OutbreakID:3393

Outbreak

* # of Cases	Outbreak Number	* Disease	* Facility Type
9	OB20143237	GI, Foodborne	○ Health Facility ◉ Non-Health Facility

Location			Date of Onset	Date Created	Date Closed
True Foods		Remove	8/26/2014	8/28/2014	11/6/2014

Jurisdiction	Investigator	Priority
Orange	30Klish, Stephen	

Process Status
Closed by LHD

Resolution Status
Confirmed

Outbreak Type

- ○ Diarrhea of the Newborn
- ◉ Foodborne Disease
- ○ Other
- ○ Waterborne Disease

Notes/Remarks

Add

Patients linked to this Outbreak: 146

Link Existing Patient Incident

Incident ID	Last Name	First Name	Address	Date of Onset	Index Case	Cluster ID	Print

PREV NEXT

Show All

Contacts linked to this Outbreak: 0

◉ All ○ Patient Contacts ○ Outbreak Contacts

Link Existing Contact Investigation 

Record ID	Last Name	First Name	Address	Contact Type	Cluster ID	Print

PREV NEXT

Show All

Animal Reports linked to this Outbreak: 0

Animal ID	Disease	Animal Type	Species

PREV NEXT

Show All

OutbreakID:3393

Outbreak Report

GENERAL INFORMATION

Outbreak is defined as a larger than expected number of cases likely due to a common source

OUTBREAK INFORMATION

Disease / pathogen Identified

If Other, specify

Indicate whether the pathogen is:

○ Laboratory-confirmed ○ Suspected ○ Unknown

Major signs and symptoms

Add

Number ill

Number lab confirmed

Number hospitalized

Number died

First onset date

Latest onset date thus far

If institutional setting number staff ill

Number residents ill

SUSPECTED SOURCE OR VEHICLE e.g. food item, common exposure, index case

Is the suspected source or vehicle known?

○ Yes ○ No ○ Unknown

If Yes, specify

SETTING INFORMATION

Setting type (check all settings where illness occurred)

- ☐ Hotel
- ☐ Restaurant
- ☐ Catered party
- ☐ Wedding
- ☐ Fair / Festival / Temporary or mobile services
- ☐ Private home
- ☐ Acute care hospital
- ☐ Urgent care center / Clinic
- ☐ Surgical center
- ☐ Other medical facility
- ☐ Child day care / pre-school
- ☐ Primary school (K-5)
- ☐ Middle / High school (6-12)
- ☐ College / University - dormitory
- ☐ College / University - non dormitory

- [ ] Shelter
- [ ] Camp
- [ ] Adult day care
- [ ] Residential care facility
- [ ] Independent living facility
- [ ] Assisted living facility
- [ ] Skilled nursing facility
- [ ] Jail
- [ ] Prison
- [ ] Military facility
- [ ] General community
- [ ] Cruise Ship
- [ ] Unknown
- [ ] Other

If Other, specify

Name(s) **of facility / school /** setting

If healthcare facility:

- ◯ Licensed
- ◯ Unlicensed

PUBLIC HEALTH ACTIONS TAKEN OR PLANNED

Action

- [ ] Notification of public
- [ ] Notification of medical community
- [ ] Case finding
- [ ] Contact tracing
- [ ] Human specimen collection and testing
- [ ] Environmental inspection/investigation
- [ ] Infection control measures
- [ ] Other measures
- [ ] Post-exposure prophylaxis
- [ ] Mass treatment

If Other measures, specify

EXTENT OF OUTBREAK

Extent of Outbreak

- [ ] One CA jurisdiction
- [ ] Multiple CA jurisdictions
- [ ] Multistate
- [ ] International
- [ ] Unknown
- [ ] Other

If other, specify

List Additional Jurisdiction / State / Country

REPORTING LOCAL HEALTH DEPARTMENT

Investigator **name**

Local health jurisdiction

Telephone **number of** reporter

City / town where outbreak located

Date reported to LHJ

Time reported **to LHJ**

Date LHJ initiated investigation

Time LHJ Initiated investigation

Local outbreak number, if available

NOTES / DISCUSSIONS / CONCLUSIONS

Notes / Discussions / Conclusions


Add

OutbreakID:3393

Foodborne OB

INSTRUCTIONS

Please use this form to report:

- Two or more cases of similar illness from separate households resulting from the ingestion of a common food, **OR**

- Two or more cases of illness resulting from ingestion of food confirmed or suspected to be contaminated with botulism, marine toxins, or other chemicals.

