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Manual for Food Poisoning Survey

I Purpose

This manual contributes to examination of how to handle food poisoning in prefectures, cities establishing health centers and special wards (hereafter “prefectures, etc.”) by showing examples of detailed procedures from an outbreak of food poisoning to report creation shown in documents including the Guidelines for Handling Food Poisoning.

II Report and Detection

When health centers receive a report or notification on an outbreak of food poisoning or suspicious patients and the death (hereafter, “patients, etc.”) from physicians, patients, or relevant persons by call or orally, or official of health centers detects such cases, they shall interview the person and document the details of the cases with attentions to followings:

1 Report from Physicians

When physicians make reports based on Article 58, paragraph (1) of the Food Sanitation Act (hereafter, “the Act”) and Article 72 of the Ordinance for Enforcement of the Food Sanitation Act (hereafter, “the Ordinance”), clinical information, epidemic size, epidemic period, and possible cause will be important. Therefore, the followings shall be confirmed:

- (1) Name, address, telephone number, and the name of the medical institute the physician belongs to;
- (2) Present location, name, address, age, gender and telephone number of the patients;
- (3) Cause of the food poisoning (causal food, disease agent, etc.);
- (4) Date and time of onset;
- (5) Date and time of diagnosis or examination;
- (6) Disease name;
- (7) Name of the place of employment or the school of the patients;
- (8) Condition, presence or absence of symptoms and specific symptoms, and prognosis of the patients;
- (9) Progress of examination or request for sample securement of stools, blood, vomit, feculence, etc.;
- (10) Treatment (name of medication administered, details of treatment);
- (11) Size of outbreak (individual or group);
- (12) Visiting of those who have similar symptoms.

2 Notification by patients and their associates

When receiving notifications from patients or their associates, the followings shall be confirmed:

- (1) Name, address, and point of contact of the informant;
- (2) Name, address, age, gender and telephone number of the patients, etc.;
- (3) Name of the place of employment or the school of the patients, etc.;
- (4) Condition, symptoms of the patients and the time of onset;
- (5) History of healthcare use, and the name, address, and the point of contact of the medical institute visited;
- (6) Behavior and food taken before onset, and the place of eating;
- (7) Presence or absence, or progress of request for sample securement of vomit, body waste, leftover food etc.;
- (8) Drug administration at home and the name of the drug;
- (9) Outbreak around the patients, etc.

3 Notification by relevant organizations including schools or fire departments, and business persons

When receiving any notification on emergence of patients, etc. from relevant organizations including schools or fire departments, and business persons, the followings shall be confirmed;

- (1) Name, address, and point of contact of the informant;
- (2) Name and address of facilities where patients, etc. emerged;
- (3) Time of emergence of patients, etc.;
- (4) The number of patients, etc., the screened, the hospitalized, and the dead;
- (5) Gender and the age distribution of the group of the patients, etc.;
- (6) Food commonly taken by patients, etc.;
- (7) In case of outbreak in schools, the situation by school year/class, outbreak in other schools, and the provision method of school lunch;
- (8) Presence or absence, or progress of request for sample securement of vomit, body waste, leftover food etc.;
- (9) Name, address, telephone number of the medical institute where the patients visited or were transported, and the number of the patients, their conditions, treatment, and transport duration.

4 Detection and Information gathering by health center officials

When officials of health centers obtain information about food poisoning or suspicious cases, the food sanitation inspector of the center shall report the fact to the section chief of food sanitation, and conduct interviews with patients, etc., and physicians to confirm what actually happened concerning the above 1-3.

III System establishment

Health centers shall examine a research policy to investigate the cause of the outbreak and initiate a necessary survey as soon as they detect patients even if there is no report from any physicians. In addition, if there is suspicion of sporadic outbreaks in broad area or mass outbreaks, an effective research system shall be established by placing the local headquarters and the government task force at the health centers or at the main office as appropriate.

