minimise the morbidity and potential mortality associated with gastrointestinal disease outbreaks and their impacts on the Victorian community.

This publication expands upon the Guidelines for the Investigation of Gastrointestinal Illness, first published by the department in 1998. This revised publication presents a more detailed resource and reference tool for investigators. This edition has new chapters, including a chapter on laboratory testing covering aspects of sampling and specimen collection, and interpretation of results. Also new in this edition is the inclusion of industry-specific guides: A guide for the management and control of gastroenteritis outbreaks in: aged care, special care, health care and residential facilities; children’s centres; and camp facilities. These supplements are written for proprietors and managers to assist them in the process of notification and outbreak management.

The revised guidelines have been developed by a range of staff across the Department of Health with input from our Public Health Laboratories, which we greatly appreciate. To the staff members who contribute to the investigation of gastroenteritis incidents and outbreaks, we are grateful for your efforts in protecting the health and wellbeing of Victorians, and I encourage you to read these guidelines and have systems in place to protect your community.

DR JOHN CARNIE
Chief Health Officer
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3 A guide for the management and control of gastroenteritis outbreaks in camp facilities
### Glossary

**Aetiological agent**
The agent (for example bacteria or virus) that causes the illness.

**Airborne transmission**
Transmission by air of infectious agents from respiratory secretions.

**Asymptomatic infection**
Infection of a person or animal that does not display any clinical symptoms, but they may still be capable of transmitting disease to others.

**Available chlorine**
Free chlorine expressed as a percentage of active ingredient in a concentrated liquid or powder.

**Camp settings**
Includes recreational camps, school camps and boarding schools, where accommodation, sanitary and dining facilities are provided. Food service may or may not be provided by the premises.

**Case finding**
A process or method used to find additional cases of an illness under investigation. Examples of case finding include contacting doctors, laboratories, hospitals or cases.

**Children’s Centre**
Includes child care centres, kindergartens and play centres, and any other centre designed specifically for the care of, and use by, children.

**Chain of Custody**
Refers to the ability to trace possession of a sample or specimen from the time of collection, and its subsequent handling, transport, storage, analysis and final disposition.

**Cluster**
An increased number of notifications of a particular pathogen, generally clustered in time and/or place with no apparent association between cases.

**Contact**
A person or animal who has been in association with an infected person, animal or contaminated environment, from whom they may acquire the infection.

**Cross-contamination**
The spread of micro-organisms from one surface to another, or from something that is contaminated to something that is not.

**Disinfection**
Killing of infectious agents outside the body by direct exposure to chemical or physical agents. High level disinfection refers to the inactivation of all micro-organisms except some bacterial spores.

