

Norovirus Gastroenteritis Associated with a Restaurant

November

Hennepin County

On November 21, 2011, the Minnesota Department of Health (MDH) foodborne illness hotline received a report from Caterer X regarding three complaints of illness following a wedding catered by Caterer X and held at Restaurant A on November 19. The three complainants had also attended a rehearsal dinner held at Restaurant B on November 18. Both restaurants are located in Minneapolis. MDH notified the Hennepin County Human Services and Public Health Department (HSPHD) epidemiology unit and the Minneapolis Division of Environmental Health (MDEH), and an investigation was initiated.

HSPHD epidemiologists interviewed the original complainants and other members of their dining groups about food consumption and illness history. Four additional complaints were made to Caterer X on November 22. A case was defined as a wedding guest who subsequently developed vomiting and/or diarrhea (≥ 3 loose stools in a 24-hour period) after eating at one of the facilities. Stool samples collected from consenting complainant group members were submitted to the MDH Public Health Laboratory for bacterial and viral testing.

MDEH sanitarians visited the restaurant on November 21 and 22 to evaluate food preparation and handling procedures and to interview food workers about illness history and work duties. Caterer X was also contacted regarding any recent employee illness and reports of patron illness.

Thirteen wedding guests were interviewed, and eight met the case definition. All cases reported diarrhea, six (75%) reported vomiting, six (75%) reported cramps, three (38%) reported fever, and none reported bloody stools. The median incubation from the wedding reception meal from Caterer X was 15.5 hours (range, 6.5 to 24 hours). The median incubation from the rehearsal dinner at Restaurant B was 39 hours

(range, 30 to 47.5 hours). The median duration of illness was 29 hours (range, 21 to 51 hours) for the five who had recovered at the time of interview. One stool specimen was submitted and tested positive for norovirus GII.

Based on the incubation periods and reported symptoms, the rehearsal dinner meal at Restaurant B was the more likely source of the illnesses and was the focus of this investigation.

Cases reported eating a variety of foods at the rehearsal dinner including several appetizers, Caesar salad, a choice of three entrees, and coconut cake. All eight cases reported consuming sushi rolls and six cases reported consuming Caesar salad. Only five controls were interviewed; this precluded a conclusive statistical analysis of specific food exposures.

Seventy-seven employees were interviewed and screened for recent illness. Four employees reported recent gastrointestinal illness and were excluded from food handling for 72 hours past their last symptom. None reported being symptomatic at the time of the rehearsal dinner. Two employees had illness onset on November 20; the other two had illness on November 21.

MDEH sanitarians noted overall compliance with food code requirements for food preparation; however, the facility was unable to produce an employee illness log. The facility already had a glove policy for ready-to-eat items. The sanitarians further stressed the importance of proper handling of food and beverages, good handwashing, thorough disinfection, and exclusion of ill employees. The restaurant implemented screening of employees for illness at the beginning of each shift. The restaurant received no additional complaints from patrons.

This was a foodborne outbreak of norovirus gastroenteritis associated with eating at a restaurant. The vehicle of transmission and source of contamination were not identified. However, multiple ill employees were identified, suggesting illness transmission among workers at the restaurant. It is likely that food items were contaminated by an ill or recently ill food worker who did not identify their symptoms or the correct onset date of their symptoms during interview.