Furthermore, health centers shall immediately notify the details of the cases detected to the lead office for food sanitation of the main office, and discuss with relevant section within the center to determine their research policy and confirm the following;

1 Comprehension of the cases (determine size of the cases, etc.)

If there are many concerning food, additives, apparatus, containers and packaging (hereafter, “food, etc.”) to be investigated and the target of the survey is likely to be broad, determine prospects for the case size and its expansion quickly, and notify to the food sanitation lead office of the main office. The food sanitation lead office of the main office shall send backup staff in case officials required for the survey is likely to be in shortage.

2 Information gathering from relevant authorities and cooperation

(1) Health centers shall try to establish collaboration with the following administrative authorities or groups (and local headquarters if necessary) to collect/provide necessary information:

- a) Local governments (including the board of education in case of outbreak in schools);
- b) Relevant groups such as local medical associations;
- c) The facility where the cases occurred.

(2) Health centers shall try to collaborate with the agency and other departments (establish the agent task force as appropriate) to discuss the necessity of the joint research based on the pattern of breakout, patients’ symptoms, and other situations, and to collect/provide necessary information:

- a) Institutes of public health;
- b) Section responsible for infectious diseases (in case of suspicion of infectious diseases);
- c) Section responsible for pharmaceutical affairs (in case of suspicion of poisoning due to drugs or household products);
- d) Section responsible for agriculture, forestry and fisheries, or economy (in case of need for surveys on production and sales of food in a large area);
- e) The board of education (in case of outbreak in schools);
- f) Relevant groups such as prefectural medical associations;
- g) Police departments and agencies (particularly in case of suspicion of relationship with crimes);
- h) Welfare departments and agencies (in case of outbreak in welfare facilities);
- i) Section responsible for medical care inspection (in case of outbreak in medical institutions);
- j) Section responsible for water supply (in case tapped water is suspected to be the cause).

3 Survey method

(1) Form a task force

Health centers shall secure officials required for the survey and form a task force consisting of patient survey team, facility inspection team, etc. In case there is a shortage of staff required for the investigation of sporadic outbreaks in broad area or mass outbreaks, health centers shall prepare for requesting help for backup staff to neighboring prefectures.

(2) Survey on food taking

In conducting a symptomatological research or an eating research on those who having food which is observed commonly among patients, etc., start with a group which is highly likely to show symptoms of food poisoning such as those visited the medical institutes, hospitalized, or detected any bacteria, then conduct the same research under the same process for asymptomatic individuals.

(3) Coverage of sample collection and examination of test items

As time proceeds, sample of food or environment needed to investigate the cause will be dispersed and lost. Therefore, the necessity for investigation of food (including food materials), stools, patient's blood, water, and swab samples, microbiological test (including viruses), and physicochemical test shall be examined as early as possible.

(4) Request for research to relevant prefectures, etc. and authorities

If the surveyed persons and distribution channel of investigated food spreads to other prefectures, etc., research request shall be made to their relevant departments and agencies responsible for food sanitation with the description on current status of the investigation.

(5) Case definition

Case definition is preferred to be defined for the multiple phases. In the early stage of food poisoning outbreaks, case definition shall be broadened in order to find out as many patients as possible. Then, more detailed case definition shall be developed based on symptoms of certified patients and survey reports. Case definition shall be developed with consideration to factors such as location/area of outbreaks, symptoms observed in patients, and date and time of onset but not exposures or risk factors to be validated.

IV Survey

In surveys for food poisoning, the initial investigation is the most important as collecting necessary information often becomes difficult when the timing is missed. Therefore, all such information needs to be gathered immediately after the detection of the outbreak.

In conducting the survey, make sure all the necessary surveys are conducted by using the check list in the attachment.

1 Essential points for investigators

In conducting an investigation, investigators shall comply with the matters determined based on III above, conduct a survey on public sanitation measures based on laws, and try to

not have prejudice resulting in misjudgment or be confused by uncertain information or documents.