**Epidemiology**
The study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems.¹

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<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Faecal-oral transmission</td>
<td>Transmission of an infection whereby faecal particles from one host are introduced into the mouth of another potential host. Direct contact is rare in this route, for humans at least. More common are the indirect routes; food or water become contaminated (by people not washing their hands before preparing food, or untreated sewage being released into a drinking water supply) and the people who eat or drink them become infected.</td>
</tr>
<tr>
<td>Foodborne transmission</td>
<td>Transmission of an infection through the ingestion of contaminated food.</td>
</tr>
<tr>
<td>Food Safety Program</td>
<td>Some food businesses registered with municipal Councils in Victoria are required to submit a Food Safety Program when first registering the premises and on each annual registration date (current legislation at the time of writing). It is a document that describes a standard approach and the steps required to ensure that food that is sold is safe to eat by identifying all food process steps within a premises.</td>
</tr>
<tr>
<td>Fomites</td>
<td>Objects such as towels, bed linen, books, toys, wooden objects or articles of clothing that are not harmful in themselves but are able to harbour pathogenic micro-organisms and thus may serve as an agent of transmission of an infection.</td>
</tr>
<tr>
<td>Gastroenteritis (gastrointestinal illness, gastro)</td>
<td>Inflammation of the membrane of the stomach and intestines, caused by a variety of different enteric pathogens. Symptoms may include diarrhoea, nausea, vomiting, abdominal pain, abdominal cramps, fever and sometimes headaches, lethargy, chills and muscular pain.</td>
</tr>
<tr>
<td>Health care facility</td>
<td>Includes aged care facilities, hospitals, nursing homes, hostels, special accommodation facilities, disability and psychiatric centres. Also referred to as special care facilities or institutions.</td>
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<td>High risk occupation</td>
<td>An occupation where employees are at high risk of transmitting infections to susceptible populations in their workplace (for example food handlers, health care workers and child care workers).</td>
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<tr>
<td>Incubation period</td>
<td>The time interval between initial contact with an infectious agent and the appearance of the first clinical signs and symptoms of the disease.</td>
</tr>
<tr>
<td>Index case</td>
<td>The first case in a family or other defined group to experience symptoms.</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Infection</td>
<td>Invasion and multiplication of micro-organisms in body tissues.</td>
</tr>
<tr>
<td>Infection control</td>
<td>The process of minimising the risks of spreading infection.</td>
</tr>
<tr>
<td>Infectious disease</td>
<td>A disease capable of being transmitted from an infected person or species to a susceptible host, either directly or indirectly.</td>
</tr>
<tr>
<td>Isolation</td>
<td>The process of separating infected persons from others, usually for as long as the organism may be transmitted to other susceptible persons. Isolation usually occurs in places and under conditions to prevent or limit the direct or indirect transmission of the infectious agent to susceptible persons.</td>
</tr>
<tr>
<td>Notifiable disease</td>
<td>A disease or condition that is required by law to be notified to the state health department. In Victoria, notifiable diseases are required to be reported to the Department of Health by pathology services and medical practitioners.</td>
</tr>
<tr>
<td>Notification</td>
<td>The process of reporting a notifiable infectious disease.</td>
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<tr>
<td>Outbreak</td>
<td>The occurrence of a disease or health event in excess of the expected number of cases for a given time or place.</td>
</tr>
<tr>
<td>Pathogen</td>
<td>An organism that is capable of producing infection or infectious disease. Bacterial, viral and protozoan pathogens are all capable of causing gastroenteritis. Also known as an infectious agent.</td>
</tr>
<tr>
<td>Personal hygiene</td>
<td>The protective measures within the responsibility of the individual that limit the spread of infectious diseases.</td>
</tr>
<tr>
<td>Person-to-person</td>
<td>Transmission of a disease by close and direct personal contact. For example, touching, kissing or sexual intercourse.</td>
</tr>
<tr>
<td>transmission</td>
<td></td>
</tr>
<tr>
<td>Point source outbreak</td>
<td>Occurrence of a disease as a result of a common exposure at a defined time and place, attended by a discrete group of people (for example, gastroenteritis among people who have attended a birthday party). Also referred to as a common event outbreak.</td>
</tr>
<tr>
<td>Prevalence</td>
