



North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch
1902 Mail Service Center • Raleigh, North Carolina 27699-1902
Tel 919-733-3419 • Fax 919-733-0490

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Jeffrey P. Engel, MD
State Health Director

November 16, 2011

To: Karen R. Wasson
Joel N. Varnell & Associates
1801 Broadway, Suite 1500
Denver, Colorado 80202

Re: E. Coli O157:H7 cluster 0910MLEXH-1

Dear Ms. Wasson:

Enclosed please find the redacted information we have on file concerning the cluster you requested information on in your letter of November 9 2011. North Carolina had a single case in this investigation, which was a multistate cluster with investigation led by the CDC in Atlanta, Georgia. This is the information we have on the NC patient, which was also shared with CDC at that time.

Sincerely,

David Sweat, MPH
Foodborne Disease Epidemiologist
North Carolina Division of Public Health



North Carolina Public Health
Working for a healthier and safer North Carolina
Everywhere. Everyday. Everybody.

Location: 225 N. McDowell Street • Raleigh, N.C. 27603
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NCDOH / 0001

Summary:

Maven Event ID: 100198938

Investigation Status:
Closed**Patient**Disease: E. coli - shiga toxin producing
(53)KC
(Sex:Female)
Long View, NC**Lab Results**Lab Facility Facility: Frye Regional Medical Center LabSpecimen
Info

Specimen Date: 09/11/2009, Specimen Source: Stool

TestTest: ...Culture, Result: Positive, Comments: Positive Shiga
Toxin E. coli Heavy Growth E. Coli 0157Lab
Facility

CLIA: 34D0692393, Facility_Other: NC State Lab of Public Health

TestTest: Bacteria XXX Cult || Bacteria identified: Culture, Result
Status: Final Results, Result Local Description: Escherichia coli,
serotype O157:H7, Result: Escherichia coli, serotype O157:H7, Test
Local Description: Enteric Reference**1. Administrative Report Information****Other Report Information ()****1. Administrative**

Initial Source of Report to Public Health

Laboratory

Laboratory name

Frye Regional
Medical Center
Lab

Date of Initial Report to Public Health (Required)

09/14/2009

Initial method of report

Paper lab report

NC County of Residence for the Event

Catawba County

Classification status	Confirmed
Report to CDC	Yes
Date this event marked for report to CDC (used to determine MMWR):	09/18/2009
Date transmitted to CDC	04/20/2010
Count Date	09/18/2009
MMWR Week	37

2. Demographic

Age	45
Gender	Female
Race	White
NC County of Residence for the Event:	Catawba County
State	NC

3. Clinical

FROM (10 DAYS PRIOR TO SYMPTOM ONSET):	08/30/2009
UNTIL (SYMPTOM ONSET):	09/09/2009
Is / was patient symptomatic for this disease?	Yes
Date that best reflects the earliest date of illness identification	09/09/2009
Illness identification date represents:	Date symptoms began
Fever	Yes - measured
Highest measured temperature	101
Temperature taken	Orally
Nausea	Yes
Vomiting	Yes
Abdominal pain or cramps	Yes
Diarrhea	Yes
Describe (select all that apply)	Bloody
Maximum number of stools in a 24-hour period	20
Acute renal insufficiency	No
Acute renal failure	No
Elevated creatinine	No
Hemolytic uremic syndrome (HUS)	No
Thrombotic thrombocytopenic purpura (TTP)	No
Thrombocytopenia	No

Anemia	No
Why was the patient tested for this condition?	Symptomatic of disease
Is the patient currently pregnant?	No
Was the patient hospitalized for this illness > 24 hours?	Yes
Do you wish to show the isolation and quarantine control measures?	No
Clinical outcome	Survived

4. Risk History

FROM (10 DAYS PRIOR TO SYMPTOM ONSET):	08/30/2009
UNTIL (SYMPTOM ONSET):	09/09/2009
FROM (10 DAYS PRIOR TO SYMPTOM ONSET):	08/30/2009
UNTIL (SYMPTOM ONSET):	09/09/2009
During the period of interest did the patient live in any congregate living facilities (correctional facility, barracks, shelter, commune, boarding school, camp, dormitory/sorority/fraternity)?	zz_No
Does the patient know anyone else with similar symptoms?	No
During the period of interest did the patient have contact with sewage or human excreta?	No
During the period of interest, did the patient eat any raw or undercooked meat or poultry?	No
During the period on interest, did the patient drink any bottled water?	Yes
Type/Brand	Target
Describe the source of drinking water used in the patient's home. (Check all that apply)	Municipal supply (city water)
Where does the patient or patient's family typically purchase groceries? Store Name:	Lowes grocery
Did the patient eat any food items during the period of interest that came from a produce stand, flea market, or farmers market?	No
Did the patient eat any food items during the period of interest that came from a store or vendor where they do not typically shop for groceries?	No
Would you like to use the long or short version of the food questions?	Short
Handle raw meat other than poultry?	Yes
Type of meat	Beef (hamburgers, steak, etc.)
Handle raw poultry?	No
Drink unpasteurized milk?	No

Eat any other unpasteurized dairy products?	No
Drink unpasteurized juices or ciders?	No
Eat ground beef / hamburger?	Yes
Eat other beef / beef products?	Yes
Eat any poultry / poultry product?	No
Eat pork / pork products?	Yes
Type of pork	Sausage
Eat wild game meat (deer, bear, wild boar, buffalo, etc.)?	No
Eat other meat / meat products (i.e. ostrich, emu, horse)?	No
Eat raw fruit?	Yes
Type of fruit	Oranges
Type of fruit	Berries
Type	Strawberries
Eat raw salads or vegetables other than sprouts?	Yes
Type of vegetable	Lettuce
Type	iceburg
Eat sprouts?	No
Eat fresh herbs?	No
Eat ready-to-eat dried, preserved, smoked, or traditionally prepared meat (i.e. summer sausage, salami, jerky)?	No
Eat deli-sliced (not pre-packaged) meat?	Yes
Type of meat	Turkey
Eat meat stews or meat pies?	No
Ingest breast milk	No
Ingest infant formula?	No
Eat commercial baby food?	No
Eat at a group meal?	No
Eat food from a restaurant?	Yes
Specify restaurant	DaVinci
Location	Hickory, NC
Specify restaurant	Jack-N-Box
Specify restaurant	Cafe Gouda
During the period of interest, did the patient have recreational, occupational, or other exposure to water, including aerosolized water in household, community or health care settings?	No
During the period of interest, did the patient have exposure to household pets or other animals (includes animal tissues, animal products, or animal excreta)?	No

