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Protecting, maintaining and improving the health of all Minnesotans

February 14, 2011

Mr. Ryan Osterholm
Pritzker Olsen Attorneys
Plaza VII Building, Suite 2950
45 South Seventh Street
Minneapolis, Minnesota 55402

RE: Minnesota Data Practices Act Request – *E. coli* O157:H7 Investigation Associated With Steaks and Ground Beef, 2009-2010

Dear Mr. Osterholm:

Enclosed are all the Minnesota Department of Health's records regarding the *E. coli* O157:H7 investigation associated with consumption of ground beef and mechanically tenderized steaks in 2009-2010 (PulseNet pulsed-field gel electrophoresis pattern designation EXHX01.0248/EXHA26.0569). The records were redacted to remove personal information about cases.

Please do not hesitate to call me at (651) 201-5527, if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Carlota Medus", is written above the typed name.

Carlota Medus, PhD, MPH
Epidemiologist Principal
Foodborne, Vectorborne, and Zoonotic Disease Unit
Acute Disease Investigation and Control Section
Infectious Disease Epidemiology, Prevention, and Control Division
Post Office Box 64975
Saint Paul, Minnesota 55164-0975

CM:mkg
Enclosures

February 8, 2011

Dr. Carlotta Medus
Foodborne Disease Unit
Minnesota Department of Health
P.O. Box 64975
St. Paul, MN 55164-0975

Dear Dr. Medus:

Under the Minnesota Data Practices Act, Pritzker Olsen is requesting the following information:


All public information related to the Minnesota Department of Health's investigation of *E. coli* O157:H7 infections associated with JBS USA ground beef occurring in late 2009.

All public information related to the Minnesota Department of Health's investigation of *E. coli* O157:H7 strains that were isolated from foods or other products that had the PFGE pattern "EXHX01.0248" and "EXHA26.0569" in 2009 and 2010.

Please supply the records without informing me of the cost if the fees do not exceed \$1,000.00, which Pritzker Olsen agrees to pay.

If you have any questions processing this request, you may contact me at the following telephone number: 612-338-0202.

Sincerely,


Ryan Osterholm
ryan@pritzkerlaw.com
RO/mrr

COPY

***E. coli* O157:H7 Infections Associated with Consumption of Ground Beef**

December 2009

Background

On December 2, 2009, the Minnesota Department of Health (MDH) Public Health Laboratory (PHL) identified an *Escherichia coli* O157:H7 (O157) isolate with the two-enzyme pulsed-field gel electrophoresis (PFGE) pattern designation MN23ECB20 (PulseNet designation EXHX01.0248/EXHA26.0569), and requested that the Centers for Disease Control and Prevention (CDC) PulseNet team check for isolates in other states that were indistinguishable by PFGE. The next day, PulseNet identified 13 matching isolates in 11 states: California, Colorado, Florida, Iowa, Michigan, Minnesota, Nevada, Oklahoma, South Dakota, Tennessee and Utah. The Minnesota case was interviewed by MDH staff on December 6 about illness history and potential exposures. During the interview, the case reported eating at numerous restaurants and consuming a pink hamburger at a friend's house in the 7 days prior to illness onset. On December 7 and 8, epidemiologists from several states shared information about their cases. The Minnesota Department of Agriculture (MDA) was notified of the cluster. On December 8, CDC initiated a multi-state investigation. By December 10, seven of eight cases reported eating ground beef. Information on consumption of steaks was available for seven cases. Of those, five cases in different states reported eating steaks at family-style restaurants, including four at Chain A and one at Chain B. One additional case ate at Chain A but the foods consumed were unknown. Of the five cases who reported eating steaks at family-style restaurants, four reported eating their steak rare. The first multi-state conference call was held on December 11.

Methods

Cases were identified through routine laboratory surveillance and in Minnesota were defined as Minnesota residents with a laboratory-confirmed O157 infection with an isolate of the outbreak PFGE subtype, MN23ECB20. Phone interviews regarding illness history and potential exposures were conducted for all cases. A questionnaire developed by CDC was used in addition to the Minnesota routine surveillance form.

Invoices for ground beef and steak consumed by cases were collected by MDA and City of Saint Cloud environmental health staff. MDA, in conjunction with the United States Department of Agriculture Food Safety and Inspection Service (USDA FSIS), conducted traceback investigations to determine the source of the ground beef and steak, and to identify common sources of beef consumed by the Minnesota cases and cases in other states.

Information collected from case interviews and tracebacks was shared with the CDC, USDA FSIS, and other states. Case-isolates were submitted to the CDC for subtyping using multiple-locus variable-number tandem repeat analysis (MLVA).