In addition, surveys for food poisoning shall be conducted calmly from a scientific point of view in an attempt to secure food sanitation.

2 Investigate patients, etc., eaters and relevant persons

A list of surveyed persons shall be obtained or created through patients, etc. and relevant persons, and then the survey shall be conducted on an interview basis by meeting with the patients and eaters face to face.

(1) Symptomatology research

- 1) The followings shall be confirmed in detail: onset of symptoms on surveyed persons, details of symptoms, date of onset, history of consultation with medical institutes, name of medical institutes visited, details of treatment, inpatients or outpatients, etc.;
- 2) Health condition of those who shows disorders shall be understood including past/present medical history;
- 3) Family configuration of patients, etc., and presence or absence of onset on their family shall be checked;
- 4) In case of cases in schools or offices, absent status around the time of emergence of patients shall be examined;
- 5) Record of overseas/domestic travel of people showing disorders shall be checked;
- 6) For those who stayed abroad before the onset, an interview shall be conducted to hear their contents of meals or behavior there. Request for cooperation shall be made to travel agencies if appropriate;
- 7) In case of cases in schools, prevalence rate and absence rate in normal times shall be checked.

(2) Survey on food taking

- 1) Communality among patients' group (having or not having opportunities taking shared food and drinks at cases such as school meals, social dining, travel, etc.) shall be checked and if there was any such opportunity, menu of shared food shall be obtained for the food taking survey;
- 2) The survey on food taking shall be conducted on the contents of meals including snacks and drinks taken 7 days or longer (if necessary) before the onset except when the shared food among patients can be identified;
- 3) Characteristics of taken food (blowfish, raw oysters, raw eggs, raw meat, blood, guts, mushrooms, wild vegetables, seaweeds, shells, wild flowers, etc.) shall be identified as much as possible;
- 4) Taking of food which is presumed to be the cause shall be examined particularly in detail;
- 5) Drinking of water supplied from other than tapped water shall be checked.

(3) Other points to note

- 1) If there are any persons having any disorders even though they did not eat any food or food materials suspected of the cause, or having symptoms, the survey on them shall be conducted in detail;
- 2) When a request for survey on pupils is made to schools, explanations on the survey policy or survey method shall be given in detail so as not to give any implications to the pupils. For surveys on infants, the interview shall be conducted through their parents.
- 3) Please note that persons who have no real symptoms may claim any disorders because of influence of their immediate surroundings;
- 4) When a travel group shows any symptoms after their trip or during travel, their itinerary, their action plan, and their activity record (with accommodations and rest houses) shall be obtained. In addition, request for cooperation shall be made to travel agencies etc., if appropriate.
- 5) Sufficient explanation shall be given to the subject person, their parents, and associates to obtain their right understanding on the survey, and agreement on its implementation. Explanation on the survey shall be given to people who belong to the relevant schools, nurseries, and companies (students, pupils, and officials) and their parents for their understanding and not causing any misunderstanding or prejudice about those organizations.
- 6) When conducting a survey at schools, nurseries, and companies, careful attention shall be paid in order to protect personal information and its privacy.

3 Facility Survey

Facilities which are suspected to be the cause shall be immediately inspected on-site to collect samples of food (including food materials) and swab the facility, and secure materials such as documents related to their suppliers, customers, production or processing sites.

In particular, sufficient amount of swab/discharged water samples should be collected before sterilization as those obtained after sterilization have no significance.

Inspection of commercial facilities which are suspected to be the cause of food poisoning shall be conducted with attention to following;

(1) Enter the targeted facilities

The address, names, and telephone number shall be confirmed for identification on the report made based on the II above.