Detailed instructions for completing this form can be found on the California Department of Public Health website at: http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/CDPH8567-Instructions.pdf

1. FOODHANDLER

*** *Was a foodhandler implicated as the source of contamination?* *(required)***

Yes

If Yes, specify

Please note: The purpose of this report is to capture information about the actual outbreak itself. If a FOODHANDLER was implicated as the source of contamination, do NOT include the foodhandler's information in any section of this report that asks about case information; that is, do NOT include the foodhandler in the case count, demographic data, any date fields, etc. Additional information about an implicated foodhandler may be included in the "Remarks" section at the end of this report. If foodhandlers are involved in the outbreak as cases (not the source) they SHOULD be included in the case information.

2. INVESTIGATION METHODS

Investigation Methods *(check all that apply)*

- [x] Interviews only of ill persons
- [ ] Case-control study (please attach report and/or tables)
- [ ] Cohort study (please attach report and/or tables)
- [ ] Food preparation review
- [ ] Investigation at factory or production plant
- [ ] Investigation at original source (e.g., farm, marine estuary, etc.)
- [ ] Food product traceback
- [ ] Environmental or food sample testing
- [ ] Other

If Other, describe

Comments

Add

3. DATES (PRIMARY CASES ONLY)

*** Date First Case Became Ill**

Date Last Case Became Ill

08/23/2014

Date of Initial Exposure

08/28/2014

Date of Last Exposure

Date LHD or State First Notified of This Outbreak

08/28/2014

Time LHD or State First Notified of This Outbreak (hh:mm am/pm)

02:00 PM

Date Investigation Initiated

08/28/2014

Time Investigation Initiated (hh:mm am/pm)

02:00 PM

4. GEOGRAPHIC LOCATION

Reporting State

California

If Multiple States Involved

If Multiple States Involved, List Additional States

Reporting Local Health Jurisdiction

Orange

If Multiple Local Health Jurisdictions Involved

If Multiple Local Health Jurisdictions Involved, List Additional Local Health Jurisdictions

Name of Facility Where Exposure Occurred (if publicly available)

True Foods Kitchen

City/Town of Exposure

Newport Beach

5. PRIMARY CASES (DO NOT INCLUDE IMPLICATED FOODHANDLERS IN CASE COUNT)

Case Definition (e.g., person, place, time)

Thu Oct 30 16:35:12 PDT 2014 - 30Klish,Stephen - The case definition of illness was defined as a person who consumed food and/or beverage items from True Foods Kitchen and subsequently had acute onset of shigellosis or a self-report of gastrointestinal symptoms (i.e. at least three episodes of diarrhea in a 24 hour period that lasted more than one day).

Add

NUMBER OF PRIMARY CASES

Lab-confirmed Cases

9

Probable Cases

0

* # Estimated Total Primary Ill

9

DEATH and HEALTH CARE VISITS (These categories are not mutually exclusive)

* # Cases Died

0

* Total # Cases for Whom Information is Available

9

* # Cases Hospitalized Overnight

5

* Total # Cases for Whom Information is Available

9

* # Cases Visited Emergency Room

0

* Total # Cases for Whom Information is Available

9

* # Cases Visited Health Care Provider (including Urgent Care visits but excluding ER visits)

4

* Total # Cases for Whom Information is Available

9

SEX (round percents to total 100)

Percent (%) Male: 0

Percent (%) Female: 100

Percent (%) Unknown: 0

AGE GROUP (round percents to total 100)

