

## Regulatory Guidance for HAV Food Worker Case Follow-Up

Use this worksheet to respond to a reported case of a hepatitis A virus (HAV) infected worker in a food facility. This is not a routine evaluation, but an attempt to identify potential HAV contamination and transmission risk associated with an ill food worker.

**Detection and Notification:** Establish regulatory jurisdiction for the affected firm/establishment and notify appropriate local, state, or federal agency; multi-jurisdictional partners; and neighboring jurisdictions (if applicable). Plan to conduct a focused on-site assessment **within 24 hours** (1 business day).

- **Locals** (food service): Please notify MDARD and MDHHS within 12 hours of case identification. MDARD and MDHHS are available for consultation and support.
- **State** (retail or manufacturing): notify LHD where the affected firm is located.

**Pre-assessment:** Obtain the case-employee's supplemental HAV questionnaire (if available) from the Local or State health department so relevant information can be shared with the on-site investigator.

### Information Sharing Elements:

- Case-employee information: Name, symptoms, onset date, infectious period, last day of work
- Has the employee or health department notified management at the firm of the illness?
- Has the firm notified their regulatory authority as required?
- Has the facility been notified by anyone else? (family, medical providers, etc.)
- Food facility location details – name, address

**On-site Investigation:** Field investigators will complete the following components while visiting the firm:

### Meet with the manager

- Provide introduction and purpose for visit. Explain that immediate response and cooperation are necessary to prevent additional illnesses in employees and customers

### Explain Assessment Priorities

- Review records: employee roster (including permanent and temporary workers), employee work schedules, production records, etc.
- Assessment of potential HAV contamination (of food and environment) and transmission risk (to employees and customers)
- Discuss post-exposure prophylaxis (PEP) for employees and consumers based on exposure dates and the last time the ill worker worked

### Case Details

- Identification of case-employee to management and/or human resources
- Verify employee notification to management regarding an HAV illness
  - If no notification has been made, then share minimal personal information about the case-employee - name, age and gender should be sufficient for identification. Onset date, symptoms and other details will come up during the assessment.

### Exclusion

- Address exclusion requirements/recommendations of case-employee. Follow the regulatory requirements/recommendations for exclusion and return to work:
  - Exclude a food employee who is diagnosed with an infection from hepatitis A virus within 14 calendar days from onset of any illness symptoms, or within 7 calendar days of onset of jaundice; or diagnosed with an infection from hepatitis A virus without developing symptoms.

### Health Policy Review

- Check that the firm has an adequate employee health policy.
  - Do they educate their employees on their responsibility to report symptoms/diagnosis? Including HAV symptoms like jaundice? Is training documented?
  - Check that the policy adequately covers exclusion/restriction/return to work.
- Does the firm promote or track HAV vaccination for employees?

