

Annex 2: Agency Roles and Responsibilities for Foodborne Illness Outbreak Management

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Roles and Responsibilities

Preamble

This document was developed to assist all agencies involved in enteric outbreak management in Saskatchewan to understand the roles and responsibilities of those involved.

Depending on the scope of the outbreak, responsibilities for investigating and responding to foodborne hazards or illness outbreaks may be shared between the local authority, provincial, and federal jurisdictions. The response involves collaboration and cooperation among all those involved.

Saskatchewan Ministry of Health (MoH), Saskatchewan Health Authority (SHA), Indigenous Services Canada (ISC), Northern Intertribal Health Authority (NITHA) and partner agencies all hold responsibility for aspects of investigation and mitigation of foodborne illness outbreaks (enteric outbreaks). Most commonly outbreaks are first identified within the jurisdictional area of the SHA and remain provincial single geographical area outbreaks that can be managed within the existing SHA outbreak management structure.

The MoH will assist in coordinating complex outbreaks in any provincial single geographical area, provincial multi-geographical area, and multi-jurisdictional outbreaks. These are further defined below. The level of coordination, level of partner involvement and lead on the outbreak will depend on the type of outbreak and may evolve over the course of the outbreak. Outbreak definitions can be found below. Information on the roles of the Most Responsible Agency (MRA) are found in the SK-FIORP.

Partner agencies, including the Saskatchewan Ministry of Agriculture, Canada Food Inspection Agency (CFIA), and Health Canada contribute to outbreak investigations through their food safety inspection, investigation, risk assessment, and food recall activities. The Public Health Agency of Canada (PHAC) may provide support to single-jurisdictional enteric illness outbreaks in multiple ways through the Outbreak Management Division, the National Microbiology Laboratory, the Canadian Field Epidemiology Program and the Canadian Public Health Service. Details on these roles and responsibilities are outlined below.

If it is suspected that an outbreak is related to criminal activity (e.g., tampering, sabotage, terrorism), law enforcement agencies (local police, provincial police, or the Royal Canadian Mounted Police) assume the responsibility for the criminal investigation and law enforcement response of the investigation.

Definitions can be found in **Appendix 1** of the SK-FIOIP.

Provincial

Saskatchewan Ministry of Health (MOH)

Mandate

The Ministry of Health is ultimately responsible for the health of the people of Saskatchewan, through responsibility for Saskatchewan's health system, and with a mandate to guide and enhance the province's health services, including food protection services. With respect to food safety, the MOH is responsible for developing and maintaining legislation, policies, and guidelines that support the investigation, reduction, and prevention of foodborne illness. Within the MOH, it is the Population Health Branch that is responsible for the following roles.

Legislation

The Public Health Act, 1994, (the Act) provides the legislative authority in Saskatchewan for responding to outbreaks of foodborne illness and food-related hazards. *The Communicable Disease Regulations* and *The Food Safety Regulations* under the Act stipulate regulatory requirements for disease reporting, investigation, and for protecting food safety.

A provincial Coordinator of Communicable Disease Control is designated by Ministers Order per the Act. Since April 2022, the provincial Chief Medical Health Officer holds this designation, with the Deputy Chief Medical health Officer being the alternate.

The MOH also has policies, guidance, and MOUs in place to facilitate food safety and outbreak management. These include:

- Communicable Disease Control Manual
- Public Eating Establishment Standards
- Food Processing Facility Best Management Practices
- Internal Technical Guidelines
- Agreements to be developed with CFIA, Saskatchewan Ministry of Environment, Saskatchewan Ministry of Agriculture, and Health Canada to address local roles and responsibilities for food safety and inspections of food processing facilities.

Role in Foodborne Illness Outbreaks

The MOH provides leadership, direction, funding, and support to their service delivery partners, such as SHA, other health professionals, and others who directly deliver health and para-health services. The Ministry continuously monitors and evaluates the delivery of health services and the health of the population.

The MOH outlines the minimum program requirements, and, through the Population Health Branch (PHB), provides legislative and policy oversight to the local authority (SHA) in the delivery of public health programs and services in the prevention of infectious disease and the prevention and reduction in the burden of foodborne illness. The MOH supports food safety investigations and outbreak activities with partner agencies.

