



FLEHS

(Florida Environmental Health Surveillance System)

Training Manual

- Food and Waterborne Disease Surveillance -
Illness Complaint Forms

Introduction:

The FLEHS (Florida's Environmental Health Surveillance System) is a web based database that the Florida Department of Health (DOH) uses for environmental health data management. We are currently in the process of enhancing our database. This will provide an automated process relating to Food and Waterborne Disease Surveillance by gathering information from county health departments and generating reports more efficiently and accurately in a timely manner.

Section 1: Log In

1a. Log in with username and password provided.

Contact Eric Ryan (Eric.Ryan@flhealth.gov) if you have questions about FLEHS and its requirements. Contact Jamie DeMent (Jamie.DeMent@flhealth.gov) for access to the system and 'how-tos'. Please have your supervisor send an e-mail with your name and e-mail address requesting access.

Website: <http://www.flehs.myfloridaeh.com/Home.aspx>



FLEHS Protecting public health and preventing disease of environmental origin.

[FAQ](#) | [About DOH](#)

Providing Online Access!

The purpose of this website is to provide access to Florida's Environmental Health Surveillance System (FLEHS)

About Florida Environmental Health

Simply our mission is to keep our residents healthy and our communities free of disease. To effectively address local needs, each of Florida's 67 county health departments has an Environmental Public Health section staffed with experienced Environmental Health experts.

Sentinel Chicken program

To download barcode font 3 of 9, Please [click here](#). For Barcode Instructions, click [How To](#)

Food and Water Program

For Test Training Manual [Click here](#)

Email: HSE_EHStatewideDB

Phone: (850) 245-4968 or SunCom: 205-4968

Sign in to the FLEHS

Email Address:

Password:

Login

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1b. There is a 60 minute session period before it logs you out, but it refreshes when you click on any of the links in the left column and home icons.

1c. There has also been an issue with the form auto-completing the fields when you are trying to enter in information. To turn the auto-complete function off:

Internet Explorer 7:

1. Open Internet Explorer
2. From the Tools menu, select **Internet Options**
3. Choose the tab labeled **Advanced**
4. Scroll down and look under **Browsing for Use inline AutoComplete**
5. Remove the checkmark from the box next to **Use inline AutoComplete** (see below)
6. Click **Apply**
7. Click **OK**

Internet Explorer 6:

1. Open Internet Explorer
2. From the Tools menu, select **Internet Options**
3. Choose the tab labeled **Content**
4. Under Personal Information, select **Autocomplete**
5. Under Use AutoComplete for, **uncheck all checkmark boxes**
6. Click **OK**
7. Click **OK**

Firefox:

1. Open Firefox
2. From the Tools menu, select **Options**
3. Choose the tab labeled **Privacy**
4. Uncheck the box next to **Remember what I enter in forms and the search bar**
5. Click **OK**

Section 2: Add a New Complaint

The screenshot shows the FLEHS website header with the logo and tagline "Protecting public health and preventing disease of environmental origin." Below the header is a navigation menu with a left sidebar and a main content area. The sidebar contains a tree view of navigation options, including "Home", "Food and Waterborne Illness Surveillance", "Outbreak", "Tri Agency Food And Waterborne Illness Complaint Form", "Food and Waterborne Illness Complaint Home", "Food and Waterborne Illness Outbreak Monthly Report", "Food and Waterborne Illness Outbreak Monthly Reports Home", "Food and Waterborne Reporting and Analysis", and "Reports". The main content area features three links: "Food and Waterborne Illness Complaints" (with an apple icon), "Monthly Food and Waterborne Illness Outbreak Reports" (with a calendar icon), and "Food and Waterborne Reporting and Analysis" (with a document icon). A box labeled "OR" with arrows points from the "Reports" link to the "Food and Waterborne Illness Complaints" link. On the right side, there are sections for "User Information" (showing the date as Monday, 12/2/2013 and the user as Laura) and "Related Links" (including CDC Food and Water, CDC Food Surveillance, and CDC Healthy Water). At the bottom right, there are links to "Click to Create new Account/Reset password" and "Click for On Demand Extract to Excel".

Step 1. You can access a new, blank complaint form by either clicking on the 'Food and Waterborne Illness Complaints' line under the apple icon and then clicking on 'add new complaint' at the top of the page or by clicking on 'Tri Agency Food and Waterborne Illness Complaint Form' link in the left column.

Step 2. Once you clicked on either link you will be brought to the Tri-Agency Food and Waterborne Illness Survey/Complaint Form. You will be presented with the form with multiple entry spaces to fill out.

The screenshot shows the "Add New Complaint" form in the FLEHS system. The form is titled "Add New Complaint" and is located in the main content area of the website. The form contains several sections for data entry. The first section is for personal information, including fields for First Name, Last Name, Reported By, DOB, Age, Sex, Home Phone, Work Phone, Day Phone, Night Phone, and Email Id. The second section is for address information, including fields for Address, County Id, City, State, and Zip Code. There is a checkbox for "Check Box if the caller wants someone to follow up with results of an investigation/inspection. If the complaint falls within another agency jurisdiction, provide them with the appropriate contact information of that agency for follow-up". The third section is for complaint details, including fields for Complaint Recorded By, Agency, Log#, Person, of, Date, and Time. The fourth section is for facility information, including fields for Facility type where suspected food/beverage bought or consumed, Other facility type, Facility Name, Address, City, State, Zip, Phone #, County, and Region. The fifth section is for group information, including fields for How many were in the group when food/beverage was consumed? and How many are ill?. The sixth section is for product information, including fields for Food Item(s) Suspected, When was suspect food/beverage consumed?, Date, Time, AM, PM, For Product Complaints Only, Date Purchased, Brand Name, Product Name, Manufacturer, Size and package type, Product Codes, and Expiration Date. The seventh section is for illness information, including fields for Were You Ill?, Onset of illness? (When did symptoms begin?), and Incubation. The form is displayed on a browser window with the address bar showing "Local intranet".

