

This document is the English translation of “食中毒処理要領.” The Ministry of Health, Labour and Welfare offers this translation as a service to a broad international audience/readers. While the ministry has attempted to obtain translation that is as faithful as possible to the Japanese version, we recognize that the translated version may not be as precise, clear, or complete as the original version. The official version of this document is the Japanese version.

Since July 13, 1964
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The Guidelines for Handling Food Poisoning

I Purpose

Food sanitation aims to prevent occurrence of sanitary hazards caused by eating and drinking, then eventually to protect health of the citizens. If food poisoning occurs, however, an effort shall be made to prevent its spread immediately. For this purpose, an outbreak of food poisoning shall be detected or found in an earlier stage, and appropriate measures shall be taken to remove the causal food or its occurrence mechanism as quickly as possible by finding the cause of food poisoning. Close cooperation among relevant officials is required to implement these measures effectively and smoothly. Therefore, it is important for them to report or communicate to relevant administrative departments without delay, and to receive provision of information or support for tests and inspections as appropriate.

These processes must be thought over and examined even after they are done so that the lessons could be used effectively in the following measures for food poisoning prevention to avoid similar food poisoning events from occurring.

The Guidelines for Handling Food Poisoning were developed under such purposes and for the appropriate handling of food poisoning.

II Develop the guidelines for measures against food poisoning outbreaks

Prefectures, cities establishing health centers and special wards (hereafter “prefectures, etc.”) shall develop the guidelines for measures on an outbreak of food poisoning or any suspicious cases in order to respond to them quickly and adequately. In the examination of the guidelines, systems in the case of an outbreak in large areas or a mass epidemic shall be considered.

1. Basic policy for measures
2. Guidelines for establishment of headquarters in a mass outbreak
 - (1) Organizing the headquarters
 - (2) Split of work between the local headquarters and the government task force
 - (3) Tasks, split of tasks and work process
 - a) Investigation 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 prefectures, etc.) and request for support
 - f) Publication system
3. Preparation in normal times, etc.

III Detection and discovery of occurrence

1. Encourage physicians to notify

Paragraph (1), Article 58 of the Food Sanitation Act (hereafter, “the Act”) and Article 72 of the Ordinance for Enforcement of the Food Sanitation Act (hereafter, “the Ordinance”) requires a physician who has diagnosed a person who has been or is suspected to have been poisoned by food, additives, apparatus, or containers and packaging (hereinafter referred to as a "person poisoned by food, etc."), or examined a corpse thereof to report to the director of their nearest health center by writing, call, or orally within 24 hours. Therefore, prefectures, etc. shall endeavor to raise awareness of observing this rule among physicians through medical associations or by showing actual cases.

2. Detection by other than notification by physicians

When an outbreak of food poisoning is acknowledged via notification from a person other than a physician or via interview by officials of health centers, it will be noted that there is an emergence of a person poisoned by food, etc. based on paragraph (2), Article 58 of the Act. Therefore, the case shall be handled in accordance with the following procedures:

(1) If the patients, etc. have consulted a physician, a sufficient interview on their symptoms or other status shall be conducted by reaching the physician.

(2) If the patients, etc. have not consulted a physician, they shall be recommended to see one at a health center or some such, then the case will be handled based on the above (1).

Please note that notifications by physicians are not enough to detect all outbreaks of food poisoning. In order to detect them fully and quickly, cooperation on notification by persons other than physicians is also necessary. Therefore, it is essential to inform people of its importance through activities such as health education conducted in normal times.

In addition, physicians, public health nurses, and other health center staff as well as food sanitation inspectors shall pay attention to outbreak of food poisoning all the time and try to have investigations. They shall endeavor to detect outbreaks of food poisoning when screening notification on patients of infections, diagnosing patients, and organizing death certificates.

IV Report and notification of outbreaks

1. Health centers

(1) Reporting on outbreaks

When the director of a health center acknowledges emergence of a person poisoned by food, etc. and detects an outbreak by notification from physicians, etc., they shall immediately have relevant officials engage on first-aid treatment, and report to the food sanitation lead office of prefectures, etc. as soon as possible as required by paragraph (2), Article 58 of the Act. The followings are some departments which need to exchange or communicate information on outbreaks to each other as appropriate.