(2) Survey on purchase and provision of food

- 1) List of suppliers' contact including their address and telephone number and the date of purchase;
- 2) The number of plates provided, cooked, processed and produced by menu (for school meals, lunch boxes, business tables, etc.);
- 3) The number of people those who used the facility or purchased the meals;
- 4) Lists with customers who purchased/ate the food with their addresses and telephone numbers;

5) Menu which was taken by the surveyed persons for seven days before until the onset in principle, or longer if needed.

(3) Survey on production/processing/cooking/sales processes (including transportation)

The followings shall be surveyed in detail to determine whether there was any root for each food (including food material) to be contaminated or tampered, or any opportunity of enrichment of bacteria or failure of cooking, etc.

- 1) Handling procedure of food (including food materials) and its details in production, processing, cooking process in chronological order;
- 2) Traffic line of labors engaging in production, processing, and cooling of foods in chronological order;
- 3) Methods of storage and its duration, selling and provision of ready-to-eat food.

(4) Inspection of facility's sanitation

- 1) Compliance inspection shall be conducted in accordance with criteria speculated in Article 50 (Criteria for administrative management) and Article 51 (Criteria for business facilities) of the Act, and guidance related to sanitation management;
 - a) Structure and infrastructures of the business facility (area, square measure, ventilation, rat-proof/moth-proof, implementation and layout of refrigeration, cleaning, hot-water supply equipment or apparatus, storage equipment, carriers, meters and gauges, and thermal management, etc.);
 - b) Cleanness of the facility and its surroundings, and environment management of the work areas;
 - c) Maintenance of machines and apparatus;
 - d) Temperature and humidity management in the room;
 - e) Waste disposal;
 - f) Purchase of food and storage of the products;
 - g) Usage and management of additives, insecticides, bactericidal agents, etc.;
 - h) History of self-inspection and its results;
 - i) Other self-inspection records related to sanitation management.
- 2) Inspection on water supply equipment and sanitation of used water
 - a) A Measurement of chlorine residual (with an easy measurement kit, etc.);
 - b) When the water used in the facility is not tapped water, the source of water supply and presence/absence of factors for water source contamination (structure of water wells, and their depth, etc.);
 - c) Inspection of water storage tanks, and comprehension of contamination factors (cracks, presence/absence of leakage points, condition of manholes, etc.);
 - d) Results of water quality test, records of water tank cleaning, etc.
- 3) Checking water drainage system and its maintenance
- 4) Records of extermination of rodents, insects, etc., and inspection/survey on their inhabitation
- 5) Survey on possibility of addition of foreign substance

- 6) Checking people entering on kitchen area
- (5) Survey on persons engaging in cooking, etc.
 - a) Health condition of persons engaging in cooking;
 - b) Review of implementation of health check-up by a stools examination, etc.;
 - c) History of epidemic diseases;
 - d) Record of overseas travel;
 - e) Acne, rough hands, scars, suppurative diseases, etc.;
 - f) Objectionable habits in terms of cooking;
 - g) Meal preference (raw oysters, raw meat, raw eggs, etc.);
 - h) Shared food (meals for staffs, etc.);
 - i) Health condition of families.

(6) Other

Whether the surveyed facility has received complaint from third parties or not shall be checked.

4 Epidemiological survey on sales channels

Market circulation survey, which is conducted after identification of suspicious food (including which is believed to be related to patients even though it cannot be assumed as causal food) as result of searching it, shall be conducted with attention to following;

- (1) Complaints or accidents at other purchasers shall be checked including presence of any patients. If any, situation of onset shall be researched;
- (2) Retrospective survey shall be conducted on the entire circulation process (including transportation process) such as suppliers, production or processing facilities, place of production, etc. Request for cooperation for the survey shall be made when needed;
- (3) Management for compliance with preservation standards in the whole circulation process and sterilization standards in production processes shall be checked;
- (4) In the entire circulation process, a sample of the identical lot (if not, the same item from a different lot) and swab samples of the facilities and apparatus (including those from drainage and discharged water from refrigerators, etc.) shall be collected for inspection;
- (5) If any suspicious food is found in the circulation process, inspection shall be conducted at all end-sale points of the item, and necessary actions should be taken.

