

STC EC 528 - Forest Park, Petting Farm

General

National Outbreak Reporting System

001 CDC



Foodborne Disease Transmission, Person-to-Person Disease Transmission, Animal Contact

This form is used to report enteric, foodborne, person-to-person, and animal contact-related disease outbreak investigations. This form has 5 sections, General, Laboratory, Person to Person, Animal Contact, and Food, as indicated by tabs at the top of each page. Complete the General and Laboratory tabs for all modes of transmission and complete additional sections as indicated by the mode of transmission. Please complete as much of all sections as possible.

CDC USE ONLY

CDC Report ID

State Report ID

Form Approved
OMB No. 0920-0004

General Section

Primary Mode of Transmission (check one)

☐ Food (Complete General, Lab, and Food tabs)

☐ Person-to-person (Complete General, Lab, and Person-to-Person tabs)

☐ Water (Complete CDC 52.12)

☐ Environmental contamination other than food/water
(Complete General and Lab tabs)

☒ Animal contact (Complete General, Lab, and Animal Contact tabs)

☐ Indeterminate/Other/Unknown (Complete General and Lab tabs)

Investigation Methods (check all that apply)

☒ Interviews only of ill persons

☐ Case-control study

☐ Cohort study

☐ Food preparation review

☐ Water system assessment: Drinking water

☐ Water system assessment: Nonpotable water

☐ Treated or untreated recreational water venue assessment

☐ Investigation at factory/production/treatment plant

☒ Investigation at original source (e.g., farm, water source, etc.)

☐ Food product or bottled water traceback

☐ Environment/food/water sample testing

☒ Other *vet. tested animals per S.H.A.*

Comments

verbal report

Dates (mm/dd/yyyy)

Date first case became ill (required) *6/12/2011*

Date last case became ill *6/13/2011*

Date of initial exposure *5/29/2011*

Date of last exposure *6/15/2011*

Date of report to CDC (other than this form) *6/13/2011*

Date of notification to State/Territory or Local/Tribal Health Authorities *6/13/2011*

Geographic Location

Reporting state:

☐ Exposure occurred in multiple states

☐ Exposure occurred in a single state, but cases resided in multiple states

Other states:

Reporting county:

☐ Exposure occurred in multiple counties in reporting state

☐ Exposure occurred in a single county, but cases resided in multiple counties in reporting state

Other counties:

City/Town/Place of exposure:

Everett, WA

Do not include proprietary or private facility names

Primary Cases

Number of Primary Cases			Sex (estimated percent of the primary cases)			
# Lab-confirmed cases		5 (A)	Male	4		67 %
# Probable cases		1 (B)	Female	2		33 %
# Estimated total primary ill		6				
	# Cases	Total # of cases for whom info is available	Approximate percent of primary cases in each age group			
# Died	0	6	<1 year	%	20-49 years	16.5 %
# Hospitalized	1	6	1-4 years	4 67 %	50-74 years	%
# Visited Emergency Room		0	5-9 years	%	≥ 75 years	%
# Visited health care provider (excluding ER visits)	5	5	10-19 years	16.5 %	Unknown	%

Laboratory SectionEtiology known? ☒ Yes ☐ NoIf etiology is unknown, were patient specimens collected? ☐ Yes ☐ No ☐ Unknown

If yes, how many specimens collected? (provide numeric value)

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

Etiology: (Name the bacterium, chemical/toxin, virus, or parasite. If available, include the serotype and other characteristics such as phage type, virulence factors, and metabolic profile. Confirmation criteria available at http://www.cdc.gov/foodborneoutbreaks/guide_id.htm or MMWR2000/Vol. 49/SS-1/App. B)

Genus	Species	Serotype	Confirmed outbreak etiology	Other Characteristics	Detected in*	# Lab-confirmed cases
<i>E.</i>	<i>coli</i>	O157:H7	☒ yes ☐ yes ☐ yes ☐ yes		①	5

*Detected in (choose all that apply): 1 - patient specimen 2 - food specimen 3 - environment specimen 4 - food worker specimen

Isolates: (For bacterial pathogens, provide a representative for each distinct pattern; provide lab ID for all specimens submitted for viral sequencing)

State Lab ID	PulseNet Outbreak Code	CDC PulseNet Pattern Designation for Enzyme 1	CDC PulseNet Pattern Designation for Enzyme 2	Other Molecular Designation	Other Molecular Designation
NA-16150	1106 MLEXH-1	EXHXOI-2294	EXHA26.0071		

Person to Person

Major setting of exposure (choose one)

- ☐ Camp ☐ Hotel ☐ Private setting (residential home) ☐ School
☐ Child day care ☐ Nursing home ☐ Religious facility ☐ Ship
☐ Community-wide ☐ Prison or detention facility ☐ Restaurant ☐ Workplace
☐ Hospital ☒ Other, please specify: *Park / Animal Petting Farm*

Attack rates for major settings of exposure

Group (based on setting)	Estimated exposed in major setting*	Estimated ill in major setting	Crude attack rate [(estimated ill / estimated exposed) x 100]
residents, guests, passengers, patients, etc.			
staff, crew, etc.			