- a) In case of disease specified in the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases (hereinafter, “Infectious Disease Act”) -- Infectious disease departments
- b) In case of suspicion of poisoning caused by drugs, poisonous substance, or deleterious substance -- Pharmaceutical departments
- c) In case an investigation in a large area is needed regarding storage, transport and sales of food -- Agriculture, Forestry and Fisheries or Economic departments
- d) In case a retrospective survey is needed to investigate materials of the causal food of food poisoning -- Agriculture, Forestry and Fisheries departments
- e) In case of suspicion of relationship with a crime particularly -- Prosecution, Police departments
- f) In the case that the place of eating was a school (including kindergarten) or social welfare facilities, etc. (including childcare centers) -- Education or Social Welfare departments
- g) In the case that the place of eating was a medical institute -- Medical care inspection departments
- h) In case tapped water, etc. is suspected to be the cause -- Water administration departments
- i) In the case the event seems to relate to jurisdiction of other health centers in terms of circulation of the food and the status of patients’ event -- Sanitary administration department in other areas

However, if the food poisoning applicable to above a) through i) extends to other prefectures, etc., it should be informed to them through their sanitation lead office of prefectures, etc. except when it needs to be handled urgently.

This notification or communication of an outbreak of food poisoning shall be made by the sanitation lead office of prefectures, etc. as quickly as possible but carefully as required under paragraph (1), Article 37 of the Order for Enforcement of the Food Sanitation Act (hereafter, “the Order”). Even if the information obtained in the initial stage was not enough, there is no need to wait until it is fully understood. It is sufficient to report this as intermediate information, and then, it is necessary to keep it, then add or correct those reporting as the situation turns to be cleared through investigations.

(2) Report after investigation completion

- a) Based on paragraph (4), Article 58 of the Act and paragraph (3), Article 37 of the Order, the director of health centers shall create any of the following reports applicable to the following classification of the food poisoning cases specified in paragraph (1), Article 75 of the Ordinance to submit to Prefectural governors, City mayors or Mayors of special wards (hereafter, “Prefectural governor, etc.”) immediately after the investigation on the food poisoning is completed,
 - (i). Food poisoning event 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)

(ii). Food poisoning event other than the above (i) -- Report of the food poisoning case

- b) The report of the food poisoning case shall be created in accordance with the Methods for creating statistics on food poisoning attached to “Handling of reporting work around statistics on food poisoning” (Notice No. 218 of December 28, 1994, issued by the Food Sanitation Division) by using form No. 14. It is important to organize operational records (patients’ registry, questionnaires, case reports, etc.) necessary as a base for creating those reports in normal times.
- c) The written details of the food poisoning case shall be created based on items specified in paragraph (2), Article 75 of the Ordinance to be submitted Prefectural governor, etc., as soon as the case handling is completed.
The written details of the food poisoning case are to be published, so careful attention to personal information of patients shall be paid.
- d) For the written details of the food poisoning case in which the causal food was spread to a large area, it shall be created by the health center, which controls the causal facility after organizing the whole picture of the event. In case the causal facility has not been identified, it shall be created by the health center, which has the largest number of the food poisoning patients or the deaths in the prefectures, etc. with the largest number of the food poisoning patients or the deaths associated with the case.

2. The sanitation lead office at prefectures, etc.

(1) Reporting on the outbreaks

When prefectures, etc. received a notification of a case from health centers or detected it, it shall give instructions or support to them as appropriate according to its specificity and size of outbreak, and communicate with relevant organizations quickly and closely.

- a) In case which the case is applicable to Article 73 of the Ordinance, the sanitation lead office of prefectures, etc. shall immediately inform the items specified separately to the Office of Foodborne Disease Surveillance (hereafter, “Office of Foodborne Disease Surveillance”) of Inspection and Safety Division, Department of Environmental Health and Food Safety, Pharmaceutical Safety and Environmental Health Bureau, Ministry of Health, Labour and Welfare and Food Sanitation Division, Health and Welfare Department of Regional Bureau of Health and Welfare by phone, fax, or via the Food Sanitation Synthetic Information Processing System, etc. based on paragraph (3), Article 58 of the Act.
- b) Based on paragraph (2), Article 37 of the Order, when the sanitation lead office of prefectures, etc. make a notification based on above (a), it shall report the investigation status by phone, or fax, and via the Food sanitation synthetic information processing system, etc. as appropriate to the status in accordance with items specific in Article 74 of the Ordinance.
If it has been turned out by the investigations that the case was not caused by food poisoning, the reason for determination and a responsible

department, which handles the case shall reported this to the Office of Foodborne Disease Surveillance.