5 Actions in fatal case

If any patient is died, the followings shall be added to the survey:

- (1) Time course from the onset to death and its situation;
- (2) Details of treatment, tests, etc., during hospital visit or hospitalization;
- (3) Interview with related persons (family, relatives, etc.) (Existence of anyone who shared any food with the patients, details of food taking of the patients, their symptoms, etc.);
- (4) In addition, necessary survey items shall be discussed with the food sanitation lead office of prefectures, etc.

6 Test inspections

Results of test inspections in labs shall be determined comprehensively even if a certain food is found to be the suspicious cause of the cases by other than test inspections, as well as when it is identified so.

Moreover, sample collection shall be done quickly and appropriately by collecting Necessary quantity of samples depending on its type with apparatus brought based on the list of standing apparatus or containers for surveys (see reference).

Please be noted that the collected samples shall be cooled and transported to test facilities immediately to minimize degeneration of samples.

(1) Sample collection from patients, eaters and relevant persons

- 1) Stools;
- 2) Vomit;
- 3) Feculence;
- 4) Food residue left at home, reference food, etc.;
- 5) Blood and urine as needed;
- 6) Samples can be collected during an internal examination.

(2) Sample collection from facilities and circulation channel of the food

- 1) Reference food including targeted food, residues, and food materials;
- 2) Swab of equipment including cooking apparatus, containers, packaging, refrigerators (including its discharging water);
- 3) Swab of kitchen;
- 4) Swab of fingers, nasal vestibule, and suppurating area of persons engaging in cooking;
- 5) Water used (water of wells, tanks, etc.);
- 6) Stools of persons engaging in cooking;
- 7) Additives, detergents, antiseptic, bactericide, etc. which might be tampered;
- 8) Other (sanitary insect, feces of rats or pet animals, soil, polluted sludge of drain, etc.);
- 9) Swab of toilet, etc.

(3) Handling on sample collection, storage and transportation

See “Operation management for inspections at food sanitation test facilities” (Notice No. 8 of January 16, 1997, issued by Director of the Food Sanitation Division, the Environmental Health Bureau, the Ministry of Health and Welfare)

V Examine the survey results and actions to take

1 Examine the survey results

The survey results shall be organized and analyzed based on the information and materials obtained as things progress to find the cause of the food poisoning cases and prevent the spread of the diseases.

The survey policy shall be reexamined and corrected as needed to find the cause of the cases quickly.

2 Notification by physicians and correction of diagnosis

In most cases, patients have consultation of physicians at first. If patients have not seen any physician for diagnosis yet, however, they shall be encouraged to see physicians at health centers or other to understand their disease state and other condition in detail. Physicians at health centers shall conduct reexamination or correct diagnosis as appropriate.

3 Determination of food poisoning

The director of a health center, in principle, shall determine whether the cause is food poisoning or not based on diagnosis made by doctors, the number of occurrences, dimension of patients' emergence (time, area, group), and the results of food-taking situation, the facility surveys, microbiological tests, physicochemical tests, etc.

4 Presume and determine the disease agent, the facility of occurrence, the causal food, the contamination source, contamination routes and proliferative process

When determining or presuming the disease agents, the facility of occurrence, the causal food, the causal food materials, the contamination source, contamination routes, proliferative process and the results of the surveys and tests are need to be analyzed/examined comprehensively and scientifically. Even if the above cannot be presumed or determined based on the test results, etc., the results of epidemiological surveys can lead to the presumption or determination.

(1) Presume and determine the disease agents

1) Presume the disease agents

The disease agents shall be presumed based on the incubation period and the symptoms.