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<p><b>Facility Assessment</b></p>	<ul style="list-style-type: none"> <li>• Facility type (e.g., food service, retail, manufacturing, warehouse)</li> <li>• Products/foods typically prepared/handled; activities and operations             <ul style="list-style-type: none"> <li>○ Note foods, practices, and processes that pose high risk potential for HAV contamination and transmission (e.g. bare hand contact, RTE, no kill step)</li> </ul> </li> <li>• Days of operation and daily shifts at firms (including hours)</li> <li>• Cleanup procedures and schedules; disinfectants/sanitizers used after vomit/diarrheal accidents; describe mixture concentrations</li> <li>• Describe employee / common areas             <ul style="list-style-type: none"> <li>○ Employee break area? Separate employee and customer restrooms?</li> </ul> </li> </ul>
<p><b>Case-employee Assessment</b></p>	<ul style="list-style-type: none"> <li>• Case-employee symptoms and reporting             <ul style="list-style-type: none"> <li>○ Was the case-employee ever ill/symptomatic at work?</li> <li>○ If so, what symptoms were reported and when?</li> <li>○ Date case-employee reported symptom/illness and diagnosis to management</li> <li>○ Reported date of case-employee symptom onset (<b>especially jaundice</b>)?</li> </ul> </li> <li>• Verify last date case-employee worked</li> <li>• Does the case-employee have any close contacts among other employees at the firm (e.g. roommates, dating, close friends, family member, social events, etc.)?</li> <li>• Provide a thorough description of case-employee duties and work location in facility             <ul style="list-style-type: none"> <li>○ What kind of food(s) did case-employee handle/prepare during infectious period?</li> <li>○ Is food prepared or handled by case-employee on one shift carried to the next shift or to the next day? Any infrequent or large-batch food handling tasks?</li> <li>○ <i>Note: Observation of similar employee or demonstration by others may be helpful</i></li> <li>○ <i>Note: Tasks performed by the case-employee during his/her infectious period which may have differed from normal job duties</i></li> </ul> </li> <li>• Assess activities impacted by case-employee (e.g. retail, dine-in, take-out, catering, bar, manufacturing, packaging)</li> <li>• Verify meals/foods prepared or handled by case-employee during infectious period</li> <li>• Determine case-employee compliance with food safety and hygienic practices to help determine risk             <ul style="list-style-type: none"> <li>○ Did the employee wear gloves, practice proper handwashing, proper outer garments, etc.? May need to speak with other employees if manager is unsure or unable to provide information.</li> </ul> </li> <li>• Did other workers eat food prepared or handled by the case-employee (brought from home or prepared in facility)? If so, what foods, when, and with whom shared? Ask about potlucks, holiday parties, birthday celebrations, etc.</li> <li>• Does the case-employee work at any other food establishments? Check with management and other employees.</li> </ul>
<p><b>Record Collection</b></p>	<ul style="list-style-type: none"> <li>• Collect and review case-employee schedule for 14-30 days preceding last day of work (at least two weeks prior to and including symptom onset date)</li> <li>• Distribution list for foods handled by employee that may be in commerce</li> <li>• Employee list (including temporary workers): name, date of birth, contact information</li> <li>• Review employee illness records for other employees with HAV symptoms</li> </ul>
<p><b>Education</b></p>	<ul style="list-style-type: none"> <li>• Provide and discuss MDARD guidance documents for food handlers and managers</li> <li>• Provide and discuss MDHHS/MDARD disinfection guidance</li> <li>• Resources at <a href="http://www.michigan.gov/foodsafety">www.michigan.gov/foodsafety</a> and <a href="http://www.michigan.gov/hepatitisAoutbreak">www.michigan.gov/hepatitisAoutbreak</a></li> </ul>
<p><b>Post-Exposure Prophylaxis (PEP)</b></p>	<ul style="list-style-type: none"> <li>• PEP for other workers at the firm is recommended</li> <li>• Need for PEP to consumers and public notification will be decided in conjunction with public health nursing and epidemiology partners following the assessment, MDARD, MDHHS and LHDs should be consulted, and notified in advance of any public notification. The firm can expect to work with the LHD, MDARD and/or MDHHS on public information.</li> </ul>

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**Reporting:** After on-site visit, debrief with supervisor and agency partners (via phone). LHD Nursing/Epi will coordinate PEP logistics (may need to be notified). Document the findings and review with firm's manager. Disseminate the report to Supervisor and agency partners.

**Follow-up:** Ensure correction of issues identified (e.g. deficient employee illness policy, education on HAV illness and transmission, reporting, health monitoring, hygiene practices). Work with the manager to ensure they:

- Monitor for the presence of signs and symptoms of HAV in employees
- Exclude symptomatic persons and refer them to a physician for diagnosis
- Investigate ill persons to determine if the illness is a potential HAV infection
- Refer any suspected or newly confirmed HAV cases to the LHD with as much contact information as possible
- Continue monitoring employee and customer health for at least 50 days from the end of the transmission risk period (the last day the case-employee worked while infectious, or while potentially contaminated food or environment was exposing employees and/or customers). The MDARD or LHD regulatory authority may check in with the firm during or at the end of this period. Employee illness logs and customer complaint logs should be routinely reviewed.
- Establish points of contact between the firm and LHD/MDARD, and expectations for follow-up
  - May include phone, email, site visits, sharing future employee attendance and training records, etc.