Percent (%) < 1 Year: 0

Percent (%) 1-4 Years: 0

Percent (%) 5-9 Years: 0

Percent (%) 10-19 Years: 11.1

Percent (%) 20-49 Years: 66.7

Percent (%) 50-74 Years: 22.2

Percent (%) ≥ 75 Years: 0

Percent (%) Unknown: 0

6. INCUBATION PERIOD (PRIMARY CASES ONLY)

Is incubation period known? Yes

Total # Cases for Whom Information is Available: 9

Shortest Incubation Period: 22.5

Specify Units: ○ Minutes ◉ Hours ○ Days

Median Incubation Period: 45

Specify Units: ○ Minutes ◉ Hours ○ Days

Longest Incubation Period: 75.5

Specify Units: ○ Minutes ◉ Hours ○ Days

7. DURATION OF ILLNESS (AMONG RECOVERED PRIMARY CASES ONLY)

Is duration of illness known? Yes

Total # Cases for Whom Information is Available: 5

Shortest Duration of Illness: 4

Specify Units: ○ Minutes ○ Hours ◉ Days

Median Duration of Illness: 5

Specify Units: ○ Minutes ○ Hours ◉ Days

Longest Duration of Illness: 13

Specify Units: ○ Minutes ○ Hours ○ Days

8. SIGNS OR SYMPTOMS (PRIMARY CASES ONLY)

# Cases with Vomiting: 5	Total # Cases for Whom Information is Available: 9
# Cases with Diarrhea: 9	Total # Cases for Whom Information is Available: 9
# Cases with Bloody Stools: 5	Total # Cases for Whom Information is Available: 9
# Cases with Fever: 5	Total # Cases for Whom Information is Available: 9
# Cases with Abdominal Cramps: 9	Total # Cases for Whom Information is Available: 9
# Cases with Hemolytic Uremic Syndrome (for STEC only): 0	Total # Cases for Whom Information is Available: 9
# Cases Asymptomatic: 0	Total # Cases for Whom Information is Available: 9

For additional signs and symptoms that affected a significant proportion of cases, specify below.

8.1 SIGNS OR SYMPTOMS - OTHER (PRIMARY CASES ONLY)

ID-01

Sign/Symptom	If Other, specify
# Cases with Sign/Symptom	Total # Cases for Whom Information is Available

Delete

Add

9. SECONDARY CASES

# Lab-confirmed Secondary Cases: 2	# Probable Secondary Cases: 0
# Estimated Total Secondary Cases: 2	# Total Cases (primary + secondary): 10

10. TRACEBACK

Was traceback conducted?: No	Was a source identified?

If Yes, specify source(s) to which traceback led below.

11. TRACEBACK - DETAILS

ID-01

Source Name (e.g., company or facility name, if publicly available)	Source Type (e.g., poultry farm, tomato processing plant)
Location of Source - State	
Location of Source - Country	If Other, specify

Comments

Delete

Add

12. RECALL AND CONTROL MEASURES

Was any food product recalled?
No

If Yes, type of item recalled

Recall Comments

Add

Other Control Measures
- [ ] Food facility inspection
- [ ] Food preparation education
- [ ] Other

If Other, describe

13. ETIOLOGY (PRIMARY CASES ONLY)

Is etiology known or suspected?
Yes

If No, specify below:

Were patient specimens collected?

If Yes, how many patients had specimens collected and tested?

What were they tested for? (check all that apply)
- [ ] Bacteria
- [ ] Chemicals/Toxins
- [ ] Viruses
- [ ] Parasites

Specify details of all confirmed and suspected etiologies in the Etiology - Details section below. Name the bacterium, chemical/toxin, virus, or parasite. If available, include the species, serotype, and other characteristics such as phage type, virulence factors, and metabolic profile.

14. ETIOLOGY - DETAILS (PRIMARY CASES ONLY)

ID-01

Etiology
Shigella spp.

