Outbreak
Outbreak ID: 10920

Outbreak

* # of Cases	Outbreak Number	* Disease	* Facility Type
5		GI, Other/Unknown	○ Health Facility ◉ Non-Health Facility

Location	Date of Onset	* Date Created	Date Closed
		2019	2020

* Jurisdiction	Investigator	Priority

Process Status
Closed by LHD

Resolution Status
Suspect

Outbreak Type
- ○ Diarrhea of the Newborn
- ○ Foodborne Disease
- ○ Other
- ○ Waterborne Disease

Notes/Remarks

2020 16:54:54 GMT-0700 (Pacific Daylight Time), 19:
- During standard surveillance interview with PHN RQ, client reported eating at Chacho's and knowing of another individual that dined at Chacho's and was positive for Shiga toxin 2 genes.

19:
- 2019 10:35 AM Email sent to CDPH with notification of suspicion of outbreak at Chacho's Restaurant.
- 2019 1:46 PM Email sent to CDPH with details of outbreak.
- Per Alameda County, Contact ( ) tested positive for Shiga toxin 2 genes but had not been interviewed. This individual was lost to follow up. Unable to confirm if the individual ate at Chacho's.
- An additional case ate at Chacho's and was positive for Shiga toxin 2 genes.
- Notified CDPH of cases. Outbreak Investigation initiated.

19:
- site visit to Chacho's. Began interviewing and initiated testing of all employees. Restaurant closed .

Findings of investigation:
6 individuals reported eating at Chacho's Restaurant and tested positive for Shiga toxin 2.
3 individuals had whole genome sequences that matched the 6 cases that reported eating at Chacho's. Unfortunately, these 3 individuals were lost to follow up and PHD could not be confirmed if they ate at Chacho's
36/37 employees (not including owner) were interviewed. 1 employee was not interviewed as she was on maternity leave. 5/36 employees reported having GI symptoms and were restricted. All 5 tested negative and were released. 1 asymptomatic employee tested positive for E. coli O157 and Shiga toxin 2 genes and was restricted. All restricted employees were been released as of 19. 10/37 employees did not submit stool samples. Specimen reminder letters were sent to those individuals. No additional specimen were received.
The following food items were collected for testing : sliced pickle onion, green salsa, Pico de Gallo, salsa roja, cilantro, onion, cooked beef, cooked chicken, cooked chicken thigh, cooked shredded beef, raw beef, and cooked shredded chicken. All food testing was negative. No source identified and no additional cases noted as of 19 when asymptomatic case identified. F/U has been completed. Documents uploaded. Paperwork to be submitted for review and closures.

Add

Patients linked to this Outbreak: 6

Link Existing Patient Incident

Incident ID	Last Name	First Name	Address	Date of Onset	Index Case	Cluster ID	Print
6741888				2019	False		
6742607				2019	False		
6743266				2019	False		
6743554				2019	False		
6766788				2019	False		

6795940	False	

Show All

Contacts linked to this Outbreak:

(•) All ( ) Contact Investigations ( ) Incident Contacts ( ) Outbreak Contacts Link Existing Contact Investigation

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

Show All

Outbreak Report
Outbreak ID: 10920

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
E. coli O157

If Other, specify

Indicate whether the pathogen is:
(●) Laboratory-confirmed ( ) Suspected ( ) Unknown

Major signs and symptoms

Add

Number ill
5

Number lab confirmed
6

Number hospitalized
0

Number died
0

First onset date
2019

Latest onset date thus far
2019

Number of 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	☐ Faith community (e.g. church / synagogue / temple / mosque)
☐ Private home	☐ Apartment building	☐ 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

- [ ] Single-room occupancy (SRO)
- [ ] Camp
- [ ] Adult day care
- [ ] Residential facility (e.g. assisted/senior living facility, memory care facility)
- [ ] Independent living facility
- [ ] Assisted living facility
- [ ] Skilled nursing facility
- [ ] County correctional facility (jail)
- [ ] State correctional facility (prison)
- [ ] Military facility
- [ ] General community
- [ ] Cruise Ship
- [ ] Group home / Board and care
- [ ] Mental health, alcohol, or drug treatment facility
- [ ] Federal correctional facility (including Immigration and Customs [ICE] detention centers)
- [ ] Hospital-based facility (not general acute care hospital, e.g. long-term acute care hospital)
- [ ] Meat/poultry processing plant
- [ ] Food processing / manufacturing (other than meat)
- [ ] Apparel manufacturing
- [ ] Other manufacturing
- [ ] Gym / fitness center
- [ ] Grocery/retail store
- [ ] Distribution warehouse
- [ ] Construction site
- [ ] Agricultural operations (farming/processing)
- [ ] Transit operations
- [ ] Rideshare
- [ ] First responder (Fire/police/EMT/paramedic) station
- [ ] Office
- [ ] Beauty salon / personal care services
- [ ] Unknown
- [ ] Other

If Other, specify

Name(s) of facility / school / setting where outbreak took place

Chachos

Address of facility / school / setting

If healthcare facility:

- ○ Licensed
- ○ Unlicensed

Did this outbreak take place in a workplace (any setting in which workers are present)?

