
Focus Testing of Food Safety Messages

Final Report

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Ce rapport est aussi disponible en français sur demande.

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Introduction

As part of its mandate, the Public Health Agency of Canada (PHAC) works to keep Canadians informed, allowing them to make sound decisions about how to protect their health during critical and significant events. With this in mind, PHAC has significantly invested in the development of a strategic risk communications plan in the event of national food-borne illness outbreaks.

Fundamental to providing Canadians with the information they need to help protect themselves and their loved ones during such an event is the implementation of effective and relevant food safety messages. Past research has shown that Canadians engage in a number of potentially unsafe food practices, which may present some health risks. Findings also suggest that Canadians could benefit from messaging aimed at increasing awareness and knowledge of safe food handling and personal actions they can take to protect themselves and their families.

With this in mind, PHAC commissioned Corporate Research Associates Inc. (CRA) to conduct qualitative research that would inform its development of food safety messages for use during a national food-borne illness outbreak. Qualitative research was used to ascertain reactions to draft food safety messages. More specifically, the research helped determine the effectiveness of the content and language used in those messages, as well as the fit and appeal of each message with adult participants. Overall, the assessment identified the extent to which each message resonated with the end audiences. Findings from the research will inform the choice of concepts and language that should be used, as well as help fine tune and improve the approach towards the development of effective communications products by PHAC.

Based on this premise, specific objectives of the research include:

- To evaluate food safety messages and determine if they are:
 - clear, credible, relevant and of value to the audience;
 - appealing and appropriate to the cultural and emotional sensitivities of the audience;
 - memorable in the minds of the audience;
 - utilizing the right tone; and
 - “doable” and able to motivate the audience to take personal actions.
- To elicit suggestions for potential changes to make the messages more effective at reaching the target audience.
- To gather information on how best to inform Canadians about food safety in the event of a food-borne illness outbreak (where would they go for information; best methods/media to provide information).

Following the introduction is a description of the study methodology, the report’s executive summary, a series of conclusions and recommendations derived from the study findings, and a detailed analysis of focus group discussions. Working documents are appended to the report, including one recruitment screener (Appendix A), one moderator’s guide (Appendix B) and the messages tested (Appendix C).





Research Methodology

To meet the study objectives, a total of eight focus groups were conducted in four cities representing a cross section of larger urban centres nationwide. More specifically, two groups were held in each of Toronto, ON (March 10, 2011), Vancouver, BC (March 15, 2011), Halifax, NS (March 16, 2011) and Montreal, QC (March 15, 2011). Groups in the first three locations were conducted in English, while the group discussions in Montreal were in French. These cities represent a cross-section of larger urban centres across Canada. Urban centres were chosen because, according to Human Resources and Skills Development Canada, 80 percent of the Canadian population lives in urban areas. To assess opinion differences, in each location, one group consisted of Canadians deemed “at risk”, as defined below, while the second group was conducted with Canadian adults outside of this segment.

The study’s audience included Canadian adults age 18 years and older, with each focus group encompassing a good cross representation of age, gender, employment, and education status. Additionally, individuals from selected “at-risk” populations were recruited to take part in one of the groups scheduled for each of the locations identified above. The “at-risk” population included seniors at least 60 years of age or older, pregnant women, immunocompromised individuals and parents with children under the age of six living at home at least most of the time. A total of 12 individuals were recruited in those groups with the aim of having 8-10 actually show. The second group in each location included members from the general population outside of the “at-risk” groups. For these groups, 11 individuals were recruited to achieve 8-10 participants. As is normally the practice, federal government employees, those in advertising, communication, and marketing research industries, as well as media representatives were excluded from the study. Recruitment was conducted using a mix of telephone random calling and referrals.

Discussions took place in professionally equipped focus group facilities during the evening hours. Each discussion lasted approximately two hours. As is normally the practice, participants were each offered a \$75 monetary incentive in appreciation for their time and participation.

Context of Qualitative Research

Qualitative discussions are intended as moderator-directed, informal, non-threatening discussions with participants whose characteristics, habits and attitudes are considered relevant to the topic of discussion. The primary benefits of individual or group qualitative discussions are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions and attitudes related to the subject matter. This type of discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Qualitative research allows for more complete understanding of the segment in that the thoughts or feelings are expressed in the participants’ “own language” and at their “own levels of passion.” Qualitative techniques are used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures.





Executive Summary

Corporate Research Associates Inc.

Contract Number: HT372-100007/001/CY

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Health Canada commissioned Corporate Research Associates to test food safety messages being developed as part of a communications strategy to be used during any future food-borne illness outbreak. The study helped determine the effectiveness of the content and language used in those messages, as well as the fit and appeal of each message with adult participants. The study consisted of eight traditional focus groups conducted in Toronto (ON), Vancouver (BC), Halifax (NS), and Montreal (QC) from March 10 to 16, 2011. Discussions were in English in all locations except in Montreal where they were in French. The target audience included Canadian adults over the age of 18 years, as well as individuals identified as being “at risk” (including pregnant women, parents of children under the age of 6 years old, those with an immunocompromised illness and seniors over the age of 60 years old). Findings from this study will inform the choice of concepts and language that should be used, as well as help fine tune and improve the approach towards the development of effective communications products by the Public Health Agency of Canada. The total cost of the study is \$51,609.44 inclusive of HST.

Findings from the ***PHAC Focus Testing of Food Safety Messages*** suggest that participants look up to government to provide them with clear, complete, and relevant information at any point during a crisis situation. Overall, the messages tested during the group discussions were considered culturally and emotionally appropriate, credible, and of value to the public. Participants were informed that the messages could be presented separately or together. They were also informed that actual messaging during a food-borne illness outbreak would include more information than that presented during the message testing. Nevertheless, participants indicated that they found the messages to be at times incomplete and inconsistent. Furthermore, the tone was not always conducive to clearly highlight the risk of contamination, specifically among healthy adults who are less likely to review their food habits as a result. While participants appreciated the concise and clear nature of presenting the messages in short statements, they indicated that clarity and relevance might be improved by combining messages by themes (e.g., all statements regarding pregnancy and risks to unborn children). In fact, the Public Health Agency indicates that during an outbreak, messages would be combined.

For the purpose of the study, specific messages were grouped and discussed together based on three distinct phases of a potential food-borne illness outbreak: at the onset of the crisis, when the outbreak is not confirmed though cases of a food-borne illness are suspected (scenario 1); once the outbreak is confirmed and the food source of the illness is suspected but not confirmed (scenario 2); and finally once the food source of the illness is confirmed (scenario 3).





The content and tone of the new messages presented in scenario 1 do not fully meet their objective of demonstrating transparency regarding the uncertainty of the situation. Indeed, findings show that prior to the outbreak being confirmed, focus group participants would look up to government for clear and complete information on the state of the situation (including things such as how many cases are identified, what illness is suspected, what regions or communities are affected), how government intends to handle the situation (areas such as key tasks and milestones and communications calendar), the nature of the suspected illness (including the definition, symptoms, potential consequences, severity), and basic steps for participants to follow in order to protect themselves and those around them. Some of this information is not found in the current messaging at the onset of an outbreak. Given the uncertainty of the situation and the potential importance of any ensuing crisis, participants indicated that they would seek to be reassured at the same time as being warned regarding the seriousness of the situation. Although the tone currently used is one of caution, it did not provide participants the reassurance that government had a firm handle on the situation. As such, when developing comprehensive messaging for use in this scenario, PHAC would be well served to be more affirmative regarding what steps it is taking towards resolving the issues and how it will ensure the public is adequately informed and protected throughout the investigation

The series of messages released during the investigation, once an outbreak is confirmed but the food source of the illness is still not identified (scenario 2A), may not, on their own, effectively meet their goal of managing the perception of risk. Indeed, while those deemed “at risk” clearly felt engaged in reviewing their own food behaviors based on the information provided, others generally felt disassociated from the situation as they were under the impression that healthy adults run little to no risk of becoming ill (based on some of the messaging). While the tone was deemed more serious and attention grabbing, it did not effectively engage healthy participants in appreciating the seriousness of the situation. In addition to the messages presented, other information identified that would help the public judge the situation in this scenario included: what steps are being undertaken in the investigation, the extent of the crisis in terms of the proportion of illnesses within the population and, among those at risk, the potential for mortality as well as expert advice assessing the situation’s severity.

At the same time, food safety messages released once the outbreak is confirmed but the food source of the illness is still uncertain (scenario 2B) were appreciated and compelling. The tone was viewed as positive, reassuring, and empowering, all things that attracted participants’ attention. It provided a sense that the situation is manageable. While specific tips on what participants could do to protect themselves, as well as more detailed information on the current outbreak were appreciated, instructions regarding the avoidance of foods that may carry the illness are too vague and somewhat unrealistic according to most participants. This had a resulting effect of participants downplaying the risk associated with foods in general, and perhaps not being as cautious as required in their food selection. The various levels of severity of the illness should also be better explained at this stage.





Finally, messages to be released once the food source of the outbreak is known (scenario 3) were deemed to provide a deeper level of illness-specific information. Information on the cause of the contamination was also deemed insufficient. Attention should be paid to the presentation order of these messages, to ensure that critical steps to avoid becoming ill (such as throwing out infected foods) are presented as soon as the food source is identified. Breaking down advice by key target audience was appreciated, as long as it remains all-encompassing.

Participants suggested a multi-media approach to disseminating messages during a food-borne illness outbreak. More specifically, official announcements, traditional media advertisements, and the use of social media and online newsfeeds were deemed most appropriate for situation-related timely information. Print brochures, posters in public places and detailed information on a dedicated website were considered more appropriate for in-depth illness-related and preventative information.



Sommaire

Corporate Research Associates Inc.

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Santé Canada a retenu les services de Corporate Research Associates afin de mettre à l'essai les messages sur la salubrité des aliments élaborés dans le cadre d'une stratégie de communication qui sera utilisée en cas d'éclosion de toxi-infection d'origine alimentaire. L'étude a aidé à déterminer l'efficacité du contenu et du langage utilisés dans ces messages ainsi que la pertinence et l'attrait de chaque message du point de vue de répondants adultes. L'étude comprenait huit (8) groupes de discussion qui ont eu lieu à Toronto (Ont.), Vancouver (C.-B.), Halifax (N.-É.) et Montréal (Québec) du 10 au 16 mars 2011. Les discussions étaient en anglais dans toutes les villes, sauf à Montréal où elles ont été effectuées en français. Le public cible incluait les adultes canadiens de plus de 18 ans de même que les personnes identifiées comme étant « à risque » (notamment les femmes enceintes, les parents d'enfants de moins de 6 ans, les personnes atteintes d'une maladie affaiblissant le système immunitaire et les personnes âgées de plus de 60 ans). Les résultats de l'étude aideront à choisir les concepts et le langage qu'il convient d'utiliser ainsi qu'à mettre au point et à améliorer la démarche d'élaboration de produits de communication efficaces par l'Agence de la santé publique du Canada. En tout, l'étude aura coûté \$, TVH incluse.

Les résultats de la ***Mise à l'essai en groupes de discussion des messages sur la salubrité des aliments de l'ASPC*** indiquent que les participants s'attendent à ce que le gouvernement leur fournisse des renseignements clairs, complets et pertinents à tout moment lors d'une situation de crise. Dans l'ensemble, les messages mis à l'essai lors des groupes de discussion ont été considérés comme pertinents aux plans culturel et émotionnel, crédibles et utiles pour le public. Les participants ont été informés que les messages pouvaient être présentés séparément ou en groupe. Ils ont aussi été informés que les messages officiellement utilisés lors d'une éclosion de toxi-infection alimentaire vont inclure plus de renseignements que ceux présentés lors de la mise à l'essai. Néanmoins, les participants ont indiqué qu'ils trouvaient parfois les messages incomplets et contradictoires. De plus, le ton ne permettait pas toujours de souligner clairement le risque de contamination, particulièrement chez les adultes en santé, lesquels sont moins susceptibles de changer leurs habitudes alimentaires. Même si les participants ont apprécié la nature claire et concise de la présentation des messages à l'aide de courts énoncés, ils ont affirmé que la clarté et la pertinence pourraient être améliorées en rassemblant les messages par thèmes (p. ex., tous les énoncés concernant la grossesse et les risques pour les enfants à naître). En réalité, l'Agence de santé publique mentionne que lors d'une éclosion de toxi-infection alimentaire, les messages seraient combinés.

Pour les besoins de l'étude et des discussions, les messages ont été regroupés selon trois phases distinctes d'une éventuelle éclosion de toxi-infection alimentaire : au début de la crise, quand l'éclosion n'est pas confirmée, mais que des cas de toxi-infection alimentaire sont soupçonnés (scénario 1); une fois que l'éclosion est confirmée et que la source alimentaire de la maladie est soupçonnée, mais non confirmée (scénario 2); et une fois que la source alimentaire de la maladie est confirmée (scénario 3).



Le contenu et le ton des nouveaux messages présentés dans le cadre du scénario 1 n'atteignaient pas complètement l'objectif, à savoir de faire preuve de transparence quant à l'incertitude de la situation. En effet, les résultats suggèrent qu'avant la confirmation de l'éclosion, les participants des groupes de discussion s'attendaient à ce que le gouvernement leur fournisse des renseignements clairs et complets sur l'état de la situation (y compris le nombre de cas signalés, le type de maladie soupçonnée, les régions ou les collectivités touchées), sur la façon dont le gouvernement compte gérer la situation (par exemple, les tâches et les étapes clés et le calendrier des communications), sur la nature de la maladie soupçonnée (notamment la définition, les symptômes, les conséquences potentielles et la gravité) et sur les étapes de base à suivre afin de se protéger et de protéger ceux qui nous entourent. Certains renseignements ne sont pas fournis dans les messages actuels du début d'une éclosion. Compte tenu de l'incertitude de la situation et de l'importance potentielle de toute crise qui peut en résulter, les participants ont indiqué qu'ils chercheraient à être rassurés, mais qu'ils voudraient aussi être prévenus de la gravité de la situation. Même si le ton utilisé dans les messages mise sur la prudence, il n'a pas réussi à donner aux participants l'impression rassurante que le gouvernement maîtrise la situation. À ce titre, lors de la création des messages complets à utiliser pour ce scénario, il serait utile pour l'ASPC d'utiliser un ton plus clair pour décrire les démarches qu'elle a entreprise afin de résoudre les problèmes ainsi que les mesures prises pour faire en sorte que le public soit correctement informé et protégé tout au long de l'enquête.

La série de messages diffusés lors de l'enquête, une fois que l'éclosion est confirmée, mais que la source alimentaire de la maladie n'est toujours pas connue (scénario 2A), ne peut pas, à elle seule, atteindre efficacement l'objectif de gestion de la perception du risque. En effet, même si les personnes jugées « à risque » avaient clairement l'intention de revoir leurs habitudes alimentaires après avoir pris connaissance des renseignements, les autres ne se sentaient généralement pas touchés par la situation, car ils avaient l'impression que les adultes en santé couraient peu ou aucun risque d'être malade (selon certains messages). Même si les participants ont trouvé que le ton était sérieux et qu'il attirait bien l'attention, il n'arrivait pas efficacement à faire comprendre aux participants en santé la gravité de la situation. En plus des messages présentés, d'autres renseignements identifiés afin d'aider le public à évaluer la situation lors de ce scénario comprennent : les démarches entreprises au cours de l'enquête, l'étendue de la crise en termes de pourcentage de la population qui est atteinte de la maladie et, pour les personnes à risque, la probabilité de décès et le point de vue d'experts évaluant la gravité de la situation.

Parallèlement, les messages sur la salubrité des aliments diffusés une fois que l'éclosion est confirmée, mais que la source alimentaire de la maladie est encore incertaine (scénario 2B) ont interpellé les participants, qui les ont jugés intéressants. Le ton a été jugé positif et rassurant, en plus de favoriser la prise en main personnelle, ce qui a attiré l'attention des participants. Il donnait l'impression que la situation était bien maîtrisée. Même si les conseils précis sur la façon de se protéger et les renseignements plus détaillés sur l'éclosion ont été appréciés, les instructions pour éviter les aliments pouvant être porteurs de maladie étaient, selon la plupart des participants, trop vagues et peu vraisemblables. Par conséquent, les participants minimisaient les risques associés aux aliments en général et n'étaient donc pas assez prudents dans leur sélection d'aliments. Les différents niveaux de gravité de la maladie devraient aussi être mieux expliqués à cette étape de la crise.





Finalement, les participants étaient d'avis que les messages diffusés une fois la source alimentaire de l'écllosion connue (scénario 3) fournissaient plus de détails sur les niveaux de gravité de la maladie. Les renseignements sur la cause de la contamination ont aussi été jugés insuffisants. Il conviendrait de s'assurer que l'ordre de présentation de ces messages commence par les mesures cruciales pour éviter d'être malade (p. ex., jeter les aliments infectés) aussitôt que la source alimentaire est connue. La présentation des conseils par thèmes correspondant aux différents publics cibles a été appréciée, mais les conseils doivent rester universels.

Les participants ont suggéré l'utilisation d'une approche multimédia pour diffuser les messages lors d'une écllosion de toxi-infection alimentaire. Plus précisément, les participants ont jugé que les annonces officielles, les publicités dans les médias traditionnels et l'utilisation des médias sociaux et des sites Web de nouvelles étaient les outils les plus appropriés pour diffuser rapidement de l'information concernant la situation. Les brochures, les affiches dans des places publiques et les renseignements détaillés sur un site Web consacré à la crise ont été jugés les outils les plus appropriés pour fournir de l'information approfondie sur la maladie et la prévention.



Conclusions

The following conclusions are drawn from the detailed analysis of the study findings.

- ***The population deemed “at risk” is most compelled by food safety messages, especially in terms of how to avoid the illness and when to seek medical attention.***

The tested messages were generally considered culturally and emotionally appropriate. Additionally, they were deemed credible, appropriate, and of value to the general public. That being said, participants included in the “at risk” population were clearly more compelled by the warning messages asking them to protect themselves against the illness than were those that do not fall in any of the “at risk” categories. The exception was in Montreal, where both audiences expressed limited levels of concern.

Participants were most interested in gaining a complete understanding of the illness, including how it evolves, how it is transmitted, detailed symptoms associated with the illness, as well as details regarding the illness’s evolution from the perspective of someone who has been infected. Furthermore, participants sought clear direction on what they can do to avoid becoming sick, as well as any advice on what to do prior to seeking medical attention if they have some of the symptoms identified. Most of this information is sought at the onset of a food-borne illness outbreak, providing participants immediate knowledge and tools on how to avoid becoming sick or how to easily identify if they have been contaminated.

In general, the tone of the messages reviewed was considered appropriate based on the evolution of the outbreak (less certain at the onset, more assertive as information becomes available), although perhaps the urgency and seriousness of the illness at the peak of the outbreak may not have come through adequately. Indeed, the tone needs to be more assertive, firm, and definite once information becomes available, to provide participants reassurance that PHAC is handling the situation in a responsible manner.