*e.g., number of persons on ship, number of residents in nursing home or affected ward

Other settings of exposure (choose all that apply)

- ☐ Camp ☐ Hotel ☐ Private setting (residential home) ☐ School
☐ Child day care ☐ Nursing home ☐ Religious facility ☐ Ship
☐ Community-wide ☐ Prison or detention facility ☐ Restaurant ☐ Workplace
☐ Hospital ☐ Other, please specify:

Animals and their environment

Setting of exposure	Type of animal	Remarks
<i>Petting Farm</i>	<i>Calves</i>	<i>Goats also present</i>

Incubation Period, Duration of Illness, Signs or Symptoms for Primary Cases only

Incubation Period (circle appropriate units)		Duration of Illness (among recovered cases-circle appropriate units)	
Shortest	Min, Hours, Days	Shortest	Min, Hours, Days
Median	Min, Hours, Days	Median	Min, Hours, Days
Longest	Min, Hours, Days	Longest	Min, Hours, Days
Total # of cases for whom info is available		Total # of cases for whom info is available	
☒ Unknown incubation period		☒ Unknown duration of illness	

Signs or Symptoms (refer to terms from appendix, if appropriate, to describe other common characteristics of cases)

Feature	# Cases with signs or symptoms	Total # cases for whom info available
Vomiting	5	6
Diarrhea	6	6
Bloody stools	5	6
Fever	5	6
Abdominal cramps	6	6
HUS	0	6
Asymptomatic		

Secondary Cases

Mode of Secondary Transmission (check all that apply)	Number of Secondary Cases	
☐ Food	# Lab-confirmed secondary cases	(A)
☐ Water	# Probable secondary cases	(B)
☐ Animal contact	Total # of secondary cases	
☐ Person-to-person	Total # of cases (Primary + Secondary)	6
☐ Environmental contamination other than food/water		
☐ Indeterminate/Other/Unknown		

Environmental Health Specialists Network (if applicable)

EHS-Net Evaluation ID: 1.) _____ 2.) _____ 3.) _____

Traceback (for food and bottled water only; not public water)

☐ Please check if traceback conducted

Source name (if publicly available)	Source type (e.g. poultry farm, tomato processing plant, bottled water factory)	Location of source		Comments
		State	Country	

Recall

☐ Please check if any food or bottled water product was recalled

Type of item recalled:

Comments:

Reporting Agency

Agency name: SNOWHIST HO-1 E-mail: _____

Contact name: By DOH-COE Contact title: _____

Phone no.: _____ Fax no.: _____

Remarks Briefly describe important aspects of the outbreak not covered above. Please indicate if any adverse outcomes occurred in special populations (e.g., pregnant women, immunocompromised persons).

Putting farm in Everett municipal park.
Calves on site from 5/29. (+) stool per S.H.S.
Remediation per S.H.S. segregation of calves from
public, sanitation measures, provider + please
alerts.

Snohomish Health District is investigating a cluster of Shiga toxin-producing *E. coli* (STEC) infections. All cases reported animal contact at Forest Park Animal Farm in Everett.

Please take the following actions:

- Consider diagnosis of STEC infection in patients presenting with abdominal cramps, vomiting, and diarrhea, particularly bloody diarrhea. Note that absence of blood in the stool does not rule out the possibility of a STEC-associated diarrheal illness. If there is fever, it usually is not very high. Ask about possible animal farm exposure.
- **Immediately report suspect or lab diagnosed STEC (Shiga toxin positive or culture confirmed) to Communicable Disease Surveillance & Response at 425-339-5278.**
- Avoid antibiotics to treat suspected STEC infections until complete diagnostic testing can be performed and STEC infection is ruled out, as antibiotics may increase risk of developing HUS. However, antibiotics may be indicated in patients with severe intestinal inflammation if perforation is of concern.
- Be aware that most people get better within 5–7 days, but some patients go on to develop HUS, usually about a week after the diarrhea starts. The classic triad of findings in HUS is acute renal damage, microangiopathic hemolytic anemia (evidence of schistocytes and helmet cells on peripheral blood smear), and thrombocytopenia.
- Stool specimens should be 1) cultured for STEC O157:H7 **AND** 2) assayed for non-O157 STEC with Shiga toxin testing. Isolates must be forwarded to the Washington State Public Health Laboratory for additional characterization and confirmation.
- Patients with STEC infections should not work as food handlers or healthcare workers and should not attend or work in a childcare center until 2 successive fecal samples are found to be free of STEC. Public health works with cases to complete this testing process.
- For more information on STEC infections, go to <http://www.cdc.gov/ecoli/> or http://www.bt.cdc.gov/coca/calls/2010/callinfo_091610.asp

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