Norovirus Gastroenteritis Associated with a Restaurant

February Dakota County

On February 19, 2020, the Minnesota Department of Health (MDH) foodborne and waterborne illness hotline received a complaint of gastrointestinal illness among a group individuals who had eaten at a restaurant in Eagan on February 15. The group reported another recent common exposures. MDH Environmental Health (EH) staff contacted the restaurant to ask about additional illness complaints and provide norovirus education. On February 25, the MDH hotline received two additional illness complaints of illness among independent groups who had eaten at the same restaurant on February 22.

MDH EH sanitarians visited the restaurant on February 25 to evaluate food preparation and handling procedures, gather additional patron contact information, and interview food workers. A case was defined as a restaurant patron who developed vomiting or diarrhea (≥3 loose stools in a 24-hour period) after eating food from the restaurant. Stool specimen collection kits were sent to cases for testing at the MDH Public Health Laboratory (PHL).

Twenty-four patrons were interviewed, and 16 (68%) met the case definition. Illness was identified among three complaint groups (10 cases) and patrons identified through credit card receipts (6 cases). Meal dates for the 16 cases were February 15 (n=1), February 17 (n=3), and February 22 (n=12). Two cases were classified as secondary cases due to person-to-person transmission, as their illness onsets were more than 3 days after eating at the restaurant and both reported previously ill household members. The median incubation period for primary cases was 35 hours (range, 5.5 to 52 hours). All 14 primary cases reported cramps, 12 (86%) reported vomiting, 12 (86%) reported diarrhea, 3 (21%) reported fever, and none reported bloody

stools. The median duration of illness for the seven cases who had recovered by the time of interview was 24 hours (range, 5 hours to 96 hours). Five ill patrons submitted stool specimens to the MDH PHL, and four were positive for norovirus GII.12[P16] with identical nucleic acid sequences and one secondary case was positive for norovirus GII.4 Sydney[P16].

Cases reported consuming a variety of foods including sushi, tempura, fried rice, dumplings, egg rolls, edamame, and miso soup. However, no food items were significantly associated with illness.

MDH EH sanitarians interviewed all 22 employees, and none reported recent gastrointestinal illness. The sanitarians noted that both kitchen handwashing sinks had items in the bases, the restaurant had failed to notify the regulatory authority of a customer illness complaint, the employee illness log was incomplete as it did not list symptoms, and no handwashing by staff was observed during the assessment. The sanitarians also discussed the importance of handwashing and appropriate glove use for the prevention of norovirus transmission, ordered the restaurant to sanitize all food contact surfaces, and instructed management to screen employees for vomiting and diarrhea at the beginning of each shift.

This was a foodborne outbreak of norovirus gastroenteritis associated with a restaurant in Eagan. The source of contamination and vehicle of transmission were not identified.