- ***Messages in scenario 1 (suspected outbreak; food source unidentified) are deemed vague, incomplete, and not adequately advising the public on the potential severity of the situation.***

Despite participants knowing that the government has limited information regarding a potential food-borne illness outbreak at the onset of a crisis, they would seek the most complete and detailed information available. More specifically, in the case of the messages that would be released prior to an outbreak being confirmed, those selected messages presented during the discussion appeared incomplete, vague, and indecisive which has somewhat of an impact on participants’ trust regarding the government’s ability and willingness to effectively address the issue. The statements’ wording should therefore be reviewed to ensure the information provided is complete, specific, and precise. This may include informing the public of the exact number of illnesses reported to date, as well as more precisely identifying the region or community where they are located.



Furthermore, the tone of these messages is currently one of caution though it lacks the reassurance that participants were looking for. This may be as a result of the messages implying that investigating listeriosis is complex, therefore suggesting that the government may be ill-equipped to adequately do so. There is a need for balancing the tone to effectively advise the population regarding the situation's uncertainty while providing reassurance that things are under control.

Across participants, there was also a strong desire for more in-depth information regarding the potential illness, including what is suspected to have caused it, how it can develop, associated symptoms at the early stage of the illness, possible consequences if left untreated and how to best avoid becoming ill. Specifically, it was believed that such information would be most appropriate if provided to the public right at the onset of a food-borne illness outbreak, even prior to its confirmation. Providing such information at this time is already the practice of the Public Health Agency of Canada.

Many suggestions for improvement are provided for most of the messages listed under scenario 1, all of which are provided in the *Detailed Analysis* section of this report.

- ***Although messages in scenario 2A (confirmed outbreak; food source unknown) compel the public deemed “at risk” to pay attention to their own behaviours, they do not effectively engage healthy adults.***

Additional information provided in these messages was clearly appreciated as it provided more specific details regarding who is most at risk. The tone was also viewed as more serious, informative and sufficiently cautionary to peak the public's attention. Overall, while these messages were much more compelling to the participants deemed “at risk”, they do little to engage healthy adults. In fact, the latter group felt less concerned about the outbreak after reading these messages than they did when reviewing the first set of messages.

These findings suggest that the messages may not effectively meet their goal of managing the perception of risk, if it is indeed the intention for the overall population to pay closer attention to their health condition and the manner in which they handle and store foods.

Many suggestions for improvement are provided for most of the messages listed under scenario 2A, all of which are provided in the *Detailed Analysis* section of this report.

- ***Messages in scenario 2B (confirmed outbreak; food source unknown) were most compelling to the participants as they present the outbreak as a critical, yet manageable situation, empowering individuals to manage their own risk.***

The tone of these messages is much more positive, assertive, confident, and reassuring, as they were deemed to give the public more detailed information regarding the illness causing the outbreak, as well as providing food safety advice that empowers individuals to avoid becoming ill.



There is a sense that the situation can be kept under control, as well as a sense of trust towards the government's handling of the situation.

However there remains a healthy dose of uncertainty and concern required to ensure that the public will react. That being said, suggesting that certain foods may be contaminated while mentioning that other food sources may be later uncovered creates too much uncertainty. Considering the many types of foods that may carry the bacteria and the unrealistic expectations that participants would eliminate all of these foods from their diet, the resulting effect is for participants to downplay the risk and keep their current food consumption unchanged until more is known regarding the food source of the current outbreak. This is particularly the belief of healthy adults who were less compelled by the information provided. These messages also introduce the concept of various levels of severity of the illness without properly explaining the differences.

Many suggestions for improvement are provided for most of the messages listed under scenario 2B, all of which are provided in the *Detailed Analysis* section of this report.

- ***Messages in scenario 3 (confirmed outbreak; food source identified) were deemed more comprehensive although the general messages on food safety were deemed out of place.***

The tone of these messages remains positive, assertive, and reassuring, providing greater disclosure on illness-specific symptoms, level of risk, food source, and safety advice. Participants expressed a desire to receive these messages in combination with those pertaining to government actions to eliminate or minimize the risks for future contamination resulting from the same source. Mixed opinions were offered with respect to the presentation structure of these messages, as some participants believed that the advice to throw out infected foods should be upfront alongside the identification of the contaminated foods. Breaking down advice by key target audience was clearly appreciated, allowing participants to focus on sections most pertinent to them personally.

Messages under the *Steps for Safe Food Handling and Preparation* were deemed useful although it is uncertain to what extent participants would in fact change their behaviours accordingly. By contrast, although the information in the document labeled *Foods that are More Likely to Carry Listeria Bacteria* was deemed of interest, its list format suggests a wide variety of foods are problematic, leaving some participants with the impression that they would need to significantly adjust their diet to alleviate the risk now and in the future. Information in both of these documents would be considered of greater value and relevance if released closer to the beginning of the outbreak.

Many suggestions for improvement are provided for most of the messages listed under scenario 3, all of which are provided in the *Detailed Analysis* section of this report.





- ***Traditional media news announcements and advertisements, posters in public places, as well as online social network messages are deemed most effective means to inform the public during a food-borne illness outbreak.***

Participants suggested that a multimedia approach would be most effective at ensuring that the public remains well informed during a food-borne illness outbreak. It was believed that official announcements in news media, as well as setting up social network connections specific to the outbreak, would be most trusted and relied upon sources of information for quick updates on the situation. Pertinent information shared via these channels may include number of cases reported, geographic areas affected, possible food contaminated, and actions undertaken by the government to address the situation.

Additionally, more in-depth educational information relating to the outbreak would be best communicated in mass media advertisements (assuming a single message per ad) or in print materials and posters made available in key public places such as medical clinics, pharmacies, or grocery stores. According to participants, an extensive brochure would be best at providing information on food safety and other things individuals can do to protect themselves, as well as providing detailed information regarding the nature of the illness itself.



Recommendations

The following recommendations are drawn from the conclusions of this study and are offered for the Public Health Agency of Canada's consideration.

1. PHAC should ensure all of its messages provide the most accurate and specific information available at any given time.

At any given point from the onset of a food-borne illness outbreak to the crisis resolution, participants expect and look for specific, relevant, and precise information. As such, PHAC should ensure its messages provide the most accurate and thorough information available once confirmed, being careful with the amount of assumptions they share with the public. As an example, instead of stating that cases of listeriosis were reported in Canada or in specific provinces, information regarding the region or communities affected should be made available. This approach may also increase the public's trust in the government's openness and the perception that it has a firm handle on the situation.

2. If intended, PHAC should review its messages to ensure they become more compelling to healthy adults, especially with respect to the perception of risk and consequent actions.

Study findings clearly suggest that healthy adults do not feel as compelled as those in the "at risk" groups to view the outbreak as a serious event that may have grave consequences on their own health. If one of the goals of the food messages released during such a crisis is to ensure that healthy adults do perceive that they are at risk, then PHAC would be well served to review its statements accordingly. This is particularly the case with respect to the messages that focus on defining "at risk" populations. For example, the message implying that healthy adults are at a lesser risk of becoming ill could be reworded to indicate that while less likely to be seriously impacted by listeriosis, healthy adults could become ill. This is perhaps most important to ensure that the general public does not ignore some of the food safety advice that may help stop the spread of the disease. Additionally, given that the listeriosis symptoms are similar to those of the flu, a more attentive person may be quicker at seeking medical attention than one who is not engaged, therefore reducing the risk of complication from the illness even among healthy adults.



3. At the onset of a food-borne illness outbreak, PHAC should inform the public regarding its communication schedule.

Findings suggest that when a crisis situation arises, the public seeks to better understand the nature of the situation as well as to get a grasp on what will happen in the future. As such, there is a need for increased certainty and predictability. In order to sustain the public's trust and manage feelings of uncertainty, fear, and uneasiness among the public, PHAC should ensure that it clearly defines a communications schedule, including broad topics and timeline, and informs the public of the upcoming calendar. This will help reassure the public that any questions remaining unanswered at the beginning of an outbreak will be addressed at some point in time. It will also support the perception that government is adequately prepared to deal with this type of crisis and knows what steps to take to manage the situation.

4. The tone of the messages when an outbreak is suspected should be more confident and decisive.

Although the public seeks openness and transparency on the part of the government in times of crisis, it also looks up to officials for leadership, support, and comfort. As such, PHAC should revise the tone of the messages it will release when an outbreak is suspected and at the onset of a food-borne illness outbreak to ensure they are effective at reassuring the public regarding its ability to effectively manage the situation. While it is assumed that information at that point is limited and speculative at times, messages should be worded to indicate that the government has a firm handle on the situation and will work towards resolving the issue.

5. A multimedia approach should be developed to effectively inform the public during a food-borne illness outbreak.

Study findings and knowledge gained from previous research conducted by CRA clearly show the importance of adopting a multimedia approach during crisis situations whereby the media are chosen based on the sensitive nature of the messaging. More specifically, in the case of a food-borne illness outbreak, PHAC would be well served to keep the public informed of situation-related information via ongoing official news briefs and concise statements released by a spokesperson in news media or by establishing a presence online, including use of social networks (including both Twitter and Facebook) or RSS feeds. Most suitable information for these types of communication channels could include the state of the situation (number of cases, geographic areas affected, suspected food sources, specific steps taken to address the situation), as well as where the public can find additional and more in-depth information.





Additionally, information that generally pertains to the illness itself (rather than being specific only to the current situation), as well as food safety information should be released primarily in print format, paid advertisements, or on a dedicated official website, allowing for more details to be included. Consideration should be given to releasing a brochure and to making posters available in relevant public places such as medical clinics, pharmacies, and grocery stores. Additionally, the most important food safety messages could be broadcasted in an advertisement campaign featured on television, on the radio and in newspapers. Moreover, it was expected that information would be available on an official government website, as well as via a toll free information telephone service.

Discussions also highlight the importance of having the messages clearly branded as being released from the Government of Canada, given the public's reliance and trust in official sources in times of crisis. Furthermore, awareness of the Public Health Agency of Canada and its affiliation with the federal government may not be widespread enough to ensure messages identified with this organization are linked to the Government of Canada.

Finally, although participants are interested in accessing detailed information on the illness itself, results reinforce the need for any communication to be presented in a simplistic, easy to understand format, both in terms of wording and visual appeal. Short, clear and direct messaging was strongly preferred over descriptive, verbose details.



Detailed Analysis

Prior to reviewing food safety messages, participants were provided with a concise definition of a food-borne illness outbreak. More specifically, they were informed that a food-borne illness refers to diseases someone may get by eating food or drinking liquids that have been contaminated with bacteria, parasites or viruses, either through improper handling or preparation of these foods. A food-borne illness is sometimes referred to as “food poisoning” and some of the bacteria that cause food-borne illnesses include *Listeria*, *Salmonella*, and *E. Coli*. An outbreak occurs when many people get sick from the same food source.

Participants were then presented with a fictional scenario describing the evolution of a food-borne illness outbreak during which the Government of Canada would release messages to the public at various times, based on the availability of information during the investigation. Specifically, participants were advised that if a food-borne illness outbreak were to occur, part of the government’s role is to inform the population. With this in mind, participants were asked to review messages that would be released when a food-borne illness is suspected but not confirmed (messages in scenario 1), once the outbreak is confirmed but the food source of the illness isn’t known though it may be suspected (messages in scenario 2A and 2B) and once the food source of the illness is confirmed (messages in scenario 3). Participants were informed that the messages could be presented separately or together. They were also informed that actual messaging during a food-borne illness outbreak would include more information than that presented in the message testing.

Overall Appeal, Relevance and Value

The population deemed “at risk” is most compelled by food safety messages, especially in terms of how to avoid the illness and when to seek medical attention.

Overall, most participants expressed interest in the messages conveyed in all of the scenarios, although they did not all feel personally concerned. Across most locations, populations deemed “at risk” were more compelled by the information provided and sensed a greater personal risk resulting from the outbreak. By contrast, those who were not deemed “at risk” were less fearful of the situation and generally did not believe they needed to significantly change their food safety practices to protect themselves. For them, the messages held little personal relevance and thus did not resonate as strongly. Until the illness directly impacts them, their immediate community, or someone like them (i.e. through deaths), they reportedly would place little attention on the outbreak. The exception was in Montreal where the “at risk” group was less concerned than their counterparts in other locations.

Across topics, the messages deemed of most value to participants included those providing the public with actionable advice on **how to protect** themselves and their family against the food-borne illness, messages explaining the **nature of the illness**, as well as **what actions should be taken** if symptoms became evident. Most importantly, participants expressed an interest in knowing what to do immediately after the symptoms have appeared and the level of urgency in seeking medical attention.



Should they seek urgent care at the onset of the illness? Should they instead contact their local health services? How many symptoms should they have before seeking medical attention? Are they more or less at risk based on where they live in relation to the area the illnesses have been reported? All of this information was considered essential not only to guide participants but also to manage the flow of inquiries and reliance on the health care system. This was deemed important given that symptoms of a food-borne illness may be so similar to those of influenza.

“Start with [naming] regions that are affected to grab attention in areas known for infections. Explain disease fully and have professional opinion for severity. Keep details in a bullet form.”

Despite preferences for select information, participants generally believed that more information is better than too little, as long as the information remains simple, short, and to the point.

“I think the main points should be given like the source, where it’s at, people who are affected, the symptoms, when to seek medical help, food safety, and how medical personnel is going to help the affected people, and what’s being done about it.”

In general, the messages were considered believable, primarily given the public’s confidence in the source itself. In Vancouver and Halifax, however, some participants considered the government to traditionally be slow to communicate in time of crisis (they perceived government to be overly cautious), and questioned if the information shared would be as timely as it should be.

Reactions to Messages in Scenario 1

Messages in scenario 1 (suspected outbreak; food source unidentified) were deemed vague, incomplete, and not adequately advising the public on the potential severity of the situation.

Tone and Credibility

Prior to reviewing specific messages, participants were first asked to imagine that the government suspected a food-borne illness outbreak as a result of many people getting sick with symptoms similar to that associated with a food-borne illness and where there appeared to be some kind of relationship between the foods these individuals ate. At this point, however, the government is not able to confirm that these illnesses are linked and they don’t know the food source of the illness. Essentially, the government has little information about what is happening though part of its role remains to keep the public informed. Based on this premise, participants reviewed a series of food messages that could be released by the government at that point in time.

Overall, participants were not alarmed or concerned by the messages presented, despite feelings of uncertainty and cautiousness that transpired in the statements. In fact, many described the tone of these messages as contradictory, namely by suggesting the seriousness of the situation while being reassuring.



Additionally, for most participants, the statements were informative without being precise or definitive. Interestingly, the lack of definite details and the use of non committal statements (“may”, “some”, “should”, etc.), as well as negative terms (“difficult”, “unable”, “complicated”, etc.), gave the impression to some participants that the government was ill-equipped to deal with the impending crisis and simply wanted to “cover their back” by suggesting that they were taking some action to address the issue in a non-committal manner. This impression was further supported by the statement mentioning that the investigation will be conducted by various organizations, without specifically naming the Government of Canada. Given that participants do not clearly associate PHAC with government, many believed that the statement implied that the government does not have the means to conduct the required investigation and must rely on others for such work. Knowing this left some uneasy about the validity and neutrality of the investigation.

The information communicated via the messages is, however, generally deemed believable and attention-grabbing. Opinions are more moderate in terms of their helpfulness, likely given that some of the desired topics are not covered in the messages presented.

Clarity

In general, participants expressed a preference for concise, simplistic, and to the point information that is complete. That being said, overloading the public with information all at once was deemed ineffective at grabbing and maintaining attention. Furthermore, key information may get lost or forgotten in this situation. Overall, there is a fine line between too little and too much information. Perhaps more importantly, some participants recognized the importance of releasing information in sequence, providing time for the public to assimilate it.

“Do not give the public too much info, just what is pertinent at the present time. Each day, more info can be given.”

In terms of clarity and comprehensiveness with respect to specific messages discussed as part of the scenario 1, participants provided numerous suggestions to improve the statements reviewed. The following comments address areas of concern for participants.

PHAC Message: *The Public Health Agency of Canada (PHAC) is aware of a higher than usual number of cases of listeriosis occurring in certain parts of Canada.*

Given that participants’ perceived level of risk associated with a possible food-borne illness outbreak is influenced by the relative importance of the illness in the general population, many questioned the vagueness of this statement. Specifically, knowing what is considered “higher than usual” is required for added

clarity. Quantifying the number of reported cases and how that compares to the typical level of sickness is considered important. That being said, stating the number of cases, especially if relatively small, may minimize the seriousness of the situation.



The vague geographical reference (i.e., “in certain parts of Canada”) was considered inadequate given that the exact locations where the illness has been reported would likely be known at this time. Participants’ proximity to the illnesses clearly contributes to their assessment of personal risk.

PHAC Message: *The illnesses are in Nova Scotia, Quebec, Ontario and British Columbia.*

Although participants appreciated knowing in which provinces cases are identified, they would expect to have more specific geographic locations listed, at a regional or community level. Knowing whether the illnesses are impacting remote, rural communities or urban centres was deemed essential. Furthermore, stating that the “illnesses” are in those provinces appeared grammatically incorrect to some participants in Toronto and Montreal, who would prefer reading “the listeriosis illnesses...” or “the listeriosis occurrences...” or something similar (“les cas de listeriosis...” in French).

PHAC Message: *We do this by conducting laboratory tests on samples provided by the people who are sick and questioning them about what they ate. This may help us identify the responsible food item causing the illnesses. Initial testing is done by the provinces or territories; however, PHAC’s National Microbiology Laboratory and the Laboratory for Food-borne Zoonoses may perform specialized confirmatory testing.*

As noted above, participants do not clearly associate PHAC with the federal government, and as such, there would be merit in rewording this statement to improve clarity in this regard. Additionally, participants felt there would be no benefit in knowing the names of the laboratories that would be charged with the testing, as all they need to know is that the government is doing internal testing as part of the investigation. Furthermore, the laboratory name includes a term that isn’t understood (“Zoonoses”) with the end result of having participants focusing on this single word and trying to decipher what it means rather than focusing on the general intent of this message.

The wording of this statement in French gives the impression that these investigative techniques can be performed by PHAC but that it will not necessarily be the case in the current situation. This perception primarily results from the use of words such as “soumet” (rather than “soumettra” or “à soumis”), “peuvent nous aider” (rather than “nous aide”), and “peuvent être appelés” (rather than “sont appelés”).

PHAC Message: *We will provide new information as soon as it becomes available.*

On its own, this is deemed an unnecessary statement as it is expected and anticipated that the government will keep the public informed on an ongoing basis in a crisis situation. Furthermore, the statement raises questions regarding the type of future information that may be provided as well as the government’s planned communications schedule. As such, if the government isn’t going to provide this information upfront, there may be merit in removing this statement from the key messaging. Alternatively, a few participants suggested that the statement should be positioned as a directive to readers / viewers, by stating something like “watch for more details as information becomes available”.