Step 3. Begin entering in Complaint information beginning with the first and last name. You can use the 'tab' key to advance to the next entry or you can use the mouse to click the next space. The following (the areas highlighted in red below) are entries that must be completed before you can submit a complaint form:

- County of Residence ID
- Log #
- Reported Date
- Reported Time
- Facility Name
- Facility City
- Facility County
- Facility Region

Several things to note:

- If the time reported to the CHD is not listed on the form, then enter the time that you were first notified of the complaint.
- All letters are automatically shown in uppercase.
- When entering in the County of Residence under the drop down box, if the resident is an out of state resident use the entry 'State'. For Florida residents, select county of residence. For Facility County, select the county where the exposure is thought to have occurred.
- If you know the zip code or residence and/or facility, you can just enter in the zip code and the city and state fields will auto-populate.
- For DOB, you can either enter in a DOB and then the age will auto-calculate after you have inserted the record, or you can enter in an age (2-digit field) if the DOB is unknown. If you enter a DOB, the age is auto-calculated based on the year, so if the auto-calculated age isn't correct, you can either update it or leave it unchanged.
- Log # will be auto-generated. The format is 1437-12345-00. 14 = 2-digit year, 37 = county code of residence, 12345 = complaint number, 00 (will go up as 01, 02, etc...) = number of people in the group (00 is the first person)
- Since the County of Exposure and Residence can vary, there are a few different codes that can be entered:


- Please note that the county of exposure is the food service facility where the complainant states is the exposure, there could be multiple exposures in acquired exposure history. Follow appropriate protocols to ensure communication of all relevant exposures to other jurisdictions and counties.
- If you have multiple people associated with a complaint, check the box that says “Add new complaint to same log #”. Change the necessary information and then hit submit and a new record will be created, and the last two digits will be 01, 02, etc... depending on the number of people in the group

jurisdiction, provide them with the appropriate contact information of that agency for follow-up

Tri-Agency Foodborne Illness Survey/Complaint Form
(Complete a separate form for each person in the group who was ill)

Complaint Recorded By: Agency:

Log#: Add New Complaint to same Log# Person: of Date: Time: AM PM


Facility type where suspected food/beverage bought or consumed: Other facility type:

- When entering dates, use the calendar icon to the right of the text box. To enter a date not in the current year, click on the top bar of the calendar, where it shows the month/year and it will bring up the years. Click left or right to get to the desired year. Then click on the month and then the day. A manual entry option will be coming soon.
- For all ‘Time’ entries, you must enter 01 for times that are for 1 o’clock. All other times you can just enter the number.
- When entering facility name, some special characters cannot be used. For example, Wal-Mart must be written as WalMart. Special characters include: dash (-), apostrophe (’), parenthesis, and the ‘&’ sign. The facility name is the facility where the exposure is thought to have occurred or thought to have come from.

Waterborne Illness Surveillance Outbreak

Tri-Agency Food And Waterborne Illness Complaint Form

Home Phone: Work Phone: Day Phone: Night Phone: Email Id:




Address: County Id: City: State: Zip Code:

Check Box if the caller wants someone to follow up with results of an investigation/inspection. If the complaint falls within another agency jurisdiction, provide them with the appropriate contact information of that agency for follow-up

Tri-Agency Foodborne Illness Survey/Complaint Form
(Complete a separate form for each person in the group who was ill)

Complaint Recorded By: Jane Doe Agency: DOH

Log#: 301257001 Person: 1 of 2 Date: 7/30/2012 Time: 11:15 AM PM

Facility type where suspected food/beverage bought or consumed: GROCERY Other Facility type:

Facility Name: WalMart Supercenter

Address: 523 Sunshine Valley City: Tallahassee State: FL Zip: 32399 Phone #: 850-269-4232 County: Leon Region: Panhandle

How many were in the group when food/beverage was consumed? 2 How many are ill?: 2

Food Item(s) Suspected: ground beef

- When entering information in boxes under 'For Product Complaints Only' and you don't know the brand name or the manufacturer for example, write 'unknown' instead of leaving it blank.
- To enter in multiple products or suspected food items, just enter in the different products separated by a comma. For example: hamburger, spinach, milk, etc...
- Incubation time will auto-calculate. However, you must enter a date and time of product consumption as well as an onset date and time of illness. If you do not enter both of those fields it will not calculate it automatically.
- When filling out the Duration of Illness, fill in either the number of hours OR the number of days, but not both.
- If a person has had diarrhea, but you do not know the # within 24 hours, write 'unk' for unknown in the space provided.
- If the person has a fever, but you do not know the temperature, write 'unk' for unknown.

When was suspect food/beverage consumed?
Date: 9/17/2012 Time: 06:00 AM PM

For Product Complaints Only:
Date Purchased: 9/16/2012
Brand Name: unknown
Product Name: unknown
Manufacturer: unknown
Size and package type: unknown
Product Codes: unknown
Expiration Date:

Were You Ill? Yes No
Onset of Illness? (When did symptoms begin?)
Date: 9/17/2012 Time: 06:45 AM PM
Incubation: 0.75
(# hours between time ate and ill)

Duration of Illness? (How long did symptoms last?)
Date: 9/20/2012 Time: 06:45 AM PM
Hours:
Days: 3 Ongoing

Medical treatment obtained?
 Yes No
If Yes, name(where):
Hospitalized? Yes No
Phone:

Medications
 Prior to or After illness
 Yes No If Yes, what? List:

Clinical samples taken? (CHD may request if no samples have been taken and the ill person(s) is / are still symptomatic)
 Yes No If Yes, check any that apply:
 Stool Blood Urine Vomitus
Date: Results:

Nausea Yes No
Vomiting Yes No
Diarrhea Yes No
within 24 hrs. unk
Specify type of diarrhea (Select any that apply):
 Watery Mucous Bloody

Abdominal Cramps Yes No
Headache Yes No
Chills (hot/cold) Yes No
Fever Temp. ° F
unk Yes No

Weakness Yes No
Dizziness Yes No
Fatigue Yes No
Numbness Yes No
Sweating Yes No
Tingling Yes No
Other symptoms(list):

Complaint referred to Agency: Other:
Date: Time: AM PM
DBPR/DACS Reference #
Disposition (DOH): Request Joint Investigation Log for Surveillance-No further EPI investigation required.
Source of Complaint(DOH): Other:

Epidemiological Exposure History (FOR DOH PURPOSE ONLY)
Household member ill w/similar symptoms>Last 2 Weeks)? Yes No How many? If yes, Fill out separate forms

Step 4. Another feature that we have added are 'save' buttons. They are located throughout the form so that you can save the information that you entered without having to scroll all the way to the bottom to hit 'submit'. After you hit the first 'save' button, it will say 'record inserted successfully' at the top. If you enter more information and hit another 'save' button it will say 'record updated successfully'.

