Foodborne Final Report

User: DAVID HENNINGS

Prelim Report #: ORS-1174226 **Outbreak #:** IL2019-0357

Core Report Section

Person Submitting: Todd Kisner Report Submission Date: 06/08/2019

LHD (Primary Jurisdiction): Winnebago County Health Department

Partner Jurisdictions: Select Some Options

Mode of Transmission

Mode of Transmission : Foodborne

Other Mode of Transmission:

Description of Outbreak

Four confirmed cases of STEC 0157:H7 identifying eating at a common restaurant on May 27 and May 28, 2019. Two probable cases are link to outbreak as family members eating at the same dinner.

Location of Exposure

Site of Outbreak	Type of Setting	Address	County	Country
Linos	Restaurant - Sit-down Dining	5611 E STATE ST,ROCKFORD, IL 61108-2424	Winnebago	United States

Location of Source

Name of Source	Type of Source	Address	County	Country
Linos	Restaurant - Sit-down Dining	5611 E STATE ST,ROCKFORD, IL 61108-2424	Winnebago	United States

Suspect or Confirmed Etiology Information

Etiology/Genus	Species/Types	Serotype/Genotype/Subtype	Capsid	Polymerase	Etiology Status
Escherichia	Coli, shiga toxin-producing	O157:H7			Confirmed

Samples Tested

Were Human Specimens (not from a food handler) tested? (Required) Yes

If yes, # Specimens Tested (Required): 4 # Laboratory Confirmed (Required): 4

Were Food Handler Specimens tested? Yes

If yes, # Specimens Tested (Required): 48 # Laboratory Confirmed (Required): 0

Were Animal Specimens tested? No

If yes, # Specimens Tested:

Were Food Samples tested? Yes

If yes, # Samples Tested: 16

Were Water Samples tested? No

If yes, # Samples Tested:

Were Other Environmental Samples tested? Yes

If yes, # Samples Tested: 2

Laboratory Testing Details **(each pathogen for which testing was conducted)**

Not Available

Estimated number of persons reported to be ill from this outbreak (excludes food handlers suspected to be the source of the outbreak)? (Required): 6

Exposure Information

Date of First Exposure: 05/27/2019 Date of Last Exposure: 05/28/2019

Non-staff Exposed: **(e.g. residents or patrons)**

Staff Exposed:

Visitors Exposed:

Total # Persons Exposed:

Case Illness Information

Date of First Onset: 05/30/2019 Date of Last Onset: 05/31/2019

Non-staff meeting Illness Case Definition: **(e.g. residents or patrons)** 6

Staff meeting Illness Case Definition: 0

Visitors meeting Illness Case Definition: 0

Total # meeting Illness Case Definition: 6

Attack rate (percentage): %

Seen by Health Care Provider (excluding ER visits) that meet Case Definition: 0

Cases with Info Available about Health Care Provider Visit: 0

Visited ER that meet Case Definiton: 5

Cases with Info Available about ER Visit: 5

Hospitalized that meet Case Definition: 2

Cases with Info Available about Hospitalization: 5

Fatalities that meet Case Definition: 0

Cases with Info Available about Fatalities: 6

Location of ills within the facility:(Ex: classroom, floor, wing, cell block)

Describe Illness (percent of ills with each symptom):

Major Signs and Symptoms	# Cases Reporting Symptoms	# Cases Asked about Symptoms	% with Symptom
abdominal cramps	6	6	100%
bloody stools	5	6	83%
diarrhea (3 or more loose stools in a 24 hr period)	6	6	100%
HUS (hemolytic uremic syndrome)	1	2	50%

Describe any factors which contributed to the outbreak:

Preventive/Control measures taken:

- Active case findings for additional ill persons
- Collection of clinical specimens
- Collection of environmental samples if indicated by IDPH
- Collection of food/water samples if indicated by IDPH
- Education of Staff (in-service)
- Handwashing
- Interview of food handlers about illness
- Kitchen/food facility inspection
- Press announcement

Other Control measures taken:

Date first control measure initiated : 06/07/2019

General Information

Investigation Methods

Investigation Methods:

- Environment/food/water sample testing
- Food preparation review(Environmental assessment)
- Interviews only of ill persons

Other Investigation Method:

Comments:

Geographic Location

Did exposure occur in multiple states? ○ Yes ◉ No ○ Unknown

Not Available

Did exposure occur in a single state, but cases resided in multiple states? ○ Yes ◉ No ○ Unknown

Cases resided in Multiple States

Not Available

Did exposure occur in multiple counties? ○ Yes ◉ No ○ Unknown

Counties: Select Some Options

Did exposure occur in a single county, but cases resided in multiple counties in reporting state? ○ Yes ◉ No ○ Unknown

Counties: Select Some Options

Primary Case Demographics

Note: Percentages are calculated using Total # meeting Illness Case Definition **(6)** as the denominator.
Do not include food handler data below.