<td>The prevalence of a disease is the total number of cases of the disease in the defined population at a specified point in time.² It is used as an estimate of how common a condition is within a population over a certain period of time.</td>
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<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Primary case</td>
<td>The individual who introduces the disease into the family or group under study. Not necessarily the first diagnosed case in a family or group. See also Index Case.</td>
</tr>
<tr>
<td>Sanitise</td>
<td>To reduce pathogenic micro-organisms to a safe level.</td>
</tr>
<tr>
<td>School exclusion</td>
<td>Exclusion from a primary school or children’s services centre as required under state legislation.</td>
</tr>
<tr>
<td>Secondary case</td>
<td>Case of disease occurring among contacts within the incubation period following exposure to the primary case.</td>
</tr>
<tr>
<td>Source of infection</td>
<td>The person, animal or substance from which an infectious agent passes to a host.</td>
</tr>
<tr>
<td>Sporadic case</td>
<td>Cases appearing in scattered or isolated instances, with no apparent association to each other. Also referred to as single incident cases.</td>
</tr>
<tr>
<td>Standard precautions</td>
<td>Practices that require everyone to assume that all blood and body fluids are potential sources of infection, independent of perceived risk. Such precautions involve the use of safe practices and protective barriers, and the safe disposal of body substances and soiled material (Blue Book).</td>
</tr>
<tr>
<td>Sterilisation</td>
<td>The complete destruction or elimination of all living microorganisms, including bacterial spores.</td>
</tr>
<tr>
<td>Surveillance</td>
<td>The on-going systematic collection, analysis and interpretation of health data. This is an essential part of disease control, whereby routine notifications of infectious diseases are monitored over time.</td>
</tr>
<tr>
<td>Susceptibility</td>
<td>Lack of resistance to a particular pathogenic agent.</td>
</tr>
<tr>
<td>Transmission</td>
<td>In terms of infection, it relates to any mechanism by which an infectious agent is spread from a source or reservoir to a person. This may be direct or indirect (that is, vehicle-borne, vector-borne, or airborne).</td>
</tr>
<tr>
<td>Waterborne transmission</td>
<td>Transmission of illness through the ingestion of contaminated water.</td>
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**Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AQIS</td>
<td>Australian Quarantine Inspection Service</td>
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<tr>
<td>CDPCU</td>
<td>Communicable Disease Prevention and Control Unit, Department of Health</td>
</tr>
<tr>
<td>CHO</td>
<td>Chief Health Officer, Department of Health</td>
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<tr>
<td>DH</td>
<td>Department of Health</td>
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<tr>
<td>DHS</td>
<td>Department of Human Services</td>
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<tr>
<td>DFSV</td>
<td>Dairy Food Safety Victoria</td>
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<tr>
<td>EHO</td>
<td>Environmental Health Officer</td>
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<tr>
<td>EHP</td>
<td>Environmental Health Practitioner</td>
</tr>
<tr>
<td>EHU</td>
<td>Environmental Health Unit, Department of Health</td>
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<tr>
<td>FOI</td>
<td>Freedom of Information</td>
</tr>
<tr>
<td>FSRAU</td>
<td>Food Safety and Regulatory Activities Unit, Department of Health</td>
</tr>
<tr>
<td>FSANZ</td>
<td>Food Standards Australia and New Zealand</td>
</tr>
<tr>
<td>FSP</td>
<td>Food Safety Program</td>
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<tr>
<td>GOOA</td>
<td>Gastro Outbreak Onsite Assessment</td>
</tr>
<tr>
<td>GP</td>
<td>General practitioner</td>
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<tr>
<td>IDEAS</td>
<td>Infectious Diseases Epidemiology and Surveillance</td>
</tr>
<tr>
<td>HUS</td>
<td>Haemolytic Uraemic Syndrome</td>
</tr>
<tr>
<td>MDU</td>
<td>Microbiological Diagnostic Unit</td>
</tr>
<tr>
<td>MRSA</td>
<td>Methycillin resistant <em>Staphylococcus aureus</em></td>
</tr>
<tr>
<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
</tr>
<tr>
<td>NIDS</td>
<td>Notifiable Infectious Diseases Surveillance</td>
</tr>
<tr>
<td>PHO</td>
<td>Public Health Officer</td>
</tr>
<tr>
<td>Ppm</td>
<td>parts per million (a measure of concentration)</td>
</tr>
<tr>
<td>REHO</td>
<td>Regional Environmental Health Officer</td>
</tr>
<tr>
<td>STEC</td>
<td>Shiga-toxin producing <em>Escherichia coli</em></td>
</tr>
<tr>
<td>VIDB</td>
<td>Victorian Infectious Diseases Bulletin</td>
</tr>
<tr>
<td>VIDRL</td>
<td>Victorian Infectious Diseases Reference Laboratory</td>
</tr>
<tr>
<td>VTEC</td>
<td>Vero-toxin producing <em>Escherichia coli</em></td>
</tr>
</tbody>
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1 Introduction