Results

Minnesota Epidemiologic Investigation: Five cases with O157 MN23ECB20 isolates were identified in Anoka (one case), Stearns (one case) and Benton (three cases)

Counties; specimen collection dates from November 24, 2009 to January 15, 2010. Dates of illness onset ranged from November 23, 2009 to January 14, 2010. All five cases were male. The median age of cases was 54 years (range, 20 to 80 years). All five cases reported diarrhea and had blood in their stool, one of four (25%) had fever, and one of four (25%) had vomiting. Only two cases had recovered at the time of the investigation; the duration of illness for those two cases was 4 and 9 days, respectively. Four of the five (80%) of the patients were hospitalized. The median duration of hospitalization was 10 days (range, 2 to 19 days). No cases developed hemolytic uremic syndrome, but one (20%) case died. Three of the cases lived in two unrelated residential facilities. One of these cases was considered a secondary case and therefore was excluded from further analysis.

The four primary case isolates matched each other, and isolates submitted to the CDC from other states, by MLVA.

Among the four primary cases, all had a history of ground beef consumption in the 7 days before their date of illness onset. One of the four (25%) also ate a steak at a family-style restaurant.

Multi-State Epidemiologic Investigation: According to the CDC, 25 cases in 17 states (California, Colorado, Florida, Hawaii, Iowa, Indiana, Kentucky, Michigan, Minnesota, Nebraska, Nevada, Ohio, Oklahoma, South Dakota, Tennessee, Utah, and Washington) with onsets from October 3 to January 31, 2010 were identified; 12 were hospitalized, 1 developed HUS, and 1 died. The median age of patients was 30 years (range, 14 to 87 years). Of the 22 cases interviewed, 14 (64%) reported eating steak at a family-style restaurant; nine (41%) ate at a Chain A restaurant. Of the 14 who ate steak, 9 (64%) ate a 7-oz. sirloin, 1 (7%) reported eating sirloin tips, and 4 (29%) could not recall the cut of steak. All patients who ate steak ate them rare, medium-rare, or medium. Among the eight cases who did not report eating steak, seven (88%) ate ground beef. **Traceback investigation of the steaks eaten by cases at Chain A determined that the steaks were mechanically-tenderized and came from a single processor, National Steak and Poultry (NSP) in Oklahoma.**

On December 24, 2009, NSP issued a voluntary recall of 248,000 pounds of beef products, including mechanically-tenderized steak and other products distributed to restaurants, including Chain A.

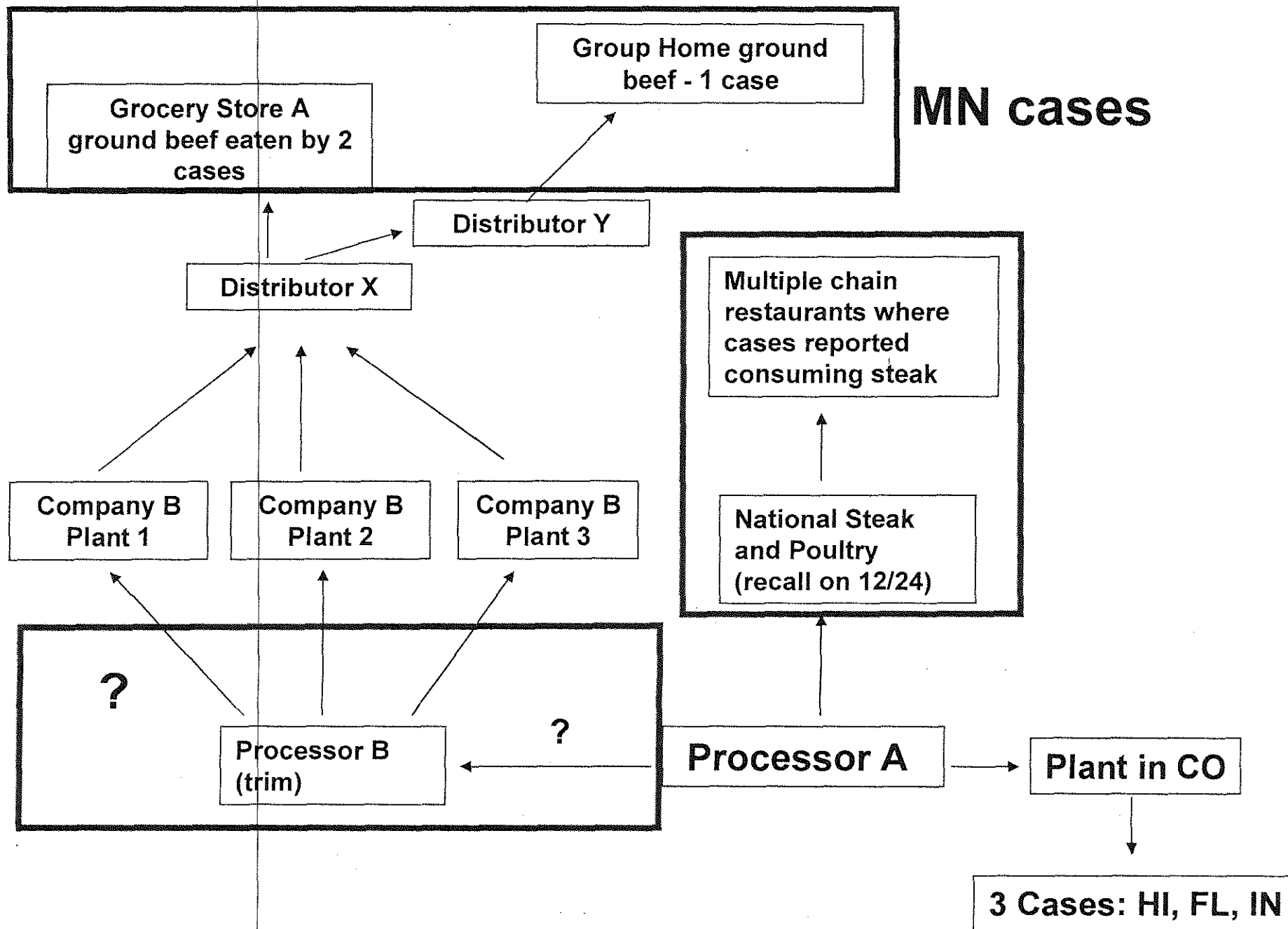
Traceback Investigation of the Minnesota Case Exposures: Only one of the four primary Minnesota cases reported eating steak at a restaurant in the 7 days prior to illness onset. An environmental health specialist from the City of St. Cloud obtained invoices from this restaurant and forwarded them to MDA for review. It was determined that the steak eaten by the case did not come from NSP and that the restaurant had not received any beef products included in the recall. Furthermore, there were no other cases or complaints of illness associated with the restaurant.

