

**Performance Standards - FoodNet/NARMS  
January 2005**

**Active and HUS Surveillance**

1. Case follow-up
  - a. Percent of cases with “unknown” hospitalization  
(hospitalization within 7 days of culture collection date)  
**Target: <= 15% unknown**
  - b. Percent of **outpatient/ER cases** with “unknown” outcome  
(If outpatient, death within 7 days of culture collection date; if hospitalized, follow-up until patient is discharged or dies)  
**Note: See attached sheet for additional information.**  
**Target <= 50% unknown**
  - c. Percent of **hospitalized cases** with “unknown” outcome  
**Target <=5% unknown**
  - d. Percent of *Salmonella* and *E. coli* O157 cases who were interviewed for **international travel** information  
**Target: Interview  $\geq$  85% of all\* *Salmonella* cases ascertained in surveillance**  
**Target: Interview  $\geq$  85% of all *E. coli* O157 cases ascertained in surveillance**  
\*Excluding GA which should interview  $\geq$  25% of all *Salmonella* ascertained in surveillance
  - e. Percent of cases with information on whether they were **outbreak-associated**  
**Target: Report 100% of CDC EFORS numbers entered, if case is associated with a foodborne disease outbreak**
2. Timeliness - median days from culture collection to data entry in PHLIS/state system  
**Target: <= 15 days from culture collection to data entry**
3. HUS surveillance - measure of participation  
**Target: Report to CDC at least once per month**

**Case Report Forms**

4. Completion of additional *Vibrio* Case Report Form  
**Target: 100% of *Vibrio* reported through FoodNet surveillance will be reported to FDDB on appropriate surveillance form in timely fashion. (“timely fashion” still to be determined)**
5. Completion of additional *Salmonella* Typhi Case Report Form  
**Target: 100% of *Vibrio* reported through FoodNet surveillance will be reported to FDDB on appropriate surveillance form in timely fashion. (“timely fashion” still to be determined)**

## Outbreak Surveillance

### 6. Timeliness of outbreak reporting

**Target:  $\geq 80\%$  of initial EFORS reports entered within 2 months of first onset**

### 7. Completeness of data -**DONE**

- a. The number of laboratory-confirmed cases (variable 'labcases') should be completed for all outbreaks (Note: if there are no laboratory-confirmed cases, "0" should be entered in the field).

**Target:  $\geq 95\%$  of EFORS reports should have completed information for number of laboratory-confirmed cases**

- b. The total of the five age groups should equal  $\geq 95\%$

**Target:  $\geq 85\%$  of EFORS reports should have age group information completed**

- c. The total of the genders should equal 100%

**Target:  $\geq 85\%$  of EFORS reports should have gender information completed**

- d. The number of hospitalized cases (variable 'hospnum') should be completed for all outbreaks (Note: if there are no hospitalized cases, "0" should be entered in the field).

**Target:  $\geq 85\%$  of EFORS reports should have completed information for number of hospitalized cases**

- e. The number of deaths (variable 'deathnum') should be completed for all outbreaks (Note: if there are no deaths, "0" should be entered in the field).

**Target:  $\geq 85\%$  of EFORS reports should have completed information for number of deaths**

## Laboratory

8. NARMS isolate submission - percent of cases which should have had an isolate submitted, that did have an isolate submitted (Note: 2 month lag time allowed)

**Target: Every 20<sup>th</sup> non-Typhi *Salmonella* in surveillance**

**Every 20<sup>th</sup> *E. coli* O157 in surveillance**

**Every 20<sup>th</sup> *Shigella* in surveillance**

**All *Salmonella* Typhi in surveillance**

**All *Listeria monocytogenes* in surveillance**

**All *Vibrio* in surveillance**

**1 *Campylobacter* isolate per week**

8. PFGE testing - percent of cases which should have had a PFGE pattern submitted, that did have a PFGE pattern submitted

**Target: All *E. coli* O157, *Salmonella* Typhimurium, and *Listeria monocytogenes* in surveillance**

**FoodNet will add a timeliness factor to this standard once a method for measuring it is established.**

10. Isolates received at state laboratory from clinical labs
  - a. **Target:  $\geq 85\%$  *E. coli* O157 in surveillance**  
**Target:  $\geq 85\%$  *Salmonella* in surveillance**  
**Target:  $\geq 95\%$  *Listeria monocytogenes* in surveillance**  
**Target:  $\geq 90\%$  *Vibrio* in surveillance**
  - b. **Target  $\geq 95\%$  of bacterial isolates (except *Campylobacter*) will have serotype/species information entered into the FoodNet system**
11. **Target of \_\_\_ % of *Vibrio* isolates received at state lab will be sent to CDC.**
12. **Target of capturing *Listeria* serotype information in FoodNet database in timely fashion so as to be useful for sites (e.g., in identifying clusters). “Timely fashion” still to be determined.**
13. Completion of ‘State Lab ID’ variable in FoodNet surveillance for isolates submitted to NARMS and PulseNet  
**Target: 100% completion of ‘State Lab ID’ variable for isolates submitted to NARMS and PulseNet.**

#### **Case-control studies**

14. Percent of cases eligible for case-control studies which were enrolled  
**Target:  $\geq 50\%$  enrollment of eligible cases in surveillance**  
 (“eligible” as defined in methods for each study)

#### **Leadership**

15. Participation
  - a. Percent of Steering Committee conference call with site representative  
**Target: Representatives from each site should attend 100% of calls**
16. Number of 1<sup>st</sup> authored abstracts submitted yearly to national meetings  
**Target: Each site should submit  $\geq 1$  FoodNet abstract (site-specific or aggregated data) per year to a national meeting**

## **ADDITIONAL INFORMATION FOR PERFORMANCE STANDARD #1**

- 1. Hospitalization for any reason during the 7 day window will be recorded as a 'yes'. (Note: if a >7 day window is used, CDC FoodNet can subset data to include only those with 7 day window).**
- 2. If hospitalization is <7 days, data from hospital discharge will still be used for 'outcome'.**
- 3. ER visits are considered 'outpatient'. For ER discharges with no follow-up, 'subsequent hospitalization' and 'outcome' will be coded as 'unknown'.**
- 4. ER chart requests that are not fulfilled will be coded as 'unknown'.**
- 5. FoodNet Case report form will be modified to reflect changes.**