1.1 Legislation
1.2 Privacy
1.3 Freedom of information
1.4 Purpose of these guidelines
1 Introduction

Gastroenteritis may occur as apparent sporadic cases, as small clusters of cases, or as point source outbreaks that may vary in size and last from hours to weeks, or even months. While most gastroenteritis in the community initially presents as individual sporadic cases, often the precise route of transmission is unknown, and may never be discovered. Common viral, bacterial and protozoan enteric pathogens are transmitted by the faecal-oral route; however, the path from excretion by an infected person or animal to ingestion by the next case may be obscure and complicated. Transmission of the pathogen may occur by close person-to-person contact, contaminated environmental surfaces, fomites, food or water.

It is important to note that identification of the source of illness is not the sole reason for investigating either single cases or outbreaks of gastroenteritis – mode of transmission and preventing further cases of illness are equally important.

Infectious disease surveillance and the investigation of sporadic cases and outbreaks of gastroenteritis enable us to:

- measure the prevalence of disease in the population
- identify trends in the community which may signify an outbreak
- initiate action to prevent, contain or minimise outbreaks and illness
- evaluate control and prevention measures
- take the opportunity to educate the public in disease prevention
- attempt to identify possible or probable sources
- plan services and set priorities.

1.1 Legislation

Local government is empowered to investigate infectious diseases under the provisions of the Public Health and Wellbeing Act 2008. Section 24 states:

The function of the Council under this Act is to seek to protect, improve and promote public health and wellbeing within the municipal district by-

(d) developing and enforcing up-to-date public health standards and intervening if the health of people within the municipal district is affected;

This gives local government authorisation to investigate notifiable diseases, including outbreaks of gastroenteritis. The Public Health and Wellbeing Act can be accessed at www.legislation.vic.gov.au/
1.2 Privacy

When carrying out investigations into notifiable infectious diseases, investigating officers need to be aware of privacy legislation governing the collection, use and dissemination of personal information (the *Health Records Act 2001* and the *Information Privacy Act 2000*).

The Health Records Act, including the Health Privacy Principles, applies to health information, which is broadly defined to include information and opinion relating to physical and mental health, disability and aged care services. Much of the department’s functions, and those of our service partners, require us to handle information that is covered by this legislation.


During investigations, the following privacy issues may need to be addressed:

- Only information needed for a specified public health purpose is to be collected.
- Each person should be informed as to why information is to be collected from them, and how it will be handled.
- The collection must be lawful, fair and not intrusive.
- Information should be collected from the individual themselves where reasonable and practicable (unless authorised by law).
- The identity of an infected individual must not be disclosed to any third party without consent of that individual.
- All information collected is used and disclosed only for the primary or a directly related purpose, or for another purpose with the person’s consent (unless otherwise authorised by law).
- All information collected is stored securely, protecting it from unauthorised access.
- Information is retained for the period authorised by the *Public Records Act 1973*.
- A person can be provided with access to his or her own information, through the *Freedom of Information Act 1982* (section 1.3).

A privacy statement is included on the front of all department standard gastroenteritis questionnaires, and this should be read to the case by the interviewer at the start of all interviews. The interviewer should sign on each questionnaire that this has been done.

The Communicable Disease Prevention and Control Unit (CDPCU) of the department has privacy fact sheets for patients and doctors; these can be accessed on the department website at [www.health.vic.gov.au/ideas/notifying/privacy](http://www.health.vic.gov.au/ideas/notifying/privacy)

EHOs should also contact their council privacy officers for advice on privacy legislation and how it applies to disease investigations.
1.3 Freedom of information

The Freedom of Information (FOI) Act 1982 gives individuals the right of access to information held by the State Government, ministers and agencies. Agencies include State Government departments, councils and prescribed authorities such as statutory authorities, public hospitals, community health centres, universities, TAFE colleges and schools. Via the FOI process, individuals are able to apply for access to information held by the department and councils as part of an infectious disease investigation. FOI requests may be lodged with the department and/or with the council that conducted the investigation, and any records in document format may be accessed in this way. Any document requests should be dealt with by the council FOI officer.

1.4 Purpose of these guidelines

These guidelines have been produced to assist investigating officers (including council environmental health officers (EHOs), regional environmental health officers (REHOs), public health officers, medical practitioners and others) in the investigation of sporadic cases and outbreaks of gastroenteritis. The original document, ‘Guidelines for the investigation of gastrointestinal illness’ (1998), has been reviewed and amended, to produce a detailed reference document designed to guide investigations from the time of notification, through the initial investigation to the implementation of control strategies. These revised guidelines include a more detailed, step-wise approach to investigating single incidents of gastroenteritis (section 3) and outbreaks (section 4). There are two new sections: one describing control measures to be implemented during outbreaks (section 5), and the other giving a comprehensive coverage of the laboratory aspects of investigations (section 6). The guidelines now also include information on privacy and freedom of information (section 1).