One case did not have any information about the source of ground beef that he ate at a friend's home. MDA traced back all ground beef consumed by the other three primary cases. All three cases ate ground beef purchased at different retailers or points of service, including two grocery stores and a day program. The two grocery stores did not grind or package any ground beef; they purchased pre-packaged ground beef (80% lean 3-lb. chubs, and 80% lean 1-lb. packages, respectively) from J&B Wholesale in St. Michael, Minnesota. The day program obtained pre-packaged ground beef from a distributor, Upper Lakes Foods Inc., in Cloquet, Minnesota. This distributor did not do any grinding, processing, or packaging of the ground beef; they purchased the pre-packaged ground beef (80% lean packages) from J&B Wholesale in St. Michael, Minnesota. J&B Wholesale did not grind, process, or package the ground beef consumed by any of the three cases. The ground beef eaten by each of the cases was traced back to three different Tyson Fresh Meats plants in Illinois, Kansas, and Texas. All three Tyson plants are slaughter facilities, but all three added lean finely textured beef product from Beef Products Inc. in South Dakota. In communication with USDA FSIS, it was noted that one of the suppliers of trim for Beef Products Inc. was JBS Swift (location unknown). JBS Swift was also a supplier of beef products to NSP prior to the recall. FSIS was unable to document overlap in dates of products sold by JBS Swift to Beef Products Inc. and the dates of product sold by Beef Products Inc. to the different Tyson plants. USDA FSIS concluded that due to the lack of documented date overlaps, they were not able to conclusively implicate JBS Swift as the ultimate source of ground beef eaten by the Minnesota cases.

In addition to the Minnesota cases, three cases in Hawaii, Indiana, and Florida consumed beef products traced back to a Colorado plant supplied by the same JBS Swift plant that supplied NSP. As of the writing of this report, details of this portion of the investigation have not been made available to the Minnesota investigators.