Regulatory Agency:
 Complaint referred to Agency: Other:
 Date: Time: AM PM
 DBPR/DACS Reference #
 Disposition (DOH) : Request Joint Investigation Log for Surveillance-No further EPI investigation required.
 Source of Complaint(DOH) : Other:

Epidemiological Exposure History (FOR DOH PURPOSE ONLY)

Household member ill w/similar symptoms(Last 2 Weeks)? Yes No How many? If yes, Fill out separate forms
 If yes: Same time Before After Date: Time: AM PM

Others(friends,Co-workers) ill w/similar symptoms : Yes No (Last 2 weeks)
 Exposure to a diaper-aged child or incontinent adult : Yes No (Last 2 weeks)

Occupation: Travel(Last 2 Weeks) : Yes No
 Where : Depart: Means:
 Where : Return:

Recreational Water Exposure(Last 2 Weeks):
 Beach Pool/Spa Interactive Fountain Lake/River Reused
 Explain:

Drinking Water Exposure(Last 2 Weeks):
 Public Private Well Bottled
 Explain:

Sewage Disposal Type: Municipal Sewer Septic Tank System
 Animal/Pet Exposure(Last 2 Weeks):
 Yes No If Yes, List:
 Gathering/Events/Parties(Last 2 Weeks):
 Yes No If Yes, List:

72- Hour Food/Beverage History - (FOR DOH PURPOSE ONLY)
 (Begin day of illness and work back two days)

Step 5. Fill out the rest of the complaint form with as much information and detail as possible.

-When entering in the 72-hour food history, you must enter the dates of the 3 days that represent the 72 hours (see image below). If you do not enter a date, then you will not be able to fill out the rest of the information. If you check 'no recall' or 'none eaten' you will not be able to fill out a time or any food items.

72- Hour Food/Beverage History - (FOR DOH PURPOSE ONLY)
 (Begin day of illness and work back two days)

Are there any leftovers of the suspected food/beverages ? Yes No

	Breakfast/Time	Snack/Time	Lunch/Time	Snack/Time	Dinner/Time	Snack/Time
Day of Illness onset 24 hrs Date: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>
1Day prior to illness 48 hrs Date: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>
2Days prior to illness 72 hrs Date: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>	No Recall <input type="checkbox"/> None Eaten <input type="checkbox"/> <input type="radio"/> AM <input type="radio"/> PM Foods eaten: <input type="text"/> Location: <input type="text"/>

Next Step for DOH (if the complaint is outbreak related) : Outbreak related: Yes No

Step 6. After you have finished filling out all of the information, click on "Submit" at the bottom of the screen.

72 hrs Date: <input type="text"/>	None Eaten <input type="checkbox"/> AM <input type="checkbox"/> PM Foods eaten: <input type="text"/>	None Eaten <input type="checkbox"/> AM <input type="checkbox"/> PM Foods eaten: <input type="text"/>	None Eaten <input type="checkbox"/> AM <input type="checkbox"/> PM Foods eaten: <input type="text"/>	None Eaten <input type="checkbox"/> AM <input type="checkbox"/> PM Foods eaten: <input type="text"/>	None Eaten <input type="checkbox"/> AM <input type="checkbox"/> PM Foods eaten: <input type="text"/>	None Eaten <input type="checkbox"/> AM <input type="checkbox"/> PM Foods eaten: <input type="text"/>
Location: <input type="text"/>	Location: <input type="text"/>	Location: <input type="text"/>	Location: <input type="text"/>	Location: <input type="text"/>	Location: <input type="text"/>	Location: <input type="text"/>

Next Steps for DOH (if the complaint is outbreak related) Outbreak related: Yes No

Schedule date/time for joint environmental investigation with appropriate regulatory agency. Notify REE.
 Obtain list of all attendees who consumed the food or attended the event.
 Obtain food/beverage consumed for both ill and well.
 Obtain complete menu listing of food/beverage items prepared, consumed or served (Dine-in/Take-out/Daily Specials/Etc.)
 Follow up with medical provider to determine if there is a diagnosis.
 Obtain stool specimens from ill person(s), if possible.

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If the entry was successfully submitted, you will see 'Record Inserted Successfully' in red at the top of the screen.

Session Time Remaining: 59:32 [FAQ](#) | [Food & Waterborne Illness Surveillance](#)

• Record Inserted Successfully

[Add Complaint](#)

First Name: John	Last Name : Smith	Reported By: John Smith	DOB 1/1/1901	Age <input type="text"/>	Sex: <input type="radio"/> F <input type="radio"/> M
Home Phone: 123-456-7890	Work Phone: <input type="text"/>	Day Phone: <input type="text"/>	Night Phone: <input type="text"/>	Email Id: <input type="text"/>	
Address: 584 shamrock way	County Id: Flagler	City: Flagler	State: FL	ZipCode: 34243	

Check Box if the caller wants someone to follow up with results of an investigation/inspection. If the complaint falls within another agency jurisdiction, provide them with the appropriate contact information of that agency for follow-up

***If you want to add more information to the record that was just submitted -** you may stay on the screen that says 'Record Inserted Successfully' and continue to fill out information. Once all the information has been entered, make sure you hit submit or a save button again and it will update the record. This eliminates the need of having to go back to the home screen and select the complaint number again.

***To insert a new complaint with same information –** this tool is useful for when you have 2 or more people who are in a group who had similar dates and times of eating and/or ate the same food. After you enter the first complaint with all of the information and insert that record, it will say 'record inserted successfully.' From that screen you can change the information for the complaint with similar information, such as name, age, etc... and then check "add new complaint to same log #". Scroll to the bottom and hit 'submit' again and that record will be saved as a new record. The log number will auto-generate. This keeps you from having to go back to the home screen and filling out another complaint form. Another way is to click on that first inserted record from the complaints home screen. It will bring up that record and you can then change the necessary information (name, age, log #, onset of illness, etc...) and then click on submit and it will add a new record. This way you don't have to enter all of the facility information in again and allows for faster record entry.

***To add a new complaint or update an existing complaint** – click on the tab to add new complaint or click on the tab to update another complaint. Add new complaint will bring up to a blank complaint form and update another complaint will take you to the complaints home screen.

Section 3. Finding the Logged Complaints

To find the list of complaints, either click on the ‘apple icon’ with Food and Waterborne Illness Complaints underlined below or click on Food and Waterborne Illness Complaint Home in the column on the left hand side of the screen.