(2) Report after investigation completion

- a) After health centers have completed the investigations of the case, the sanitation lead office of prefectures, etc. shall submit the following reports to the Office of Foodborne Disease Surveillance based on Article 75 of the Ordinance as required by paragraph (4), Article 37 of the Order.

- (i). A report on the investigation results of the food poisoning case (Form No. 15 of the Ordinance)

A report on the investigation results of the food poisoning case shall be created monthly in accordance with the Methods for creating statistics on food poisoning and submitted to the Office of Foodborne Disease Surveillance by the prescribed date with the Report of the food poisoning case received within the month attached.

The Report of the food poisoning case shall be registered on the Food sanitation synthetic information processing system as well.

- (ii). Written details of the investigation results of the food poisoning case (Form No. 1 of the Appendix)

Regarding the food poisoning case which was reported to the Minister of Health, Labour and Welfare based on paragraph (3), Article 58 of the Act, the Written details of the investigation results of the food poisoning case shall be created as well in accordance with the items required by paragraph (2), Article 75 of the Ordinance to be submitted to the Office of Foodborne Disease Surveillance. The Written details of the investigation results of the food poisoning case shall be created by utilizing the written details of the food poisoning case received from the director of the health center.

The written details of the food poisoning case are to be published, so careful attention to personal information of patients should be paid to.

- b) Contents, values, etc. which are contained in the report shown in above a) shall be aligned with those of the Record of food poisoning cases in Japan described in following VI-2 of this document.

3. The Regional Bureau of Health and Welfare

The Regional Bureau of Health and Welfare shall send responsible officers to the said prefectures, etc., and attend at the site investigation under cooperation with them upon receipt of instructions by Inspection and Safety Division, Department of Environmental Health and Food Safety, Pharmaceutical Safety and Environmental Health Bureau, Ministry of Health, Labour and Welfare (hereinafter, "Inspection and Safety Division").

4. The main office of the Ministry of Health, Labour and Welfare

When the Ministry of Health, Labour and Welfare receives a notification on an outbreak of food poisoning from prefectures, etc., it shall give investigation support in terms of technical advice or communication coordination, etc. for implementation of food poisoning surveys and measures for preventing expansion of food poisoning damage as appropriate. In addition, it shall collect information with cooperation of the National Institute of Infectious Diseases and the National Institute of Health Sciences as

appropriate when it is recognized that there needs to gather information by sending officials to the site. Moreover, in the case that the food poisoning case that happened is a mass epidemic or it has spread to a large area and it needs to be handled urgently to prevent expansion of outbreaks of food sanitary damages, it shall request to prefectures, etc. to investigate the cause of the food poisoning and report the results within a fixed period of time as appropriate based on Article 60 of the Act.

- (1) In case the number of persons poisoned by food, etc. has reached, or is projected to be more than 500.
- (2) The location of patients of the said poisoning spreads to, or is considered to have spread to across multiple prefectures, etc.

V Investigation

1. System to conduct investigations

In case of an outbreak of food poisoning, the director of health centers shall investigate the case, and communicate or take necessary measures. Therefore, the director of health centers must visit the site as needed, and lead and control relevant officials to have them engage in sufficient activities in each area to implement necessary and sufficient surveys and measures, in some cases, through cooperation of all officials. Especially when there is a possibility of diseases designated in Infectious Disease Act such as Shiga toxin producing *Escherichia coli* or *Shigella*, the system for joint investigation with Infectious disease departments from the acceptance of notification on emergence of patients in order to take the initial action for food poisoning investigation earlier.

- (1) In most cases, patients have consultation with a clinical physician at first, but the diagnosis shall be reexamined or corrected by physicians at a health center as appropriate.
Moreover, physicians at a health center shall conduct medical examinations on patients who have not consulted any clinical physicians, persons who belong to the same group in which recovering patients or the patients belong to, and employees who work for the facilities in principle.
- (2) Food sanitation inspectors shall take the lead in detection of unreported patients, identification of the causal food, and investigation on sales channels, etc., and receive the support of public health nurses or other relevant officials as needed.
- (3) When physicians at health centers conduct medical examinations, blood drawing, feces sampling, etc. public health nurses or other officials shall support the physician.
- (4) Microbiological, physicochemical, or other test inspections shall be conducted by expert staffs who belong to the test department.