Conclusion

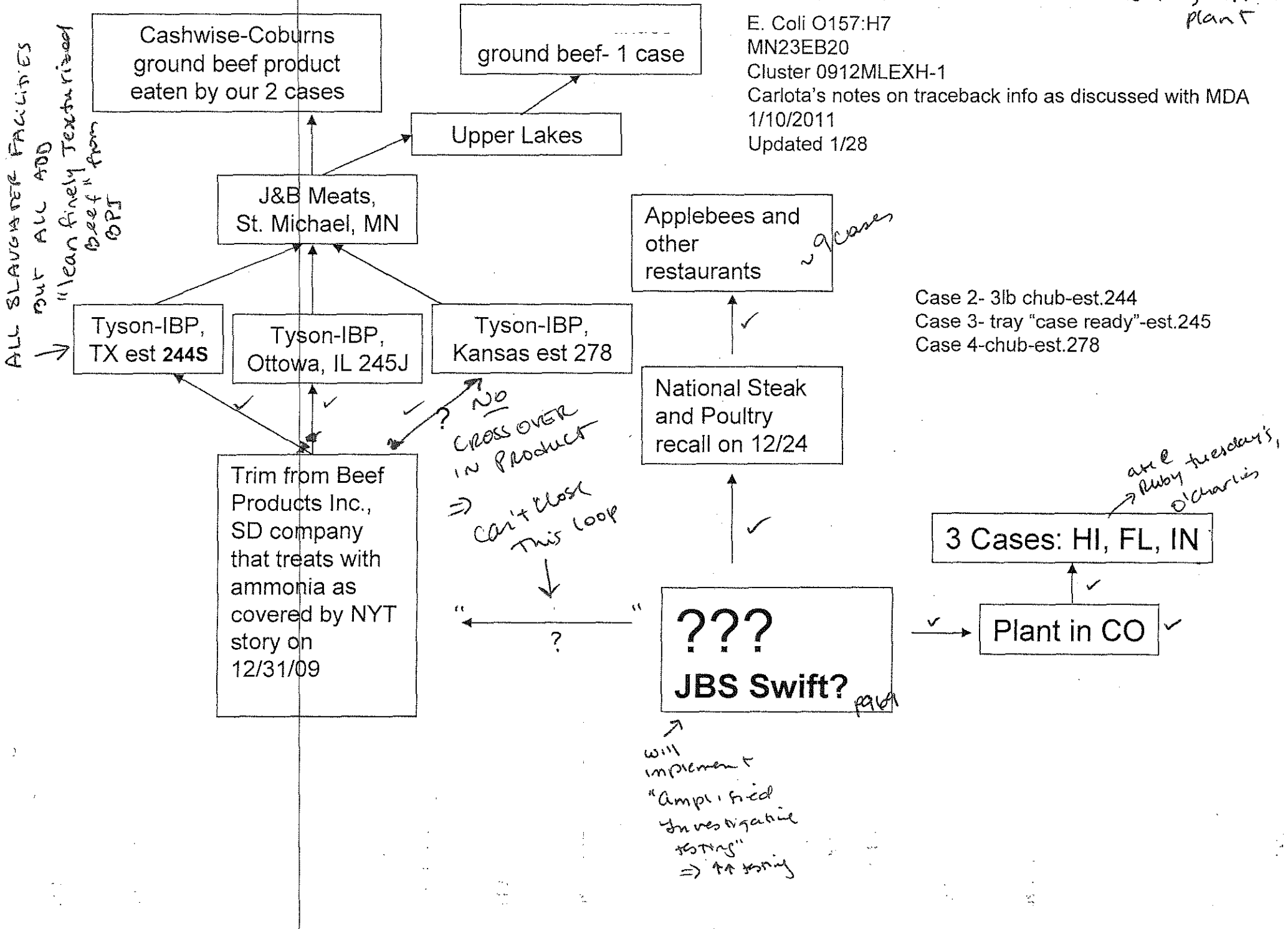
This was a multi-state outbreak of *E. coli* O157:H7 infections associated with consumption of ground beef and mechanically tenderized steaks. Cases in multiple states occurred during the same time period, and case-isolates were indistinguishable both by PFGE (two enzymes) and MLVA. This strongly suggests a common source outbreak. The most likely scenario is that contaminated beef products from a common source were further processed into steaks and ground beef and both types of products caused illness. The investigation identified a potential common denominator in a company that supplied beef products to multiple plants that in turn supplied steaks or ground beef consumed by cases. However, the traceback investigation was not considered sufficiently strong to conclusively implicate that company.



ALL SLAUGHTER FACILITIES
OUT ALL ADD
"lean finely textured beef" from
BPI

Sizzler's
Swift, different
plant

E. Coli O157:H7
MN23EB20
Cluster 0912MLEXH-1
Carlot's notes on traceback info as discussed with MDA
1/10/2011
Updated 1/28

