The industry specific guides (refer to Supplements) have been designed to assist facilities in managing their outbreaks and in providing the required outbreak details to the investigating officer. These guides contain much of the information included in this document, but they have been written for proprietors/managers of health care facilities, children’s centres and school camps rather than for EHOs.

Investigating officers should take time to familiarise themselves with all sections of these guidelines so that they are well-informed and confident in the investigation process and fully understand the roles and responsibilities of all parties involved.

A web-based version of the guidelines can be obtained, along with further information on infectious diseases, on the IDEAS (Infectious Diseases Epidemiology and Surveillance) website at www.health.vic.gov.au/ideas.
For information on the investigation of foodborne disease outbreaks that cross state, territory and country borders, also refer to *The guidelines for the detection, investigation and management of multi-jurisdictional outbreaks of foodborne illness*. This document has been developed by OzFoodNet and the Department of Health and Ageing, and can be found at [http://www.health.gov.au/](http://www.health.gov.au/). The purpose of these guidelines is to provide clear guidance on the national management and investigation of potential multi-jurisdictional outbreaks linked to contaminated food sources. These guidelines do not override the existing responsibilities of individual agencies or states; rather they provide a framework to guide principal partners in responding to potential multi-jurisdictional outbreaks.
2 Roles and responsibilities

2.1 Local government

2.2 Department of Health
   2.2.1 Regional office
   2.2.2 Communicable Disease Prevention and Control Unit
   2.2.3 Food Safety and Regulatory Activities Unit
   2.2.4 Environmental Health Unit
2 Roles and responsibilities

For successful and effective investigation of gastrointestinal illness and outbreaks, it is necessary that all involved parties work together as a team. Responsibilities for the investigation and management of the public health aspects of cases and outbreaks of gastrointestinal illness are shared by the department and local government public health authorities as outlined here.

The department’s CDPCU is the lead agency, having an overall management/coordination role, while the department’s region has a coordination/liaison role, and local government has the investigative role required to protect the health of their community. The department’s Environmental Health Unit (EHU) and the Food Safety and Regulatory Activities Unit (FSRAU) also have defined roles to play in situations where illness may be water or food borne, respectively. It is important to note, however, that in certain situations there may be some crossover of these roles and responsibilities.

2.1 Local government

General

Council EHOs may become involved in the public health management of cases of infectious diseases in various ways, for example:

• cases may be referred by the department for further investigation
• cases may be reported directly to local government from their local community
• local government may become aware of cases as a result of their own observations and investigations.

Single incident cases

The role of the council EHO in single incident sporadic case investigations includes:

• interviewing cases of gastroenteritis, as referred by CDPCU, and completing the appropriate disease questionnaire with as much information as possible
• following up on identified risk factors for these cases as necessary (for example, premises inspection, food sampling)
• identifying further related cases and investigating these (completing questionnaires, collection of faecal specimens, follow-up of any identified risk factors)
• providing written feedback (on the referral form, and including the completed questionnaire, with additional notes as necessary) to the REHO on each case within ten days of receiving the referral.

Refer to section 3 for details of the single incident investigation protocol.
Outbreaks

Outbreaks that are confined to a local government area are primarily the responsibility of that local government authority. Outbreaks where cases are spread beyond council or regional boundaries will usually be coordinated by CDPCU in conjunction with the regions, and may potentially involve several councils investigating collaboratively.

If outbreaks are notified directly to local government, the EHO should immediately notify the department. During all outbreak investigations, local government should regularly liaise with their Department of Health region. It is also essential to keep CDPCU informed throughout the investigation to enable departmental briefings and appropriate, timely guidance and advice.