After clicking on the apple icon or the 'Food and Waterborne Illness Complaints Home' selection in the left hand column, you will be brought to a screen that looks like the following:

The screenshot shows the 'Food and Waterborne Illness Complaints' page. The left navigation menu includes options like 'Home', 'Food and Waterborne Illness Surveillance', 'Outbreak', 'Tri Agency Food And Waterborne Illness Complaint Form', 'Food and Waterborne Illness Complaint Home', 'Food and Waterborne Illness Outbreak Monthly Report', 'Food and Waterborne Illness Outbreak Monthly Reports Home', 'Food and Waterborne Reporting and Analysis', and 'Reports'. The main content area has a search and filter section with fields for 'Date From', 'To', 'Date of Illness', 'Select County', 'Select Region', a '[keyword]' search box, and a 'Log #' field. Below this is a table of complaint records with columns: Complaint Log Number, Establishment, Establishment Address, Onset Illness Date, Date Complaint Reported to CHD, County of Residence, and Region. The table shows 10 records, including PAPA JOHN'S PIZZA and CHEESECAKE FACTORY. At the bottom of the table, it says 'No of Complaints Selected: 100' and there is a 'Next 100' button. Two arrows point to the keyword search box and the 'Next' button.

Complaint Log Number	Establishment	Establishment Address	Onset Illness Date	Date Complaint Reported to CHD	County of Residence	Region
361306236	PAPA JOHN'S PIZZA	1816 CAPE CORAL PKWY	10/29/2013	10/30/2013	Lee	SOUTH WEST
361306236A	PAPA JOHN'S PIZZA	1816 CAPE CORAL PKWY	10/29/2013	10/30/2013	Lee	SOUTH WEST
361306236E	PAPA JOHN'S PIZZA	1816 CAPE CORAL PKWY	10/29/2013	10/30/2013	Lee	SOUTH WEST
361306136A	THE TWISTED VINE BISTRO	2214 BAY STREET	10/27/2013	10/30/2013	Lee	SOUTH WEST
361306136	THE TWISTED VINE BISTRO	2214 BAY STREET	10/29/2013	10/30/2013	Lee	SOUTH WEST
061311006	CHEESECAKE FACTORY	2612 SAWGRASS MILLS CIRCLE	10/27/2013	10/29/2013	Broward	SOUTH EAST
061310906	CHILIS BAR AND GRILLE	300 NORTH UNIVERSITY DRIVE	10/26/2013	10/28/2013	Broward	SOUTH EAST
291303329	THE GREEN LEMON	16107 STARLING CROSSING DRIVE	10/27/2013	10/28/2013	Hillsborough	TAMPA BAY
291303429	ZAMBIA SMOKEHOUSE	3000 E BUSCH GARDENS BLVD	10/27/2013	10/28/2013	Hillsborough	TAMPA BAY
131321013	RED LOBSTER	1750 W 49 ST	10/12/2013	10/25/2013	Dade	SOUTH

*Notice, you should only be able to see complaints from your CHD.

From here you can either search by date range, by date of illness or date of complaint, by county, by region, or by keyword.

-If searching by [keyword], use the entry box that is located in the top right corner (where arrow is pointing above). You can search by establishment name, address, date of illness onset, date of complaint, year of illness onset or year of complaint.

- When searching for records, the default will show 100 records. If there are less than 100, then it will show however many records there are next to "No. of Complaints Selected.' If there are more than 100 records you can use the Next button (see next image) at the bottom or top of the screen to view the records.

- The 'Next' button, in images above and below, will show you the next set of however many records you chose to view at one time. For example, if you want to see 200 records of 2012, the first 200 will come up on the screen. If you hit Next, then the next 200 records will be shown on the page.

1312133-14347	Roasters' n Toasters	525 Arthur Godfrey Rd.	7/18/2012	7/20/2012	Dade	South
1312134-14348	Lorna's Restaurant	2732 NW 183 Street	7/19/2012	7/20/2012	Dade	South
-14304	Elk's Lodge	603 South 5th Street	7/20/2012	7/20/2012		South East
-14316	14316-C			7/20/2012	Brevard	Central
-14317	14317-C			7/20/2012	Brevard	Central
-14318	14318-C			7/20/2012	Brevard	Central
-14319	14319-C			7/20/2012	Brevard	Central
-14320	14320-C			7/20/2012	Brevard	Central
-14321	14321-C			7/20/2012	Highlands	Central
-14322	14322-C			7/20/2012	Lake	Central
-14323	14323-C			7/20/2012	Lake	Central

Next >> Previous
Export to Excel

Next 100

- The Export to Excel feature is currently working. You can export straight from the grid or you can do a search and then export your search to Excel. Since the export has to search through thousands of complaints and scores of data, the process can take a few minutes. Be patient and know that it is working.

- If you click on a Log # it will take you to that complaint form.

*Currently, all of the information can be changed, except the log #. If you do change information in the complaint form, be sure to click the 'submit' button at the bottom of the screen.

Next Steps for DOH (if the complaint is outbreak related) Outbreak related: Yes No

Schedule date/time for joint environmental investigation with appropriate regulatory agency. Notify REE.

Obtain list of all attendees who consumed the food or attended the event.

Obtain food/beverage consumed for both ill and well.

Obtain complete menu listing of food/beverage items prepared, consumed or served(Dine-in/Take-out/Daily Specials/Etc.)

Follow up with medical provider to determine if there is a diagnosis.

Obtain stool specimens from ill person(s), if possible.

Submit

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*If you need to delete a record, contact Jamie DeMent at Jamie.DeMent@flhealth.gov

List of County ID Numbers:

Number	Co. Health Dept.	Number	Co. Health Dept.
1	ALACHUA	50	PALM BEACH
2	BAKER	51	PASCO
3	BAY	52	PINELLAS
4	BRADFORD	53	POLK
5	BREVARD	54	PUTNAM
6	BROWARD	55	ST. JOHNS
7	CALHOUN	56	ST. LUCIE
8	CHARLOTTE	57	SANTA ROSA
9	CITRUS	58	SARASOTA
10	CLAY	59	SEMINOLE
11	COLLIER	60	SUMTER
12	COLUMBIA	61	SUWANNEE
13	DADE	62	TAYLOR
14	DESOTO	63	UNION
15	DIXIE	64	VOLUSIA
16	DUVAL	65	WAKULLA
17	ESCAMBIA	66	WALTON
18	FLAGLER	67	WASHINGTON
19	FRANKLIN		
20	GADSDEN		
21	GILCHRIST		
22	GLADES		
23	GULF		
24	HAMILTON		
25	HARDEE		
26	HENDRY		
27	HERNANDO		
28	HIGHLANDS		
29	HILLSBOROUGH		
30	HOLMES		
31	INDIAN RIVER		
32	JACKSON		
33	JEFFERSON		
34	LAFAYETTE		
35	LAKE		
36	LEE		
37	LEON		
38	LEVY		
39	LIBERTY		
40	MADISON		
41	MANATEE		
42	MARION		
43	MARTIN		
44	MONROE		
45	NASSAU		
46	OKALOOSA		
47	OKEECHOBEE		
48	ORANGE		
49	OSCEOLA		



FLEHS

(Florida Environmental Health Surveillance System)

Training Manual

- Food and Waterborne Disease Surveillance -
Monthly Outbreak Reports

Introduction:

The FLEHS (Florida's Environmental Health Surveillance System) is a web based database that the Florida Department of Health (DOH) uses for environmental health data management. We are currently in the process of enhancing our database. This will provide an automated process relating to Food and Waterborne Disease Surveillance by gathering information from county health departments and generating reports more efficiently and accurately in a timely manner.