The MOH is the lead for public communications provincially. The MOH provides some medications or vaccinations that may be required during an enteric outbreak (e.g., botulism antitoxin). The MOH is the lead to support International Health Regulations (IHR) notifications. Any request for assistance from PHAC's Canadian Field Epidemiology Program or other partner assistance should be directed to the MOH who then submits the request on behalf of the SHA.

Office of the Chief Medical Health Officer (CMHO)

The Office of the Chief Medical Health Officer consists of the Chief Medical Health Officer (CMHO), the Deputy Chief Medical Health Officer (Deputy CMHO), the Chief Population Health Epidemiologist, and their support staff. The CMHO holds the designation of the Coordinator of Communicable Disease in Saskatchewan, with the Deputy CMO as alternate. The Coordinator of Communicable Disease plays a key role in the management of foodborne illness outbreaks, particularly outbreaks that are multi-jurisdictional or complex. They may act as the main provincial liaison on the matter, helping marshal provincial resources as needed, and providing updates and advice to the province.

The PHB is responsible for the development and implementation of legislation, policies, and programs in the areas of food safety, disease control, and outbreak management. PHB works closely with the provincial Coordinator of Communicable Disease and the SHA who have the primary responsibility for providing surveillance and monitoring of activities and premises, which may affect the public's health.

The PHB at the MOH:

- Conducts routine surveillance of infectious diseases through analysis of Panorama Investigations and Outbreak Management (IOM) data.
- Monitors outbreaks reported to the provincial CD Coordinator.
- Monitors key partner activities pertaining to the outbreak investigation.
- Consults with national and international public health experts and advisory bodies as required.
- Works in coordination with key partners to develop appropriate intervention strategies and public health messaging.
- Conducts human health risk assessments.
- Shares outbreak-related data and information with provincial and federal partners
- Provides scientific and technical support during single geographical area investigations.
- Advises when an SK-OICC assessment call is required.
- Provides scientific and technical advice to the CMOH.
- Represents SK in FPT-OICC calls convened by PHAC.
- Provides food safety consultation, guidance, and direction.
- Conducts foodborne illness and outbreak investigation and review.
- Coordinates requests for assistance between the SHA and partner agencies.

In the context of foodborne illness, The Ministry is also responsible for:

- Consultation with agencies on environmental health issues, including food safety issues.
- Developing inter-government and inter-agency protocols and agreements for environmental health issues.
- Data management for environmental health issues.
- Development and coordination of promotional and educational materials for environmental health issues.

Saskatchewan Health Authority (SHA)

Mandate

As the provincial health authority, the SHA has the mandate to prevent, report, investigate, and respond to human illness outbreaks, including foodborne enteric outbreaks, which occur within their local authority jurisdictional area.

Legislation

The legislation under which the SHA carries out its mandate includes *The Public Health Act, 1994*, and associated regulations:

- *The Disease Control Regulations*
- *The Food Safety Regulations*

Role in Foodborne Illness Outbreaks

Foodborne outbreaks within a single geographic region in the SHA will involve the SHA's public health inspection offices. Depending on the structure of the communicable disease team in the lead SHA office, they may also involve public health nurses and local epidemiologists.

Case investigation, data collection, and obtaining consent for sharing of information are critical roles for SHA CD investigators. CD investigators of enteric illnesses and outbreak must have the necessary skill set to understand enteric illnesses and their environmental impacts to transmission in order to have effective outbreak management. Public health inspectors (PHIs), as public health officers, also conduct the food safety investigation component integral to enteric outbreak investigations. This includes site inspections, food safety investigations, food sample collection, and enforcement activities with the mandate for facilities implicated during outbreak investigation. As a component of all outbreak management activities, the SHA must take steps to control potential causes of foodborne illness wherever possible.

When implicated food facilities are under the jurisdiction of partner agencies, SHA PHIs may assist in joint inspections and other activities related to outbreak investigation and food safety as needed.

The SHA, as lead agency, assembles CD outbreak investigation teams which include Medical Health Officers, Public Health Inspectors, CD investigators (PHIs and PHNs), and Epidemiologists, to coordinate and conduct foodborne illness outbreak investigations. If a SHA-led outbreak is complex or multi-jurisdictional, the SK-OICC process may be initiated.