2) In determining the disease agents, the followings shall be confirmed:

- a) The disease agent which is thought to be the cause of the food poisoning can be detected consistently from the samples of stools, vomit, food, and swab, etc. and it can be identified as the disease agent based on the incubation period and symptoms;
- b) The disease agent detected could have opportunities of contaminating the food or proliferating at the cause facility (including presumed) or its production process.

(2) In determining the cause facility or the place of outbreak, the followings shall be confirmed:

- 1) The facilities (places) for sales, sample collection, production, processing, use, cooking, storage, or transportation of the stored food can be identified;
- 2) The cause of the outbreak is present at the cause facility or place;
- 3) The cause facility or place can be identified based on the causal food or the food materials (including those suspected);
- 4) The causal relationship associated with the outbreak of the food poisoning can be proved including presumption of the time of exposure, etc.

(3) Presume and determine the causal food and food materials

1) Presume the causal food and food materials

- a) The food shared among the people who showed any symptoms shall be presumed based on the survey on patients and the eaters;

- b) The incidence by food shall be calculated based on the results of food taking;
 - c) The time of exposure shall be presumed based on the occurrence of patients by date and time;
 - d) Relationship between the causal food and the food material shall be explored based on the situation of occurrence;
 - e) Food taking situation of the group of patients (persons who consulted a doctor, hospitalized, having bacteria detected, having specific symptoms, showed any symptoms during specific period, etc.) and the control group (health persons who shared the food such as school meals, party meals, catered meals, etc., health persons belonging to the same social group, or persons those who showed symptoms of food poisoning due to different reasons at the same period of time, etc.) (The causal food shall be presumed by risk ratio, odds ratio, confidence interval, chi-square test, etc.);
 - f) Relationship between the cooking/processing method and symptoms of the patients shall be confirmed;
 - g) Relationship between the presumed causal food and the disease agent shall be confirmed.
- 2) In determining the causal food and food materials, the followings shall be checked:
- a) The cause can be limited to the food, etc. (including the water used, additives, apparatus, containers and packaging, and toys, etc.) according to the situation of occurrence;
 - b) The disease agent has been detected from the residue of the food and food materials, and it can be identified as the cause of the food poisoning.
- (4) Presume or determine the contamination source, contamination routes, and proliferative process
- a) Patients of other sales points of the causal food and food materials shall be checked by conducting the sales channel survey;
 - b) Whether the disease agent has been detected or not from the food or food materials shall be confirmed in production, processing, cooking and circulating processes of the causal food and food materials based on the sales channel survey;
 - c) Identification of characteristics of the disease agents shall be confirmed between that was found in the contaminant source and contamination channel confirmed in production, processing, cooking and circulation processes related to the causal food and food materials (serotype, DNA pattern, phage type, etc.), and that was separated from patients, the causal food, or the causal food materials;
 - d) The relationship between amounts of the disease agent separated from the food (food materials) collected during the sales channel survey, and the failure in temperature control found in the circulation process survey shall be confirmed.

VI Measures

Health centers should take necessary measures to prevent the spread of the food-poisoning cases and its reoccurrence immediately.

If the cause of food poisoning has been presumed or determined, necessary procedures or instructions based on the Food Sanitation Act shall be made according to the situation.

Please be note that, if the causal relationship of the food poisoning has not been clarified but there is any suspicious food, etc., discussion with the food sanitation lead office of prefectures, etc., shall be made as necessary measures should be taken against relevant facilities immediately.

1 Measures to prevent the spread of the disease

- (1) Instruct voluntary business suspension or order temporal suspension;
- (2) Prohibit sales or use of food, etc., which could cause the same health damage as the causal food;
- (3) Prohibit sales, use, transport, etc., of the presumed causal food, etc., (those of the same production lot, or similar foods) until the cause is identified;
- (4) When the water used (well water, mountain runoff, river water, or water in reservoir, etc.) is presumed to be the cause, prohibit its use;
- (5) When persons engaging in cooking are healthy but have the bacteria, or have health damages such as diarrhea, prohibit them to engage in work in which needs to touch foods directly until the cause is identified or the disease agent of the food poisoning is removed;
- (6) Sterilize the facilities;
- (7) Provide necessary information to the local residents.