The role of the council EHO during gastroenteritis outbreaks may include:

• collecting all information requested on the gastro outbreak onsite assessment (GOOA) and forwarding this to the REHO along with the required attachments within two working days of notification to the council
• conducting site inspections
• supervising the clean-up
• providing advice on infection control practices and cleaning procedures
• providing the operator of the affected facility/premises with information as required, and ensuring they have a copy of the industry specific guidelines 1, 2 or 3, and all other appropriate appendices
• notifying the department of any significant issues arising from investigations
• conducting appropriate interviews with exposed people
• collecting food or water samples and faecal specimens
• reviewing food processes, Food Safety Programs (FSPs) and FSP records
• providing advice to the operator of the premises on food processes and any changes that may need to be made as a result of the outbreak
• informing the REHO if closure of a premises is thought to be necessary
• providing feedback to the operator of the implicated premises regarding any results and conclusions of the investigation
• ongoing monitoring of food processes where they have been found to be inadequate, or where changes have been requested by council
• attending post-investigation debrief meetings.

Refer to section 4 for details on the outbreak investigation protocol.
2.2 Department of Health

2.2.1 Regional office

Single incident cases

The role of the region in single incident sporadic case investigations includes:

• coordinating the investigation of referred cases of gastroenteritis within the region and ensuring that local government is investigating cases in accordance with these guidelines
• providing assistance and advice to local government on the investigation
• ensuring that any outbreaks, or significant issues arising from any investigations, are notified to CDPCU without delay
• regularly tracking the status of referrals within the region
• reviewing the information obtained by local government EHOs during investigations, and seeking clarification and additional information where necessary, before submitting to the CDPCU
• ensuring that investigations are completed and the results returned to CDPCU within 10 days of referral to council.

Refer to section 3 for details of the single incident investigation protocol.

Outbreaks

The role of the region during outbreak investigations includes:

• assisting with investigations of outbreaks of gastroenteritis within the region while maintaining liaison with local government, CDPCU, FSRAU and the EHU (the CDPCU may notify outbreaks directly to local government for action if the REHO is not available)
• providing advice to local government on the investigation of outbreaks, as requested
• reviewing the information obtained by the investigating EHO as recorded on the GOOA, and seeking clarification and additional information where necessary, before submitting to the CDPCU
• ensuring that the GOOA is returned to the CDPCU within two working days of notification of the outbreak to council
• ensuring that any significant issues arising from investigations are notified to the appropriate department unit as appropriate
• conducting an on-site inspection of premises as requested by the CDPCU, FSRAU, EHU, the Chief Health Officer or council EHOs
• assisting, where necessary, in investigating failures in premises’ food preparation processes
• assisting, where necessary, in reviewing the FSP and, in the case of premises requiring third party audits, obtaining and reviewing the recent audit report
Guidelines for the investigation of gastroenteritis

- assisting, where necessary, in arranging food/water sampling and collection of faecal specimens, on advice from the CDPCU
- responding to council request for premises closure
- referring possible food recalls to the FSRAU for risk assessment
- attending post-investigation debrief meetings
- responding to FOI requests in a timely manner, in consultation with the relevant department unit
- providing a public health emergency response to infectious disease outbreaks.

Refer to section 4 for details on the outbreak investigation protocol.

2.2.2 Communicable Disease Prevention and Control Unit

General

General responsibilities of the CDPCU include:

- formulating policy and program standards for the prevention and control of gastrointestinal illness
- maintaining a surveillance system for notifiable infectious diseases in Victoria
- developing and coordinating appropriate education and prevention strategies
- providing expert advice on infectious diseases issues
- providing public health emergency response to infectious disease outbreaks
- coordinating and delegating the investigation of single incidents, clusters and outbreaks of gastroenteritis
- notifying the Victorian State Coroner of any deaths associated with an outbreak.