Case 2- 3lb chub-est.244
Case 3- tray "case ready"-est.245
Case 4-chub-est.278

3 Cases: HI, FL, IN

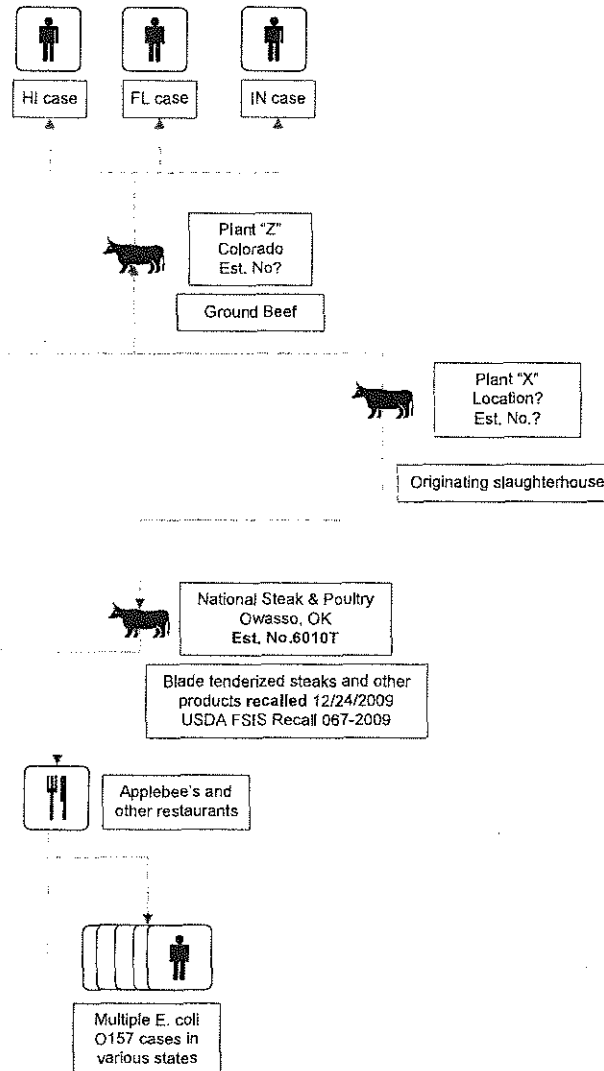
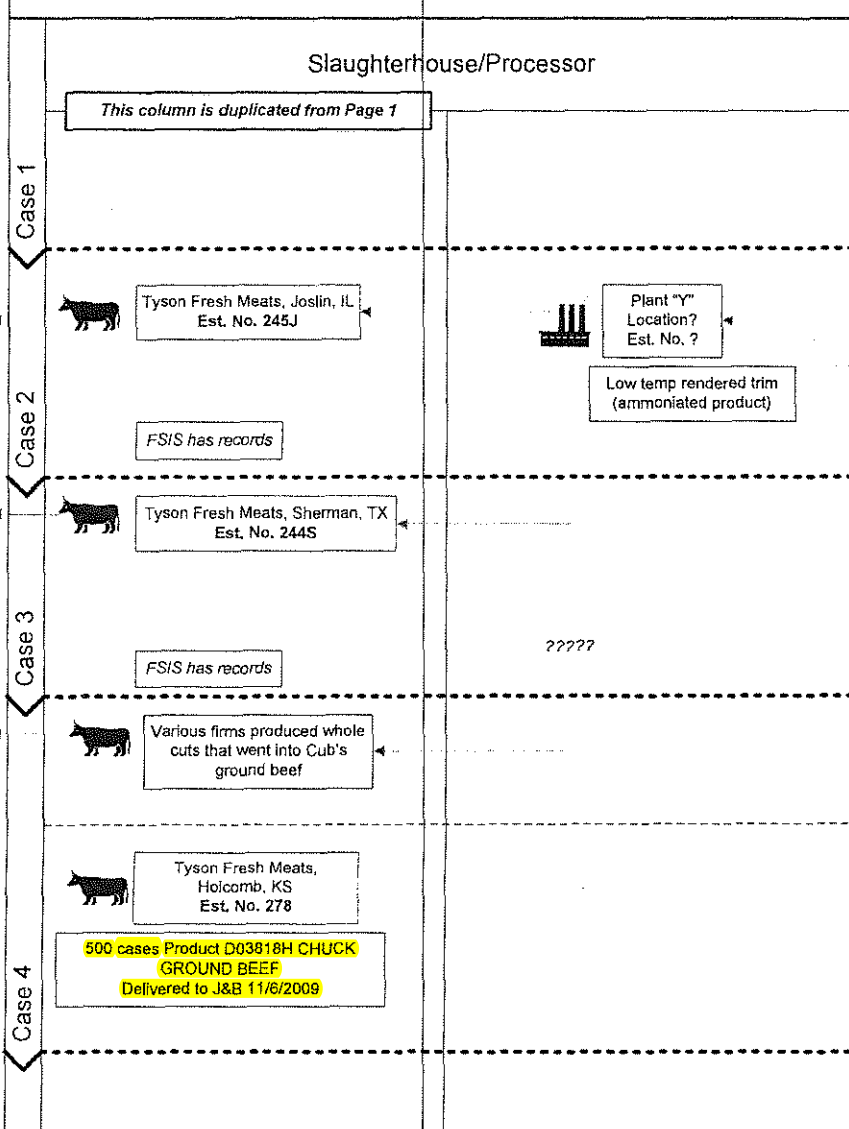
Plant in CO

