# Tables to help assess when to consider performing an internationally coordinated investigation

The following two tables are designed to help Member States assess the need for a coordinated international investigation in the case of an European outbreak related to food or water. The tables are intended to be a guide of considerations that should be taken into account in cases where FWD outbreaks may have international implications.

Table 1 provides a checklist of issues that could indicate that a coordinated international investigation should be considered. If one or more sub-question in each of the four main sections is ‘YES’ or ‘PROBABLY’, this indicates that a coordinated international response is likely appropriate. The coordination of this investigation can be done by any of the involved Member States or by the ECDC, as decided by the affected Member States.

Table 2 list issues that may influence on prioritizing the outbreak investigation. These relate to the severity and scope of the outbreak and are included as additional aspects that may influence the need for a coordinated outbreak investigation.

Outbreak

Date

Table 1

Checklist of considerations for the need of a coordinated international investigation[[1]](#footnote-2)

|  |  |  |
| --- | --- | --- |
| **All four sections should have at least one “yes” in the sub-questions** | **YES or PROB­ABLY** | **NO or****NOT KNOWN** |
| **1. Is the information available indicating a food- or water related incident?** |  |  |
| 1. Is the illness/pathogen normally associated with a food/water source?
 |  |  |
| 1. Is there a contamination event identified in a food/water source? [[2]](#footnote-3)
 |  |  |
| **2. Potential for international links?** |  |  |
| 1. Are there cases of the same FWD illness identified in several EU or EEA/EFTA countries?
 |  |  |
| 1. Is the source known or suspected to be a food product that has been imported from or exported to other EU or EEA/EFTA countries (or third countries)?
 |  |  |
| 1. Have similar events in the past resulted in Community spread of the disease?[[3]](#footnote-4)
 |  |  |
| **3. Source and containment** |  |  |
| 1. Is the source unknown?
 |  |  |
| 1. Are cases still occurring?
 |  |  |
| **4. Coordinated approach needed?** |  |  |
| 1. Has the event attracted or is likely to attract a high degree of international media or political attention?
 |  |  |
| 1. Are there several international agencies involved?
 |  |  |
| 1. Does it require or will benefit from the use of the network to enhance mitigation of the outbreak through collaboration, sharing of infor­mation and planning and coordinating actions and communications?
 |  |  |

Table 2

List of issues influencing the prioritization of a coordinated international investigation

|  |
| --- |
| **Should investigation be prioritized** |
| **The severity and scope**  |
| Is there a large numbers of unexplained cases (above expected values) or rapidly increasing case count? |
| Are there severe illnesses or deaths observed among identified cases? |
| Is any vulnerable population group at higher risk? (e.g. children)[[4]](#footnote-5) |
| **Unexpectedness** |
| Is the suspected/involved pathogen unusual (new or re-emerging) or is it particularly pathogenic? |
| Does the event show any feature unusual for the disease?[[5]](#footnote-6) |
| Is the event known or suspected to be the result of an intentional or accidental release of biological agent? [[6]](#footnote-7) |
|  |

1. Checklist criteria for coordinated investigation are based on “Guiding principles for response to public health threats related to communicable diseases at EU level” and criteria for EWRS and IHR reporting [↑](#footnote-ref-2)
2. Note on Identification of a Food-borne Hazard that Could Cause Human Illness

	* Food safety investigations may be triggered by the following situations:
	* Consumer complaints concerning a food, which may involve reports of illness;
	* Food processing deviations identified during inspection activities;
	* Laboratory reports indicating the presence of a hazardous contaminant (biological or chemical) in a distributed food;
	* Notification from industry (manufacturer, processor, distributor, importer, common carrier, etc.) of a potential food safety problem;
	* Information about a food safety problem from other external sources (e.g., foreign health officials, industry or public health associations, academia, etc.).(An identified food-borne hazard in the absence of human illness would not automatically trigger a coordinated investigation. When a contaminated food has been identified which could pose a risk to the public, the food safety authorities (i.e. RASFF) will launch a food safety investigation. If measures are taken, but cases are still occurring, a coordinated investigation is needed) [↑](#footnote-ref-3)
3. Consideration should be given to the peculiarities of the events compared, such as the source, vector or vehicle of the infectious agent and the geographical location of the event [↑](#footnote-ref-4)
4. Consideration should be given to refugees, drug users, low level of immunization, children under 5 years old, elderly, pregnant women, undernourished, etc) [↑](#footnote-ref-5)
5. To assess whether the event is unusual, the following questions should be asked:

Is the clinical evolution of cases more severe than usual? Have cases presented with unusual symptoms? Higher case fatality rate?

Is there any indication of treatment failure? Antibiotic resistance? New strains? [↑](#footnote-ref-6)
6. The evaluation may require consideration of several pieces of information, including other issues in this list, as well as the peculiarity of the circumstances of the contamination in conjunction with e.g.:

a disease/agent that may result in a major health impact,

an unidentifiable agent or

an agent with markedly changed characteristics [↑](#footnote-ref-7)