PHAC Message: *Our messages and advice may change as we learn more through our investigation.*

Participants generally question the validity of this statement. In its current form, it is highly cautionary and is perceived by some as the government “covering their back” in case released information does indeed change along the way. Instead of providing this warning

upfront, participants indicated that the government should simply explain why information has changed along the way, should this be the case. In Montreal, mixed opinions were offered in this regard. While some shared this point of view, others believe that being warned that messages may change along the way helps accept the possibility of a changing course.

“Ça suggère qu’ils ne savent pas où ils s’en vont. Ça pourrait semer la panique.” (It suggests they don’t know where they are heading. It could cause panic.)

PHAC Message: *Listeriosis is difficult to investigate because symptoms take from 3 to 70 days to appear. The greater the length of time, the more difficult it is to collect accurate food histories.*

PHAC Message: *Many factors make investigations into food-borne illnesses complicated.*

Mixed opinions were offered with respect to informing the public regarding the difficult nature of investigating listeriosis. Some believed it sounded like an excuse to provide the government leeway in the investigation timing and to explain any mistakes that may arise along the way. Others, however, believed that this statement provided a valid explanation as to why the investigation may take some time and results may vary along the way; it simply helped align the public’s expectations. In Montreal, participants suggested replacing the word

“difficile” by the word “complexe” for a more professional approach.

PHAC Message: *Foods are distributed widely and often pass through the hands of multiple suppliers and handlers. Some foods are repackaged. The source of food-borne illnesses is only confirmed in about 1/3 of all outbreaks.*

Participants commented on the incomplete nature of the statement, especially in terms of precisely identifying what foods are referenced. This is primarily due to the use of the term “some foods”. Additionally, a few participants noted that the statement is incomplete as it does not explain why food-borne

illnesses cannot be better identified. A few participants also wondered what made the 1/3 of cases more easily identifiable.

PHAC Message: *Some foods are more likely to carry Listeria bacteria than others. Those that present a higher risk include raw milk, soft cheeses and ready-to-eat meats such as hot dogs, pâté and deli meats.*

In Toronto, a few participants noted that this statement contradicts the previous statement where the public was advised that “we are unable to tell you to avoid specific foods...” though here a list of higher risk foods is provided. Rewording may be required to either of these statements for consistency.



Effectiveness

Participants were asked what their reactions might be as a result of hearing the information provided in the specific messages discussed. Generally, these messages were deemed as cautionary and informative in nature rather than inviting the public to take action. Because these messages did not include specific information regarding the severity of the illness or the potential to affect each individual, and provided limited recommendations on specific actions that should be taken to avoid becoming sick, they did not suggest that a crisis situation is looming.

Furthermore, participants indicated that these messages did not adequately identify the scope of the current illness in terms of the number of cases identified or suspected in each geographic area. More specific information regarding the regions or communities in which the cases were recorded was deemed of value to the public, as participants would be more likely to pay attention to their own situation knowing that the illnesses are happening close to them.

Most participants would have liked to see a list of symptoms associated with the illness allowing them to identify what to look for. Moreover, it was believed that the messages should somehow invite the public to actively report any symptoms that may be associated with the illness, therefore helping quickly identify any new cases. Indeed, the messages do not explain the need for the public to report their illness as part of helping officials evaluate and manage the current situation.

At the same time, it was believed that food safety messages should be introduced at this stage, even though an outbreak isn't yet confirmed. Indeed, knowing how to protect themselves and how to identify the illness was considered of greater relevance in this context.

“Consider adding more information on how many signs and symptoms you should be experiencing before getting yourself to the doctor or the hospital.”

As a result, while a few individuals in the “at risk” population indicated that they would review their food safety and food consumption behaviours, most other participants simply believed that these messages would entice them to pay attention to later notices that may indicate a more severe situation but would have little or no impact on their own behaviours.

Although the objective of this series of messages is to *demonstrate transparency regarding the uncertainty of the situation*, participants look up to government for reassurance and security despite the uncertainty. Additionally, these messages lack information regarding the government's plan to address a potential crisis, including communications milestones, investigative steps, as well as a reminder of food inspection measures currently undertaken to minimize the incidence of food-borne illness outbreaks. This type of information was deemed more appropriate in demonstrating the government's honesty and openness associated with managing a looming crisis.



Reactions to Messages in Scenario 2A

Although messages in scenario 2A (confirmed outbreak; food source unknown) compelled the participants deemed at risk to pay attention to their own behaviours, they did not effectively engage healthy adults.

Tone and Credibility

Following the discussion regarding the messages included under the first scenario, participants were presented with a second set of messages after being informed that these messages would be released to the public once the outbreak had been confirmed, despite the food source of the illness remaining unknown though suspected. Participants were also reminded that throughout the investigation, the government would continue to inform the public on a regular basis.

The tone of the messages presented in scenario 2A was deemed more cautionary and presented the outbreak as a more serious event than the messages disseminated prior to an outbreak being confirmed. Additionally, messages in scenario 2A were considered more informative. While some of them instilled a greater sense of fear, worry, or urgency especially among the “at risk” population, they did so while reassuring the public. That being said, after reading the statements, healthy adults felt less worried regarding their likelihood of becoming ill as a result of the outbreak than they did for the first set of messages, as participants felt that the messages clearly implied that individuals in good health ran little risk overall, as well as suggesting that only those “at risk” should pay attention to their food behaviours.

In general, these messages were deemed more compelling and believable than those found under scenario 1. Despite moderate intentions to take action, most participants indicated that they would pay attention to this information once released.

Clarity

As with the first set of messages, participants shared specific comments regarding each statement listed under scenario 2A, to improve clarity and comprehensiveness. The following presents participants’ specific comments on each of the statements deemed inappropriate or incomplete.

PHAC Message: *There is an outbreak of listeriosis occurring in Canada, caused by foods that are contaminated with Listeria bacteria.*

Throughout the discussion, it was clear that participants were interested in better understanding the illness causing the outbreak. The difference between listeriosis and *Listeria* is not clearly explained and confusion exists regarding the relation between both.

Many participants would have liked to have a description of what *Listeria* is as well as know how it develops into listeriosis (what causes it, what time frame, incidence, etc.).



Most would expect such complementary information either in print format or online, where participants could review it at their leisure. Furthermore, participants reiterated the importance of being specific in terms of the geographic locations affected by the outbreak.

PHAC Message: *Healthy adults and children who come into contact with Listeria bacteria usually experience no symptoms, or, at worst, stomach upset (nausea and/or diarrhea) and fever.*

PHAC Message: *Children younger than six years old are more at risk for getting sick with listeriosis, because the immune system doesn't reach full strength before that age.*

Most participants raised questions regarding these two statements. While taken separately they may appear clear and complete, they appear to contradict each other. Indeed, the first one implies that all healthy children, regardless of age, do not need to be concerned with becoming ill. In contrast, the second statement indicates that children younger than six are more at risk. Many participants wondered whether healthy children younger than six would be considered at a lower risk of contracting the illness.

Additionally, a couple of participants in Montreal and Vancouver were unsure of what defined a “healthy adult and children”, suggesting that some people may not self-identify as being at risk, despite poor health. Specifically, it was surprising to most in the “at risk” focus groups to read that alcoholics were included in the compromised population, and a few questioned why alcoholics are included, but drug addicts are not. In Toronto, a few people questioned the use of the expression “come in contact” as it does not provide clues as to the type of contact (touch, sharing foods or liquids, or kissing someone?) or the quantity of foods and liquids ingested (traces or larger quantities?) required for listeriosis to develop. Of note, in all locations, participants not deemed “at risk” felt less compelled by food safety messages after having read the first statement, as it implied there was little risk that they would become seriously ill.

PHAC Message: *During pregnancy, a woman's immune system is not always operating at full strength.*

In Toronto, some participants pointed out the odd wording of this statement, as it isn't clear what is meant by an immune system that is “operating at full strength”. That said, the wording does not appear to critically affect the message understanding or impact.

PHAC Message: *The unborn baby of a pregnant woman who is infected with listeriosis can also get infected and might die.*

The purpose of this message was deemed as unclear by a few participants in Toronto, as it does not provide an explanation for the possible death of an unborn baby (the cause and how the fetus may get infected), nor does it give advice on how to prevent it. The expression

“might die” is also deemed harsh and unnecessary, leaving too much room for interpretation. Some considered it a scare tactic on the government's behalf.



PHAC Message: Typically, listeriosis is not spread person-to-person.

PHAC Message: The unborn baby of a pregnant woman who is infected with listeriosis can also get infected and might die.

The first message suggests listeriosis may spread in some manner from one individual to another, however it does not provide enough information on when or how it is spread in this manner. Across locations, it was considered somewhat contradictory in relation to the case of unborn babies. Many participants questioned how cross-infection would occur. Further explanation is needed with respect to how an infected unborn baby “may die” and the likelihood of cross infection.

PHAC Message: During an outbreak of listeriosis in 2008, 23 Canadians died either due to listeriosis or because an existing illness was complicated due to listeriosis.

Participants questioned the relevance of notifying the public about the number of deaths that occurred in what appears to be an unrelated previous food-borne illness outbreak, without clearly establishing the relevance of such information in the current context.

This statement does not clearly establish the scope of the past illness (it does not specify the proportion of deaths vs. the number of sick people) which makes it sound like an attempt to instill fear among the public with the goal of attracting attention and changing behaviours. Specifically, this type of approach isn’t deemed appropriate coming from the government. More so, this statement begs the question how many cases are currently reported and how many people have died to date in the current outbreak.

PHAC Message: We are aware of 40 cases of listeriosis in Canada that are part of this outbreak.

Although participants appreciated knowing the extent of the reported illnesses, it was believed that knowing the scope of the illness would provide them with the tools to assess their own risk. More detailed information regarding these cases (exact location,

possible link between them in terms of what they ate, number of deaths, severity of the illnesses, existing health condition of those ill) was therefore desired.

“Keep the information simple and clear while getting the message across and not causing a panic before the final investigation is made.”

PHAC Message: Help others by sharing information about food safety.

The advice to “help others” was deemed generic and not compelling. Too little information is provided on how this can be effectively achieved. Additionally the term “others” is quite impersonal and does not compel

participants to think of their loved ones. In the French statement, the use of the word “diffusant” isn’t pertinent as it implies a structured and formal effort to communicate safety messages to others. These participants question the relevance of this statement based on the manner in which it is structured.



When asked what food safety means to them, participants were clear in their definition, across audiences and locations. For most, food safety refers to the handling and preparation of food, including factors within their own control. Some also define food safety as including how food is grown, prepared or manufactured by businesses.

Effectiveness

Although the intended objective of the messages found in scenario 2A is to manage the perception of risk, participants in Toronto suggested that additional information could be provided alongside the messages reviewed in terms of what investigative efforts have been undertaken by the government and the results to date. Such information would indeed be provided by the Public Health Agency of Canada during an outbreak. Furthermore, participants wanted to know more about the scope of the current illness in terms of number of illnesses within the population as well as the number of current deaths, information that may be given via different sets of messages. Other information deemed useful would include the percentage of those who are ill within the “at risk” population. In most locations, a few participants also mentioned the importance of knowing the time frame during which people got ill (e.g., over the course of a month, or a week, or days) allowing them to assess the speed at which the illness is spreading.

Interestingly, participants not considered “at risk” for the purpose of this study did not feel compelled by the cautionary notes included in these messages to pay attention to their own health, as they got the impression based on an earlier message that a healthy adult has little chance of becoming seriously ill. It was generally believed that the overarching purpose of these messages is to help the public identify who is most at risk of becoming ill so that these individuals are apt to take precautionary measures.

Reactions to Messages in Scenario 2B

Messages in scenario 2B (confirmed outbreak; food source unknown) were most compelling to the public as they presented the outbreak as a critical, yet manageable situation, empowering individuals to manage their own risk.

Tone and Credibility

The tone of the messages in scenario 2B is much more reassuring and empowering, as it provides participants specific advice and tools to manage the risk of becoming ill. It instills confidence that some things can be done to stop the spread of the outbreak. The tone is positive, assertive, confident, and proactive and it imparted trust in participants that government has a handle on the situation. There is a sense that the situation can become under control. Nonetheless, these messages imply that the public should be concerned despite the situation being manageable and under control. Indeed, most participants still felt a degree of uncertainty as the exact source of the illness had yet to be uncovered and the exact location of where the illness had been reported isn't specified.



Of all of the scenarios reviewed, this one presented messages that are most likely to engage the public, including both healthy adults and those in the “at risk” groups. Not surprisingly, these messages would grab participants’ attention and compel them to take action, mostly in terms of avoiding the suspected foods.

Clarity

As with the first two sets of messages, participants shared specific comments regarding messages listed under scenario 2B, to improve clarity and comprehensiveness. The following presents participants’ specific comments on each of the statements deemed inappropriate or incomplete.

PHAC Message: *Although we cannot positively identify the cause of the listeriosis outbreak, our investigation leads us to suspect deli meats and soft cheese.*

This statement was not deemed problematic in Toronto, Vancouver or Halifax. In Montreal however, a couple of participants were uncomfortable with PHAC stating they could not positively identify the cause of the outbreak (“Bien que nous ne pouvions pas déterminer avec certitude...”) even though the Agency is naming

suspected sources. Indeed, it was believed by these participants that the source of the outbreak should only be identified once confirmed, so as not to create a panic situation. Of note, some participants questioned what constitutes “soft cheese”, and whether it would include such products as spreadable cream cheeses in containers.

PHAC Message: *Although we are identifying deli meats and soft cheese as a suspected source of illness, our ongoing investigation may reveal a different or additional source.*

While identifying the possible source of the illness was deemed somewhat important, the manner in which it is done here does not provide clear guidance to participants. Indeed, participants generally felt uneasy about this statement as it is vague and implies that the food source of the illness really isn’t known.

Participants questioned the validity of naming suspected foods if in the same statement, PHAC clearly states that the investigation may uncover that another food is carrying the bacteria. Participants were therefore questioning the need to avoid eating the specified foods given the likelihood that these aren’t problematic or that other foods may indeed cause them to become ill.

One Toronto participant also noted that the expression “different or additional source” suggests that PHAC does know of other problematic food sources potentially at cause in this outbreak, but are not disclosing this information. A few Montreal participants believed that the expression “bien que nous ne pouvions pas déterminer...” is too vague and does not add anything. Finally, one participant mentioned that this statement contradicts the previous one in terms of the PHAC’s suspicions regarding the food source of the illness. Indeed, the earlier message states that “...we cannot positively identify...” which appears to say the opposite from “...we are identifying...” as per the wording used in the current statement.



PHAC Message: *To keep safe from this outbreak, it is important to do the following:*

- *Avoid eating deli meats and soft cheese.*
- *Continue to practice safe food handling and preparation measures.*
- *Cook food to a safe internal temperature.*
- *Keep informed about new information from the investigation. Visit www.foodsafety.gc.ca.*

Participants generally believed that advising the public to avoid eating certain foods if they are not confirmed as being the source of the outbreak is too directive and unrealistic. It is believed that softer wording, such as “it is strongly recommended to avoid...” or some other suggestive statement should be adopted instead. Further, it is unclear where the identified foods may be present if processed or served in restaurants, making it difficult for participants to avoid them altogether.

PHAC Message: *The mild form of food-borne listeriosis usually begins about three days after eating heavily contaminated food. For the more serious form of the disease, the incubation period is generally much longer and symptoms start up to 70 days after exposure.*

This message makes reference to various degrees of listeriosis (“mild” and “serious”) without providing an adequate explanation of what forms the illness can take, including the symptom differences, risk factors, and consequences. Participants were also uneasy about the length of incubation time, as they were unlikely to remember what they consumed that far back. Finally, a

number of participants wondered what would be considered “heavily contaminated foods” and how to identify if a person has ingested such foods. Indeed, the information provided does not inform the public on the level of contamination a specific food can show and how this may influence the spread of the illness.

Effectiveness

Messages in scenario 2B aim at communicating what Canadians can do to protect themselves. Generally speaking, participants found the information useful, though still unclear in terms of the level of risks offered by suspected food sources. Most participants mentioned that as a result of seeing the information, they may avoid eating the identified foods, though healthy adults were less inclined to do so than those considered “at risk”.

Though most also believed being provided with the *Steps for Safe Food Handling and Preparation* (Handout B) was of value, few actually felt compelled to actively change the manner in which they handle and store foods. Indeed, most believed that they already use safe practices, although perhaps not exactly as defined in this document. Participants considered “at risk” were generally more apt than others to mention a desire to review the manner in which they prepare and store foods, without being specific about required changes. That said, many participants in the “at risk” groups readily admitted that they currently focused greater attention on their eating and food purchasing / preparation habits than others because of their preexisting condition. Healthy adults however viewed the messages as targeting those in the “at risk” groups, therefore limiting their perceived need for personal action.





Reactions to Messages in Scenario 3

Messages in scenario 3 (confirmed outbreak; food source identified) were deemed more comprehensive although the general messages on food safety were deemed out of place.

Tone and Credibility

Finally, participants were told that the last set of messages discussed would be released by the government once the food source of the illness is identified and confirmed. In this last scenario, there is a confirmed outbreak and the government knows the food source of the illness. Generally speaking, the tone of these messages was considered reassuring, as participants clearly got a sense that the government fully controls the situation and will act towards effectively eliminating the food source of the outbreak. These messages help alleviate existing doubts regarding the situation.

Participants were informed that additional messages would be released at the same time as those reviewed in the case of an outbreak. Nonetheless, they still expressed an interest in knowing what the government will do to eradicate the illness (how and when contaminated foods are going to be removed from the market and what inspection processes will be implemented to ensure the illness will not reappear). While there remains no doubt regarding the source of the illness based on the messages reviewed, there continues to be a desire for more detailed information on how the identified foods were originally contaminated.

For some participants, these messages were considered more structured and orderly, as they are presented in a manner that makes more sense. That said, for others, the order of some information was deemed inappropriate. In particular, it was believed that the second most important message should be the advice / direction to throw contaminated foods out (2nd last bullet on first page), which therefore should be presented earlier in the lineup of messages.

These messages also elicited interest among the public, who for the most part found them useful, believable, and informative. They are highly likely to spur action, i.e. specifically avoiding the contaminated foods.



Clarity

The following comments pertain to each of the messages that elicited concerns or were deemed unclear and incomplete during the review of scenario 3.

PHAC Message: *If you fall into one of these categories, you are at a higher risk for getting infected with listeriosis and getting seriously ill because of it. You could be at risk of dying from listeriosis. The categories are*

- Pregnant women
- Unborn children/newborn
- Older adults (60 years and older)
- Younger children (younger than 6 years)

A few Montreal participants did not like the manner in which the statement suggests that individuals in the identified groups could be at risk of dying (“vous pourriez être à risqué d’en mourir”). It is believed that this statement is provocative and does not properly explain that the risk may occur if the person has eaten some amount of the infected foods in a certain time frame. In its current state, the statement is considered provocative.