- ○ Yes
- ○ No
- ○ Unknown

What is the industry of this workplace? (What kind of business is it? e.g. elementary school, clothing manufacturing, restaurant, grocery store)

What is the NAICS code of this workplace?

A NAICS (North American Industrial Classification System) code is a 6 digit numeric code used to classify a workplace's industry. Employers are required to report the NAICS code of their workplace to local health departments when they are reporting workplace COVID-19 outbreaks.

Specify below the occupations of affected workers, and the number of workers with COVID-19 in each occupation. Occupation is the kind of work someone does (e.g. registered nurse, janitor, cashier, auto mechanic, etc.)

Occupation (1/5)

Number of workers (1/5)

Occupation (2/5)

Number of workers (2/5)

Occupation (3/5)

Number of workers (3/5)

Occupation (4/5)

Number of workers (4/5)

Occupation (5/5)

Number of workers (5/5)

PUBLIC HEALTH ACTIONS TAKEN OR PLANNED

Action

- [ ] Notification of public
- [ ] Notification of medical community
- [ ] Case finding
- [ ] Contact tracing
- [ ] Human specimen collection and testing
- [x] 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
2019

Time reported to LHJ
09:06 AM

Date LHJ initiated investigation
2019

Time LHJ Initiated investigation
09:06 AM

Local outbreak number, if available

NOTES / DISCUSSIONS / CONCLUSIONS

Notes / Discussions / Conclusions

Add

Other Outbreak Report
Outbreak ID: 10920

Other Outbreak Re

REPORTING AGENCY

Telephone Number

Date reported to Public Health
2019

First Reported by
Other

If Other, specify
identified by case investigation

OUTBREAK INFORMATION

Number of lab-confirmed cases
6

Number of clinical cases
5

Describe clinical case definition or clinical syndrome under investigation

Pathogen identified?
No

If Yes, specify

Extent of outbreak

- ☐ One CA jurisdiction
- ☑ Multiple CA jurisdictions
- ☐ Multistate
- ☐ International
- ☐ Unknown
- ☐ Other

If Other, specify

Mode of transmission

- ☐ Point source
- ☐ Person-to-person
- ☐ Unknown
- ☐ Other

If Other, specify

First onset date

Last onset date

OUTBREAK SETTING INFORMATION

Setting type

- ☐ Skilled nursing facility
- ☐ Residential care facility
- ☐ Independent living facility
- ☐ Assisted living facility
- ☐ Adult day care
- ☐ Acute care hospital
- ☐ Other hospital
- ☐ Jail
- ☐ Prison
- ☐ Military facility
- ☐ Camp
- ☐ Shelter
- ☐ Wedding
- ☐ Catered Party
- ☐ Cruise ship

- [ ] Child day care / pre-school
- [ ] Primary school (K - 5)
- [ ] Middle / High school (6 - 12)
- [ ] College non-dormitory
- [ ] Dormitory
- [ ] General community
- [ ] Other

If Other, specify

Give brief overview, including setting, population at risk, area / location of cases, attack rates, and time frame, as applicable.

Add

Facility name

Primary contact name

Telephone number

Facility address (number, street)

City

State

Zip code

County

DEMOGRAPHIC INFORMATION

Age range of ill (from)

Age range of ill (to)

Median age of ill

Male number ill

Total males

Female number ill

Total females

Any other demographic feature of note

CLINICAL INFORMATION

Number ill with fever (A)

Highest temperature recorded (specify F/C)

Total ill (B)

% with fever (A/B * 100)

Number ill with hypotension (systolic BP < 90) (A)

Total ill (B)

% with hypotension (A/B * 100)

Number ill with hypothermia (temperature < 97° F) (A)

Total ill (B)

% with hypothermia (A/B * 100)

Number ill with rash (A)

Total ill (B)

% with rash (A/B * 100)

Number ill with diarrhea (A)

Total ill (B)

% with diarrhea (A/B * 100)

Number ill with pneumonia (A)

Total ill (B)

% with pneumonia (A/B * 100)

Number ill with other symptom

Specify other symptom

Total ill (B)

% with other symptom (A/B * 100)

Number ill with other symptom

Specify other symptom

Total ill (B)

% with other symptom (A/B * 100)

Number ill with other symptom

Specify other symptom

Total ill (B)

% with other symptom (A/B * 100)

Number ill with other symptom

Specify other symptom

Total ill (B)

% with other symptom (A/B * 100)

Shortest incubation period

Specify

◯ Hours ◯ Days

Longest incubation period

Specify

◯ Hours ◯ Days

Specify

Average duration of symptoms ○ Hours ○ Days ○ Weeks

Total hospitalized

Provide additional information on hospitalizations if available in the table below.

Total deaths

Provide additional information on deaths if available in the table below.

LABORATORY INFORMATION

ID-001

Specimen type (e.g., stool)

Type of test

Number of ill tested

Number of ill positive

Pathogen identified

Earliest collection date

Latest collection date

Laboratory name

Telephone number

Delete

Add

OUTBREAK DEFINITION (CDPH 2007)

An outbreak is defined as a grouping of cases within temporal and spatial proximity with a likely common source association between cases or reasonably identifiable chain of transmission.

Confirmed: 2 or more laboratory confirmed cases

Probable: 2 or more clinical cases one of which is laboratory confirmed

Suspect: 2 or more clinical cases