They shall respect for others' specialization, share responsibilities, and cooperate as a team in the entire health center under the lead of the director. The results shall be determined by the director comprehensively.

When the case is small in size and the outbreak is limited to the jurisdiction of a single health center, it shall be handled by themselves. However, when there is a shortage of resources in terms of technique or manpower when the case is serious, large in size, and complicated, or when it spreads across jurisdictions of more than two health centers, it is required to request support to prefectures, etc. When Prefectures, etc. are requested to give support by health centers or

recognize that they need to do so based on the case status, they shall send a responsible official to conduct investigations and measures quickly and coordinate communication between relevant organizations.

Please note that prefectures, etc. also shall communicate closely with not only food sanitation departments but also relevant departments including infectious diseases or regional institute for health, etc. Moreover, when the case is large in size and spreads across a large area and there is shortage of skills or manpower only in said prefecture, it is necessary to request support from neighboring prefectures, etc.

2. Investigate the cause

Investigation of the causal food and the disease agent is the basics of handling food poisoning, and determines most subsequent actions taken. In order to conduct investigations on food poisoning easily and accurately, the initial investigation must be started as soon as the information on outbreak or suspected outbreak of food poisoning is received for material gathering or sample collection necessary for investigation. Therefore, quick notification, acceptance of the report, and detection by other means are important and, at the same time, the systems for smooth initial survey shall be set in place in normal times. Firstly at the site, patients and the deaths of food poisoning shall be investigated in detail by classifying them by date/time of onset, by symptom, by sex, by age, by occupation, by food taken, by water supply, and by purchasing routes to observe them in accordance with the followings;

(1) Symptomatological observation

Most of food poisoning occurs in between a few hours and one week after the intake of the causal food, and sometimes the incubation period reaches to longer than one month in hepatitis virus, etc. In most cases, patients have symptoms of acute gastroenteritis, but some of them have unique symptoms such as Clostridium botulinum or natural toxin, etc. Poisoning caused by chemicals shows unique symptoms depending on types of disease agent. Some show much particularity in symptoms but others show completely different ones depending on the amount of disease agent.

In some cases, the date and status of the exposure can be presumed by creating an epidemic curve based on aggregation of symptoms obtained through detailed interviews with patients and physicians on symptoms and date and time of the onset. Therefore, it is necessary to have interviews with patients or physicians who diagnosed them on the disease condition. Generally, epidemic curves of single exposure cases such as food poisoning show a single peak, but multiple exposures such as infectious disease shows multiple peaks including bimodal. It should be noted that a uncertain peak often implies continuous exposure. If the cause is not clear after all the attempts are made in test inspections, the disease agent shall be presumed by symptomatological observation (clinical determination).

(2) Tests on a person poisoned by food, etc.

In order to investigate the cause of the food poisoning, microbiological, serological, scientific, or other necessary tests shall be conducted on food residue, food materials, apparatus used, containers and packaging, as well as on body wastes (stools, urine, vomit), and blood of patients and those who have

recovered. The disease agent can be often identified by tests on food poisoning patients, etc. Sometimes it is necessary to conduct carrier tests, etc. on persons who had the same suspicious food as the patients had.

In case of further necessity, carrier tests or serological tests shall be conducted on the recovered patients.

In doing those test, and if bacterial food poisoning is suspected, it should be remembered that the patients sometimes show negative on those tests when they were already administered antibacterial agents.

(3) Autopsy

When a death has occurred, an autopsy should be conducted when needed to investigate the cause based on Article 59 of the Food Sanitation Act, and microbiologically, physiochemically, pathologically, or other necessary tests should be conducted on the samples collected there. Even if a legal autopsy is prioritized to be performed, attendance there should be managed to investigate the cause.

(4) Epidemiological survey on the causal food

It is preferable that the presumption of the causal food is analyzed by retrospective cohort studies (when it can be defined as a cohort) or case-control studies (when it is difficult to define a cohort).