PHAC Message: *The symptoms of listeriosis can feel like the flu. They can include:*

- Vomiting
- Nausea
- Cramps
- Muscle aches
- Diarrhea
- Severe Headache
- Constipation
- Persistent fever

Participants clearly appreciated knowing the symptoms of the illness as it empowers them to seek medical attention before the illness becomes too severe. That being said, many participants were uneasy about their ability to decipher a food-borne illness from a simple flu, to seek the medical attention they required. Indeed, many questions were raised as to what might differentiate both occurrences, in terms of how quickly the symptoms appear, the severity of symptoms, if multiple symptoms should be evident before being

concerned, and the length of time the symptoms might remain. Knowing this information would help participants more adequately assess when to seek medical help. It was also believed that an earlier message, that reads: “If you believe you may have listeriosis, see your health professional” would be more appropriately placed after the message presenting the symptoms, as a call to action. Indeed, reminding participants to seek medical assistance after listing the illness’ symptoms seemed more logical to participants.

PHAC Message: *There are steps you can take to protect yourself and those you love.*

This message was deemed to be vague and incomplete on its own, having no benefit unless followed up by more detailed information. It is understood that during an outbreak, messages would not be communicated in isolation.



PHAC Message: *If you have Pirate-brand sliced turkey and Tasty brand brie cheese in your home, throw it out or return it to the store. Avoid contact with contaminated food – use rubber gloves when handling and then wash them in warm, soapy water.*

In general, advice on how to handle potentially contaminated foods was welcomed. Participants however questioned the validity of throwing out the infected food as directed here, especially if these were already consumed without adverse effects appearing. A couple of participants commented on the high cost of cheese and the likelihood that they may keep those

foods if no symptoms were felt at the time. As such, there may be merit in including the message regarding the incubation time alongside this message, to further stress the importance of getting rid of the contaminated products despite a lack of obvious evidence of contamination.

Furthermore, a number of participants wondered if throwing out the foods may simply spread the illness via the composting or waste disposal process. Likewise, questions were raised as to the reason for washing the rubber gloves used rather than simply throwing them out. Indeed, a number of adults questioned why contaminated foods needed to be thrown out but not tools used to handle them. Additionally, they wondered if the illness could transfer to their hands while washing the gloves, creating a risk for further contamination. Indeed, measures presented here appeared drastic, suggesting the highly volatile nature of the illness; however directions offered did not contain the required level of detail to help participants apply these methods.

PHAC Message: *Stay informed about this outbreak.*

This message elicited no comment among English speaking participants. That being said, in Montreal, the French wording was deemed awkward. Indeed, saying “tenez-vous au courant” is more akin to the English

expression “stay tuned”, something that is more readily associated with light-hearted, trendy topics. A suggestion was made to replace the expression by “il est important de s’informer au sujet de l’éclosion”. Alternatively, the following approaches should be considered: “restez informés au sujet de l’éclosion” or “tenez-vous informés au sujet de l’éclosion” or even “il importe de rester informer au sujet de l’éclosion”.

PHAC Message: *A newborn can catch listeriosis from his or her infected mother and become seriously ill and may die.*

This statement was considered somewhat confusing as it is previously said that people cannot be infected with listeriosis from another person. A few participants believed that breastfeeding might be the cause for the potential contamination of a newborn, though clarification in this regard may be necessary.



PHAC Message: *People with underlying medical conditions may be more at risk for getting sick with listeriosis.*

PHAC Message: *People with underlying medical conditions often have a weakened immune system. Examples of people with weakened immune systems include:*

- *Those undergoing chemotherapy*
- *Transplant patients*
- *Those with HIV/AIDS*
- *Diabetics*
- *Alcoholics*
- *The highest risk group includes those whose immune systems are highly compromised, such as bone marrow transplant patients, blood-borne cancer patients and those with full-blown AIDS.*

The first statement was deemed incomplete on its own as it does not adequately define what is considered an “underlying condition”. It is understood that additional information would be provided by PHAC in the case of an outbreak. Participants suggested rewording the second message as follows: “People with underlying medical conditions often have weakened immune systems and are more at risk for getting sick with listeriosis”.

Handout A

Messages in this section were presented as a handout as they related to each of the “at risk” audiences identified in messages found under scenario 3. This presentation format was simply used to simplify the review and discussion of the messages, by avoiding unnecessary repetition. Participants were advised that the presentation format may change once the messages are finalized and that the discussion was to focus on content and statement structure rather than the presentation format.

Overall, this information was deemed irrelevant and confusing, particularly if released once the source of the illness is confirmed. Indeed, given that these are general safety advice, not exclusively applicable to the current outbreak, participants questioned why this type of advice was not released at the onset of the outbreak, when the food source was not yet identified. Indeed, presenting these messages once the exact food source of the illness is confirmed sends a conflicting message. On one hand, participants are told that the illness originates from specific brands of foods while here, they are told to also be careful eating other foods, implying that additional food sources of the current illness have yet to be uncovered.

“Be careful not to mislead individuals. Handout A seems more appropriate to be handed out during the 1st stage of possible Listeria outbreak, not after when the specific foods have been identified.”

Additionally, the diversity of foods deemed at risk identified here gave the impression to participants that in order to fully eliminate the risk of becoming ill, they should extensively edit their food consumption. For some participants this advice was deemed unrealistic as it is unlikely someone would eliminate all of the foods identified.



One consumer in Montreal also mentioned that the wording, “foods that are more likely to carry Listeria bacteria...” which implies that the bacteria can be present in some foods while being inoffensive to eat. This elicited further questions regarding the nature of the bacteria and how it evolves into making people ill.

Handout B

Participants generally believed that this handout is useful in providing actionable and specific recommendations to change food safety habits in the situation of an outbreak. That being said, some of the messages elicit questions or doubts. The following section presents participants’ comments for each of the messages deemed problematic.

PHAC Message: *Read and follow all package labels and instructions on food preparation and storage.*

A couple of participants mentioned that messages pertaining to food labels and packaging should specify the importance of verifying a food’s expiry date and to abide by those guidelines.

PHAC Message: *After handling foods in the kitchen, especially raw foods such as meat and fish, thoroughly clean and sanitize all surfaces used for food preparation with a kitchen sanitizer (following the directions on the container) or use a bleach solution (5 ml household bleach to 750 ml of water), and rinse with water.*

Some wondered what a “food sanitizer” refers to and if it is similar to a general household cleaner. As such, a more specific description of appropriate products should be included in this message (type of cleaner, ingredients required, etc).

PHAC Message: *To avoid cross-contamination, clean all knives, cutting boards and utensils used with raw food before using them again.*

A couple of participants in Montreal were uncertain of what “cross-contamination” means and others concurred that there would be merit in better explaining this concept. In both Vancouver and Halifax participants believed that mention of dish cloths is warranted, as they could easily lead to cross-contamination.

PHAC Message: *Refrigerate or freeze perishable food, prepared food and leftovers within two hours.*

It was suggested to better explain when to refrigerate or freeze the identified foods. Specifically, stating that foods must be properly stored within two hours of being prepared may help address the question, “within two hours of what?” Alternatively, the message could

be worded as follow: “Refrigerate or freeze perishable food, prepared food and leftovers within two hours of these foods being at room temperature”.



PHAC Message: *Keep leftovers for a maximum of 4 days, preferably only 2-3 days, and reheat them to an internal temperature of 74 degrees Celsius (165 degrees Fahrenheit) before eating them.*

Though the advice was deemed specific and useful, questions were raised as to how to keep those foods safely. A suggestion was made to change the statement to read, “Keep leftovers refrigerated for a maximum of 4 days...” Advice on how long foods can safely be kept frozen could also be added.

PHAC Message: *Check the temperature in your refrigerator using a thermometer to make sure it is at 4 degrees Celsius (40 degrees Fahrenheit) or below.*

One participant in Montreal who used to work in the refrigeration industry mentioned that the temperature varies throughout the refrigerator and as such the location as to where to place the thermometer should be identified in this message.

PHAC Message: *Frequently wash and disinfect the refrigerator. The more often it is cleaned, the less chance there will be for Listeria bacteria to be transferred from contaminated food and surfaces to non-contaminated foods.*

This message elicited a couple of questions. First, a few participants wondered what would be an adequate cleaning frequency. Second, the advice doesn't specify the type of cleaning product and technique desired, which may bring some individuals to think that wiping down the refrigerator shelves every few days with a dishcloth may count as disinfecting.

PHAC Message: *Cooking food to a safe internal temperature kills Listeria bacteria. Use a digital thermometer to be sure.*

Most participants mentioned that using a meat thermometer to verify meats' cooking temperatures isn't that common. Indeed, very few participants in all locations reported using thermometers themselves when cooking foods. Nonetheless, it is believed that

including this information is of interest. One consumer in Toronto noted that cooking instructions for beef, veal, and lamb refer to doneness in the case of meat pieces or whole cuts, but doesn't in the case of ground meat and meat mixtures. For added clarity, the safe internal temperature should be specified for each of those meats or a statement should be provided indicating that this measure varies.

Effectiveness

The goal of the messages under scenario 3 is to increase awareness of at-risk groups and get them to take action. To some extent, this goal is achieved, especially in terms of increasing awareness of contaminated foods in participants' possession. That said, general food safety tips are not as actionable in this context.



There is generally a sense that information provided in these messages is more complete than previous messages. Other related information deemed of interest by participants included detailed information regarding the food source of the outbreak, such as where the foods is being sold or used in restaurants, as well as what action has been taken by government to eliminate these foods from the market and ensure contamination has been eradicated. Further, a few participants expressed an interest in finding out what caused the contamination (equipment, manipulation, etc) and how the specific foods got infected.

Participants appreciated the information being grouped by key target audience, as it allows them to easily disregard information of no relevance to them personally and quickly locate what may apply to their own personal situation. Having headlines that specify the target audience was also appreciated as it enables participants to read only those sections pertinent to them personally or those around them.

Information Sources

Traditional media news announcements and advertisements, posters in public places, as well as online social network messages are deemed most effective means to inform the public during a food-borne illness outbreak.

At the beginning of the group discussion and prior to reviewing the food safety messages, participants were asked what sources of information they would rely on to keep abreast of the situation during the course of a food-borne illness outbreak. Mentions were generally consistent across locations and audiences, with participants relying on a diversity of information sources to remain informed in the case of a crisis situation.

“Use many different forms of media to get the information out to all people.”

“Break down specific products with dates, brands, batches and spread the information via the Internet, radio, TV and print. Then, forward people to more in depth information on a website or telephone hotline.”

Most notably, **traditional media** (TV, radio, print), the Internet (Google, media sites, government sites) and **social networks** (including Facebook and Twitter) would be most relied upon to obtain immediate feedback on the situation and newly discovered facts during a potential food-borne illness outbreak. In addition, participants cited other ‘word of mouth’ discussions as playing a key role in information gathering.

“Cover all of the media including Facebook, newsfeeds, Twitter and tailor the message somewhat to the target audiences in the alternative media.”

Furthermore, the use of **medical professionals / services** (toll free information services, family doctor, clinics) as well as general Internet searches would be most relied upon for more in-depth information regarding the potential illness as well as protection and prevention advice.





Overall, the most trusted sources of information included **government officials** and **medical staff**. This is not surprising given participants' recognition that contradictory information is generally more common during a crisis situation and that there is a need to rely on neutral sources of information that cannot gain from the situation. Indeed, news media were viewed as potentially gaining readership or viewership from these situations, while private sector companies involved in the crisis may be tempted to manage outgoing information to mitigate negative impacts on their business activities.

Following the discussion on food safety messages, participants were asked what they would deem the most effective means of disseminating the messages reviewed during the group discussions, in the event they were released during the course of a food-borne illness outbreak. Generally speaking, the sources of information named above remain the preferred choice of participants for communicating these types of messages. In addition, many participants mentioned the need to place posters and other printed materials in relevant public spaces such as medical clinics, pharmacies, and grocery stores. In Montreal, many participants also highlighted the value of posting advertisements on the subway or in bus shelters. Many also voiced a desire for print materials to be mailed to every Canadian household, though it was quickly recognized that this approach would not be cost-efficient or as time sensitive as other mediums.



**Appendix A:
Recruitment Screener**

POR-10-07 Recruitment Screener FINAL - February 25, 2011
Focus Testing of Food Safety Messages

Name: _____

Tel. (H): _____ Tel. (W): _____

Group 1 2 3 4 5 6 7 8

Toronto, ON (ENGLISH) – FIRST LOCATION**Date:** Thursday March 10, 2011**Location:** **Consumer Vision****Time:** Group 1: 6:00 – At Risk (Recruit 12)2 Bloor Street West, 3rd Floor

Group 2: 8:00pm - Gen Pop (Recruit 11)

Vancouver, BC (ENGLISH)**Date:** Monday March 14th, 2011**Location:** **Contemporary Research Centre****Time:** Group 3: 6:00pm – At Risk (Recruit 12)1398 West 7th Avenue

Group 4: 8:00pm - Gen Pop (Recruit 11)

Montreal, QC (FRENCH)**Date:** Tuesday March 15th, 2011**Location:** **Groupe Christal Inc.****Time:** Group 5: 6:00pm – At Risk (Recruit 12)

1610 Rue Ste-Catherine Ouest

Group 6: 8:00pm - Gen Pop (Recruit 11)

Suite 411

Halifax, NS (ENGLISH)**Date:** Wednesday March 16th, 2011**Location:** **Corporate Research Associates****Time:** Group 7: 6:00pm – At Risk (Recruit 12)

7071 Bayers Rd Suite 5001

Group 8: 8:00pm - Gen Pop (Recruit 11)

SPECIFICATIONS SUMMARY

- 8 groups, 4 locations
- **Groups 1, 3, 5 & 7:** one group in each location with people who are considered "At Risk": pregnant women, seniors, people with children under 6 years of age living at home, and any type of immune-compromised individuals or specific chronic disease (see Q6).
For each "At Risk" Group (these can overlap):
 - Min 3 who are between 60-79 years of age
 - Min 3 who are pregnant
 - Min 3 who have child/children under 6 yrs living at home
 - Min 3 who have any health conditions listed at Q6
- **Groups 2, 4, 6 & 8:** one group in each location who are **NOT** considered "At Risk" – referred to as gen pop
- Mix of age (adults 18+), gender, employment, education in each group
- Do take part in food handling weekly
- Never been to a group regarding Health
- Able to take part in written/visual exercises
- Comfortable sharing opinion

Hello, my name is _____ and I am with Corporate Research Associates, a public opinion and market research firm. Today I am calling on behalf of the Government of Canada. We are conducting a study on **health related issues** and we would like to speak with someone in your household who is 18 years of age or older. Would you be that person?

(IF NO, ASK FOR SOMEONE ELSE AND REPEAT. IF YES, CONTINUE)

We are conducting small group discussions and are looking to include a variety of participants. May I ask you a few quick questions please to see if you are the type of participant we are looking for? This information will remain completely confidential and you are free to opt out at any time. Thank you.

Gender (By Observation):

Female..... 1 } **Recruit MIX in each group**
 Male 2 }

1 Are you or anyone in your household currently employed or have ever been employed in any of the following types of industries...?

- Marketing or Market Research 1
- Public relations 2
- Advertising 3
- Media (TV, Radio, Newspaper; Internet) 4
- Healthcare 5
(i.e., physician, nurse, work for health department or clinic, etc...)
- Health Canada 6

IF YES TO ANY OF THE ABOVE, THANK AND TERMINATE

2 Into which of the following age groups do you fall? Are you...?

- Less than 18 1 **THANK & TERMINATE**
 - 18-29 2
 - 30-39 3
 - 40-49 4
 - 50-59 5
 - 60-69 6
 - 70-79 7
 - Over 80..... 8 **THANK & TERMINATE**
- } **Require Mix in each group**
See Quota for Groups 1, 3, 5 & 7

QUOTA – Q2

Groups 1, 3, 5 & 7:

- Recruit 1-2 who are 60-69
- Recruit 1-2 who are 70-79

As I mentioned earlier, we are looking for a variety of individuals to take part in our study, which is why I am asking you the next few questions.

For Females ONLY under the age of 50 - Other females and ALL Males Skip to Q4

3 Are you currently pregnant?

- Yes 1 **For Groups 1, 3, 5 & 7 – Recruit 3 per group**
- No 2

4 Do you have a child or children under the age of 6 years who live(s) with you the majority of the time?

- Yes 1 **For Groups 1, 3, 5 & 7 – Recruit a MIN of 3 per group**
- No 2 **SKIP to Q6**

5 **IF YES AT Q4, ASK:** Could you please tell me the ages of each child living with you the majority of the time? **[RECORD ANSWER]**

Record Age for Each Child Under 6: _____

6 Do you have any of the following health conditions or chronic diseases diagnosed by a health professional, or other conditions or disease that make your immune system weak? Please note that this information will remain confidential and will not be discussed during the focus group. **[RECORD ALL MENTIONS]**

- | | | |
|--|----|--|
| Cancer | 1 | } For Groups 1, 3, 5 & 7
Recruit a MIN of 3 per group |
| Diabetes | 2 | |
| AIDS / HIV | 3 | |
| Alcoholism..... | 4 | |
| Another condition or disease that make your immune system weak (_____) | 99 | |
| None..... | 97 | Consider for Groups 2, 4, 6 & 8 |

7 Are you handling or preparing food for yourself or those around you at least a few times a week?

- | | | |
|----------|---|----------------------------|
| Yes..... | 1 | CONTINUE |
| No | 2 | Thank and Terminate |

8 Are you actively caring for an older friend or relative, someone with a serious illness or health condition, or children other than your own?

- | | | |
|----------|---|-----------------|
| Yes..... | 1 | CONTINUE |
| No | 2 | CONTINUE |

9 And finally, have you ever attended a small group discussion for which you received a sum of money?

- | | | |
|----------|---|--|
| Yes..... | 1 | CONTINUE (Recruit NO MORE than 6 per group) |
| No | 2 | Go To Invitation |

10 What was the subject of the group? _____

11 When was the last time you attended a group discussion? _____

12 How many group discussions have you attended? _____

**IF THEY HAVE BEEN TO A GROUP IN THE PAST 6 MONTHS, THANK & TERMINATE,
IF THEY HAVE BEEN TO 3 OR MORE GROUPS, THANK & TERMINATE
IF THEY HAVE BEEN TO A GROUP ON HEALTH, THANK & TERMINATE**

INVITATION

As part of our study, Corporate Research Associates is inviting individuals, such as yourself, to participate in a small focus group discussion. As you may know, focus groups are used as research tools to gather information on a particular subject matter; in this case, issues related to **health in general**.