Sex

	# of Cases	% of Cases	
# Male:	3	50.0	%
# Female:	3	50.0	%
# Unknown:			%

Age

	# of Cases	% of Cases			# of Cases	% of Cases	
< 1 yr:	0	0.0	%	1 - 4 yrs:	0	0.0	%
5 - 9 yrs:	0	0.0	%	10 - 19 yrs:	1	16.66	%
20 - 49 yrs:	4	66.66	%	50 - 74 yrs:	0	0.0	%
≥ 75 yrs:	1	16.66	%	Unknown:			%

Incubation and Duration

Incubation Period

☐ Unknown incubation period

Shortest:	3.0	Days
Median:	3.0	Days
Longest:	4.0	Days
Total # of cases for whom info is available:	6	

Duration of Illness

☑ Unknown duration of illness

Shortest:		
Median:		
Longest:		
Total # of cases for whom info is available:		

Secondary Cases

☑ No Secondary cases

Mode of Secondary Transmission:

Other Mode of Transmission:

Lab-confirmed secondary cases: # Probable secondary cases:

Estimated total secondary cases: # Estimated total cases (Primary + Secondary):

Comments:

Food Specific Data

If an Outbreak is associated with restaurant,

Please specify restaurant type: Italian or pizzeria

Was a food vehicle identified: ○ Yes ◉ No

Food Vehicle

Not Available

Reason(s) foodborne, but undetermined vehicle (Required): Epidemiologic, Traceback and/or environmental investigation

Other data description:

Was there a kitchen manager certified in food safety at the location of preparation: ◉ Yes ○ No ○ Unknown

Contributing Factors

☑ Contributing Factors Unknown

Contamination Factors: Select Some Options

Proliferation/Amplification Factors: (bacterial outbreaks only) Select Some Options

Survival Factors: Select Some Options

Point of contamination

When did confirmed/suspected contamination occur? Unknown

If before preparation, specify detail:

Reason(s) confirmed or suspected: Select Some Options

Food Handler Section

Testing

Were food handlers tested? Yes

If yes, please specify

tested for Salmonella: 0

tested for STEC: 25

tested for Norovirus: 0

tested for Other: 0

Specify Organism and Source:

Reporting

Did food handlers report diarrhea and/or vomiting? Yes No Unknown

If yes, were any ill prior to, during or within one day after the date of exposure:

If yes, please specify

reporting diarrhea and/or vomiting:

food handlers became ill during the same period as the outbreak cases:

Was food-worker implicated as the source of contamination? Yes No Unknown

if yes, please select one from the list:

Comments

25 food handlers at the start of the investigation. 2 food handlers quit before second specimen could be provided.

Outbreak Type Section

School

Did the outbreak involve multiple schools? If yes, # of schools involved:

Total # of students (approximate enrollment): Unknown or undetermined

Grade Level(s): Select Some Options

Primary funding:

Implicated item preparation: Select Some Options

Other Implicated item preparation:

How many times has the state, county or local health department inspected this school cafeteria or kitchen in the 12 months before the outbreak? *

Does the school have a HACCP plan in place for the school feeding program? *

*If multiple schools are involved, please answer according to the most affected school

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

Was the implicated food item donated/purchased by:

Donated/purchased by other:

Ground Beef

What percentage of ill persons (for whom information is available) ate ground beef raw or undercooked? %

Was ground beef case-ready?
(Case-ready ground beef is meat that comes from a manufacturer packaged for sale that is not altered or repackaged by the retailer.)

Where was beef processed
(e.g. Name of retailer or meat locker)?

Was the beef ground or reground by the retailer?

Was anything added to the beef during grinding (such as shop trim or any product to alter the fat content)?

Eggs / Salmonella

Were eggs (Select all that apply): Select Some Options

Was Salmonella enteritidis found on the farm?

Food Comments

Comments:

Food Admin Section

Traceback

Was food or bottled water traceback conducted? ○ Yes ◉ No ○ Unknown

Who conducted traceback ? Select Some Options

Not Available

Recall

Was food or bottled water product recalled? ○ Yes ◉ No ○ Unknown

Type of item recalled: Recall comments:

Isolate/Lab Information

CDC System	State Lab ID	PulseNet Outbreak Code	CDC PulseNet Pattern for Enzyme 1	CDC PulseNet Pattern for Enzyme 2	CaliciNet sequenced region/whole genome sequencing ID	CaliciNet genotype/other molecular designation
PulseNet	IL___C19EN000738		EXHX01.7742	EXHA26.0569		
PulseNet	IL___C19EN000739		EXHX01.7742	EXHA26.0569		
Unknown	IL2__S19EN000571		EXHX01.7742	EXHA26.0569		

Antibiotic Resistance

Was antimicrobial susceptibility testing (AST) performed? Unknown

If yes, where was AST performed? (select all that apply) Select Some Options

Please specify

tested:

Antibiotics resistance to:

If yes, were any antimicrobial resistant isolates associated with the outbreak? Yes No Unknown

Admin Section

Investigation Status : Closed Final Report Submitted Date : 09/03/2019

Outbreak Status : Counted by Illinois and CDC Year Counted : 2019

Healthcare-associated Outbreak? No

Multi-State Cluster Code:

Additional Affected Areas:

IDPH Staff member assigned to this Outbreak:

Type of Assistance Provided by IDPH: Brief consultations; Minimal assistance-reviewing and closing outbreak-default; One or more conference calls with LHD

Primary Exposure Location (Required):

Linos-Restaurant - Sit-down Dining;5611 E STATE ST,ROCKFORD,Winnebago

Specimens Sent to CDC

Specimens sent to NARMS (Salmonella, STEC, Shigella): Yes No Unknown

Specimens sent for Genotyping (Norovirus - not LTCF or School): Yes No Unknown

Admin Comments:

CDC notified 06/11/19. FOIA request for this outbreak. Notify Dave when final report complete. reminder to complete final report 07/30/19 and 08/29/19 SA requested specimens be sent to NARMS on 10/01/19. Springfield lab sent specimen to NARMS on 10/21/19