SHA Roy Romanow Provincial Laboratory (RRPL)

Mandate

The SHA's Roy Romanow Provincial Lab (RRPL) provides reference diagnostic services and public health surveillance testing for Saskatchewan.

Legislation

The Public Health Act, 1994

The Disease Control Regulations

The Medical Laboratory Licensing Act, 1994

The Medical Laboratory Licensing Regulations, 1995

Role in Foodborne Illness Outbreaks

Regional microbiology laboratories throughout the province conduct diagnostic testing on human specimens to identify organisms associated with foodborne illness. When a regional lab detects a reportable infectious disease, the sample or isolate is referred to RRPL.

RRPL conducts confirmatory testing, characterization and typing of microorganisms associated with foodborne illness in humans. Genomic typing of common enteric bacterial pathogens is conducted and reported through PulseNet Canada, a national database used to identify potential foodborne disease outbreaks using whole genome sequencing.

During foodborne outbreak investigations, RRPL may process food specimens for the detection of the causative organism. When investigating enteric outbreaks where the causative agent is unknown or not yet known, the SHA PHIs may need to utilize other lab resources. Food specimen testing may overlap with CFIA mandate below and in certain circumstances, testing through CFIA labs may be more appropriate. All food samples suspected of *Clostridium botulinum* are referred to the Botulism Reference Service in Ottawa.

RRPL works closely with the National Microbiology Laboratory (NML) in Winnipeg and will refer specimens or isolates there as needed for additional analyses. NML houses and manages the PulseNet national databases.

RRPL conducts reference testing of human specimens, help identify clusters of cases based on microbiological characteristics, and conduct testing of foods implicated in foodborne illness outbreaks. Specimen are referred to the National Microbiological Laboratory (NML) per standard process for further molecular typing and genetic matching.

Submitted food specimens will be processed only if a causative agent is isolated from stool specimens related to a foodborne illness outbreak. During foodborne outbreak investigations, clinical specimens are assigned an outbreak number and sent directly to RRPL for priority testing. A single exception is testing for *Clostridium botulinum*, which should be directed to the Botulism Reference Service of Health Canada. See Table 2 for food testing flow.

With respect to human specimens, regional labs may also play a role in preliminarily linking specimens to an outbreak, to permit timely outbreak investigation activities and facilitate outbreak management.

Northern Inter-Tribal Health Authority (NITHA)

Mandate

NITHA is guided by the mandate that The Chiefs have the ability to speak with one united voice, thereby being stronger and more powerful in our insistence for health services responsive to the needs of their northern communities. As the health authority covering multiple First Nations communities, NITHA has the mandate to prevent, report, investigate, and respond to human illness outbreaks, including foodborne enteric outbreaks, which occur within their local authority jurisdictional area.

Legislation

The legislation under which the NITHA guides its mandate responsibilities includes *The Public Health Act, 1994*, and associated regulations:

- *The Disease Control Regulations*
- *The Food Safety Regulations*

Role in Foodborne Illness Outbreaks

[To be completed by NITHA] What CD, outbreak management, and environmental health services are available in NITHA?

Athabasca Health Authority (AHA)

Mandate

To provide comprehensive health services in an integrated and holistic manner to support, nurture and restore physical, mental, spiritual, and emotional health to the people in the communities they serve. As the health authority covering the far north of Saskatchewan, AHA has the mandate to prevent, report, investigate, and respond to human illness outbreaks, including foodborne enteric outbreaks, which occur within their local authority jurisdictional area, where the Authority is an effective community-based organization accountable to the community, staffed wherever possible by people from the region.

Legislation

The legislation under which the NITHA guides its mandate responsibilities includes *The Public Health Act, 1994*, and associated regulations:

- *The Disease Control Regulations*
- *The Food Safety Regulations*

Role in Foodborne Illness Outbreaks

Medical Health Officers, employed by Northern Medical Services working within the Saskatchewan Health Authority, provide services to AHA. This includes communicable disease investigation and management, outbreak management, and environmental health services.