The discussion you will be participating in will be audio and video recorded for use by the research team only. Please be assured your comments and responses are strictly confidential. Are you comfortable with the discussion being audio and video recorded?

- Yes..... 1 **Continue**
- No 2 **Thank and Terminate**

The discussion will take place in a focus group room that is equipped with a one-way mirror for observation, allowing members from the research team to observe the discussion while it is happening. Would this be a problem for you?

- Yes..... 1 **Thank and Terminate**
- No 2 **Continue**

The session recordings will be shared with a very small group of individuals from the Government of Canada who are involved in this study for the purpose of this study only. Once the recordings have been reviewed by these people, they will be returned to Corporate Research Associates for safeguarding according to strict industry guidelines. Note that some people may choose to discuss their personal health during the focus group, this is not a requirement. Your identity will also be kept confidential. Knowing this, are you comfortable with the recordings being shared with a select few individuals from the Government of Canada?

- Yes..... 1 **Continue**
- No 2 **Thank and Terminate**

Participants WILL be asked to read materials AND write out responses. Is it possible for you to take part in these activities in English (French) without assistance during the group discussion?

- Yes..... 1 **Continue**
- No 2 **Thank and Terminate**

Since participants in focus groups are asked to express their thoughts and opinions freely in an informal setting with others, we'd like to know how comfortable you are with such an exercise. Would you say you are...?

- Very comfortable 1 **Continue**
- Comfortable..... 2 **Continue**
- Not very comfortable 3 **Thank & Terminate**
- Not at all comfortable 4 **Thank & terminate**

I would like to invite you to participate in the focus group we are conducting at ___ PM, on _____ at _____. The discussion will consist of 8 to 11 people and will be very informal. This group will last approximately **two** hours, refreshments will be served and you will receive **\$75** as a thank you for your time. Would you be interested in attending?

- Yes..... 1 **Continue**
- No 2 **Thank and Terminate**

We ask everyone who is participating in the focus group to bring along a piece of I.D., picture if possible.

As these are small groups and with even one person missing, the overall success of the group may be affected, I would ask that once you have decided to attend that you make every effort to do so. In the event you are unable to attend, please call _____ (collect) at _____ as soon as possible in order that a replacement may be found.

Please also arrive 15 minutes prior to the starting time. **The discussion begins promptly at [TIME].** Anyone arriving after **[TIME]** will NOT be able to take part in the discussion and will NOT receive the \$75 incentive.

Please bring with you reading glasses or anything else that you need to read with or take part in the discussion.

Attention Recruiters

1. FOR THE "AT RISK" GROUPS: 1, 3, 5 & 7: Recruit 12 for each group
2. FOR THE OTHER GROUPS: 2, 4, 6 & 8: Recruit 11 for each group
3. CHECK QUOTAS
4. Ensure participant has a good speaking (overall responses) ability-If in doubt, DO NOT INVITE
5. Do not put names on profile sheet unless you have a firm commitment.
6. Repeat the date, time and location before hanging up.

Confirming – DAY BEFORE GROUP

1. Confirm in person with the participant the day prior to the group– do not leave a message
2. Confirm all key qualifying questions
3. Verify time location (ask if they are familiar)
4. Ask them to bring reading glasses or anything else they need to read and/or take part in the discussion (such as hearing aid)

POR-10-07 – Questionnaire de recrutement, VERSION DÉFINITIVE – Le 25 février 2011
Groupes de discussion sur les messages sur la salubrité alimentaire

Nom : _____

Tél. (domicile) : _____ Tél. (travail) : _____

Groupe 1 2 3 4 5 6 7 8

Toronto (Ontario) (ANGLAIS) – PREMIER EMPLACEMENT

Date : Le jeudi 10 mars 2011
Heure : Groupe 1 : 18 h – À risque (recruter 12 participants)
 Groupe 2 : 20 h - Pop. gén. (recruter 11 participants)

Emplacement : **Consumer Vision**
 2, rue Bloor Ouest, 3^e étage

Vancouver (Colombie-Britannique) (ANGLAIS)

Date : Le lundi 14 mars 2011
Heure : Groupe 3 : 18 h – À risque (recruter 12 participants)
 Groupe 4 : 20 h - Pop. gén. (recruter 11 participants)

Emplacement : **Contemporary Research Centre**
 1398, 7^e Avenue Ouest

Montréal (Québec) (FRANÇAIS)

Date : Le mardi 15 mars 2011
Heure : Groupe 5 : 18 h – À risque (recruter 12 participants)
 Groupe 6 : 20 h - Pop. gén. (recruter 11 participants)

Emplacement : **Groupe Christal Inc.**
 1610, rue Ste-Catherine Ouest
 bureau 411

Halifax (Nouvelle-Écosse) (ANGLAIS)

Date : Le mercredi 16 mars 2011
Heure : Groupe 7 : 18 h – À risque (recruter 12 participants)
 Groupe 8 : 20 h - Pop. gén. (recruter 11 participants)

Emplacement : **Corporate Research Associates**
 7071, rue Bayers, bureau 5001

SOMMAIRE DES EXIGENCES

- 8 groupes, 4 emplacements
- **Groupes 1, 3, 5 et 7 :** Un groupe de chaque emplacement sera composé de participants dits « à risque », c'est-à-dire de femmes enceintes, de personnes âgées, de personnes ayant des enfants de moins de 6 ans chez eux et de personnes immunocompromises ou atteintes de certaines maladies (voir Q6).
Pour chaque groupe de participants dits « à risque » (un répondant peut faire partie de plusieurs des groupes suivants) :
 - au moins 3 participants qui ont entre 60 et 79 ans;
 - au moins 3 femmes enceintes;
 - au moins 3 participants qui ont des enfants de moins de 6 ans chez eux;
 - au moins 3 participants atteints de l'une des maladies indiquées à la Q6.
- **Groupes 2, 4, 6 et 8 :** Un groupe de chaque emplacement sera composé de participants qui **NE SONT PAS** dits « à risque ». Ils seront désignés comme faisant partie de la population générale.
- L'âge (18 ans et plus), le sexe, l'emploi et le niveau de scolarité des participants de chaque groupe doivent être variés.
- Ils participent au moins de façon hebdomadaire à la manipulation des aliments.
- Ils n'ont jamais participé à un groupe de discussion sur la santé.
- Ils sont aptes à participer à des exercices écrits ou visuels.
- Ils n'ont pas d'objection à donner leur opinion.

Bonjour, je m'appelle ____ et je travaille pour Corporate Research Associates, une société d'étude de marché et de sondage d'opinion publique. Je vous appelle aujourd'hui de la part du gouvernement du Canada. Nous menons une étude sur les **préoccupations en matière de santé** et nous aimerions parler à un membre de votre foyer qui a 18 ans ou plus. Avez-vous au moins 18 ans?

(SI CE N'EST PAS LE CAS, DEMANDEZ À PARLER À QUELQU'UN D'AUTRE ET RÉPÉTEZ. SI C'EST LE CAS, CONTINUEZ.)

Nous organisons de petits groupes de discussion et nous souhaitons y intégrer plusieurs types de participants. Puis-je vous poser quelques questions très brèves pour voir si vous faites partie du type de

participant que nous recherchons? Ces renseignements demeureront strictement confidentiels et vous êtes libre de refuser de participer en tout temps. Merci.

Sexe (par observation)

Femme 1 } **Recrutez des hommes ET des femmes dans chaque groupe**
 Homme 2 }

1 Parmi les membres de votre foyer, y compris vous-même, y a-t-il quelqu'un qui travaille actuellement ou qui a déjà travaillé dans l'un des secteurs suivants?

- Marketing ou études de marché 1
- Relations publiques 2
- Publicité 3
- Médias (télévision, radio, journaux, Internet)4
- Soins de santé 5
(p. ex. médecin, infirmier, personnel du service des soins de santé ou d'une clinique, etc.)
- Santé Canada 6

SI LA RÉPONSE À L'UNE DES OPTIONS CI-DESSUS EST « OUI », REMERCIEZ L'INTERLOCUTEUR ET TERMINEZ L'ENTREVUE.

2 Dans laquelle des catégories d'âge suivantes vous situez-vous? Avez-vous...?

- Moins de 18 ans 1 **REMERCIEZ L'INTERLOCUTEUR ET TERMINEZ L'ENTREVUE.**
 - Entre 18 et 29 ans 2
 - Entre 30 et 39 ans 3
 - Entre 40 et 49 ans 4
 - Entre 50 et 59 ans 5
 - Entre 60 et 69 ans 6
 - Entre 70 et 79 ans 7
 - 80 ans et plus 8 **REMERCIEZ L'INTERLOCUTEUR ET TERMINEZ L'ENTREVUE.**
- Recrutez des personnes dans chaque groupe.
Voir les exigences pour les groupes 1, 3, 5 et 7.**

EXIGENCES – Q2

Groupes 1, 3, 5 et 7

- Recrutez 1 ou 2 participants qui ont entre 60 et 69 ans.
- Recrutez 1 ou 2 participants qui ont entre 70 et 79 ans.

Comme je vous l'ai dit plus tôt, nous sommes à la recherche de diverses personnes pour participer à notre étude. C'est pour cette raison que je vais vous poser les quelques questions suivantes.

UNIQUEMENT pour les femmes de moins de 50 ans – pour toutes les autres femmes et pour TOUS les hommes, passez à la Q4.

3 Êtes-vous actuellement enceinte?

- Oui 1 **Pour les groupes 1, 3, 5 et 7, recrutez-en 3 par groupe.**
- Non 2

4 Avez-vous un ou plusieurs enfants de moins de 6 ans qui vivent chez vous la plupart du temps?

Oui 1 **Pour les groupes 1, 3, 5 et 7, recrutez-en AU MOINS 3 par groupe.**

Non 2 **PASSEZ à la Q6.**

5 **SI LA RÉPONSE EST OUI À LA Q4, POSEZ LA QUESTION SUIVANTE :** Pourriez-vous me donner l'âge de tous les enfants qui vivent avec vous la plupart du temps? **[INSCRIVEZ LA RÉPONSE]**

Notez l'âge de chaque enfant de moins de 6 ans : _____

6 Êtes-vous atteint d'au moins un des problèmes de santé ou une des maladies chroniques suivantes ou d'une autre affection de santé qui affaiblit votre système immunitaire et qui a fait l'objet d'un diagnostic officiel par un professionnel de la santé? Notez que ces renseignements demeureront confidentiels et ne seront pas abordés au cours du groupe de discussion. **[NOTEZ TOUTES LES MENTIONS.]**

Cancer	1	} Pour les groupes 1, 3, 5 et 7, recrutez-en AU MOINS 3 par groupe.
Diabète.....	2	
SIDA ou VIH	3	
Alcoolisme.....	4	
Autre maladie ou affection affaiblissant le système immunitaire (_____).....	99	
Aucune	97	À envisager pour les groupes 2, 4, 6 ou 8.

7 Manipulez-vous ou préparez-vous des aliments pour vous-même ou pour les personnes qui vous entourent au moins quelques fois par semaine?

Oui 1 **CONTINUEZ.**

Non 2 **Remerciez l'interlocuteur et terminez l'entrevue.**

8 Prenez-vous soin activement d'un ami ou d'un membre de votre famille âgé, d'une personne atteinte d'une maladie grave ou d'enfants autre que les vôtres?

Oui 1 **CONTINUEZ**

Non 2 **CONTINUEZ**

9 Enfin, avez-vous déjà participé à un petit groupe de discussion pour lequel vous avez été rémunéré?

Oui 1 **CONTINUEZ (Recrutez-en un MAXIMUM de 6 par groupe).**

Non 2 **Passez à l'invitation.**

10 Quel était le sujet de la discussion? _____

11 Quand avez-vous participé à une discussion de groupe pour la dernière fois? _____

12 À combien de groupes de discussion avez-vous participé? _____

**SI LA PERSONNE A PARTICIPÉ À UN GROUPE DE DISCUSSION AU COURS DES SIX DERNIERS MOIS,
REMERCIEZ-LA ET TERMINEZ L'ENTREVUE.**

SI LA PERSONNE A PARTICIPÉ À TROIS GROUPE OU PLUS, REMERCIEZ-LA ET TERMINEZ L'ENTREVUE.

**SI LA PERSONNE A PARTICIPÉ À UN GROUPE SUR LE DOMAINE DE LA SANTÉ, REMERCIEZ-LA ET TERMINEZ
L'ENTREVUE.**

INVITATION

Dans le cadre de notre étude, Corporate Research Associates invite des personnes comme vous à participer à des discussions en petits groupes. Comme vous le savez peut-être, les groupes de discussion servent d'outils de recherche pour recueillir des renseignements sur un sujet précis. Dans le cas qui nous intéresse, il s'agit de ***préoccupations générales en matière de santé***.

La discussion à laquelle vous participerez sera enregistrée en format audio et vidéo aux fins d'utilisation par l'équipe de recherche uniquement. Sachez que vos commentaires et réponses demeureront strictement confidentiels. Êtes-vous à l'aise avec le fait que la discussion soit enregistrée en format audio et vidéo?

- Oui1 **Continuez.**
 Non2 **Remerciez l'interlocuteur et terminez l'entrevue.**

La discussion aura lieu dans une pièce consacrée aux groupes de discussion dotée d'un miroir sans tain (qui permet de voir d'un seul côté). L'équipe de recherche pourra ainsi observer la discussion pendant qu'elle se déroule. Cela vous pose-t-il problème?

- Oui1 **Remerciez l'interlocuteur et terminez l'entrevue.**
 Non2 **Continuez.**

Les enregistrements de la discussion seront partagés avec un petit groupe d'employés du gouvernement du Canada qui participent à l'étude, aux fins de l'étude seulement. Une fois que les enregistrements auront été examinés par ces personnes, ils seront renvoyés à Corporate Research Associates et seront alors conservés conformément aux normes de l'industrie. Notez que certains participants pourraient choisir de discuter de leur état de santé personnel lors de la rencontre, quoique cela ne soit pas requis. Votre identité demeurera également confidentielle. Sachant cela, êtes-vous à l'aise à l'idée que les enregistrements soient partagés avec certains employés du gouvernement du Canada?

- Oui1 **Continuez.**
 Non2 **Remerciez l'interlocuteur et terminez l'entrevue.**

Les participants DEVRONT lire des textes ET inscrire des réponses. Êtes-vous en mesure de participer à de telles activités en français (anglais) sans aide pendant le groupe de discussion?

- Oui1 **Continuez.**
 Non2 **Remerciez l'interlocuteur et terminez l'entrevue.**

Les participants des groupes de discussion doivent exprimer leurs pensées et leur opinion de manière libre et dans un contexte non officiel avec d'autres personnes. À quel point êtes-vous à l'aise avec un tel exercice? Êtes-vous...

- Tout à fait à l'aise1 **Continuez.**
 À l'aise2 **Continuez.**
 Pas vraiment à l'aise3 **Remerciez l'interlocuteur et terminez l'entrevue.**
 Pas du tout à l'aise.....4 **Remerciez l'interlocuteur et terminez l'entrevue.**

J'aimerais vous inviter à participer au groupe de discussion qui aura lieu à ____, le _____ à _____. De 8 à 11 personnes participeront à la discussion, qui sera informelle. Le groupe durera environ **deux** heures, des rafraîchissements seront servis et vous recevrez **75 \$** en guise de remerciement pour votre temps. Seriez-vous intéressé(e) à participer?

- Oui1 **Continuez.**
 Non2 **Remerciez l'interlocuteur et terminez l'entrevue.**

Nous demandons à tous ceux qui participent au groupe de discussion d'apporter une pièce d'identité avec photo si possible.

Puisqu'il s'agit de petits groupes, le succès pourrait être compromis si l'une des personnes invitées est absente. C'est pourquoi je vous demande, si vous décidez de participer, de faire tout votre possible pour y assister. Si jamais vous étiez dans l'impossibilité de participer, veuillez communiquer avec _____ (appel à frais virés) au _____ dès que possible afin que nous puissions trouver un autre participant pour vous remplacer.

Aussi, veuillez arriver 15 minutes avant l'heure du début. **La discussion commencera sans faute à [HEURE].** Si vous arrivez après **[HEURE]** vous **NE POURREZ PAS** prendre part à la discussion et vous **NE RECEVREZ PAS** la récompense de 75 \$.

N'oubliez pas vos lunettes de lecture ou tout autre article qu'il vous faudra pour lire ou pour participer à la discussion.

Avis aux recruteurs :

1. POUR LES GROUPES DE PARTICIPANTS DITS « À RISQUE », GROUPES 1, 3, 5 ET 7, recrutez 12 participants par groupe.
2. POUR LES AUTRES GROUPES, GROUPES 2, 4, 6 et 8, recrutez 11 participants par groupe.
3. VÉRIFIEZ LES EXIGENCES.
4. Assurez-vous que chaque participant a de bonnes habiletés d'expression orale. En cas de doute, NE L'INVITEZ PAS.
5. N'inscrivez pas les noms sur la feuille de profils à moins d'avoir obtenu un engagement ferme.
6. Confirmez la date, l'heure et l'endroit où se tiendra la discussion avant de raccrocher.

Confirmation – LA VEILLE DE LA DISCUSSION

1. Confirmez en personne avec le participant – ne laissez pas de message.
2. Confirmez toutes les questions clés d'admissibilité.
3. Confirmez l'heure et l'endroit (demandez aux répondants s'ils connaissent l'endroit).
4. Demandez-leur d'apporter leurs lunettes ou tout autre article dont ils ont besoin pour lire ou pour prendre part à la discussion (tel que des appareils auditifs).

Appendix B: Moderator's Guide

Moderator's Guide FINAL

PHAC Focus Testing of Food Safety Messages (POR 10-07)

Research Objectives (not to be shared with participants)

- Determine the **effectiveness** of the content and language used in key messages.
- Assess the **fit and appeal** of each message with adult consumers.
- Identify the extent to which each message **resonates** with the end audiences.
- Evaluate food safety messages and determine if they are:
 - **clear, credible, relevant** and of **value** to the audience;
 - **appealing** and **appropriate** to the cultural and emotional sensitivities of the audience;
 - **memorable** in the minds of the audience;
 - utilizing the right **tone**; and
 - “doable” and able to **motivate** the audience to take personal actions.
- Elicit **suggestions** for potential changes to make the messages more effective at reaching the target audience.
- Gather information on **how best to inform** Canadians about food safety in the event of a food-borne illness outbreak (where would they go for information; best methods/media to provide information).

Introduction/ Warm-up

10 minutes

- **Welcome** - Intro self, role as moderator.
- **Explain purpose** – Today we are going to talk generally about **food-borne illnesses**. We will review a number of scenarios that present potential risks for people’s health and discuss what you would do in those situations. I will give you a more detailed description a little later in the discussion.
- **Study sponsor**: Public Health Agency of Canada
- **Explain process** – 2 hours; no break; all opinions are important; no wrong answers; need to understand agreement/disagreement; talk one at a time; individual comments are confidential/anonymous; participation is voluntary; session is being recorded for reporting purposes only; observers.
- **Participant introductions** - first name, who lives in your home with you, and what you like to do in your spare time?