E. coli O157 Cluster 0912MLEXH-1 Minnesota Cases (p. 1 of 2)

	Case	Exposures	Retail	Wholesale/Distributor	Slaughterhouse/Processor
Case 1	 20 y/o from Ham Lake, MN. Onset: 11/23 Not hospitalized	Rare hamburger at friend's house – No further information on that exposure			
Case 2	 54 y/o at group home in Cold Spring, MN Onset: 12/14 Hospitalized 7 days	Several hot dish/casseroles in the home. Home purchased ground beef at CashWise	 Cash Wise #3009 113 S Waite Ave, Waite Park, MN GR BEEF CHUB 80% Item # 2718202809 Purchase Date 12/11/09 No. purchased = 4 @ 6.98 each	 J&B Wholesale, St. Michael, MN 3 lb. chubs pass-through from Tyson/IBP in Joslin, IL	 Tyson Fresh Meats, Joslin, IL Est. No. 245J
Case 3	 34 y/o from St. Cloud, MN Onset: 12/14 Not hospitalized	1 lb 80/20 ground beef purchased from Coborn's. No purchase dates, no receipts. Described as "black tray with plastic over it"	 Coborn's Centennial, 2118 8 th Street N, St. Cloud, MN Product 1094 A BF GRND FINE 80% CF	 J&B Wholesale, St. Michael, MN Product 1094 A BF GRND FINE 80% CF 24/1LB shipped 12/7 24/1LB shipped 12/11 Pass-through from Tyson/IBP, Sherman, TX	 Tyson Fresh Meats, Sherman, TX Est. No. 244S
Case 4	 62 y/o at group home in Sauk Rapids, MN Onset: 1/4/2010 Hospitalized 10 days Deceased	Home: Lasagna on 12/31 (prepared in home) Hamburgers, Swedish meatballs on 12/30 (meatballs prepared at CC)	 Cub Foods #3041, St. Cloud, MN Ground beef processed in store from whole cuts trim	 Upper Lakes Foods, Inc. Cloquet, MN (Distributor) 1 82.00 lb case 8/10# AVG BEEF GROUND 81/19 FRZ PACKER Delivered to CC 12/22/2009 Based on J&B records of case weights, ULF received either Serial No. 117959431 or 117959601 produced on 10/30/2009	 J & B Wholesale St. Michael, MN 100 cases Product 785 A BF GRND FINE 80% CHUCK Produced 10/30/09 Delivered to ULF 11/23/2009 Pass-through from Tyson in KS  Tyson Fresh Meats, Holcomb, KS Est. No. 278 500 cases Product D03818H CHUCK GROUND BEEF Produced 10/28, 10/29, and 10/30 Delivered to J&B 11/6/2009

Continued on Page 2

E. coli O157 Cluster 0912MLEXH-1 Minnesota Cases (p. 2 of 2)



E. coli Cluster 0912MLEXH-1: Beef Exposure as of 12/21/09

Key	Source	MLVA	Age	Sex	IsolatDate	OnsetDate	Hospitalized	Any Beef	Any Ground Beef	Home Ground Beef	Restaurant Ground Beef	How Cooked
CA__M09X04704	CA		64	F	10/8/2009	10/3/2009	Yes	Yes	No	No	No	N/A
CO__HUM-2009051829	CO	A	23	M	11/17/2009	11/14/2009	No	Yes	No	No	No	N/A
FL__FL01149-09	FL		79	M		10/24/2009	No	Yes	Yes	No	Yes	?
HI__N09-455	HI		26	M	11/21/2009	11/20/2009	No	Yes	Yes	No	Yes	Rare
IA__2009153459	IA	A	87	F	11/14/2009	11/13/2009	Yes	Yes	Yes	No	Yes	?
IN__10ENT0778	IN		24	M	11/14/2009	11/7/2009	Yes	Yes	Yes	?	?	?
MI__09EN000156	MI	A	65	F	11/20/2009	11/19/2009	Yes (HUS)	Yes	Yes	Yes	No	Not undercooked
MN__E2009047601	MN	A	20	M	11/24/2009	11/23/2009	Yes	Yes	Yes	Yes	Yes	Pink
NE__NPHL 11290	KS		69	M	11/22/2009	11/21/2009	Yes	Yes	Yes	?	?	?
NV__M09-1978	NV	A	37	M	10/22/2009			?				
OH__2009084541	OH		37	F	11/20/2009	11/16/2009	No	Yes	No	No	No	N/A
OH__2009085038	OH		17	F	11/19/2009	11/17/2009	No	Yes	Yes	Yes	Yes	Not undercooked
OK__09OKE1442	OK		22	F	11/13/2009	11/11/2009	Yes	Yes	Yes	No	Yes	Not undercooked
SD__SD207609	SD	A	20	F	11/13/2009	11/12/2009	No	Yes	Yes	Yes	No	Not undercooked
SD__SD209609	SD	A	23	F	11/17/2009	11/16/2009	No	Yes	Yes	Yes	Yes	Not undercooked
TN__N09E001473	TN		17	M	10/20/2009	10/18/2009	No	Yes	No	No	No	N/A
UT__0307601	UT		14	M	11/2/2009	11/1/2009	Yes	Yes	Yes	?	Yes	Rare
UT__0307553	UT		73	M	11/3/2009	10/24/2009	No	Yes	Yes	Yes	Yes	Not undercooked
WA__14357	WA		68	F	11/17/2009	11/15/2009	Yes	Yes	Yes	Yes	No	Not undercooked