Federal

In all types of outbreaks, other agencies also have mandates to respond when certain factors arise, including when the source of the outbreak is a food originating from a federally licensed plant/processor or facility overseen by another agency (i.e., domestic meat plants), or when the etiological agent is of interest at a national scale.

Canadian Food Inspection Agency

Mandate

The Canadian Food Inspection Agency (CFIA) is dedicated to safeguard Canada's food, animals and plants, which, in turn, enhances the health and well-being of our people, environment and economy. The CFIA Science Branch has a mandate to provide scientific leadership, advice, and laboratory services to contribute to an effective science-based organization.

Legislation

In relation to food, the CFIA administers and/or enforces the *Food and Drugs Act* (as it relates to food), the *Safe Food for Canadians Act*, and their respective regulations. The *Safe Food for Canadians Regulations* (SFCR) replaced the former regulations made under the *Canada Agricultural Products Act*, *Fish Inspection Act*, *Meat Inspection Act*, and the food-related provisions of the *Consumer Packaging and Labelling Regulations*.

Role in Foodborne Illness Outbreaks

The CFIA delivers all federal inspection and enforcement services related to food on behalf of the federal government. The CFIA's role in foodborne outbreaks includes its food safety investigation, testing and recall activities including advising the public of recalls, monitoring the effectiveness of recalls, participating in any outbreak management committee as well as its regulatory compliance and enforcement activities.

When a potentially contaminated food (that could pose a risk to the public) has been identified in Canada, the CFIA launches a food safety investigation to determine the nature, extent, and cause of the problem, confirms whether a health hazard exists, and identifies the appropriate risk management options. The food safety investigation includes tracing foods from the retail level through distribution to production or processing facilities to pinpoint a suspected source of the problem. Information obtained throughout the food safety investigation provides the basis for the assessment of risk and the development of appropriate risk management strategies to control affected products.

The food industry carries out most recalls voluntarily. However, if a company is not available or willing to conduct the recall voluntarily, the federal Minister of Health (food) or the Minister of Agriculture and Agri-Food (animal, plant) can, under the *Canadian Food Inspection Agency Act*, order a company to recall a product where the Minister believes that it poses a risk to public, animal, or plant health. The CFIA will verify that the recalling firm has recalled the product effectively.

Groups within the CFIA that play key roles in the food safety response to foodborne illness outbreak situations include:

- Regional inspection staff and SK Regional Recall Coordinator (RRC), are actively involved in food safety investigation. The RRCs are also the usual first point of contact within the CFIA for the Saskatchewan Ministry of Health.
- The Office of Food Safety and Recall (OFSR) is responsible for the coordination and consistency of decision-making on food safety issues and recalls. The OFSR is the first point of contact for national and international food safety related issues. OFSR requests Health Risk Assessment from Health Canada and/or liaises with Public Health Agency of Canada.
- The above mentioned two groups may seek input from other CFIA departments on an as needed basis.
- Should a SK-OICC assessment call take place and the CFIA be invited to attend, both the RRC and the Office of Food Safety (OFSR) should participate on the call.

Public Health Agency of Canada

Mandate

The mission of the Public Health Agency of Canada (PHAC) is to promote and protect the health of Canadians through leadership, partnership, innovation, and action in public health. The mandate of PHAC is to promote health; prevent and control chronic diseases and injuries; prevent and control infectious diseases; prepare for and respond to public health emergencies; serve as a central point for sharing Canada's expertise with the rest of the world; apply international research and development to Canada's public health programs; and strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning.

Legislation

PHAC was established in September 2004 and was confirmed as a legal entity in December 2006 by the *Public Health Agency of Canada Act* (Bill C-5). To address concerns about human pathogens and toxins, Parliament passed the *Human Pathogens and Toxins Act* (HPTA) in 2009. PHAC is charged with enforcing the HPTA and developing a program and regulatory framework.

At the federal level, PHAC, HC, and CFIA have legislated responsibilities for responding to foodborne illness related events. In 2008, a trilateral MOU between PHAC, HC, and CFIA was finalized. The trilateral MOU specifies the roles and responsibilities of the CFIA, HC, and PHAC as they relate to the common issues that directly or indirectly have an impact on human health including food safety and nutrition, infectious disease outbreak management, and emerging zoonotic diseases. These MOUs and corresponding Roles and Responsibilities Frameworks reference the FIORP (Foodborne Illness Outbreak Response Protocol) as a key guidance document. FIORP was developed by PHAC in consultation with HC, CFIA, and P/T partners to enhance the collaboration and overall effectiveness of response during multi-jurisdictional foodborne illness outbreaks.