General Discussion

10 minutes

You may be aware that there have been food-borne illness outbreaks in the past. Food-borne illness refers to diseases that you get by eating food or drinking liquids that have been contaminated with bacteria, parasites or viruses, either through improper handling or preparation of these foods. Food-borne illness is sometimes referred to as “Food Poisoning”. Some of the bacteria that cause food-borne illness include *Listeria*, *Salmonella*, and *E. Coli* among others. An outbreak occurs when many people get sick from the same food source. For example, some of you may recall the listeriosis outbreak that happened in the summer and fall of 2008 where people got sick and some of them died as a result of eating contaminated ready-to-eat meats.

To begin our discussion tonight, I want you to imagine that there is another food-borne illness outbreak.

Probe, as a group:

- What questions or concerns would you have if you heard of this food-borne illness outbreak?
- Where would you turn for information as the outbreak unfolds?
- What sources of information would you trust the most? Why these ones and not others?

Scenario 1: Potential outbreak, unknown source**30 minutes**

If a food-borne illness outbreak were to occur, part of the governments' role is to inform the population. I would like to share with you a number of messages that could be released by the Government of Canada in the case of a potential food-borne illness outbreak. Of course, an outbreak would occur in stages, where little information may be known at first including what food is causing the illness. In fact, in the fictional scenario we will discuss today, I want you to imagine that many people are getting sick and the government suspects a food-borne illness outbreak. At this point, however, the government is not able to confirm that these illnesses are linked and they don't know the food source of the illness. Essentially, the government has little information about what is happening. Nonetheless, they need to inform the population. I would like your opinions on a number of messages that may be released by government in this situation. Note that these messages may appear together or separately.

Moderator distributes Scenario 1 exercise sheet to each participant.

Moderator posts instructions on the flip chart.

Scenario 1 Exercise - Before we discuss these together, I would like you to take a moment to complete an individual exercise. First, take a moment to read through this information and highlight in yellow anything that grabs your attention or speaks to you personally; this would be something you relate to or that resonates with you. Then, using the pink highlighter, underline anything that is confusing, unclear or incomplete. Keep in mind that the government has limited information on the illnesses that are happening in this scenario. I'll give you a moment.

Now, I'd like you to indicate, using the thumb scale, (***moderator to explain***) to what extent you agree or disagree with the five statements listed. I will give you a few minutes to do so.

Probe, as a group:

- What is your overall reaction to this information?
- Who is this information for? Someone like you or someone different?
- Does it provide you with helpful information?
- How does this information make you feel about this potential outbreak? ***Probe for:*** emotions felt and message tone
- Do you believe what it says? Why/why not?
- Was anything surprising? If so, what? Did you learn anything?
- Would you pay attention to this information? Why or why not?
- What words or parts grabbed your attention? (***YELLOW HIGHLIGHTS***) Why those?
- Which parts of this statement, if any, were unclear or confusing? (***PINK HIGHLIGHTS***)
 - Are there words that are unclear, too vague, that may be misunderstood or misinterpreted? If so, which ones? Any terms need more explanation?
- Is anything inappropriate in this context? How so?
- Considering that this information would be provided before an outbreak is actually confirmed – that is limited information is available to government officials at that point – are there questions you may have that remain unaddressed? Please explain.
- How would you react after receiving this information? What, if anything would you do?
- How would you expect to get this information?
 - Should it be given all at once or in stages? If in stages, please explain.
- Overall, how could these messages be improved? Probe for tone.
- What message are you taking away from this information?

Scenario 2: outbreak confirmed, source is suspected**45 minutes**

After some time, imagine that the government is able to confirm there is in fact a food-borne illness outbreak and it may suspect the food source of the illness although it is not confirmed yet. Throughout the process of finding out more about this outbreak, the government provides the public with ongoing information. Let's look at some other information that could be released by the government while the outbreak is still being investigated. Some of the information given in the earlier scenario may also be provided in this situation.

Moderator distributes Scenario 2 (A & B together) exercise sheet to each participant.

Again, take a moment to read through this information and highlight in **yellow** anything that grabs your attention or speaks to you personally and highlight in **pink** anything that is confusing or incomplete. Then indicate using the thumb scale to what extent you agree or disagree with the five statements listed. I will give you a few minutes to do so.

Probe, as a group:

- What is your overall reaction to this information?
- Who is this information for? Someone like you or someone different?
- Does it provide you with helpful information?
- How does this information make you feel about the outbreak?
- Do you believe what it says? Why/why not? Are you questioning any of the information provided? If so, what, and why?
- Is the tone right? (Probe for whether the tone is too serious, not serious enough, just right)
- Would you pay attention to this information? Why or why not?
- Was anything surprising? If so, what? Did you learn anything
- What words or parts grabbed your attention? (**YELLOW HIGHLIGHTS**) Why those?
- Which parts of this statement, if any, were unclear or confusing? (**PINK HIGHLIGHTS**)
 - Are there words that are unclear, too vague, that may be misunderstood or misinterpreted? If so, which ones? Any terms need more explanation?
- Is anything inappropriate in this context? How so?
- Considering that this information would be provided after the outbreak is confirmed, but the source is not yet confirmed – are there questions you may have that remain unaddressed? Please explain.
- How would you react after receiving this information? What, if anything would you do?
- How would you expect to get this information?
 - Should it be given all at once or in stages? If in stages, please explain.
- Overall, how could these messages be improved?
- What message are you taking away from this information?

For Scenario 2B only:

- There is a list of safe food handling and preparation advice. Which of those things do you currently do?
- Do you find any advice particularly useful? Why?
- Which ones, if any, aren't useful? Why not?

Scenario 3: outbreak confirmed, source identified**30 minutes**

Now imagine that after some time, the food source of the outbreak is identified. In this scenario, there is a confirmed outbreak and the government knows the food source of the illness. Let's have a look at the information the government could provide to the public at this point.

Moderator distributes Scenario 3 exercise sheet to each participant.

Again, take a moment to read through this information and highlight in **yellow** anything that grabs your attention or speaks to you personally and highlight in **pink** anything confusing or incomplete. Then, again, indicate using the thumb scale to what extent you agree or disagree with the five statements listed. I will give you a few minutes to do so.

Probe, as a group:

- What is your overall reaction to this information?
- Who is this information for? Someone like you or someone different?
- Does it provide you with helpful information?
- How does this information make you feel about the outbreak?
- Do you believe what it says? Why/why not?
 - Are you questioning any of the information provided? If so, what, and why?
- Was anything surprising? If so, what? Did you learn anything?
- Is the tone right? (Probe for whether the tone is too serious, not serious enough, just right)
- Would you pay attention to this information? Why or why not?
- What words or parts grabbed your attention? (**YELLOW HIGHLIGHTS**) Why those?
- Which parts of this statement, if any, were unclear or confusing? (**PINK HIGHLIGHTS**)
 - Are there words that are unclear, too vague, that may be misunderstood or misinterpreted? If so, which ones? Any terms need more explanation?
- Is anything inappropriate in this context? How so?
- Are there questions you may have that remain unaddressed? Please explain.
- How would you react after receiving this information? What, if anything would you do?
- How would you expect to get this information?
 - Should it be given all at once or in stages? If in stages, please explain.
- Overall, how could these messages be improved?
- What message are you taking away from this information?

Now that we have looked at a lot of information that could be provided to the public over a period of weeks or months in the case of a food-borne illness outbreak...

Probe, as a group:

- What information would be most useful to you personally? Why?
- Overall, what information would you most likely remember after today?
- Overall, what do you think about the amount of information provided?
 - If not enough: What is missing?
 - If too much: What isn't necessary?

In conclusion, take a moment to jot down, individually, any suggestions you may have on what could be done to make the information and messages we have looked at more effective. Think of the messages themselves (content and wording) as well as the way they may be communicated. I will give you a few minutes to do so. **Moderator goes in the back room.**

If time permits:

- Tell us about the one recommendation among those you jotted down that is most important.

If time doesn't permit:

- In the interest of time, we will not discuss your recommendations but I will review them later.

Thanks & Closure

On behalf of the Public Health Agency of Canada, thank you for your participation.

Guide de l'animateur

Groupes de consultation pour les messages sur la salubrité des aliments de l'ASPC (POR 10-07)

Objectifs de l'étude (à ne pas transmettre aux participants)

- Cerner l'*efficacité* du contenu et du langage employé dans les principaux messages.
- Évaluer *la pertinence et l'attrait* de chaque message pour les consommateurs adultes.
- Déterminer *la portée* de chaque message auprès des publics finaux.
- Évaluer les messages sur la salubrité des aliments et déterminer s'ils sont :
 - *clairs, crédibles, pertinents* et s'ils ont une *valeur* pour le public;
 - *attrayants et appropriés* compte tenu des sensibilités culturelles et émotionnelles du public;
 - *mémorables* dans l'esprit du public;
 - énoncés sur le bon *ton*;
 - faisables et capables de *motiver* le public à passer à l'action.
- Susciter des *suggestions* de possibles changements à apporter aux messages afin de toucher plus efficacement le public cible.
- Recueillir des renseignements sur *la meilleure façon d'informer* les Canadiens sur la salubrité des aliments en cas d'écllosion de maladie d'origine alimentaire (où chercheraient-ils de l'information; meilleures méthodes et meilleurs médias pour fournir de l'information).

Introduction et mise en train

10 minutes

- **Accueil** : Présentez-vous et décrivez votre rôle en tant qu'animateur.
- **Expliquer le but** : Aujourd'hui, nous discuterons globalement de *maladies d'origine alimentaire*. Nous examinerons divers scénarios qui présentent des risques potentiels pour la santé des gens et nous discuterons de ce que vous feriez dans ces situations. Je vais vous présenter une description plus détaillée un peu plus tard dans la discussion.
- **Commanditaire de l'étude** : Agence de la santé publique du Canada
- **Expliquer le processus** : Durée de 2 heures, sans pause; importance égale accordée à toutes les opinions; pas de mauvaise réponse; besoin de comprendre pourquoi en accord ou en désaccord; parler une personne à la fois, commentaires confidentiels et anonymes; participation volontaire; séance enregistrée uniquement pour faciliter la rédaction de rapports; observateurs.
- **Présentation des participants** : Prénom; personnes qui habitent avec vous à votre domicile; ce que vous aimez faire dans votre temps libre.

Discussion générale

10 minutes

Vous vous souvenez peut-être de cas passés d'éclussions de maladies d'origine alimentaire. Une maladie d'origine alimentaire, c'est une maladie contractée par l'ingestion d'aliments ou de liquides contaminés par des bactéries, des parasites ou des virus en raison d'une manipulation ou d'une préparation inadéquate. Les maladies d'origine alimentaire sont parfois appelées « empoisonnement alimentaire ». Parmi les bactéries qui causent des maladies d'origine alimentaire, nous retrouvons entre autres la listéria, la salmonelle et l'E. coli. Une écllosion survient lorsque plusieurs personnes tombent malades après avoir ingéré de la nourriture provenant d'une même source. À titre d'exemple, certains d'entre vous se souviennent peut-être de l'écllosion de listériose qui est survenue pendant l'été et l'automne 2008, où des gens sont tombés malades et certains sont morts après avoir mangé de la viande prête à manger contaminée.

Pour commencer la discussion de ce soir, je voudrais que vous vous imaginiez qu'il y a une autre écloison de maladie d'origine alimentaire.

Demander au groupe

- Quelles questions et quelles inquiétudes auriez-vous si vous entendiez parler de cette possible écloison de maladie d'origine alimentaire?
- Où chercheriez-vous de l'information pendant le déroulement de l'écloison?
- En quelles sources d'information auriez-vous le plus confiance? Pourquoi ces sources et pas d'autres?

Scénario 1 : Possible écloison, source inconnue	30 minutes
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En cas d'écloison ou d'épidémie, il fait partie du rôle des gouvernements d'informer la population. J'aimerais vous présenter divers messages que le gouvernement du Canada pourrait diffuser en cas de possible écloison de maladie d'origine alimentaire. Bien entendu, les éclosions surviennent par étapes. Au début, personne ne dispose de beaucoup de renseignements, entre autres au sujet des aliments ayant causé la maladie. Dans le scénario dont nous parlerons aujourd'hui, je veux que vous imaginiez que beaucoup de gens tombent malades et que le gouvernement soupçonne une écloison de maladie d'origine alimentaire. En ce moment, toutefois, le gouvernement n'est pas encore en mesure de confirmer que ces cas sont liés et il ne connaît pas la source alimentaire de la maladie. En bref, le gouvernement possède peu de renseignements sur la situation, mais il doit quand même informer la population. J'aimerais connaître votre opinion sur divers messages qui pourraient être diffusés par le gouvernement dans cette situation. Veuillez prendre note que ces messages pourraient être diffusés individuellement ou ensemble.

L'animateur distribue une feuille du scénario 1 à chaque participant.

L'animateur inscrit les directives au tableau.

Scénario 1 : Avant de discuter de ces messages, j'aimerais que chacun prenne le temps de réaliser un exercice individuel. Premièrement, prenez un moment pour lire l'information et surlignez en jaune tout ce qui vous touche personnellement ou attire votre attention, c'est-à-dire ce en quoi vous vous reconnaissez ou ce qui vous interpelle. Ensuite, à l'aide du marqueur rose, surlignez tout ce qui prête à confusion, ce qui est vague ou incomplet. Gardez en tête que le gouvernement possède une quantité limitée de renseignements sur les maladies qui se retrouvent dans ce scénario. Je vous laisse le temps de répondre.

Maintenant, j'aimerais que vous indiquiez, en utilisant l'échelle des pouces (***l'animateur explique l'échelle***), à quel point vous êtes d'accord ou en désaccord avec les cinq énoncés présentés. Je vais vous donner quelques minutes pour ce faire.

Demander au groupe

- Quelle est votre impression globale par rapport à ces renseignements?
- À qui s'adressent ces renseignements? À quelqu'un comme vous ou à quelqu'un d'autre?
- Ces renseignements vous sont-ils utiles?
- Quels sentiments ressentez-vous par rapport à la possible écloison après avoir pris connaissance de ces renseignements? **Questionnez sur** : les émotions ressenties et le ton du message.
- Croyez-vous ce qui est dit? Pourquoi? Pourquoi pas?
- Y a-t-il quelque chose qui vous a surpris? Si oui, quoi? Avez-vous appris quelque chose?
- Porteriez-vous attention à ces renseignements? Pourquoi? Pourquoi pas?

- Quels mots ou quelles parties ont attiré votre attention? (**ÉLÉMENTS SURLIGNÉS EN JAUNE**)
Pourquoi ceux-ci?
- Quelles parties de cet énoncé, s'il y en a, sont vagues ou prêtent à confusion? (**ÉLÉMENTS SURLIGNÉS EN ROSE**)
 - Y a-t-il des mots qui sont imprécis, trop vagues, qui peuvent être mal compris ou mal interprétés? Si oui, lesquels? Certains termes nécessitent-ils plus d'explications?
- Y a-t-il quoi que ce soit d'inadéquat dans ce contexte? De quelle façon?
- En considérant que ces renseignements seraient diffusés avant la confirmation d'une éclosion, c'est-à-dire à un moment où les représentants du gouvernement ne disposeraient que d'une quantité limitée de renseignements, avez-vous des questions qui demeurent sans réponse? Veuillez préciser.
- Comment réagiriez-vous après avoir reçu ces renseignements? Que feriez-vous?
- Comment vous attendriez-vous à recevoir ces renseignements?
 - Devraient-ils être donnés en un seul coup ou progressivement? Si progressivement, précisez.
- De façon générale, comment pourrait-on améliorer ces messages? Questionnez au sujet du ton.
- Quels messages reprenez-vous après avoir lu ces renseignements?

Scénario 2 : Éclosion confirmée, source soupçonnée	45 minutes
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Imaginez qu'après un certain temps, le gouvernement est en mesure de confirmer qu'il y a bel et bien une éclosion de maladie d'origine alimentaire et qu'il a des soupçons quant à la source alimentaire de la maladie même si rien n'a encore été confirmé. Tout au long du processus de recherche d'information concernant l'éclosion, le gouvernement continue de fournir des mises à jour au public. Jetons un coup d'œil à d'autres renseignements qui seraient diffusés par le gouvernement au cours de l'enquête sur l'éclosion. Certains des renseignements donnés lors du dernier scénario pourraient se retrouver dans cette situation.

L'animateur distribue une feuille du scénario 2 (A et B, une à la fois) à chaque participant.

Encore une fois, prenez un moment pour lire ces renseignements et surligner en **jaune** tout ce qui attire votre attention ou vous interpelle personnellement, et surlignez en **rose** tout ce qui prête à confusion ou qui est incomplet. Ensuite, indiquez en utilisant l'échelle des pouces à quel point vous êtes en accord ou en désaccord avec les cinq énoncés présentés. Je vais vous donner quelques minutes pour ce faire.

Demander au groupe

- Quelle est votre impression globale par rapport à ces renseignements?
- À qui s'adressent ces renseignements? À quelqu'un comme vous ou à quelqu'un d'autre?
- Ces renseignements vous sont-ils utiles?
- Quels sentiments ressentez-vous par rapport à l'éclosion après avoir pris connaissance de ces renseignements?
- Croyez-vous ce qui est dit? Pourquoi? Pourquoi pas?
 - Remettez-vous en question certains des renseignements fournis? Si oui, lesquels et pourquoi?
- Porteriez-vous attention à ces renseignements? Pourquoi? Pourquoi pas?
- Y a-t-il quelque chose qui vous a surpris? Si oui, quoi? Avez-vous appris quelque chose?
- Quels mots ou quelles parties ont attiré votre attention? (**ÉLÉMENTS SURLIGNÉS EN JAUNE**)
Pourquoi ceux-ci?

- Quelles parties de cet énoncé, s'il y en a, sont imprécises ou prêtent à confusion? (**ÉLÉMENTS SURLIGNÉS EN ROSE**)
 - Y a-t-il des mots qui sont imprécis, trop vagues, qui peuvent être mal compris ou mal interprétés? Si oui, lesquels? Certains termes nécessitent-ils plus d'explications?
- Y a-t-il quoi que ce soit d'inadéquat dans ce contexte? De quelle façon?
- En considérant que ces renseignements seraient fournis après la confirmation de l'éclosion, mais à un moment où la source n'est pas encore confirmée, avez-vous des questions qui demeurent sans réponse? Veuillez préciser.
- Comment réagiriez-vous après avoir reçu ces renseignements? Que feriez-vous?
- Comment vous attendriez-vous à recevoir ces renseignements?
 - Devraient-ils être donnés en un seul coup ou progressivement? Si progressivement, précisez.
- De façon générale, comment pourrait-on améliorer ces messages?
- Quels messages reprenez-vous après avoir lu ces renseignements?