On patients and healthy individuals (controls), all food taken seven days before the outbreak of the food poisoning in principle, or longer if needed, shall be investigated by the time window of intake and the intake rate by food shall be observed between patients group and healthy individuals group. This survey should be conducted not only for meals, but also all food taken including snacks, etc.

This survey contributes to identify one or more food, which has high intake rate among patients. In many cases, this intake rate does not reach to 100%, and in commonality, a few or more food can be found as food with high intake rate. These foods shall be suspected once as the causal food, then confirmation (presumption) as the causal food shall be done based on comprehensive results of sales channel survey to be hereinafter described, or microbiological, physicochemical or biological tests conducted in labs with consideration to identification between intake and onset (incubation period).

In general, if anyone in a group who shared the same food did not have a specific meal accidentally (due to business trip, outgoing or leave), and most of the group got the disease, the meal shall be heavily suspected. On the contrary, persons who accidentally had the same meal (guests or visitors) and got the diseases at the same time, the meal is highly likely to be suspected in the same manner. This can be applied to food items contained in meals. It is important to find out such special examples to decide the causal food.

In conducting this survey, memory of patients or relevant persons are sometimes uncertain. In such cases, only certain and reliable memory should be considered by avoiding insistent interviews. Besides, such uncertain memories should be cleared by adding suspicious menu or purchasing history of suspicious food on the questionnaire.

Even if the causal food is presumed, the person who had the causal food will not necessary develop the disease. Therefore, it is not possible to remove a food

just because its incidence is low. On the contrary, if any person who did not have the presumed causal food but developed the disease, the patients shall be sufficiently investigated as to whether the symptoms are results of other causes, or whether the patients forgot the fact of taking the food, or because their statements were uncertain, then the cause would be cleared after correcting the results. Then, test inspections shall be conducted by using the presumed causal food as a sample. Therefore, if there is any residue of the food, which is thought to have been taken by patients at the outbreak of the case, the amount necessary for all tests should be collected, and stored with attention to avoid contamination, deterioration, and transformation, then inspected as soon as possible.

(5) Epidemiological survey on sales channel

When any suspicious food (or food which cannot be presumed as the causal food but believed to be associated with the patients) has been found as a result of an investigation of the causal food, any emergence of patients shall be investigated at all sales points of the food by conducting a retrospective survey from purchasers to processing facilities, or location of picking the materials, as needed.

At the same time, sampling tests shall be performed in this sales channel survey as appropriate, and which results should be considered as well.

The results of the distribution of patients and sampling test inspections found in this sales channel survey could be one of the strong materials to determine whether the suspicious food is truly the causal food or not.

In addition, the distribution of patients in the sales channel survey contributes as a factor to determine the contamination routes of suspicious or the presumed causal food associated with the results of test inspections. That is, contamination (including that caused by both microorganism and chemicals) of food, etc., is the most likely to have happened at the first integrated point in the sales channels where includes all the points in which samples collected where all the patients or disease agents were detected, then followed by the point closer to the center. It is relatively low that the contamination happens at more than a few points of the channels far from the first integrated point at the same time.

For example, in Figure on the left, B is the most possible contamination point followed by A, and at-once contamination on b and c almost never happens.

(Figure on the left - omitted)

(6) Test inspections

Not only when a certain food is found to be suspected as the causal food of the food poisoning, but when it has been decided as so, it should be supported by the results of the lab tests. In fact, some of the disease agent of the food poisoning is unclear and sometimes it is difficult to collect samples from the food residues. However, the test results are important to determine what kind of the disease agent contaminated the food and how the disease agent increased, so without the results, it cannot be revealed as to what kind of microorganisms contaminated the food, or what kind of harmful substances were included or adhered. In some cases, however, the disease agent can be presumed if it is natural toxin, or depending on symptoms, or based on papers or examples.

In test inspections, microbiological, serological, biological, physicochemical or other necessary technologies should be used. The test samples generally used are

patients' leftover or similar food, or the food from the same sales channel, its materials, swabs from apparatus, equipment, and toilets, etc. of the suspicious facilities, the vomit, stools, urine, blood of the patients, and the part of the deaths. In case of food poisoning caused by *Staphylococcus aureus*, it is extremely significant to test whether the *Staphylococcus aureus* detected from fingers of those who treated the food can be identified with the bacteria that were separated from the food.