Any Steak	Home Steak	Restaurant Steak	Steak Cut	How cooked	Chain Sit -Down Restaurant
Yes	?	Yes	?	Rare	Sizzlers
Yes	No	Yes	?	Rare	Applebees
No	No	No	N/A	N/A	Ruby Tuesday
Yes	No	Yes	7oz sirloin	Rare	Ruby Tuesday (both GB and Stk),
Yes	No	Yes	7oz sirloin	Medium Rare	Applebees (stk), Green Gables Restaurant (GB)
?	?	?	?	?	O'Charley's
Yes	No	Yes	7oz sirloin	?	Applebees
No	No	No	N/A	N/A	<i>None (did have Olive Garden Meal - no beef)</i>
Yes	?	Yes	7oz sirloin	Rare	Applebees
Yes	Yes	Yes	"Sirloin tip"	Medium	Olive Garden
Yes	No	Yes	?	Medium Rare	Applebees(stk), Taco Bell (GB)
Yes	No	Yes	7oz sirloin	Medium Rare	Applebees (stk), Taco Bell (GB), Arby's (RB), McDonalds (GB)
Yes	No	Yes	7oz sirloin	Medium Rare	Applebees
Yes	No	Yes	7oz sirloin	Medium	Olive Garden (GB), Applebees (Stk)
Yes	No	Yes	?	Rare	Logan's Steakhouse/Outback
?	?	?	?	?	Ruby River
Yes	No	Yes	7oz sirloin	Not Undercooked	Sizzlers
Yes	No	Yes	7oz sirloin	Rare	Applebees

Date of Chain-Restaurant Exposure	Lettuce	Spinach	Supplemental Questionnaire	
			Rec'd at CDC	Travel
9/28/2009	Prepackaged	?	No	No
11/7/2009	Various	No	Yes	
10/21/2009	Romaine	No	Yes	
11/13/2009 (stk), 11/16/2009 (GB)	No	No	Yes	Y - Pennsylvania (11/6-11/15)
11/7/2009 (Applebee's), 11/11/2009 (Green Gables)	No	Yes	Yes	
?	?	?	No	?
11/14/2009	Yes-home	No	Yes	
N/A	Iceberg/Romaine	No	Yes	No
?	?	?	No	
?			No	
?	Various	Yes	Yes	
11/13/2009	Mixed Greens	No	Yes	
?	Iceberg/Romaine	Yes	Yes	
11/7/2009	Iceberg/Romaine	No	Yes	
11/11/2009 (Applebee's), 11/14/2009 (Olive Garden)	Iceberg	No	Yes	
?	Yes	No	Yes	No
10/25/2009	Yes	?	No	No
?	Iceberg	No	No	?
11/8/2009	Mesclun	Yes	Yes	Y - Nebraska, Denver Airport

Comment
<p>Restaurant ground beef at BK, McD's, White Castle, Taco Bell?</p> <p>2 7oz steaks at Applebees on consecutive nights (11/11 and 11/12); KS resident</p> <p>Restaurant steak "very tender" (w mushroom rissot), home steak medium (just a little pink)</p> <p>Unsure of date in Oct. when ate at Sizzler in Bountiful, UT; may not be in 7 days before onset</p> <p>Applebees in York, Nebraska</p>

MLVA_c MLVA_composite

	VNTR_vals:VNTR_3	VNTR_vals:VNTR_34	VNTR_vals:VNTR_9	VNTR_vals:VNTR_25	VNTR_vals:VNTR_17	VNTR_vals:VNTR_19	VNTR_vals:VNTR_36	VNTR_vals:VNTR_37					
100	15.0	9.0	17.0	4.0	7.0	4.0	15.0	7.0	FL__FL01149-09	FL	Lake	Stool	
	15.0	9.0	17.0	4.0	7.0	4.0	15.0	7.0	HI__N09-455	HI		Stool	.2009-11-21
	15.0	9.0	17.0	4.0	7.0	4.0	15.0	7.0	IN__10ENT0778	IN		Stool	.2009-11-14
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	09EN000156	MI		Stool	.2009-11-20
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	CA__M09X04704	CA	Long Beach	Stool	.2009-10-08
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	CO_HUM-2009051829_	CO		Stool	.2009-11-17
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	IA__2009153459	IA	Woodbury	Stool	.2009-11-14
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	MN__E2009047337	MN		Stool	.2009-11-25
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	MN__E2009047601	MN	Anoka	Stool	.2009-11-24
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	MN__E2009050291-1	MN	Benton	Stool	.2009-12-17 00:00:C
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	MN__E2009050292-1	MN	Stearns	Stool	.2009-12-16 00:00:C
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	NV__M09-1978	NV	Washoe	Stool	.2009-10-22
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	OH__2009085038	OH	Ashtabula	Stool	.2009-11-19
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	OK__09OKE1442	OK	Payne	Stool	.2009-11-13
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	SD__SD207609	SD		Stool	.2009-11-13
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	SD__SD209609	SD		Stool	.2009-11-17
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	TN__N09E001473	TN	Overton	Stool	.2009-10-20
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	UT__0307553	UT		Stool	.2009-11-03
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	UT__0307601	UT		Stool	.2009-11-02
	15.0	9.0	18.0	4.0	7.0	4.0	15.0	7.0	WA__14357	WA	King	Stool	.2009-11-17
	15.0	9.0	18.0	5.0	7.0	4.0	15.0	7.0	OH__2009084541	OH	Stark	Stool	.2009-11-20