Section 1: Log In

1a. Log in with username and password provided.

Contact Eric Ryan (Eric.Ryan@flhealth.gov) if you have questions about FLEHS and its requirements. Contact Jamie DeMent (Jamie.DeMent@flhealth.gov) for access to the system and 'how-tos'. Please have your supervisor send an e-mail with your name and e-mail address requesting access.

Website: <http://www.flehs.myfloridaeh.com/Home.aspx>

FLEHS Protecting public health and preventing disease of environmental origin.

[FAQ](#) | [About DOH](#)

Providing Online Access!

The purpose of this website is to provide access to Florida's Environmental Health Surveillance System (FLEHS)

About Florida Environmental Health

Simply our mission is to keep our residents healthy and our communities free of disease. To effectively address local needs, each of Florida's 67 county health departments has an Environmental Public Health section staffed with experienced Environmental Health experts.

Sentinel Chicken program

To download barcode font 3 of 9, Please [click here](#). For Barcode Instructions, click [How To](#)

Food and Water Program

For Test Training Manual [Click here](#)

Email: HSE_EHStatewideDB

Phone: (850) 245-4968 or SunCom: 205-4968

Sign in to the FLEHS

Email Address:

Password:

Login

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1b. There is a 60 minute session period before it logs you out, but it refreshes when you click on any of the links in the left column and home icons.

Section 2: Add a new report

Step 1. You can access a new, blank report form by either clicking on the ‘paper and paperclip icon’ with Monthly Food and Waterborne Illness Outbreak Reports underneath and then clicking on ‘add a new report’ or by clicking on ‘Food and Waterborne Illness Outbreak Monthly Report’ link in the left column.

The screenshot shows the FLEHS dashboard with the following elements:

- Header:** FLEHS logo, tagline "Protecting public health and preventing disease of environmental origin.", and user information "Welcome Laura! Log Out".
- Session Info:** "Session Time Remaining: 59:53 | FAQ | Food & Waterborne Illness Surveillance |".
- Left Navigation Menu:** A tree view with "Food and Waterborne Illness Surveillance Outbreak" expanded, showing "Monthly Report" as a sub-item.
- Main Content Area:** Three icons with links: "Food and Waterborne Illness Complaints", "Monthly Food and Waterborne Illness Outbreak Reports", and "Food and Waterborne Reporting and Analysis". Below these is a box labeled "Reports" with an "OR" above it and arrows pointing to the "Monthly Report" link in the left menu and the "Monthly Food and Waterborne Illness Outbreak Reports" link.
- User Information Box:** "Monday, 12/2/2013", "Logged-in as: Laura", "Logged-in at: 12:11:56 PM".
- Related Links Box:** "CDC Food and Water", "CDC Food Surveillance", "CDC Healthy Water", "Click to Create new Account/Reset password", "Click for On Demand Extract to Excel".

Step 2. Once you clicked on either link you will be brought to the “Food and Waterborne Illness Outbreaks Monthly Report” form page. You will be presented with multiple entry spaces to enter in the information.

The screenshot shows the "Add New Outbreak Report" form with the following fields:

- Form Title:** "Food And Waterborne Illness Outbreaks Monthly Report"
- Red Denotes required fields**
- Form Fields:**
 - Unique Id:
 - Record Status:
 - Merlin/Accession No.:
 - Complaint Log No.:
 - Establishment Information:**
 - Establishment Name:
 - Establishment Address:
 - Establishment City:
 - Establishment State:
 - Establishment Zip:
 - NORS:
 - Local ID:
 - Source of Outbreak:
 - * County:
 - * Region:
- Footer:** "Done" and "Local intranet | Protected Mode: On"

Step 3. Begin entering in the report information starting with the record information and then the Establishment Information. You can use the ‘tab’ key to advance to the next entry or you can use the mouse to click the next space. The spaces (areas highlighted in red) that must be filled out before a report can be submitted are:

- County
- Region
- Date of Outbreak
- Date of Outbreak Reported

The screenshot shows a web form with the following fields and options:

- NORS: [Text input]
- Local ID: [Text input]
- Source of Outbreak: [Select Outbreak Source dropdown]
- County: [Select County dropdown - highlighted in red]
- Region: [Select Region dropdown - highlighted in red]
- No of Cases: [Text input]
- Site: [Select Site dropdown]
- Agency: [Select Agency dropdown]
- General Vehicle: [Select Vehicle dropdown]
- Source of Vehicle: [Text input]
- Specific Vehicle: [Text input]
- Pathogen Status: [Select Pathogen Status dropdown]
- Pathogen: [Select Pathogen Name dropdown]
- Summary Report: [Text input]
- CDC Report: [Text input]
- * Date Of Outbreak: [Date picker - highlighted in red]
- * Outbreak Reported: [Date picker - highlighted in red]
- End Investigation: [Text input]
- FoodBorne Outbreaks: [Section header]
- Contributing Factors Unknown: [checkbox]

Several things to note:

- The NORS entry space is where you will enter the same number that you entered for the NORS report. The date of the report number should be the day that you were first notified. It should be in the format of 2-digit County Code of exposure, 2-digit year, and 3-digit outbreak number. Outbreak numbers should increase as they are added, 001, 002, 003, etc....
- ** If there is a question about what an outbreak should be reported as (multiple counties involved but common food item consumed, for example), a discussion between the REEs involved and the state coordinator will occur to determine the REE responsible for reporting.
- Leave the Local ID entry box blank.
- When entering in the County under the drop down box, select the county where the exposure occurred.
- When you are selecting factors for foodborne outbreaks, there are several options listed that are no longer in use, but they can still be selected. In the future, they will be disabled and you won't be able to choose them, but for now, this is a list of the factors that can be used.
 - o **Contamination Factors:**