Pour le scénario 2-B seulement

- Une variété de conseils en matière de manipulation sûre et de préparation sûre des aliments sont énumérés. Lesquels mettez-vous en pratique actuellement?
- Y en a-t-il que vous jugez particulièrement utiles? Pourquoi?
- Lesquels, s'il y en a, ne sont pas utiles? Pourquoi pas?

Jetons un coup d'œil à d'autres renseignements qui pourraient être fournis au public à ce moment-ci de l'éclosion. N'oubliez pas qu'une éclosion de maladie d'origine alimentaire a été confirmée et que la source de la maladie est soupçonnée, mais n'est pas encore confirmée. **Répéter l'exercice et les questions pour le scénario 2-B.**

Scénario 3 : Éclosion confirmée, source confirmée	30 minutes
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Imaginez maintenant qu'après un certain temps, la source alimentaire de l'éclosion est confirmée. Dans ce scénario, l'éclosion est confirmée et le gouvernement connaît la source alimentaire de la maladie. Jetons un coup d'œil aux renseignements que le gouvernement pourrait fournir au public à ce moment-ci.

L'animateur distribue une feuille du scénario 3 à chaque participant.

Encore une fois, prenez un moment pour lire ces renseignements et surligner en **jaune** tout ce qui attire votre attention ou vous interpelle personnellement, et surlignez en **rose** tout ce qui prête à confusion ou qui est incomplet. Ensuite, indiquez de nouveau au moyen de l'échelle des pouces à quel point vous êtes en accord ou en désaccord avec les cinq énoncés présentés. Je vais vous donner quelques minutes pour ce faire.

Demander au groupe

- Quelle est votre impression globale par rapport à ces renseignements?
- À qui s'adressent ces renseignements? À quelqu'un comme vous ou à quelqu'un d'autre?
- Ces renseignements vous sont-ils utiles?
- Quels sentiments ressentez-vous par rapport à l'éclosion après avoir pris connaissance de ces renseignements?

- Croyez-vous ce qui est dit? Pourquoi? Pourquoi pas?
 - Remettez-vous en question certains des renseignements fournis? Si oui, lesquels et pourquoi?
- Y a-t-il quelque chose qui vous a surpris? Si oui, quoi? Avez-vous appris quelque chose?
- Porteriez-vous attention à ces renseignements? Pourquoi? Pourquoi pas?
- Quels mots ou quelles parties ont attiré votre attention? (**ÉLÉMENTS SURLIGNÉS EN JAUNE**) Pourquoi ceux-ci?
- Quelles parties de cet énoncé, s'il y en a, sont imprécises ou prêtent à confusion? (**ÉLÉMENTS SURLIGNÉS EN ROSE**)
 - Y a-t-il des mots qui sont imprécis, trop vagues, qui peuvent être mal compris ou mal interprétés? Si oui, lesquels? Certains termes nécessitent-ils plus d'explications?
- Y a-t-il quoi que ce soit d'inadéquat dans ce contexte? De quelle façon?
- Avez-vous des questions qui demeurent sans réponse? Veuillez préciser.
- Comment réagiriez-vous après avoir reçu ces renseignements? Que feriez-vous?
- Comment vous attendriez-vous à recevoir ces renseignements?
 - Devraient-ils être donnés en un seul coup ou progressivement? Si progressivement, précisez.
- De façon générale, comment pourrait-on améliorer ces messages?
- Quels messages reprenez-vous après avoir lu ces renseignements?

Maintenant que nous avons examiné beaucoup de renseignements qui pourraient être fournis au public sur une période allant de plusieurs semaines à plusieurs mois dans le cas d'une éclosion de maladie d'origine alimentaire...

Demander au groupe

- Quels renseignements vous seraient personnellement les plus utiles? Pourquoi?
- Dans l'ensemble, quel renseignement êtes-vous le plus enclin à retenir après aujourd'hui?
- Dans l'ensemble, que pensez-vous de la quantité de renseignements fournie?
 - Si ce n'est pas assez : Qu'est-ce qui manque?
 - Si c'est trop : Qu'est-ce qui n'est pas nécessaire?

Pour conclure, prenez un moment pour écrire, individuellement, toute suggestion que vous pourriez avoir pour rendre plus efficaces les messages et les renseignements que nous avons examinés, c'est-à-dire les messages mêmes (contenu et formulation) ainsi que la manière dont ils pourraient être diffusés. Je vais vous donner quelques minutes pour ce faire. ***L'animateur se retire à huis clos.***

Si le temps le permet

- Parlez-nous de la recommandation la plus importante que vous avez écrite.

Si le temps ne le permet pas

- Pour gagner du temps, nous ne discuterons pas de vos recommandations, mais je les examinerai plus tard.

Remerciements et clôture

Au nom de l'Agence de la santé publique du Canada, je vous remercie de votre participation.


























Appendix C: Materials Tested

Individual Exercise Sheet

Scenario 1 (Potential outbreak)

- The Public Health Agency of Canada (PHAC) is aware of a higher than usual number of cases of listeriosis occurring in certain parts of Canada.
- The illnesses are in Nova Scotia, Quebec, Ontario and British Columbia.
- PHAC is working with the affected provinces and territories to find out if some or all of these cases are related to each other.
- PHAC is working with all provinces and territories to identify any new cases of listeriosis.
- We do this by conducting laboratory tests on samples provided by the people who are sick and questioning them about what they ate. This may help us identify the responsible food item causing the illnesses. Initial testing is done by the provinces or territories; however, PHAC's National Microbiology Laboratory and the Laboratory for Food-borne Zoonoses may perform specialized confirmatory testing.
- We will provide new information as soon as it becomes available. We will also provide information on what you should do to protect yourself as our investigation progresses.
- Our messages and advice may change as we learn more through our investigation.
- Listeriosis is difficult to investigate because symptoms take from 3 to 70 days to appear. The greater the length of time, the more difficult it is to collect accurate food histories.
- Many factors make investigations into food-borne illnesses complicated. Foods are distributed widely and often pass through the hands of multiple suppliers and handlers. Some foods are repackaged. The source of food-borne illnesses is only confirmed in about 1/3 of all outbreaks.
- While we are unable to tell you to avoid specific foods that are linked to these illnesses, you can help protect yourself and your loved ones by handling, storing and cooking your food safely.
- Some foods are more likely to carry *Listeria* bacteria than others. Those that present a higher risk include raw milk, soft cheeses and ready-to-eat meats such as hot dogs, pâté and deli meats. Individuals at high risk, such as pregnant women, children younger than 6, adults older than 60 and those with weakened immune systems, should avoid these foods to reduce the risk of becoming infected with listeriosis.
- Stay informed. Visit www.foodsafety.gc.ca for updated information on this potential outbreak of listeriosis. We will keep you informed as we learn more from our lab tests and interviews.

Scenario 1

	<i>Strongly Disagree</i>				<i>Strongly Agree</i>
This information speaks to me					
This gives me helpful information					
I believe what this is saying					
I would pay attention to this information					
I would take action as a result of this information					


























Individual Exercise Sheet

Scenario 2 – A (Outbreak confirmed; source is suspected)

- There is an outbreak of listeriosis occurring in Canada, caused by foods that are contaminated with *Listeria* bacteria.
- Healthy adults and children who come into contact with *Listeria* bacteria usually experience no symptoms, or, at worst, stomach upset (nausea and/or diarrhea) and fever.
- For some, listeriosis is a serious illness that can cause death in people who are at higher risk. These people are also more likely to get sick with listeriosis in the first place. The people at higher risk for getting listeriosis are pregnant women, unborn children/newborns, children younger than 6, adults older than 60 and those with underlying medical conditions.
- Pregnant women are more at risk for getting sick with listeriosis.
- During pregnancy, a woman's immune system is not always operating at full strength.
- The unborn baby of a pregnant woman who is infected with listeriosis can also get infected and might die.
- A newborn can catch listeriosis from his or her infected mother and become seriously ill and may die.
- Children younger than six years old are more at risk for getting sick with listeriosis, because the immune system doesn't reach full strength before that age.
- Older adults are more at risk for getting sick with listeriosis, because their immune systems begin to be less robust around the age of 60.
- People with underlying medical conditions may be more at risk for getting sick with listeriosis.
- People with underlying medical conditions often have weakened immune systems. Examples of people with weakened immune systems include:
 - those undergoing chemotherapy
 - transplant patients
 - those with HIV/AIDS
 - diabetics
 - alcoholics.
- The highest risk group includes those whose immune systems are highly compromised, such as bone marrow transplant patients, blood-borne cancer patients and those with full-blown AIDS.

- Typically, listeriosis is not spread person-to-person.
- During an outbreak of listeriosis in 2008, 23 Canadians died either due to listeriosis or because an existing illness was complicated due to listeriosis.
- We are aware of 40 cases of listeriosis in Canada that are part of this outbreak.
- Protect yourself and those you care for by following the advice that is available from informed, reliable sources, such as your health professional or the Public Health Agency of Canada.
- Help others by sharing information about food safety.
- As our investigation reveals more about this outbreak, we will post updated information at www.foodsafety.gc.ca.

Scenario 2-A

	<i>Strongly Disagree</i>				<i>Strongly Agree</i>
This information speaks to me					
This gives me helpful information					
I believe what this is saying					
I would pay attention to this information					
I would take action as a result of this information					

Individual Exercise Sheet


























Scenario 2-B (Outbreak confirmed; source is suspected)

- There is an outbreak of listeriosis occurring in Canada, caused by foods that are contaminated with *Listeria* bacteria.
- Listeriosis is a serious illness that can cause death in people who are at higher risk. These people are also more likely to get sick with listeriosis in the first place. The people at higher risk are pregnant women, unborn children/newborns, children under 6, older adults (60 years and older) and those with underlying medical conditions.
- The Public Health Agency of Canada is working with its federal, provincial and territorial health and food safety partners to identify the food or foods that are the source of the outbreak.
- Although we cannot positively identify the cause of the listeriosis outbreak, our investigation leads us to suspect deli meats and soft cheese.
- Although we are identifying deli meats and soft cheese as a suspected source of illness, our ongoing investigation may reveal a different or additional source. It is important to stay informed by checking news media or www.foodsafety.gc.ca.
- We advise that you avoid eating deli meats and soft cheese. If you have deli meats and soft cheese in your home, throw it out.
- To keep safe from this outbreak it is important to do the following:
 - Avoid eating deli meats and soft cheese.
 - Continue to practice safe food handling and preparation measures.
 - Cook food to a safe internal temperature.
 - Keep informed about new information from the investigation. Visit www.foodsafety.gc.ca.
- Follow the *Steps for safe food handling and preparation* (refer to Handout B).
- Visit www.foodsafety.gc.ca for up-to-date information on the investigation into this listeriosis outbreak.
- The mild form of food-borne listeriosis usually begins about three days after eating heavily contaminated food. For the more serious form of the disease, the incubation period is generally much longer and symptoms start up to 70 days after exposure.
- If you believe you may have listeriosis, see your health professional.

- The symptoms of listeriosis can feel like the flu. They include:
 - Vomiting
 - Nausea
 - Cramps
 - Muscle aches
 - Diarrhea
 - Severe Headache
 - Constipation
 - Persistent fever

- In serious cases, when the infection spreads to the nervous system, symptoms include:
 - Headache
 - Stiff neck
 - Confusion
 - Loss of balance

Scenario 2-B

	<i>Strongly Disagree</i>				<i>Strongly Agree</i>
This information speaks to me					
This gives me helpful information					
I believe what this is saying					
I would pay attention to this information					
I would take action as a result of this information					

Individual Exercise Sheet

Scenario 3 (Outbreak; source is confirmed)

- There is an outbreak of listeriosis occurring in Canada that has been linked to Pirate-brand sliced turkey and Tasty brand brie cheese.
- If you fall into one of these categories, you are at a higher risk for getting infected with listeriosis and getting seriously ill because of it. You could be at risk of dying from listeriosis. The categories are
 - Pregnant women
 - Unborn children/newborns
 - Older adults (60 years and older)
 - Young children (younger than 6 years)
- During an outbreak of listeriosis in 2008, 23 Canadians died either due to listeriosis or because an existing illness was complicated due to listeriosis.
- If you believe you may have listeriosis, see your health professional.
- The symptoms of listeriosis can occur up to 70 days after eating food contaminated with *Listeria* bacteria.
- The symptoms of listeriosis can feel like the flu. They can include:
 - Vomiting
 - Nausea
 - Cramps
 - Muscle aches
 - Diarrhea
 - Severe Headache
 - Constipation
 - Persistent fever
- In serious cases, when the infection spreads to the nervous system, symptoms include:
 - Headache
 - Stiff neck
 - Confusion
 - Loss of balance
- There are steps you can take to protect yourself and those you love.
- If you have Pirate-brand sliced turkey and Tasty brand brie cheese in your home, throw it out or return it to the store. Avoid contact with contaminated food – use rubber gloves when handling and then wash them in warm, soapy water.
- Stay informed about this outbreak. Visit www.foodsafety.gc.ca for up-to-date information.

Pregnant women

- Pregnant women are among those who are more at risk for getting sick with listeriosis.
- During pregnancy, a woman's immune system is not always operating at full strength.
- The unborn baby of a pregnant woman who is infected with listeriosis can also get infected and might die.
- A newborn can catch listeriosis from his or her infected mother and become seriously ill and may die.
- Pregnant women can protect their health and the health of their unborn child/newborn by taking the following measures
 - Avoiding foods that are more likely to carry Listeria bacteria (refer to Handout A)
 - Following carefully safe food handling steps (refer to Handout B)
 - Cooking food to a safe internal temperature (refer to Handout B)

Older Adults (60 years and older)

- Older adults are more at risk for getting sick with listeriosis, because their immune systems begin to be less robust around the age of 60.
- Older adults can protect their health by taking the following measures:
 - Avoiding foods that are more likely to carry Listeria bacteria (refer to Handout A)
 - Following carefully safe food handling steps (refer to Handout B)
 - Cooking food to a safe internal temperature (refer to Handout B)

Underlying medical condition


























- People with underlying medical conditions may be more at risk for getting sick with listeriosis.
- People with underlying medical conditions often have weakened immune systems. Examples of people with weakened immune systems include:
 - those undergoing chemotherapy
 - transplant patients
 - those with HIV/AIDS
 - diabetics
 - alcoholics.
 - The highest risk group includes those whose immune systems are highly compromised, such as bone marrow transplant patients, blood-borne cancer patients and those with full-blown AIDS.

- People with underlying medical conditions can protect their health by taking the following measures:
 - Avoiding foods that are more likely to carry Listeria bacteria (refer to Handout A)
 - Following carefully safe food handling steps (refer to Handout B)
 - Cooking food to a safe internal temperature (refer to Handout B)

Young children (six years and younger)

- Children younger than six years old are among those who are more at risk for getting sick with listeriosis, because the immune system doesn't reach full strength before that age.
- Parents and caregivers of young children can protect their health by taking the following measures:
 - Avoiding foods that are more likely to carry Listeria bacteria (refer to Handout A)
 - Following carefully safe food handling steps (refer to Handout B)
 - Cooking food to a safe internal temperature (refer to Handout B)

Scenario 3

	<i>Strongly Disagree</i>				<i>Strongly Agree</i>
This information speaks to me					
This gives me helpful information					
I believe what this is saying					
I would pay attention to this information					
I would take action as a result of this information					

Handout A: Foods that are more likely to carry *Listeria* bacteria

- Foods that are more likely to carry *Listeria* bacteria include the following:
 - Hot dogs straight from the package without further heating.
 - Non-dried deli meats such as bologna, roast beef and turkey breast.
 - Raw or lightly cooked eggs or egg products, including salad dressings, cookie dough or cake batter, sauces and drinks such as homemade eggnog.
 - Raw or undercooked meat or poultry such as steak tartare.
 - Raw seafood such as sushi. Raw oysters, clams and mussels. Refrigerated smoked seafood.
 - Raw or unpasteurized dairy products, including soft and semi-soft cheese, such as Brie, Camembert and blue-veined cheese.
 - Raw sprouts such as alfalfa, clover, radish and mung beans.
 - Refrigerated pâtés and meat spreads.
 - Unpasteurized fruit juice and cider.

Handout B: Steps for safe food handling and preparation

- Steps for safe food handling and preparation are the following:
 - Read and follow all package labels and instructions on food preparation and storage.
 - After handling foods in the kitchen, especially raw foods such as meat and fish, thoroughly clean and sanitize all surfaces used for food preparation with a kitchen sanitizer (following the directions on the container) or use a bleach solution (5 ml household bleach to 750 ml of water), and rinse with water.
 - To avoid cross-contamination, clean all knives, cutting boards and utensils used with raw food before using them again.
 - Thoroughly clean fruits and vegetables before you eat them.
 - Refrigerate or freeze perishable food, prepared food and leftovers within two hours.
 - Defrost food in the refrigerator, in cold water or in the microwave, but never at room temperature.
 - Keep leftovers for a maximum of 4 days, preferably only 2-3 days, and reheat them to an internal temperature of 74 degrees Celsius (165 degrees Fahrenheit) before eating them.
 - Check the temperature in your refrigerator using a thermometer to make sure it is at 4 degrees Celsius (40 degrees Fahrenheit) or below. As the storage temperature increases, so does the growth of *Listeria* bacteria in foods. The higher the number of bacteria in foods, the greater is the risk of getting sick.
 - Frequently wash and disinfect the refrigerator. The more often it is cleaned, the less chance there will be for *Listeria* bacteria to be transferred from contaminated food and surfaces to non-contaminated foods.

- Cooking food to a safe internal temperature kills *Listeria* bacteria. Use a digital thermometer to be sure.