Role in Foodborne Illness Outbreaks

PHAC coordinates the multi-jurisdictional outbreak response in collaboration with affected partners, conducts national laboratory-based surveillance, provides expertise to public health officials, provides

advice to Canadians during an outbreak, and builds capacity for responding to enteric illness outbreaks. PHAC also acts as the International Health Regulations (IHR) national focal point, which is the national center designated to communicate with the World Health Organization (WHO) IHR Contact Points under the regulations.

Within the Government of Canada, The Centre for Food-borne, Environmental and Zoonotic Infectious Diseases (CFEZID) Outbreak Management Division (OMD) at PHAC is the usual first point of contact for notification by the partners of issues related to actual or potential foodborne illness outbreaks. When requests for content expertise/support are received, CFEZID will act as the main liaison with international public health counterparts. The Centre plays the following roles:

- Conducts national surveillance for enteric illnesses and collaborates with international surveillance activities (FDASD - Food-borne Diseases and Antimicrobial Resistance Surveillance Division)
- Coordinates multi-jurisdictional foodborne illness outbreaks involving more than one P/T or involving Canada and another country or countries where appropriate (OMD)
- Provides consultation and content expertise in other foodborne outbreak investigations, as requested (OMD)
- Interprets and comments on the weight of epidemiologic evidence collected during the investigation of enteric illness outbreaks with a food source (OMD)
- Provides training in outbreak investigation methods (OMD)

The National Microbiology Laboratory (NML) provides reference services for strain identification and characterization, national laboratory-based surveillance, and dissemination of information through PulseNet Canada and the National Enteric Surveillance Program (NESP). The NML, through PulseNet Canada, is the usual first point of contact for P/Ts sharing strain identification data and the detection of clusters of strains that are occurring in more than one P/T or country, indicating the potential for multi-jurisdictional foodborne outbreaks.

PHAC has public health capacity and resources that can be mobilized to assist in the investigation of foodborne illness outbreaks. Programs include:

- The Canadian Field Epidemiology Program (CFEP), Emergency Management Branch, develops core public health competencies among Field Epidemiologists, using a combination of formal training, experiential learning and service. CFEP contributes to the development of an agile workforce ready to respond to emerging issues in public health and improves public health prevention, preparedness, surveillance and disease control in Canadian jurisdictions. CFEP Field Epidemiologists can be mobilized on short notice to provide surge epidemiological support to Canadian jurisdictions. When epidemiological assistance is determined to be needed, the appropriate organization (e.g., MoH, ISC, NITHA) will contact hpoc-cops@phac-aspc.gc.ca
- The Canadian Public Health Service (CPHS) builds Canada's public health system capacity by employing and placing public health officers (PHOs) in jurisdictions across Canada to address both ongoing and emerging federal/provincial/territorial priorities (e.g., enhancing routine surveillance and epidemiologic work, field experience and training, etc.). PHOs also serve as PHAC's secondary source of epidemiologic surge capacity and can support short-term mobilizations to respond to acute public health events (e.g., outbreaks, pandemics and other public health emergencies).

Health Canada

Mandate

Health Canada (HC) is the federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances.

Legislation

The *Food and Drugs Act* and *Food and Drug Regulations* are administered by Health Canada. HC is the federal department responsible for setting the regulations and standards for the safety and nutritional quality of food sold in Canada. Its food safety responsibilities include:

- Establishing policies, regulations and standards related to the safety and nutritional quality of all food sold in Canada - Food Directorate.
- Regulating pesticides - Pest Management Regulatory Agency.
- Evaluating the safety of veterinary drugs used in food-producing animals - Veterinary Drugs Directorate.
- Food safety in First Nations communities south of 60 degrees parallel - First Nations Inuit Health Branch (FNIHB).