- **C1** – Toxic substance part of the tissue
- **C2** – Poisonous substance intentionally/deliberately added
- **C3** – Poisonous substance accidentally/inadvertently added
- **C4** – Addition of excessive quantities of ingredients that are toxic in large amounts
- **C5** – Toxic container
- **C6** – Contaminated raw product – food was intended to be consumed after a kill step
- **C7** – Contaminated raw product – food was intended to be consumed raw or undercooked/underprocessed
- **C8** – Foods originating from sources shown to be contaminated or polluted (such as a growing field or harvest area)
- **C9** – Cross-contamination of ingredients (cross-contamination does not include ill food workers)
- **C10** – Bare-hand contact by a food handler/worker/preparer who is suspected to be infectious
- **C11** – Glove-hand contact by a food handler/worker/preparer who is suspected to be infectious
- **C12** – Other mode of contamination (excluding cross-contamination) by a food handler/worker/preparer who is suspected to be infectious
- **C13** – Foods contaminated by non-food handler/worker/preparer who is suspected to be infectious
- **C14** – Storage in contaminated environment
- **C15** – Other source of contamination
- **C-N/A** – Contamination Factors - Not Applicable
- **Proliferation/Amplification Factors:**
 - **P1** – Food preparation practices that support proliferation of pathogens (during food preparation)
 - **P2** – No attempt was made to control the temperature of implicated food or the length of time food was out of temperature control (during food service or display of food)
 - **P3** – Improper adherence of approved plan to use Time as a Public Health Control
 - **P4** – Improper cold holding due to malfunctioning refrigeration equipment
 - **P5** – Improper cold holding due to an improper procedure or protocol
 - **P6** – Improper hot holding due to malfunctioning equipment
 - **P7**– Improper hot holding due to improper procedure or protocol
 - **P8** – Improper/slow cooling
 - **P9** – Prolonged cold storage
 - **P10** – Inadequate modified atmosphere packaging
 - **P11** – Inadequate processing (acidification, water activity, fermentation)
 - **P12** – Other situations that promoted or allowed microbial growth or toxic production
 - **P-N/A** – Proliferation/Amplification Factors - Not Applicable
- **Survival Factors:**

- **S1** – Insufficient time and/or temperature control during initial cooking/heat processing
- **S2** – Insufficient time and/or temperature during reheating
- **S3** – Insufficient time and/or temperature control during freezing
- **S4** – Insufficient or improper use of chemical processes designed for pathogen destruction
- **S5** – Other process failures that permit pathogen survival
- **S-N/A** – Survival Factors - Not Applicable
- **Method of Preparation** (At point-of-service: Retail: restaurant, grocery store): **Select only one:**
 - **1 – Prepared in the home**
 - **2 – Ready to eat food: No manual preparation, No cook step.** (e.g., sliced cheese, pre-packaged deli meats; whole raw fruits; pre-shucked raw oysters, etc)
 - **3 – Ready to eat food: Manual preparation, No cook step.** (e.g., cut fresh fruits and vegetables, chicken salad made from canned chicken, etc)
 - **4 – Cook and Serve Foods: Immediate service.** (e.g., soft-cooked eggs, hamburgers, etc)
 - **5 – Cook and hot hold prior to service.** (e.g., soups, hot vegetables, mashed potatoes, etc)
 - **6 – Advance preparation: Cook, cool, serve** (e.g., sliced roast beef from a whole cooked roast, etc)
 - **7 – Advance preparation: Cook, cool, reheat, serve** (e.g., casseroles, soups, sauces, chili, etc)
 - **8 – Advance preparation: Cook, cool, reheat, hot hold, serve** (e.g., chili, refried beans, etc)
 - **9 – Advance preparation: Cook-chill and Reduced Oxygen Packaging (ROP)** (e.g., sauces, gravies,cheeses, etc packaged under ROP)
 - **10 – None or Unknown**

Step 4. Fill out the rest of the report form with as much information and detail as possible.

Step 5. After you have finished filling out all of the information, click on the ‘Insert’ button at the bottom of the screen.

Water Not Intended for Drinking (WNID/WUI) Factors:

- Cooling tower/evaporative condenser - shutdown for > 3 days without draining to waste
- Cooling tower/evaporative condenser - lack of qualified water quality specialist
- Cooling tower/evaporative condenser - lack of qualified water quality specialist
- Cooling tower/evaporative condenser - presence of scale or corrosion

:Other

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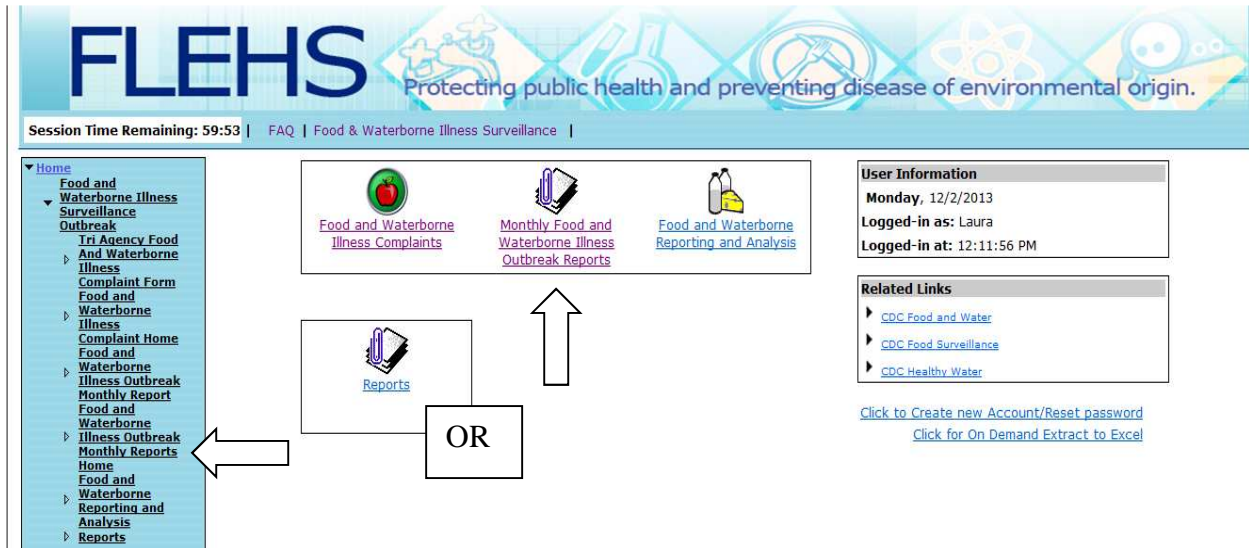


If the entry was successfully submitted, you will see ‘Record Inserted Successfully’ in red at the top of the screen.