Beef, veal and lamb (pieces and whole cuts)	Medium rare	63 °C (145 °F)
	Medium	71 °C (160 °F)
	Well done	77 °C (170 °F)
Pork (pieces and whole cuts)		71 °C (160 °F)
Poultry (for example, chicken, turkey, duck)	Pieces	74 °C (165 °F)
	Whole	85 °C (185 °F)
Ground meat and meat mixtures (for example, burgers, sausages, meatballs, meatloaf, casseroles)	Beef, veal, lamb and pork	71 °C (160 °F)
	Poultry	74 °C (165 °F)
Egg dishes		74 °C (165 °F)
Others (for example, hot dogs, stuffing, leftovers, seafood)		74 °C (165 °F)


























Feuille d'exercice individuel

Scénario 1 (Possible éclosion)

- L'Agence de la santé publique du Canada (ASPC) est au courant d'un nombre de cas de listériose supérieur à la normale dans certaines parties du Canada.
- Les cas sont recensés en Nouvelle-Écosse, au Québec, en Ontario et en Colombie-Britannique.
- L'ASPC collabore avec les provinces et les territoires touchés pour découvrir si certains cas ou tous les cas sont interreliés.
- L'ASPC travaille avec toutes les autorités provinciales et territoriales pour repérer tout nouveau cas de listériose.
- Pour ce faire, l'ASPC soumet des échantillons fournis par les personnes malades à des tests en laboratoire et pose des questions sur ce que ces personnes ont mangé. Ces démarches peuvent nous aider à déterminer l'aliment responsable de la maladie. Les autorités provinciales et territoriales sont responsables d'effectuer les premiers tests, mais le Laboratoire national de microbiologie et le Laboratoire de lutte contre les zoonoses d'origine alimentaire de l'ASPC peuvent être appelés à effectuer des tests de confirmation spécialisés.
- Nous fournirons de nouveaux renseignements dès que possible. À mesure que notre enquête progressera, nous fournirons aussi des renseignements sur ce que vous devriez faire pour vous protéger.
- Nos messages et nos conseils pourraient changer en fonction des découvertes découlant de notre enquête.
- Il est difficile de mener une enquête sur la listériose parce que l'apparition des symptômes peut prendre de 3 à 70 jours. Plus l'intervalle est long, plus il est difficile de recueillir des antécédents alimentaires exacts.
- De nombreux facteurs compliquent les enquêtes dans les cas de maladies d'origine alimentaire. Les aliments font l'objet d'une vaste distribution et passent souvent entre les mains de nombreux fournisseurs et préposés. Certains aliments sont emballés. La source d'une maladie d'origine alimentaire n'est confirmée que pour environ un tiers (1/3) des éclosions.
- Bien que nous ne soyons pas en mesure de vous dire d'éviter certains aliments en particulier en lien avec cette maladie, vous pouvez vous protéger et protéger vos proches en adoptant des pratiques sûres pour la manipulation, l'entreposage et la cuisson des aliments.

- Certains aliments sont plus susceptibles que d'autres d'être porteurs de listérias. Au nombre des aliments pour lesquels le risque est plus élevé, citons le lait cru, les fromages à pâte molle et les viandes prêtes à manger comme les saucisses à hot dog, les pâtés et les charcuteries. Les personnes très à risque (comme les femmes enceintes, les enfants âgés de moins de 6 ans, les adultes âgés de plus de 60 ans et les personnes dont le système immunitaire est affaibli) devraient éviter ces aliments afin de réduire la probabilité de listériose.
- Tenez-vous au courant. Consultez www.salubritedesaliments.gc.ca pour obtenir des renseignements à jour sur cette possible éclosion de listériose. Vous serez informés dès que nous aurons davantage de renseignements tirés de tests en laboratoire et d'entrevues.

Scénario 1

	<i>Fortement en désaccord</i>			<i>Fortement en accord</i>	
Ces renseignements m'interpellent.					
Ces renseignements me sont utiles.					
Je crois ce qui est dit.					
Je porterais attention à ces renseignements.					
Ces renseignements me pousseraient à l'action.					

Feuillet d'exercice individuel

Scénario 2 (Éclosion confirmée, source soupçonnée)

- Il y a au Canada une éclosion de listériose causée par des aliments contaminés par des listérias.
- Les adultes et les enfants en bonne santé qui sont entrés en contact avec des listérias n'ont habituellement pas de symptômes, ou s'ils en ont, il s'agit au pire d'une indigestion (nausée ou diarrhée) et de fièvre.
- Chez certaines personnes, la listériose est une maladie grave qui peut entraîner la mort de personnes qui sont très à risque. Ces personnes sont aussi plus susceptibles de contracter la listériose. Les personnes plus susceptibles de contracter la listériose sont les femmes enceintes, les enfants à naître et les nouveau-nés, les enfants âgés de moins de 6 ans, les adultes âgés de plus de 60 ans et les personnes ayant des problèmes de santé sous-jacents.
- Les femmes enceintes sont plus à risque de contracter la listériose.
- Pendant la grossesse, le système immunitaire de la mère ne fonctionne pas toujours à pleine capacité.
- L'enfant à naître d'une femme enceinte atteinte de listériose peut aussi être infecté et en mourir.
- Un nouveau-né peut contracter la listériose de sa mère si elle est infectée et peut devenir gravement malade et en mourir.
- Les enfants âgés de moins de 6 ans sont plus à risque de contracter la listériose parce que le système immunitaire n'atteint pas sa pleine capacité avant cet âge.
- Les aînés sont plus à risque de contracter la listériose parce que le système immunitaire se fragilise autour de 60 ans.
- Les personnes ayant des problèmes de santé sous-jacents peuvent être plus à risque de contracter la listériose.
- Les personnes ayant des problèmes de santé sous-jacents ont souvent un système immunitaire affaibli. Voici des exemples de personnes dont le système immunitaire est affaibli :
 - les personnes qui subissent une chimiothérapie;
 - les patients greffés;
 - les personnes vivant avec le VIH/sida;
 - les personnes diabétiques;
 - les personnes alcooliques.

- Le groupe le plus à risque inclut les personnes dont le système immunitaire est très compromis, comme les patients ayant reçu une greffe de moelle osseuse, les patients atteints d'un cancer du sang et les sidéens.
- La listériose ne se transmet habituellement pas de personne à personne.
- Pendant une éclosion de listériose en 2008, 23 Canadiens sont morts de la listériose ou parce que la listériose avait aggravé une maladie existante.
- Nous sommes au courant de 40 cas de listériose au Canada qui font partie de cette éclosion.
- Protégez-vous et protégez vos proches en suivant les conseils fournis par des sources bien renseignées et fiables, comme un professionnel de la santé et l'Agence de la santé publique du Canada (ASPC).
- Aidez les autres en diffusant de l'information au sujet de la salubrité des aliments.
- À mesure que notre enquête sur cette éclosion révélera de nouveaux éléments, nous afficherons des renseignements à jour sur www.salubritedesaliments.gc.ca.

Scénario 2

	<i>Fortement en désaccord</i>			<i>Fortement en accord</i>	
Ces renseignements m'interpellent.					
Ces renseignements me sont utiles.					
Je crois ce qui est dit.					
Je porterais attention à ces renseignements.					
Ces renseignements me pousseraient à l'action.					


























Feuille d'exercice individuel

Scénario 2 (Écllosion confirmée, source soupçonnée)

- Il y a au Canada une écllosion de listériose causée par des aliments contaminés par des listérias.
- La listériose est une maladie grave qui peut entraîner la mort de personnes qui sont très à risque. Ces personnes sont aussi plus susceptibles de contracter la listériose. Les personnes plus susceptibles de contracter la listériose sont les femmes enceintes, les enfants à naître et les nouveau-nés, les enfants âgés de moins de 6 ans, les aînés (60 ans et plus) et les personnes ayant des problèmes de santé sous-jacents.
- L'Agence de la santé publique du Canada (ASPC) travaille avec ses partenaires fédéraux, provinciaux et territoriaux en matière de santé et de salubrité des aliments afin de déterminer l'aliment ou les aliments qui sont à l'origine de l'écllosion.
- Bien que nous ne pouvons pas déterminer avec certitude la cause de l'écllosion de listériose, notre enquête nous mène à soupçonner des charcuteries et des fromages à pâte molle.
- Bien que nous soupçonnions des charcuteries et des fromages à pâte molle d'être la source de la maladie, notre enquête en cours peut révéler une autre source ou une source additionnelle. Il est important de se tenir au courant en consultant les médias d'information ou le site Web www.salubritedesaliments.gc.ca.
- Nous vous conseillons d'éviter de consommer des charcuteries et des fromages à pâte molle. Si vous avez de ces produits à la maison, jetez-les.
- Pour vous protéger contre cette écllosion, il est important d'appliquer les mesures qui suivent.
 - Évitez de consommer des charcuteries et des fromages à pâte molle.
 - Continuez d'appliquer des mesures de manipulation sûre et de préparation sûre des aliments.
 - Cuisez les aliments jusqu'à ce qu'ils atteignent une température interne sûre.
 - Tenez-vous au courant de l'évolution de l'enquête. Consultez le www.salubritedesaliments.gc.ca.
- Suivez les *Étapes pour la manipulation sûre et la préparation sûre des aliments* ([voir imprimé B](#)).
- Consultez www.salubritedesaliments.gc.ca pour obtenir de l'information à jour au sujet de l'enquête sur l'écllosion de listériose.

- La forme bénigne de listériose d'origine alimentaire apparaît environ trois jours après la consommation d'aliments fortement contaminés. Dans les cas plus graves, la période d'incubation est généralement plus longue, et l'apparition des symptômes peut prendre jusqu'à 70 jours après l'exposition.
- Si vous croyez avoir contracté la listériose, consultez un professionnel de la santé.
- Les symptômes de la listériose peuvent ressembler à ceux de la grippe et incluent :
 - vomissements;
 - nausées;
 - crampes;
 - douleurs musculaires;
 - diarrhée;
 - violents maux de tête;
 - constipation;
 - fièvre persistante.
- Dans les cas graves, où l'infection atteint le système nerveux, les symptômes incluent :
 - maux de tête;
 - raideur au cou;
 - confusion;
 - perte d'équilibre.

Scénario 2

	<i>Fortement en désaccord</i>			<i>Fortement en accord</i>	
Ces renseignements m'interpellent.					
Ces renseignements me sont utiles.					
Je crois ce qui est dit.					
Je porterais attention à ces renseignements.					
Ces renseignements me pousseraient à l'action.					

Feuillet d'exercice individuel

Scénario 3 (Éclosion, source confirmée)

- Il y a au Canada une éclosion de listériose associée à de la dinde tranchée de marque Pirate et de fromage à pâte molle de marque Tasty.
- Si vous faites partie de l'une des catégories suivantes, vous êtes plus à risque de contracter la listériose et d'être gravement malade. Vous pourriez être à risque d'en mourir. Voici les catégories :
 - les femmes enceintes;
 - les enfants à naître et les nouveau-nés;
 - les aînés (60 ans et plus);
 - les jeunes enfants (âgés de moins de 6 ans).
- Pendant une éclosion de listériose en 2008, 23 Canadiens sont morts de la listériose ou parce que la listériose avait aggravé une maladie existante.
- Si vous croyez avoir contracté la listériose, consultez un professionnel de la santé.
- L'apparition des symptômes de la listériose peut prendre jusqu'à 70 jours après la consommation d'aliments contaminés par des listérias.
- Les symptômes de la listériose peuvent ressembler à ceux de la grippe et incluent :
 - vomissements;
 - nausées;
 - crampes;
 - douleurs musculaires;
 - diarrhée;
 - violents maux de tête;
 - constipation;
 - fièvre persistante.
- Dans les cas graves, où l'infection atteint le système nerveux, les symptômes incluent :
 - maux de tête;
 - raideur au cou;
 - confusion;
 - perte de l'équilibre.
- Vous pouvez prendre des mesures pour vous protéger et protéger vos proches.
- Si vous avez de la dinde tranchée de marque Pirate ou du brie de marque Tasty chez vous, jetez-les ou retournez-les au magasin. Évitez le contact avec les aliments contaminés : utilisez des gants de caoutchouc pour la manipulation, puis lavez-les avec de l'eau chaude et savonneuse.

- Tenez-vous au courant de l'éclosion. Consultez le www.salubritedesaliments.gc.ca pour obtenir de l'information à jour.

Femmes enceintes

- Les femmes enceintes sont au nombre des personnes qui sont plus à risque de contracter la listériose.
- Pendant la grossesse, le système immunitaire de la mère ne fonctionne pas toujours à pleine capacité.
- L'enfant à naître d'une femme enceinte atteinte de listériose peut aussi être infecté et en mourir.
- Un nouveau-né peut contracter la listériose de sa mère si elle est infectée et peut devenir gravement malade et en mourir.
- Les femmes enceintes peuvent protéger leur santé et la santé de leur enfant à naître ou nouveau-né en prenant les mesures qui suivent.
 - Éviter les aliments qui sont susceptibles d'être porteurs de listérias (voir imprimé A)
 - Suivre minutieusement les étapes pour la manipulation sûre et la préparation sûre des aliments (voir imprimé B)
 - Faire cuire les aliments jusqu'à ce qu'ils atteignent une température interne sûre (voir imprimé B)

Aînés (60 ans et plus)

- Les aînés sont plus à risque de contracter la listériose parce que le système immunitaire se fragilise autour de 60 ans.
- Les aînés peuvent protéger leur santé en prenant les mesures qui suivent.
 - Éviter les aliments qui sont susceptibles d'être porteurs de listérias (voir imprimé A)
 - Suivre minutieusement les étapes pour la manipulation sûre et la préparation sûre des aliments (voir imprimé B)
 - Faire cuire les aliments jusqu'à ce qu'ils atteignent une température interne sûre (voir imprimé B)

Problèmes de santé sous-jacents


























- Les personnes ayant des problèmes de santé sous-jacents peuvent être plus à risque de contracter la listériose.
- Les personnes ayant des problèmes de santé sous-jacents ont souvent un système immunitaire affaibli. Voici des exemples de personnes dont le système immunitaire est affaibli :

- les personnes qui subissent une chimiothérapie;
 - les patients greffés;
 - les personnes vivant avec le VIH/sida;
 - les personnes diabétiques;
 - les personnes alcooliques.
 - Le groupe le plus à risque inclut les personnes dont le système immunitaire est très compromis, comme les patients ayant reçu une greffe de moelle osseuse, les patients atteints d'un cancer du sang et les sidéens.
- Les personnes ayant des problèmes de santé sous-jacents peuvent protéger leur santé en prenant les mesures qui suivent.
 - Éviter les aliments qui sont susceptibles d'être porteurs de listérias (voir imprimé A)
 - Suivre minutieusement les étapes pour la manipulation sûre et la préparation sûre des aliments (voir imprimé B)
 - Faire cuire les aliments jusqu'à ce qu'ils atteignent une température interne sûre (voir imprimé B)

Jeunes enfants (6 ans et moins)

- Les enfants âgés de moins de 6 ans font partie des personnes plus à risque de contracter la listériose parce que le système immunitaire n'atteint pas sa pleine capacité avant cet âge.
- Les parents et les gardiens de jeunes enfants peuvent protéger leur santé en prenant les mesures qui suivent.
 - Éviter les aliments qui sont susceptibles d'être porteurs de listérias (voir imprimé A)
 - Suivre minutieusement les étapes pour la manipulation sûre et la préparation sûre des aliments (voir imprimé B)
 - Faire cuire les aliments jusqu'à ce qu'ils atteignent une température interne sûre (voir imprimé B)

Scénario 3

	<i>Fortement en désaccord</i>	<i>Fortement en accord</i>
Ces renseignements m'interpellent.	    	
Ces renseignements me sont utiles.	    	
Je crois ce qui est dit.	    	
Je porterais attention à ces renseignements.	    	
Ces renseignements me pousseraient à l'action.	    	

Imprimé A : Aliments susceptibles d'être porteurs de listérias

- Parmi les aliments qui sont susceptibles d'être porteurs de listérias, citons :
 - les saucisses à hot dog non réchauffées;
 - les charcuteries non séchées comme la mortadelle, le rosbif et la poitrine de dinde;
 - les œufs et les produits à base d'œufs crus ou peu cuits, y compris les sauces pour salades, la pâte à biscuits, la préparation pour gâteau, les sauces et les boissons comme le lait de poule fait maison;
 - la viande et la volaille crue ou pas assez cuite (p. ex. steak tartare);
 - les poissons et les fruits de mer crus (p. ex. sushi), les huîtres, les palourdes et les moules crues ainsi que les poissons et les fruits de mer fumés réfrigérés;
 - les produits au lait cru ou non pasteurisé, y compris les fromages à pâte molle ou semi-ferme comme le brie, le camembert et le bleu;
 - les pousses crues, comme les germes de luzerne, de trèfle, de radis et de haricot mungo;
 - les pâtés et les tartinades à la viande réfrigérés;
 - les jus de fruit et le cidre non pasteurisés.

Imprimé B : Étapes pour la manipulation sûre et la préparation sûre des aliments

- Voici les étapes pour la manipulation sûre et la préparation sûre des aliments.
 - Lire les étiquettes et suivre toutes les directives pour la préparation et l'entreposage des produits.
 - Après avoir manipulé des aliments dans la cuisine, en particulier des aliments crus comme la viande et le poisson, laver et désinfecter soigneusement toutes les surfaces utilisées dans la préparation des aliments avec un désinfectant pour la cuisine (suivre le mode d'emploi indiqué sur l'étiquette) ou utiliser une solution javellisante (5 ml d'eau de javellisant dans 750 ml d'eau), puis rincer à l'eau.
 - Afin d'éviter la contamination croisée, laver les couteaux, les planches à découper et les ustensiles ayant servi à la préparation des aliments crus avant de les réutiliser.
 - Laver soigneusement les fruits et les légumes avant de les manger.
 - Réfrigérer ou congeler les aliments périssables, les aliments préparés et les restes dans un délai de deux heures.
 - Décongeler les aliments dans le réfrigérateur, dans l'eau froide ou au four à micro-ondes; ne jamais faire décongeler d'aliments à la température ambiante.
 - Conserver les restes pendant un maximum de quatre jours, de préférence seulement deux ou trois jours, et faites-les chauffer jusqu'à ce que leur température interne atteigne 74 degrés Celsius (165 degrés Fahrenheit) avant de les manger.
 - Vérifier la température du réfrigérateur à l'aide d'un thermomètre pour s'assurer qu'elle ne dépasse pas 4 degrés Celsius (40 degrés Fahrenheit). Plus la température de conservation est élevée, plus les listérias prolifèrent dans les aliments. Plus le nombre de bactéries dans les aliments est élevé, plus le risque de contracter la maladie est grand.
 - Laver et désinfecter fréquemment le réfrigérateur. Un lavage fréquent diminue le risque de transfert de listérias d'aliments et de surfaces contaminés à des aliments non contaminés.
- Faire cuire les aliments jusqu'à ce qu'ils atteignent une température interne sûre tue les listérias. Utilisez un thermomètre numérique pour plus de certitude.

Bœuf, veau et agneau (pièces entières et morceaux)	Mi-saignant	63 °C (145 °F)
	À point	71 °C (160 °F)
	Bien cuit	77 °C (170 °F)
Porc (pièces entières et morceaux)		71 °C (160 °F)
Volaille (p. ex. poulet, dinde, canard)	Morceaux	74 °C (165 °F)
	Entière	85 °C (185 °F)
Viande hachée et mélanges de viandes (p. ex. hamburgers, saucisses, boulettes de viande, pains de viande, ragoûts)		
	Bœuf, veau, agneau et porc	71 °C (160 °F)
	Volaille	74 °C (165 °F)
Mets à base d'œufs		74 °C (165 °F)
Autres (p. ex. hot dog, farce, restes et fruits de mer)		74 °C (165 °F)