2 Reoccurrence prevention measures

- (1) Measures against the facilities of occurrence of the food poisoning and relevant persons;
 - 1) Maintenance and repair shall be ordered against facilities which fail to conform to the facility criteria related to Article 51 of the Act;
 - 2) Thorough compliance to the administrative management criteria specified in Article 50 of the Act shall be instructed when there is any failure in facilities, equipment, cooking, and cleaning, sterilization or management of cooking apparatus against it;
 - 3) Thorough compliance to other guidelines related to sanitation management shall be instructed;
 - 4) Food sanitation inspectors shall educate the business person, food sanitation supervisor, food sanitation manager, persons engaging in cooking, and the relevant persons of the facility caused the accident on the occurrence factor of food poisoning accident, and prevention measures to be taken in the future to prevent reoccurrence of food poisoning;
 - 5) Inspections on the sanitation management manuals and improvement of failures shall be instructed as needed. If the facility of occurrence is a chain store, the above instructions shall be made against its headquarters as well.
- (2) Measures against the business persons and consumers, etc.

Information on reoccurrence prevention measures, etc. shall be given to the business persons and consumers on several occasions.
- (3) Measures in administrative organs
 - 1) Handling methods, the causal food, the disease agent, and occurrence factors, etc., shall be examined after completion of the handling of the cases in order to reflect

food poisoning measures on the food sanitation administration and relevant administration in the future;

- 2) If the case is regarded as important in terms of public health, the results shall be reported to the food sanitation lead office of other prefectures, etc., and its information shall be published in the occasion of workshops, etc.

VII Report

- 1 When any food poisoning cases has occurred, the followings shall be reported immediately:
 - (1) Report from the director of a health center to Prefectural governors, City mayors or Mayors of special wards (hereafter, "Prefectural governor, etc.") with health centers:
 - 1) Report based on paragraph (2), Article 58 of the Act
 - 2) Report based on paragraph (1), Article 37 of the Order for Enforcement of the Food Sanitation Act (hereafter, "the Order");
 - 3) Report mandated by prefectures, etc., such as confirmation report of administrative disposition results.
 - (2) Report from Prefectural governor, etc. to the Minister of Health, Labour and Welfare
 - 1) Report based on paragraph (3), Article 58 of the Act;
 - a) A case of mass outbreak with more than 50 actual or projected patients of food poisoning;
 - b) Cases applicable to any of the followings other than above a):
 - (i). In case of occurrence of death or serious patients due to the said poisoning;
 - (ii). In case that the said poisoning is caused or suspected to be caused by imported foods, etc.;
 - (iii). In case that it is caused or suspected to be caused by the disease agents listed in Appendix 17 of the Ordinance;
 - (iv). In case that locations of patients damaged by the said poisoning spreads to two or more prefectures;
 - (v). In case that the investigation of the causes of the food poisoning is thought to be difficult according to the occurrence situation of the said poisoning;
 - (vi). In the case that determination around the administrative dispositions is difficult to make according to the occurrence situation of the said poisoning.
 - 2) Report based on paragraph (2), Article 37 of the Order in case of 1)
- 2 When handling of the food poisoning cases is completed, a report shall be made immediately by using the following reports;
 - (1) Report from the director of a health center to Prefectural governor, etc.
 - a) Food poisoning cases for which paragraph (3), Article 58 of the Act requires Prefectural governor, etc. to report to the Minister of Health, Labour and Welfare immediately. - Report of the food poisoning case (form No. 14 of the Ordinance) and Written details of the food poisoning case (paragraph (2), Article 75 of the Ordinance);
 - b) Food poisoning case other than a) - Report of the food poisoning case.