Sufficient training and attention are required for collection, transportation and storage of these samples. In microbiological tests, especially, aseptic collection and quick sending are needed. If needed, the investigator might have to collect samples by him/herself.

Test inspections in labs are required to be performed accurately, so technical experts having sufficient knowledges and skills, and sufficient facilities, materials, and papers are needed.

In case that any satisfactory result is not obtained in labs, a request for detailed test should be made to appropriate organizations after storing the samples in a proper way.

Besides the above, depending on the region or situation of the case, it might be agreeable to get technical support from universities or other research institutions on test inspections.

Please note that, the test results gained here also have some limitations in its probative value, so they should not be overtrusted or overevaluated as the definite ones.

Moreover, even if the test result is unfavorable (negative), it could have occurred due to various factors including improper samples, undeveloped test methods, or failures in techniques, accidental oversight, administration of antibiotic drug, etc., and the fact that food poisoning occurred is not denied. On the contrary, even when the test results show positive, attention is required as it strengthens the reliability as the cause, but not always serves as a definitive proof.

Test inspections of the samples shall be conducted at the regional institute of health at the highest, as much as possible, to determine the disease agent, etc. In case prefectures, etc. requests national test inspection organizations for the extensive testing, this should be made in advance by sending a copy of "Request for food poisoning sample test" in accordance with Form No. 2 of the Appendix and 2 copies of attaching "Invoice for food poisoning samples" in accordance with Form No. 3 of the Appendix to the Director of Inspection and Safety Division, Department of Environmental Health and Food Safety, Pharmaceutical Safety and Environmental Health Bureau, Ministry of Health, Labour and Welfare. When there is any instruction from Inspection and Safety Division to Food Sanitation Division of the Regional Bureau of Health and Welfare, the Regional Bureau of Health and Welfare shall coordinate necessary communication.

In order to proceed with the tests quickly, the strain derived from the patients shall be sent to the National Institute of Infectious Diseases, and the one derived from the food and the food itself shall be sent to the National Institute of Health Sciences directly with "Invoice for food poisoning samples" in accordance with Form No.3 of the Appendix attached, respectively.

Upon sending samples, note to refer to “Attentions to sending samples by Yu-Pack (parcel) for Infectious disease outbreaking trend research initiative, etc.” (Notice No. 1 of March 15, 2012, issued by Tuberculosis and Infectious Diseases Control Division, Health Service Bureau).

Inspection and Safety Division shall have the National Institute of Infectious Diseases or the National Institute of Health Sciences perform the test based on the request, and notify the results to the prefectures, etc. When there is any instructions from Inspection and Safety Division to Food Sanitation Division, Health and Welfare Department of the Regional Bureau of Health and Welfare, the Regional Bureau of Health and Welfare shall coordinate necessary communication.

When patients infected by Shiga toxin producing *Escherichia coli*, *Salmonella* spp., or *Shigella* have been detected, the strain derived from the patients shall be collected quickly and sent to the National Institute of Infectious Diseases which performs the gene analysis by pulsed-field gel electrophoresis (PFGE), etc. and cross-checked with the library.

(7) Facilities, its management performance and Health condition of the employees

Facilities where contamination or proliferation is suspected shall be investigated on its structure, status of sanitary animals such as mice or insects with collecting sufficient and necessary amount of swab samples. Interviews shall be performed on health management status of the employees, the situation in which they handled the suspicious food, and the level of awareness for hygiene as well as medical examinations, feces examinations, and swabbing of fingers on the employees. When any sanitary failure is found there, it is necessary to consider the relationship between the one and the type of the food poisoning occurred.

As for places where the disease agent is suspect to increase, its management condition shall be examined through interview with the employees as well as checking the temperature management records, etc. of the facilities.

(8) Comprehensive judgement

It is necessary to make a comprehensive judgement based on the results obtained from the above investigations scientifically with continuous reflections. It is not allowed to misjudge by adhering to a single result or being confused by disinformation which often seen in such food poisoning cases.

Even if the in-lab tests resulted in negative, its epidemiological insights or the results of symptomatic observation should not be ignored. They relatively contribute to presumption of the cause.

In the comprehensive judgement of the cause, it is required to make clear the classification between the causal food and the disease agent as well as whether they are confirmed or presumed by epidemiological surveys, test inspections, and so on.