If other agent, specify

If E. coli/STEC, specify serotype

If other serotype, specify

If Salmonella, specify serotype

If other serotype, specify

Other characteristics(List distinguishing characteristics not already indicated on this form, e.g., species, genotype, etc.)
Sonnei

What was it detected in? (check all that apply)
- [x] Patient specimen
- [ ] Food specimen
- [ ] Foodhandler specimen
- [ ] Environmental specimen
- [ ] Clinical evidence only

Confirmed outbreak etiology*?
Yes

 # Lab-confirmed cases
9

*For most etiologic agents, CDC considers an outbreak to have a confirmed etiology if there are two or more lab-confirmed cases. However, because botulism, marine toxin, and other chemical outbreaks have such distinct clinical symptoms, a physician's diagnosis is often sufficient and laboratory confirmation is not necessary to classify an outbreak as having a confirmed etiology. Therefore, for such outbreaks, CDC would consider the etiology confirmed if there are at least 2 cases (lab confirmed and/or probable) with signs and symptoms meeting the confirmation criteria. Please refer to CDC's *Guide to Confirming a Diagnosis in Foodborne Disease*.

Open CDC Page in a new window

Delete

Add

15. ISOLATES

ID-01

For bacterial pathogens, provide representative laboratory data for each distinct PFGE pattern, if available. For viral pathogens (norovirus and sapovirus), provide CaliciNet outbreak code, key, and genotype for each distinct strain identified in the outbreak, if available. If you do not have any isolates, enter "N/A" or "Unavailable" under "State or Local Lab ID".

State or Local Lab ID

CDC PulseNet or CaliciNet Outbreak Code

CDC PulseNet Pattern Designation for Enzyme 1

J16X1-2493

CDC PulseNet Pattern Designation for Enzyme 2

CaliciNet Key/Other Molecular Designation 1

CaliciNet Genotype/Other Molecular Designation 2

Delete

Add

16. IMPLICATED FOODS

Was a food vehicle identified or suspected?

No

If No or Unknown, skip to Section 18.

17. IMPLICATED FOOD - DETAILS

ID-01

Name of Food (e.g., beef lasagna)

Ingredient(s) (e.g., ground beef, tomatoes, pasta, cheese, salt)

Contaminated Ingredient(s) (e.g., ground beef)

☐ Contaminated ingredient(s) unknown

Total # Primary Cases Exposed to Implicated Food

Reason(s) Suspected (check all that apply)

☐ 1 - Statistical evidence from epidemiological investigation

☐ 2 - Laboratory evidence (e.g., identification of agent in food)

☐ 3 - Compelling supportive information

☐ 4 - Other data (e.g, same phage type found on farm that supplied eggs)

☐ 5 - Specific evidence lacking but previous experience makes it likely source

Method of Processing (prior to point-of-service: processor; check all that apply)

- [ ] 1 - Pasteurized (e.g., liquid milk, cheese, juice, etc.)
- [ ] 2 - Unpasteurized (e.g., liquid milk, cheese, juice, etc.)
- [ ] 3 - Shredded or diced
- [ ] 4 - Pre-packaged (e.g., bagged lettuce or other produce)
- [ ] 5 - Irradiation
- [ ] 6 - Pre-washed
- [ ] 7 - Frozen
- [ ] 8 - Canned
- [ ] 9 - Acid treatment (e.g., commercial potato salad with vinegar, etc.)
- [ ] 10 - Pressure treated (e.g., oysters, etc.)
- [ ] 11 - Other or unknown

Method of Preparation (at point-of-service; retail: restaurant, grocery store)

Level of Preparation (check all that apply)

- [ ] 1 - Foods eaten raw with minimal or no processing (e.g., washing, cooling)
- [ ] 2 - Foods eaten raw with some processing (e.g., no cooking, fresh cut and/or packaged raw)
- [ ] 3 - Foods eaten heat processed (e.g., cooked: a microbiological kill step was involved in processing)

Contaminated food imported to U.S.? (This includes food hand-carried into U.S.)