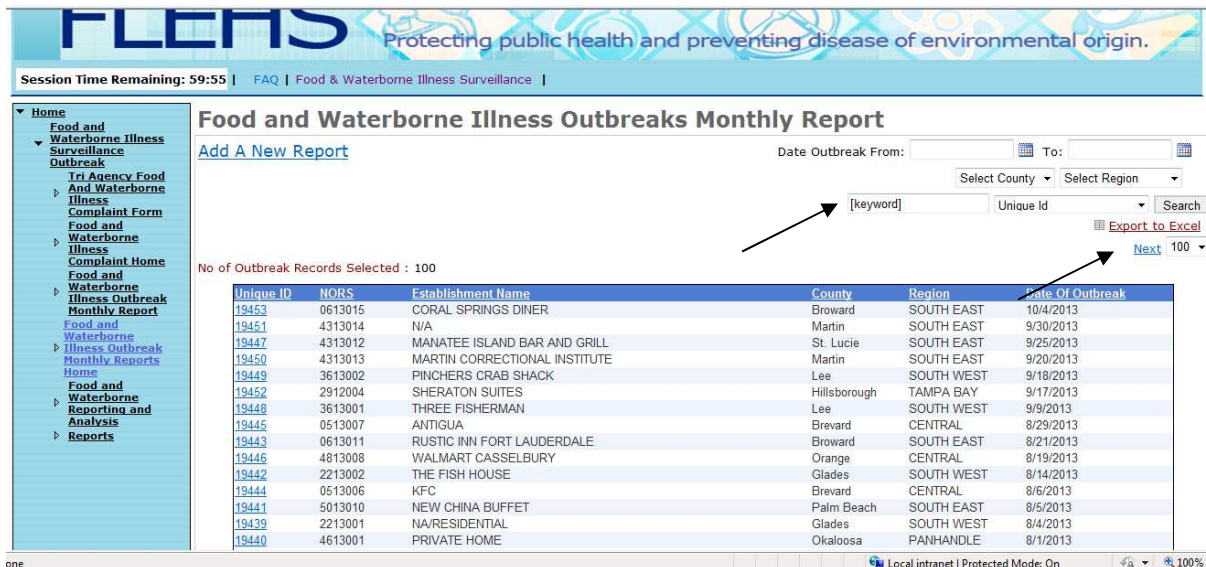
****To add a new report or update an existing report** – click on the tab to add new report or click on the tab to update another outbreak report. Add a new outbreak report will take you to a blank report form and update another outbreak report will take you to the reports home screen.

Section 3: Finding the Logged Reports

To find the list of monthly reports, either click on the ‘paper and paperclip icon’ with Monthly Food and Waterborne Illness Outbreak Reports underlined below or click on the Food and Waterborne Illness Outbreaks Monthly Reports Home in the column on the left hand side of the screen.



After clicking on the paper and paperclip icon or the Food and Waterborne Illness Outbreak Monthly Reports Home in the left hand column, you will be brought to a screen that looks like the following:



From here, you can either search by date range, county, region or keyword.

- If searching by [keyword], use the entry box that is located in the top right corner (where arrow is pointing above). This will search by Unique ID, NORS number, Establishment name, date of outbreak, and year of outbreak.
- If you select the year and then how many records you would like to view from the top right (where the arrow is pointing above), that is how many records it will show you on one page. Then you can use the Next button (see next image) at the bottom or top of the screen to go between the records.
- The 'Next' button will show you the next set of however many records you chose to view at one time. For example, if you want to see 200 records of 2012, the first 200 will come up on the screen. If you hit Next, then the next 200 records will be shown on the page.
- Current view is set up to show the first 100 records on the home screen, regardless of year. If you would like to only view 2012 records, use the search function and it will bring up the reports for 2012
- The 'Export to Excel' button allows you to export all of the records and their information into Excel. In Excel, you can sort the columns by what you are looking for.

If you click on the Unique ID number, it will take you to that report.

*All of the information can be changed except for the Unique ID number. If you do change information in the report form, be sure to click the 'update' button at the bottom of the screen.

Water Not Intended for Drinking (WNID/WUI) Factors:

- Cooling tower/evaporative condenser - presence of scale or corrosion
- Cooling tower/evaporative condenser - absence of drift eliminators
- Cooling tower/evaporative condenser - presence of damaged drift eliminators
- Cooling tower/evaporative condenser - History of recent repairs to the device

:Other

Update

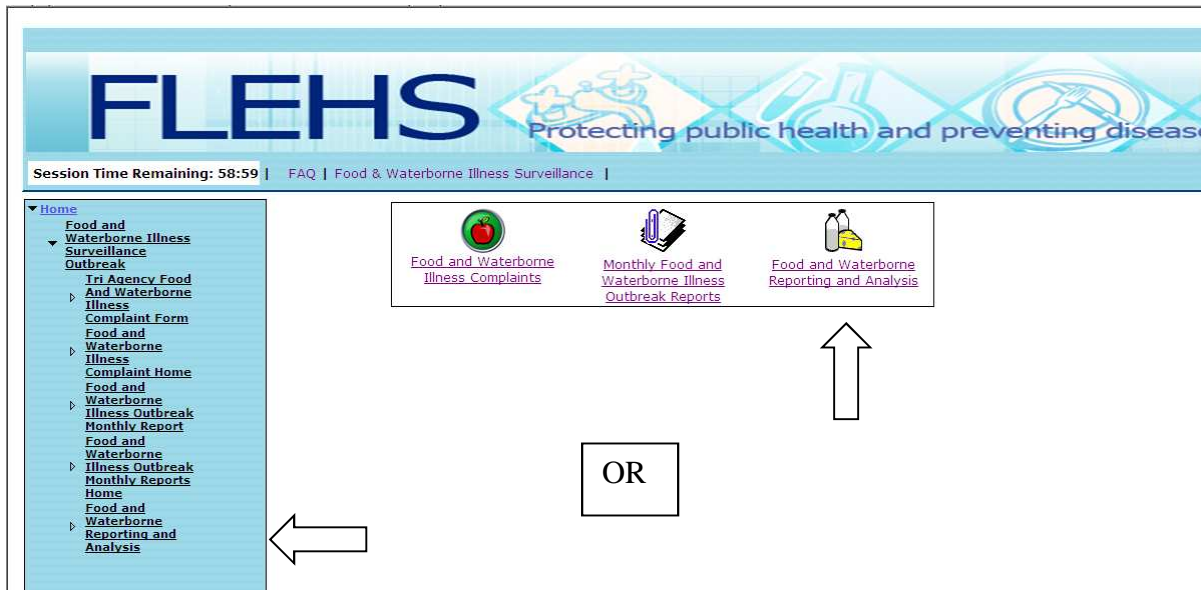
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Local intranet