The disease agents of food poisoning and the methods to detect them get clarified as the advance of learning, so it is important to keep it in mind to get new knowledge from new trends or papers.

VI	Measures
1	Measures against the case

In taking some measures against the case, sometimes it is difficult to solve everything only by the director of health centers or the food sanitation inspectors as is the case in investigations. Therefore, cooperation and support by other officials should be taken into account as appropriate. Depending on the status of the case, cooperation and support from prefectures, etc. will be needed as well as those from health centers.

- (1) In food poisoning, any measure is not taken to prevent spreads of the disease among patients. However, sterilization of body wastes or the facilities, etc. should be considered in case of infectious diseases.
- (2) The main part of the measures which the sanitation departments should take in handling of food poisoning is prohibition or suspension of sales or usage of the causal or suspicious food, prohibition or suspension of the operation of the sales facilities and the subsequent fundamental measures, and such enforcement of prohibition or suspension of the sales or usage of the food, and operation of facilities, is effective only on the business persons (including those replaced by Article 62 of the Act). However, in order to prevent spreads of the diseases, it is necessary to publish the measures to general consumers in a proactive way on promotions or advertisements. 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 causal facilities, in principle, shall take the lead to coordinate among other local governments carefully to avoid discrepancies (except that there is another local government which is suitable to take lead).

In addition, these measures should be taken as soon as possible. Not only when the causal food and the causal facility are identified from the initial stage, but also when they can be just presumed or suspected so, necessary and sufficient measures should be taken immediately to avoid spreads of the diseases. If the extent of the hazards is unclear at the initial stage, it is necessary to take comprehensive and general measures against the entire area having possibility of hazards, then as the dangerous range gets clear, cancel the unnecessary limitation in turn and shrink the prohibition or suspension of sales and usage of food, or operation of sales facilities, to only the required range. This wide range measure based on presumption is just a preliminary one, and expected to be canceled later. Therefore, careful attention should be paid to minimize the influence of this preliminary measure on the relevant business persons.

In the administrative disposition against which is determined as the substandard foodstuff, or is suspected to be the causal food eventually, the business person should be ordered to dispose them or take necessary and sufficient measures to prevent food sanitation hazards based on Article 54 of the Food Sanitation Act. Moreover, in case that it is considered that having them take these measures is inappropriate, the administrative authorities must handle it by themselves. This disposal means to eliminate the usage of food such as burning the substandard foodstuff. This is the safest way, but if there are other methods other than the edible, for example, using them for fertilizer, feedstuff, or fuel, or in some cases, reusing them as the edible by detoxification through purification processing, it should be considered as well. However, in

case the safety on food sanitation is not assured or it is difficult to inspect until the last stage, disposal should be chosen.

In implementing the administrative disposition, it is important to set necessary and adequate period and scope to complete the measures for prevention of spreads of the disease or reoccurrence of food poisoning as set forth in Article 55 and 56 of the Food Sanitation Act.

When taking these administrative actions, said business person shall be given a detailed explanation of the investigation results, and the chance for excuse based on the Administrative Procedure Act except when the action needs to be taken urgently.

Please note that these dispositions should be made based on the orders of those who have such authority. Therefore, any measures should be in place to accept the orders of such officials immediately even in the case of emergency.

- (3) In consideration for the situation in which the food poisoning occurred, when it is thought to be malicious and need to pursue the responsibility or take any judicial disposition for administrative reasons, accusation shall be made to prosecutors by written document or orally with attachment of the evidential matters.
- (4) Food poisoning has greater influence on consumers spiritually than damages it causes physically, so it should be handled with sufficient care.
Not only the facilities caused the food poisoning, but also other business operators in the same industry shall be instructed to improve the handling methods sufficiently. And at the same time, education and advertisement for enlightenment should be given to other business persons and general consumers following the food poisoning.
- (5) When sending information to general consumers via media as publication, a proper public relation officer shall be designated.

2 Records, evaluation and preventive measures

It is necessary to organize and keep records of the food poisoning sufficiently with evaluating the results of the investigation as the documents to be utilized in the future. Moreover, the basic materials used to create reports (A report of the food poisoning case, Written details of the investigation results of the food poisoning case, etc.) shall be well organized, and accumulation of those cases should be utilized to develop fundamental prevention measures in the future.