(2) Report to the Minister of Health, Labour and Welfare

- a) Food poisoning case for which paragraph (3), Article 58 of the Act requires Prefectural governor, etc. to report to the Minister of Health, Labour and Welfare immediately. - A report on the investigation results of the food poisoning case (form No. 15 of the Ordinance) and Written details of the investigation results of the food poisoning case (paragraph (4), Article 76 of the Ordinance);
- b) Food poisoning case other than a) - A report on the investigation results of the food poisoning case.

VIII Publication of the case

Procedures around the factors for patient inclusion, details and methods of the case shall be created for publication of the case and its survey results.

In publication of the case, only certain information shall be published after necessary information being organized and confirmed based on discussion with the food sanitation lead office of prefectures, etc. The inquiry contact shall be centralized and opened only during specific time every day if it is opened for several days. The publication is to explain the occurrence status of the damage and to prevent unnecessary anxiety arising among general consumers by communicating the accurate information to them immediately. Therefore, the local government supervising the facilities of occurrence, in principle, shall take the lead to coordinate among other local governments carefully to avoid discrepancies (except when there is another local government which is suitable to take lead).

Please note that the food sanitation lead office of prefectures, etc., shall contact to Inspection and Safety Division, Department of Environmental Health and Food Safety, Ministry of Health, Labour and Welfare, and Food section of the Local Bureaus of Health and Welfare in advance.

IX Preparation in normal times

1 Develop the guidelines for measures against food poisoning outbreak

Prefectures, etc. shall develop the guidelines for measures containing the followings in order to response immediately and accurately when food poisoning or any suspicious case is happened. In examination of the system included in the guidelines, in case of the outbreak in wide area or mass epidemic shall be considered.

- 1) The basic policy for measures
- 2) Guidelines for establishment of the headquarters in mass outbreak
 - a) Survey system;
 - b) Inspection system;
 - c) Evaluation system (establishment of the expert committee for the search of the cause, etc.);
 - d) Communication system for internal relevant persons;
 - e) Communication system for external relevant persons (the State and other local governments) and request for support.
 - f) Publication system
- 3) Preparation in normal times, etc.

2 Preparation of the emergency-contact networks

- 1) The acceptance of the (suspicious) food poisoning report of occurrences at nighttime, holidays, and out-of-office hours shall be established;
- 2) The emergency-contact networks shall be developed for smooth initial survey.

3 Maintenance of apparatus

Papers, apparatus and devices to be used for the surveys or inspections shall be prepared based on the list of standing apparatus or containers for surveys and kept ready-to-use at all times.

4 Training of officials

Trainings to improve skills and quality of the officials shall be implemented for quick and accurate surveys. They also shall be sent to training sessions organized by Ministry of Health, Labour and Welfare in a planned manner.

5 Other

The outbreak of food poisoning shall be prevented proactively by instructions on sanitation management and removal inspections in normal times.

(Reference)

The list of standing apparatus or containers for surveys

	Apparatus and equipment	Amount	Note
Office supplies	Writing utensils Label for samples Thermometer Measuring tape Camera (as needed)		Pencils Oil-based fiber-tipped pens Ballpoint pens Survey form
Sample carrying apparatus	Ice box to carry samples Regenerating agent Sterilized plastic bag Sterilized cup (300ml) Sterilized water sampling containers (1000ml) Feces sampling tube	2 Necessary quantity Necessary quantity Necessary quantity Necessary quantity Necessary quantity	
Apparatus for sample collection	Rubbing alcohol (500ml) Sterilized tweezers Sterilized scissors Sterilized spoon Sterilized pipette Sterilized plastic bag Rubber band Swab holder Sterile saline (10ml) Sodium bicarbonate Alcohol for fuel (500ml) Spirit lamp Residual chlorine measuring instrument	1 5 2 2 5 Necessary quantity Necessary quantity Necessary quantity 20 1 1 2 1	Alcoholic cotton or an invert soap can be accepted