If country known, specify

Delete

Add

18. LOCATION WHERE FOOD WAS PREPARED

Location Where Food was Prepared (check all that apply)

- [ ] Restaurant - "Fast-food" (drive-up service or pay at counter)
- [x] Restaurant - Sit-down dining
- [ ] Restaurant - Other or unknown type
- [ ] Private home
- [ ] Banquet facility (food prepared and served on-site)
- [ ] Caterer (food prepared off-site from where served)
- [ ] Fair, festival, other temporary or mobile services
- [ ] Nursing home (e.g., skilled nursing facility, long-term care facility)
- [ ] Assisted living facility, home care
- [ ] Hospital
- [ ] Child day care center
- [ ] School
- [ ] Prison, jail
- [ ] Church, temple, religious location

- [ ] Grocery store
- [ ] Workplace, not cafeteria
- [ ] Workplace cafeteria
- [ ] Camp
- [ ] Picnic
- [ ] Other (describe in Remarks)
- [ ] Unknown

Remarks

Add

19. LOCATION OF EXPOSURE (WHERE FOOD WAS EATEN)

Location of Exposure (check all that apply)

- [ ] Restaurant - "Fast-food" (drive-up service or pay at counter)
- [x] Restaurant - Sit-down dining
- [ ] Restaurant - Other or unknown type
- [ ] Private home
- [ ] Banquet facility (food prepared and served on-site)
- [ ] Caterer (food prepared off-site from where served)
- [ ] Fair, festival, other temporary or mobile services
- [ ] Grocery store
- [ ] Workplace, not cafeteria
- [ ] Workplace cafeteria
- [ ] Nursing home (e.g., skilled nursing facility, long-term care facility)
- [ ] Assisted living facility, home care
- [ ] Hospital
- [ ] Child day care center
- [ ] School
- [ ] Prison, jail
- [ ] Church, temple, religious location
- [ ] Camp
- [ ] Picnic
- [ ] Other (describe in Remarks)
- [ ] Unknown

Remarks

Add

20. CONTRIBUTING FACTORS

Are contributing factors known?

No

If known, check all that apply in Section 21. If unknown, skip to Section 22.

21. CONTRIBUTING FACTORS - DETAILS

Contamination Factors (check all that apply)

- [ ] C1 - Toxic substance part of tissue
- [ ] C2 - Poisonous substance intentionally/deliberately added
- [ ] C3 - Poisonous substance accidentally/inadvertently added
- [ ] C4 - Addition of excessive quantities of ingredients that are toxic in large amounts
- [ ] C5 - Toxic container
- [ ] C6 - Contaminated raw product - food was intended to be consumed after kill step
- [ ] C7 - Contaminated raw product - food was intended to be consumed raw or undercooked/underprocessed
- [ ] C8 - Foods originating from sources shown to be contaminated or polluted (such as growing field or harvest area)
- [ ] C9 - Cross-contamination of ingredients (cross-contamination does not include ill food workers)
- [ ] C10 - Bare-hand contact by a food handler/worker/preparer who is suspected to be infectious
- [ ] C11 - Glove-hand contact by a food handler/worker/preparer who is suspected to be infectious
- [ ] C12 - Other mode of contamination (excluding cross-contamination) by a food handler/worker/preparer who is suspected to be infectious
- [ ] C13 - Foods contaminated by non-food handler/worker/preparer who is suspected to be infectious
- [ ] C14 - Storage in contaminated environment
- [ ] C15 - Other source of contamination

Specify

- [ ] C-N/A - Contamination factors not applicable

Proliferation/Amplification Factors (bacterial outbreaks only, check all that apply)

- [ ] P1 - Food preparation practices that support proliferation of pathogens (during food preparation)
- [ ] P2 - No attempt was made to control the temperature of implicated food or the length of time food was out of temperature control (during food service or display of food)
- [ ] P3 - Improper adherence of approved plan to use Time as a Public Health Control
- [ ] P4 - Improper cold holding due to malfunctioning refrigeration equipment
- [ ] P5 - Improper cold holding due to improper procedure or protocol
- [ ] P6 - Improper hot holding due to malfunctioning equipment
- [ ] P7 - Improper hot holding due to improper procedure or protocol
- [ ] P8 - Improper / slow cooling
- [ ] P9 - Prolonged cold storage
- [ ] P10 - Inadequate modified atmosphere packaging
- [ ] P11 - Inadequate processing (acidification, water activity, fermentation)
- [ ] P12 - Other situations that promoted or allowed microbial growth or toxic production

Specify

- [ ] P-N/A - Proliferation/amplification factors not applicable

Survival Factors (check all that apply)