Role in Foodborne Illness Outbreaks

Health Canada may be involved or assist with investigations of foodborne illness outbreaks. The Food Directorate focuses on issues relating to microbial pathogens, chemical contaminants, marine biotoxins, undeclared food allergens or other potential health hazards in foods.

Specifically, the Food Directorate provides:

- Health risk assessments (HRA) on food-related hazards to the CFIA or other stakeholders (e.g., P/T governments).
- Scientific advice and analytical surge capacity for analyzing microbiological contaminants, chemical contaminants, non-permitted food additives, chemicals associated with the use of food packaging materials, processing aids, and incidental additives, and undeclared food allergens in food and clinical samples.
- National reference services for foodborne botulism, listeriosis, as well as *Vibrio*, viruses and parasites.
- Risk management advice, including public communication.

The Pest Management Regulatory Agency provides, upon request, HRAs on pesticide residues exceeding the legal limits to the CFIA or other stakeholders. It also contributes to investigations involving incidences of pesticide residues above the legal limits. The Veterinary Drugs Directorate is responsible for setting maximum residue limits for veterinary drugs in foods.

Indigenous Services Canada's First Nations and Inuit Health Branch

Mandate

Indigenous Services Canada's First Nations and Inuit Health Branch - Saskatchewan Region (FNIHB-SK) works collaboratively with First Nations and Inuit, indigenous organizations, the federal health portfolio, other federal government departments, and provincial and territorial governments to improve health outcomes among First Nations and Inuit; to ensure the availability of, and access to, quality health services; and to support greater control of the health system by First Nations and Inuit.

Legislation

FNIHB-SK has Medical Officers of Health (MOHs) who, like provincial MOHs, have been delegated authority, powers, and responsibilities under *The Public Health Act, 1994* with respect to communicable disease control and public health emergencies. During an outbreak, the FNIHB-SK MOH is responsible for carrying out the legislated roles of the MOH under *The Public Health Act, 1994* and the associated *The Disease Control Regulation*.

Role in Foodborne Illness Outbreaks

With respect to foodborne illness outbreaks, FNIHB-SK:

- Coordinates the investigation of foodborne outbreaks that occur in First Nations communities in Saskatchewan.
- Reports all on reserve outbreaks to Saskatchewan Health.
- Coordinates case and contact investigations on reserve, in collaboration with public health staff in the community.
- Assists with the collection of clinical and/or environmental samples on reserve, as appropriate, and the submission of samples to the appropriate laboratory for analysis.
- Analyzes and interprets outbreak investigation data.
- Conducts food safety investigations of any implicated facilities located on reserve.
- Provides information and guidance to First Nations community leadership, physicians and public health staff working on reserve in community health centers/nursing stations, and operators of facilities on reserve that are experiencing an outbreak.
- Provides public health messaging as well as public education sessions, as needed, in affected First Nations communities.

Food Samples for Laboratory Testing

Food samples collected by Public Health Inspectors, in support of an epidemiological/public health/food safety investigation, may be submitted for analysis to the Roy Romanow Provincial Laboratory (RRPL) or most appropriate other lab. When food samples cannot be analyzed within the provincial network, either due to the lack of specific food testing expertise or capacity, the samples can be directed for analysis to the Federal Laboratory Network by following the procedures described in [Annex 13](#) of Canada's Foodborne Illness Outbreak Response Protocol (FIORP). The Laboratory Coordination Division of the Food Safety Science Directorate is responsible for providing scientific guidance to CFIA staff and P/T partners by coordinating food sample delivery within the CFIA's laboratory network and providing interpretation of laboratory analyses and results. The Area/Regional Canadian Food Inspection Agency (CFIA) Operations designated contacts will provide the liaison between public health Inspectors and the Federal Laboratory Network.

The CFIA's food laboratories deliver both microbiology and chemistry testing services. The laboratory analytical services are primarily focused on the analysis of food and food establishment environmental samples normally provided by the CFIA Operations Branch. These samples are either from routine monitoring plans or from complaints and investigations. The CFIA will also provide testing support to other agencies and departments on a case-by-case basis during investigations.

See [Figure 1](#) on next page.

Figure 1: Process Flow for Food Samples in a Foodborne Illness Outbreak Investigation