Outbreaks

The role of CDPCU during outbreak investigations includes:

- circulating an incident report within 24 hours of the outbreak being notified
- managing and coordinating the investigation of gastroenteritis outbreaks and the investigation teams
- liaising with OzFoodNet, Communicable Diseases Network Australia, the Department of Health and Ageing and other public health authorities
- liaising with public health laboratories
- liaising with the FSRAU with regard to foodborne outbreaks, and EHU for waterborne outbreaks
- requesting information and action from REHOs and local government EHOs relating to the outbreak (for example, infection control measures, audit reports, FSP compliance, premises inspection, process information, written reports, food and faecal samples, interviews)
• initiating control measures to prevent ongoing spread of illness as per these guidelines and specific department disease investigation protocols

• providing advice to the operator of the affected premises, local government authorities and regions relating to the investigation and any actions or interventions to be undertaken

• participating in on-site attendances and inspections at the premises if deemed necessary by the unit, senior management or the Chief Health Officer

• coordinating the interviewing of all exposed persons and all controls (if a case control study is conducted)

• coordinating collection of investigative food and water samples and faecal specimens

• providing advice on key epidemiological aspects of the outbreak (for example, case definitions or questionnaire development)

• analysing all epidemiological data

• coordinating investigation meetings, as required

• initiating and chairing post-investigation debrief meetings

• briefing senior management and/or the Chief Health Officer on outbreak issues:
  − which are, or are likely to be, of public health significance
  − which are, or are likely to become, media issues
  − as requested by senior management and/or the Chief Health Officer

• facilitating the issuing of directions under the *Public Health and Wellbeing Act*

• responding to requests for information regarding the outbreak and its investigation from the department media unit as they occur, in accordance with department media policy

• responding to FOI requests in a timely manner, in consultation with the FSRAU, EHU and the department’s regional offices

• preparing outbreak reports as deemed necessary.

**Cluster investigations**

Clusters of disease (that is, an increased number of notifications of a particular pathogen) may be identified periodically through surveillance conducted routinely by CDPCU, and also by laboratories. Cases identified as part of a cluster are usually followed up by an actioning officer within CDPCU; however, REHOs and council EHOs may have a role to play (such as collecting faecal specimens or food samples) depending on the outcomes of these investigations. Specific requests in these instances will be made by CDPCU. Feedback on cluster investigations may not always be provided individually to each participating council, but can be obtained upon request.
2.2.3 Food Safety and Regulatory Activities Unit

**General**

General responsibilities of the FSRAU include:

- formulating policy and standards to ensure food safety
- providing advice and assistance on monitoring of foods identified as being associated with foodborne incidents to prevent further incidents of contamination
- managing and facilitating the issuing of *Food Act 1984* closure orders and closure revocations
- acting on referrals from the CDPCU regarding food premises auditing and FSP issues
- initiating food recalls, as warranted.

**Outbreaks**

The role of the FSRAU during outbreak investigations includes:

- providing support, advice and assistance to the CDPCU during an outbreak investigation of foodborne illness
- participating in on-site inspections of food premises, if required
- assisting in the coordination of food sampling during an outbreak investigation
- conducting the trace-back of food or food ingredients to their source or origin, where necessary
- providing advice on specific enforcement issues such as FSP compliance and interpretation of Food Standards Code and the Food Act
- providing advice on food preparation processes
- liaising with and referring relevant matters to other food regulatory authorities (such as state and territory health authorities, Primesafe and Dairy Food Safety Victoria) and to other organisations (such as the Australian Quarantine Inspection Service (AQIS) and Food Standards Australia and New Zealand (FSANZ))
- briefing senior management and/or the Chief Health Officer on food safety or Food Act issues:
  - which are, or are likely to be, of public health significance
  - which are, or are likely to become, media issues
  - as requested by the Chief Health Officer
  - attending post-outbreak debrief meetings when appropriate
  - responding to requests for information regarding food safety and Food Act issues from the department media unit as they occur, in accordance with the department media policy
- responding to FOI requests in a timely manner, in consultation with the CDPCU and the department’s regional offices
- liaising with and referring relevant matters to other regulatory authorities as required.

2.2.4 Environmental Health Unit

The role of the EHU during outbreaks includes:

• providing advice on potential public health risks arising from public and private drinking water supplies, water tanks, swimming pools, spas, recreational waters or flood waters
• providing advice on procedures to minimise the risk to public health arising from waterborne hazards
• investigating potential sources of contamination in conjunction with the region and local government
• would have a role similar to Food Safety on briefings/FOIs etc.