



Integrated Food Safety
Centers of Excellence

Outbreak Investigation Template for Correctional Facilities

A joint protocol developed by the New York State
Department of Health and the NYS Department of
Corrections and Community Supervision

Preface

A 2017 analysis from the Centers for Disease Control and Prevention (CDC) noted that incarcerated individuals are more likely to experience illness from a foodborne outbreak than the general public. Additionally, outbreaks in jails and prisons are roughly six times larger than those in non-correctional settings, placing undue strain on correctional staff and health systems. In response to these findings, the New York Food Safety Center of Excellence (NY CoE) collaborated with colleagues in the New York State Department of Health (NYSDOH) and the NYS Department of Corrections and Community Supervision (DOCCS) to re-establish partnerships and finalize a joint protocol outlining the steps and actions needed to conduct foodborne disease outbreak investigations in state-regulated correctional facilities. Supplemental tools such as template line lists and specimen submission guidance were also shared. The protocol was finalized in the fall of 2025.*

Subsequently, the NY CoE adapted the joint protocol to serve as a template for other health agencies that desire to implement enteric outbreak protocol agreements with correctional facilities in their state/jurisdiction. This template will assist state and local public health partners nationally who are responsible for interviewing individuals residing in correctional facilities or investigating foodborne disease outbreaks at correctional facilities.

NOTE: This template should be modified to fit the needs and regulations of all involved agencies. At a minimum, items highlighted in yellow will need review by all facilities to ensure that appropriate, agency-specific content is included.

**(Marlow MA, Luna-Gierke RE, Griffin PM, Vieira AR. Foodborne Disease Outbreaks in Correctional Institutions-United States, 1998-2014. Am J Public Health. 2017 Jul;107(7):1150-1156. doi: 10.2105/AJPH.2017.303816. Epub 2017 May 18. PMID: 28520482; PMCID: PMC5463225)*

Investigation of Foodborne Disease Outbreaks at [State Department of Corrections]

A protocol agreement among:

- [State Department of Health], [Epidemiology Program, i.e., Bureau or Division]
- [State Department of Health], [Environmental Health Program, i.e., Bureau or Division]
- [State Department of Corrections]

Agreement finalized: [Date]

FOODBORNE DISEASE OUTBREAK BACKGROUND

- A foodborne disease outbreak is defined as an incident in which two or more persons experience a similar illness resulting from the ingestion of a common food.
- Foodborne outbreaks can be caused by bacteria, viruses, parasites, or toxins. Norovirus is the leading cause of foodborne illness outbreaks.
- Foodborne illnesses typically present with gastrointestinal (GI) symptoms including nausea, vomiting, diarrhea, abdominal cramps, and fever. Illness onset may occur within hours after eating or drinking the contaminated item, or days to weeks after.
- Foodborne illness can cause severe dehydration and even death in young, elderly, and immune compromised individuals.

CLINICAL CASE IDENTIFICATIONS

- Transmission is fecal-oral and can spread:
 - From person to person.
 - Via contaminated food, water, or surfaces.
- Nursing staff will identify clusters or outbreaks of sudden onset of vomiting and/or diarrhea (bloody or non-bloody), defined as three or more loose stools in a 24-hour period, with no other obvious cause for the symptoms. There may also be body aches, headaches, nausea, fever, and abdominal cramping.
 - Outbreak Indicators:
 - Two or more persons with similar illness after exposure to the same food source.
 - Evidence implicates food as the source of the illness.
 - Outbreaks can be laboratory-confirmed or suspected (an increase in cases or greater than expected number of cases of a disease in time or place).

PRIORITY INFORMATION TO COLLECT

- Outbreak start date (the date the first patient develops signs or symptoms).
- Number of incarcerated individuals and staff who are ill.
- Illness onset date and time for each ill person.
- Symptoms reported for each ill person.
- Average duration of illness.
- Location of residence or duties in the facility for each ill person.
- Vomiting or diarrhea occurrences in communal areas.
- Menus for food served at the institution over the past 5 days.

NURSING TASKS

- Immediately isolate affected patients using contact precautions.
- Notify primary provider and [Infection Control Lead].
- Provide patient education <https://www.cdc.gov/norovirus/about/index.html>.
- Instruct patients to avoid sharing food, drinks, utensils, cigarettes, or personal care items.

- Refer patient(s) to primary provider for stool testing as necessary after evaluation. Ideally, collect stool specimens from 5-7 currently (or recently) ill individuals.
- Cohort patients until asymptomatic for 48 hours.
- Inform all staff and visitors of the outbreak and initiate precautions.
- Initiate the GI line list. See Attachment A.
- Using a standardized form, collect a 3-day (minimum) to 5-day (recommended) food history for all ill incarcerated individuals and staff members, including dining locations for incarcerated individuals. See Attachment B [replace with your agency's form, if desired].
- Use disposable medical equipment. If disposable medical equipment is not available, dedicate certain medical equipment to the cohort area and properly disinfect after each use.
- Use disposable plates, cups, and utensils (request from mess hall).
- Do not use/serve any leftovers.
- Hold all food trays and leftovers until further notice.