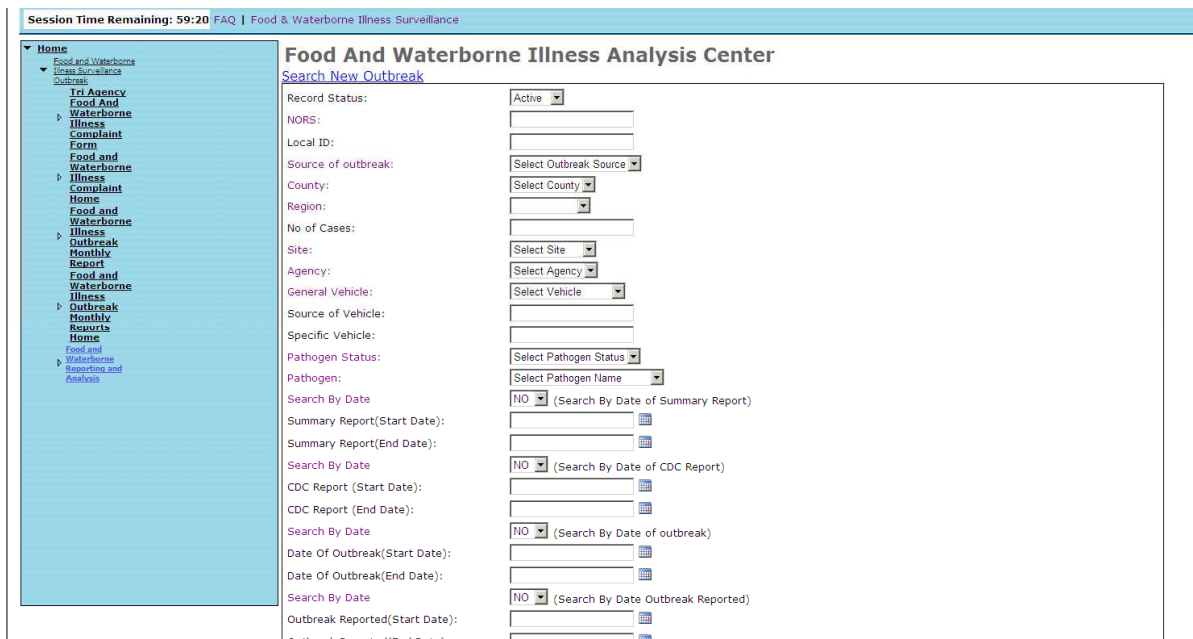
** If you need to delete a report, contact Jamie DeMent at Jamie.DeMent@flhealth.gov

Reporting and Analysis

This is a search tool that allows you to search within the outbreak reports section. To access the tool, click on the Food and Waterborne Reporting and Analysis milk and cheese icon on the home screen or click on the Food and Waterborne Reporting and Analysis lines in the left hand column of the screen.



After clicking on the milk and cheese icon or the Food and Waterborne Reporting and Analysis in the left hand column, you will be brought to a screen that looks like the following:



From here you can search through reports using any of the search areas that are written in the color purple. You can just choose one of the options to search for or you can search for a combination of options.

If you search by a date range, make sure to select ‘Yes’ from the drop down box above the date range so that it will search that range. (The default is to ‘NO’ so make sure to change it).

Once you have selected a search option, reports that matched your search criteria will come up on the screen and look like:

Log Out
Session Time Remaining: 59:51 FAQ | Food & Waterborne Illness Surveillance

Home
Food and Waterborne Illness Surveillance
Outbreak
TRI Agency
Food and Waterborne Illness Complaint Form
Food and Waterborne Illness Complaint Home
Food and Waterborne Illness Outbreak Monthly Report
Food and Waterborne Illness Outbreak Monthly Reports
Home
Food and Waterborne Reporting and Analysis

Search Results
3 records matched your query.

Establishment Name	Establishment Address	Establishment City	Establishment Zip	NORs	Local M	Source of Outbreak	County	Region	No Of Cases	Site	Agency	General Vehicle	Source Of Vehicle	Specific Vehicle	Pathogen Status	Pathogen	Summary Report	CDC Report	Date Of Outbreak	Date Outbreak Reported	Date End Investigation	Contributing Factor	Contamination Factor1
Link Pravinbroker Restaurant & Fish Market	13451-16 McGregor Blvd	Ft. Myers	33919	3612004		Lab	Lee	South West	1	Restaurant	DBPR	Shellfish-Molluscan	La Area 28 and Galveston Bay, Texas 424	raw oysters	Confirmed	OTHER	8/3/2012	8/3/2012	7/18/2012	7/31/2012	8/3/2012		CT - Contaminated raw product food was intended to be consumed raw or undercooked/unde processed
Link Phillippi Creek Oyster Bar	5353 South Tamiami Trl	Sarasota	34231	5812002		Lab	Sarasota	South West	1	Restaurant	DBPR	Shellfish-Molluscan	La Area 19	raw oysters	Confirmed	OTHER	7/12/2012	7/12/2012	6/8/2012	7/6/2012	7/12/2012		CT - Contaminated raw product food was intended to be consumed raw or undercooked/unde processed
Link Lazy Flamingo Island Cow	1036 Palmvalde Way #2163	Sarasota	33957	3612003		Medical Provider	Lee	South West	1	Restaurant	DBPR	Shellfish-Molluscan	La Area 17 or LA A15	raw oysters	Confirmed	OTHER	7/19/2012	7/19/2012	7/16/2012	7/17/2012	7/19/2012		CT - Contaminated raw product food was intended to be consumed raw or undercooked/unde processed

You can see that it brought up multiple records. In addition, it includes all of the information from the report, such as the facility name, address, and contamination factors.

If you click on the blue ‘Link’ button (see arrow above), it will take you back to that record’s report page and you can see all of the information as it was entered for that report.