

Foodborne Diseases Active Surveillance Network (FoodNet) Active Surveillance Protocol

from the National Molecular Subtyping Network for Foodborne Disease Surveillance, also known as PulseNet, to improve the power of all 3 surveillance programs.

For FoodNet and NARMS data to be linked, each isolate must have a unique identifier, which is the State Laboratory Identification Number (FoodNet variable: SLABSID). We encourage FoodNet epidemiologists to communicate with the NARMS microbiologists in each state to make sure that FoodNet data and NARMS isolates from the same patient are identified by the same State Laboratory Identification Number. At CDC, surveillance epidemiologists will prospectively monitor monthly FoodNet data submissions to ensure the correct State Laboratory Identification Number format is being submitted. If a case is submitted with an incorrect State Laboratory Identification Number format, the case will be “flagged” by the FoodNet application and CDC FoodNet personnel will contact the appropriate site to request a correction.

I. CLINICAL LABORATORY AUDIT

Regular clinical laboratory audits are a fundamental requirement of FoodNet active surveillance of laboratory confirmed cases. To ensure that all cases of diseases under surveillance are being reported and to ensure that any change in incidence is not due to surveillance artifacts, audits of every clinical laboratory within the FoodNet surveillance area must be performed at least twice per year. However, if a laboratory routinely reports all culture results via computer printouts, there is no need to repeat the audit, as this method itself meets the criteria for an audit. Hospital visits and/or

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phone calls may still be necessary to collect information missing from the Case Report Form.

The primary data source at every reporting site (usually a laboratory log slips/log book or computer printout that lists all isolates) should be reviewed for pathogens under surveillance, and compared to the list of cases reported prospectively to the surveillance coordinator. A Case Report Form should be completed on all newly identified cases that have not been entered into the surveillance database. Cases identified by audit should be submitted following the FoodNet case ascertainment guidelines used for cases obtained through non-audited methods. Once audits are completed, the Case Report Forms on both “audit” cases and any other outstanding cases should be entered into the computer database. If complete Case Report Forms cannot be entered into the database, basic demographic information such as age, sex, race and county of residence should be entered into the database for these pending cases.

Acceptable methods for auditing a laboratory include:

- Physical visit by an agent of the state (e.g., FoodNet/state employee, academic partner) to the laboratory to review, in person, the laboratory testing log slips/log books (onsite review). If used, this method must include personal

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review of every possible positive laboratory test result from the laboratory being audited.

- Review of a computer generated line list of all laboratory data, with documentation that the program used to generate the computer generated list will include every case potentially fitting the FoodNet surveillance definition from that laboratory. This documentation should be held at each FoodNet site for at least five years.

- Review of an electronic database of cases received electronically or in hard-copy from clinical laboratories, with documentation that the program used to generate the database will include every case potentially fitting the FoodNet surveillance definition from that laboratory. This documentation should be held at each FoodNet for at least five years.

Unacceptable methods for an audit include:

- Sending a list of FoodNet cases to the clinical laboratories for the laboratories to review and indicate whether FoodNet site has counted all cases

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- Review of a list of “cases” or positive test results generated by hand, or by review of computer reports, from laboratory personnel, infection control, or other hospital staff.

- Review of cases or positive reports set aside or sent in by laboratory personnel, infection control staff, or other hospital staff.

**J. ADDITIONAL COMMENTS ON SELECTED PATHOGENS UNDER
SURVEILLANCE**

1. Shiga toxin-producing *E. coli*

As FoodNet has gained a better understanding of surveillance for Shiga toxin-producing *E. coli* (STEC), the classification for STEC cases has changed. From 1996-1999, surveillance was only conducted for *E. coli* O157. In 2000, surveillance was expanded in some states to STEC non-O157 and cases were classified into two categories: “*E. coli* O157” and “*E. coli* other.” In 2001, STEC cases were classified into two categories: “*E. coli* O157” and “Shiga toxin-producing *E. coli* non-O157.” Beginning in 2002, STEC cases were classified into three categories: “*E. coli* O157,” “Shiga toxin-producing *E. coli* non-O157,” and “STEC O-Antigen Undetermined.”