- [ ] S1 - Insufficient time and/or temperature control during initial cooking / heat processing
- [ ] S2 - Insufficient time and/or temperature during reheating
- [ ] S5 - Other process failures that permit pathogen survival

Specify

☐ S3 - Insufficient time and/or temperature control during freezing

☐ S-N/A - Survival factors not applicable

☐ S4 - Insufficient or improper use of chemical processes designed for pathogen destruction

22. POINT OF CONTAMINATION (CONFIRMED OR SUSPECTED)

Confirmed or Suspected Point of Contamination
Preparation

If before preparation, specify

Reason(s) Suspected (check all that apply)

☐ Environmental evidence ☐ Epidemiologic evidence ☐ Laboratory evidence ☐ Prior experience makes this a likely source

23. SCHOOL

Complete this section only if "School" is checked in either the "LOCATION WHERE FOOD WAS PREPARED" section or the "LOCATION OF EXPOSURE (WHERE FOOD WAS EATEN)" section.

Did the outbreak involve a single or multiple schools?

Number of Schools

Total Approximate Enrollment (for all involved students in all involved schools)

☐ Total Approximate Enrollment Unknown

Grade Levels for All Involved Students in All Involved Schools

If Grade school, check all grades affected

☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th
☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th
☐ 12th

Was the implicated food item provided to the school through the National School Lunch/Breakfast Program?

If Yes, was the implicated food item donated/purchased by:

If Other, specify

24. REMARKS AND CONCLUSIONS

Please provide a brief summary of the investigation findings and the conclusions drawn, include important aspects not covered elsewhere in the report. Indicate if any persons in sensitive occupations or situations (e.g., foodhandlers, children attending daycare) were involved or if any adverse outcomes occurred in special populations (e.g., pregnant women, immunocompromised persons). Attach any documents that provide additional information.

Remarks and Conclusions

Thu Oct 30 16:54:41 PDT 2014 - 30Klish,Stephen - Symptomatology, median incubation period and median duration of illnesses reported by the nine cases are consistent with illness that is caused by Shigella. Due to the lack of an analytical study, no specific food item was identified as the cause of the outbreak. However, based on known epidemiology of shigellosis and the stool specimen tested for the employee who was positive for the Shigella outbreak strain, our hypothesis is that a food handler intermittently contaminated one or more food items. However, as the employee who tested positive for Shigella became ill at the same time as the customers, we suspect that this employee was a victim rather than the source of the outbreak. To date, no additional Shigella sonnei cases with a PFGE match to the outbreak strain have been linked to True Foods Kitchen

Add

25. REPORTING AGENCY AND OTHER KEY INVESTIGATORS

Local Health Jurisdiction

Orange

Lead Investigator Name
Stephen Klish

Investigator Title
Senior Epidemiologist

Telephone Number
(714) 834-8180

Fax Number
(714) 834-8196

E-mail
sklish@ochca.com

Date
10/30/2014

Other Key Investigators
Michele Cheung, MD, Matthew Zahn, MD

26. PHEP - SEVEN MINIMAL ELEMENTS CHECKLIST

Below are the seven minimal elements for outbreak investigations as outlined in the CDC Public Health Emergency Preparedness (PHEP) Cooperative Agreement - Performance Measures Specifications and Implementation Guidance (pp. 56-60).

☑ All seven minmal elements included in outbreak report

Seven Minimal Elements

☐ 1 - Context/background (e.g., population affected, location, geographical area(s) involved, etiology, etc.)

☐ 2 - Initiation of investigation (e.g., dates and times notification was received by the LHJ and initiation of investigation, etc.)

☐ 3 - Investigation methods (e.g., data collection and analyses methods, epi curve, case definition, exposure assessment and classification, etc.)

☐ 4 - Investigation findings/results (e.g., epidemiologic, laboratory, and/or clinical results, other analytic findings, etc.)

☐ 5 - Discussion and/or conclusions

☐ 6 - Recommendations for controlling disease and/or preventing/mitigating exposure

☐ 7 - Key investigators and/or report authors

27. STATE USE ONLY

State ID

CDC ID

SSS Rec

NORS Onset Year (YYYY)

State resolution status

Report to NORS?