It is also critical to perform comparison examination with other prefectures, etc. continuously by using statistical materials such as the Record of food poisoning cases in Japan created based on the Written details of the investigation results of the food poisoning case, the Report of the food poisoning case, etc., Statistics on food poisoning (edited by Inspection and Safety Division, Department of Environmental Health and Food Safety, Pharmaceutical Safety and Environmental Health Bureau, Ministry of Health, Labour and Welfare) and other statistics materials for positioning of the occurrence status in the jurisdiction or objective analysis.

Appendix

Food poisoning outbreak flash report (Report No.)

- 1 The date of notification of the patients or the deaths and their locations
- 2 The number of patients and the deaths and their symptoms
- 3 The causal food (presumed/confirmed) and the reasons for identification
- 4 The disease agent and the reasons for identification
- 5 Outline of the occurrence status
- 6 Measures
- 7 Above all, other items which is considered to be important for investigation or administrative dispositions
- 8 Informant

Appendix: Form 1

No.
Date

To: The Minister of Health, Labour and Welfare

Prefectural governor, etc.

Written details of the investigation results of the food poisoning case

Regarding the matter above, I report on the details as follows.

- I The outline of the outbreak of the food poisoning
 - 1 The date of occurrence
 - 2 The place of occurrence
 - 3 The number of people who have consumed food, etc. causing poisoning
 - 4 The number of the deaths
 - 5 The number of patients
 - 6 The food, etc. causing poisoning
 - 7 The disease agent

- II Detection of the food poisoning outbreak (detection by a health center)

- III Status of patients and the deaths
 - 1 The number of patients and the deaths by gender and age
 - 2 The number of patients and the deaths by the date and time of occurrence
 - 3 The ratio of patients or the deaths in the total number of people among those who have consumed the food, etc. causing poisoning
(Incidence: The number of patients vs. the number of people who had the presumed causal food)
 - 4 The time taken for the disease to develop from the time the patients and the deaths consumed the food, etc. causing poisoning;
(The number of patients by incubation period)
 - 5 The symptoms of the patients and the deaths and their number by symptom (fill in each of the incidence in accordance with symptoms written on the Questionnaires on food poisoning) (In case of death, fill in the cause and the process to death)

- IV The causal food, etc. and their contamination routes
 - 1 Process and reasons to determine the specific causal food
 - 2 Contamination routes, etc. of the causal food, etc.
 - (1) Details
 - (2) Process to procurement
 - (3) Methods of cooking, manufacturing, and processing, etc., and process to intake
 - (4) Investigation of the contamination routes

- V The causal facility and its employees
 - 1 Water supply/discharge at the causal facility and other sanitation status
 - 2 Health condition of the employees of the causal facility

- VI Determine the causal food
 - 1 Microbiological test
 - 2 Physicochemical test
 - 3 Animal test, autopsy
 - 4 Other tests
 - 5 Process and reasons to identify the causal food

VII Details of the administrative disposition or other measures taken by Prefectural governor, etc.

(Measures including the administrative disposition or accusation against the food suppliers, the relevant persons, or the substandard foodstuff based on the Food Sanitation Act)

VIII Observations

- 1 Observations
- 2 Matters which needs to be improved in detection of the occurrence
- 3 Matters which needs to be improved in investigation surveys
- 4 Matters which needs to be improved to prevent spreads of the diseases
- 5 Matters which is considered to be useful to prevent reoccurrence in the future

Appendix: Form 2

No.
Date

To: The Director of Inspection and Safety Division, Department of Environmental Health and Food Safety, Pharmaceutical Safety and Environmental Health Bureau, Ministry of Health, Labour and Welfare

The Director of the food sanitation lead department (division) of prefectures, etc.

Request for food poisoning sample test

We would like to request you to perform the test on the food poisoning samples(s).
Two copies of Invoice for food poisoning samples are attached.

Appendix: Form 3

No.
Date

To: The Director of the National Institutes of

The Director of the food sanitation lead department (division) of prefectures, etc.

Invoice for food poisoning samples

- 1 Type of the sample
- 2 Type of the test (microbiological test, physicochemical test, not known, other)
- 3 The results of in-house tests
- 4 The outline of the food poisoning outbreak
- 5 Detailed items to request to be tested
- 6 Other reference