[INFECTION CONTROL LEAD] MEASURES

- Notify [Lead Supervisors] of the situation.
- [Lead Supervisors] will notify [key staff, i.e., Chief Medical Officer, Assistant Commissioner].
- Assist staff in developing timeline for illness and contacts:
 - Illness symptomology.
 - Illness onset dates and times.
 - Duration of illness.
 - Total number of ill individuals.
 - Commonalities among ill individuals such as living space, work duties etc.
 - Where/how was food served to ill incarcerated individuals in the past 3-5 days?
 - Same dining hall?
 - Different shifts?
 - Buffet style?
 - How was the food prepared (i.e., preparation steps, ingredients)?
 - Who prepared the food?
 - Where and when was food prepared?
 - Any reported food worker illnesses during the week prior to the outbreak or since?
 - Any outside food served to ill individuals?
 - Any commissary used by ill individuals?
- Review the GI line list and interview mess hall staff. See Attachment A.
- Cohort, evaluate, and monitor identified contacts.
- Primary provider will assess the case(s) and determine the need for additional stool specimens.
- If a potential foodborne outbreak is suspected, contact your [State/Local Department of Health].
- The lab evaluating the stool specimens will automatically report positive results of a reportable disease to the [State/Local Department of Health]. [Embed your agency's Communicable Disease Reporting Requirements form, if desired].
- Contact facility administration and arrange a meeting with [key partners, i.e., Executive Team, Department heads, union representatives, Incarcerated Individual Liaison Committee].
- Educate the incarcerated community and staff about the outbreak and transmission routes.

- Advise anyone with symptoms to report to medical immediately.
- Brief the [executive team] daily and outline the status of the outbreak and outbreak control activities being implemented. Discuss current needs such as:
 - The need to pause group activities and programs.
 - Requesting permission to stop movement into and out of facility.
- Provide education for staff and patients: <https://www.cdc.gov/norovirus/about/index.html>.
- Review proper handwashing procedures with staff.
- Educate staff on the proper use of hand sanitizers. Hand sanitizers should not be used as a replacement to handwashing, but in conjunction with handwashing.
- Instruct staff that mask, gloves, and gowns are necessary to be worn when cleaning areas that are contaminated with vomit or feces.
- Refer to [Housekeeping directives as listed in the Correctional Facility's General Housekeeping Manual] in medical areas. Bleach is the cleaner of choice for norovirus and is acceptable per the [State Department of Corrections] directive. To disinfect, use a chlorine bleach solution with a concentration of 1,000 to 5,000 ppm (5 to 25 tablespoons of household bleach [5% to 8%] per gallon of water) or use an EPA-registered disinfecting product against norovirus ([How to Prevent Norovirus | Norovirus | CDC](#)).
- Review the cleaning schedules of the bathrooms, microwaves, and ice machines in cohort areas if applicable.
- Outbreak report will be held between [nursing and infection control staff]. The [executive team] will be briefed daily.
- Complete a summary and provide to [key staff] for review.

SECURITY TASKS

- Ensure appropriate hygiene and disinfection materials are provided to patients and porters.
- Dedicate staff to a cohort area.
- Porters should be wearing appropriate PPE as outlined above. Porters should not be cleaning both sick and well patient care areas.
- Instruct mess hall staff to report immediately to medical about any incarcerated individuals who complain of GI symptoms.
- Reinforce that any ill staff members reporting GI symptoms should leave work/not come to work and should notify the facility of their illness.
- Refer to [Housekeeping directives as listed in the Correctional Facility's General Housekeeping Manual] in medical areas.

COORDINATION WITH STATE AND LOCAL DOH

- Outbreaks of any communicable disease occurring in a state institution are reportable to the [State Department of Health].
 - [State Department of Health], [Epidemiology Program, i.e., Bureau or Division].
 - Workday: [Operational hours and phone number].
 - After hours: [phone number].
 - [Add additional program contact information as appropriate i.e., Immunization]

- A point person from the [State Department of Health] and a point person from [State Department of Corrections] will be assigned to facilitate information sharing and ensure a direct communication channel for the duration of the investigation.
- Once [State Department of Corrections] reports an outbreak to [State Department of Health], [State Department of Health] may provide support and guidance to the facility.
- [State Department of Corrections] will continue to lead and complete the investigation.
- Examples of [State Department of Health] support include: [modify this list, as appropriate]
 - Assisting with development of a line list to help define the scope and severity of the outbreak and for hypothesis generation.
 - Providing templates for data collection (including systems and forms).
 - Assisting with the collection of food menus.
 - Standardized questionnaire development.
 - Providing guidance on clinical specimen submission.
 - Providing guidance on environmental assessments, safe food preparation procedures, and appropriate storage and handling procedures.
 - Assisting with product/food testing.
 - Assisting with data analysis.
 - Providing considerations for best practices during enteric outbreak investigation to incorporate into internal [State Department of Corrections] guidance documents.
 - Assisting with completion of the final report for submission to the Centers for Disease Control and Prevention (CDC) via the National Outbreak Reporting System (NORS).

[Modify this statement, as appropriate]

[State Department of Health] is available to perform on-site visits to [State Department of Corrections] to more directly help with the assessment and investigation of an outbreak. If the [State Department of Health] is requested at the facility, the [State Department of Health] will be informed that in order to enter the facility, they will need to [add instructions, as appropriate, i.e., supply the names of the staff members who will be in attendance, along with any equipment or documentation they intend to bring into the facility].