Lab Id	Additional isolat PFGE	CDC PFGE	MLVA	Lname	Fname	city
	E2009047337,					
I2009047159	E2009047601	MN23ECB20	EXHX01.0248, EXHA26.0569			Ham Lake
E2009050292		MN23ECB20	EXHX01.0248, EXHA26.0569			Cold Spring
I2009050291		MN23ECB20	EXHX01.0248, EXHA26.0569			St. Cloud
I20100001507		MN23ECB20	EXHX01.0248, EXHA26.0569			Sauk Rapids
E2010001788		MN23ECB20	EXHX01.0248, EXHA26.0569			Sauk Rapids

county	spec coll	odate	illness dur	outcome	hosp	hosp days	age	gb	source	steaks
Anoka	11/24/2009	11/23/2009	4	alive	y-3 dats	2	20 y		friend's house	n
Stearns	12/16/2009	12/14/2009		alive	y-8 days	8	54 y		Cashwise	n
Benton	12/17/2009	12/14/2009	9	alive	n		34 y		Coburns	Bonanza
Benton	1/9/2010	1/4/2010		died	y-11 days	11	62 y		several/upper lake foot n	
Benton	1/15/2010	1/14/2010		alive	y-19 days	19	80 y			
			7				54			
						10				

notes

diarrhea vomiting fever bloody

	1		2	2	1
group home, day program	1		1	1	1
	1		1	2	1
group home (different from 50292)	1		2	2	1
likely secondary case, same home as I2010001507	1 u		u		1

- Low Quality trim \rightarrow mostly fat
- rendering @ low temp
- Centrifuge it to separate fat from remaining tissue
- tissue \rightarrow freeze it
- infect ammonia - high pH ^{-bactericidal effect}
- freeze it in a drum as flakes
- boxed - kept frozen
- apply compression of frozen flakes to very high pressure so high that it has bactericidal effect

\Rightarrow these flakes can be added to ground beef, & make up up to 15% of volume

Wor @ cal
Sat Dec



IIDA

44th Annual Meeting

October 12-15, 2006
Toronto, Ontario, Canada

- Receipt? for any ag purchases - most ^{main}
- * Casapna hm made or
pre-packaged
- brand
- receipt for beef if home
made
- Any leftovers
- Ag may call
- Low
- grocery store?
or distributor?
- hand on bus?
- Swedish meat balls?

(AHI
IN
- random report)

St. Cloud

E. coli Cluster 0912MLEXH-1: Beef Exposure as of 12/14/09

Key	SourceState	Age Sex	IsolatDate	OnsetDate	Travel	Any Beef	Any Ground Beef	Home Ground Beef	Restaurant Ground Beef	How Cooked
CA_M09X04704	CA	64 F	10/8/2009	10/3/2009	No	Yes	No	No	No	?
CO_HUM-2009051829	CO	23 M	11/17/2009	11/14/2009		Yes	No	No	No	?
FL_FL01149-09	FL	79 M		10/24/2009		Yes	Yes	No	Yes	?
HI_N09-455	HI	26 M	11/21/2009	11/20/2009	Y - Pennsylvania (11/6-11/15)	Yes	Yes	No	Yes	Rare
IA_2009153459	IA	87 F	11/14/2009	11/13/2009		Yes	Yes	No	Yes	?
MI_09EN000156	MI	65 F	11/20/2009	11/19/2009		Yes	Yes	Yes	No	Not undercooked
MN_E2009047601	MN	20 M	11/24/2009	11/23/2009	No	Yes	Yes	Yes	Yes	Pink
NE_NPHL 11290	KS	69 M	11/22/2009			?				
NV_M09-1978	NV	37 M	10/22/2009			?				
OH_2009084541	OH	37 F	11/20/2009			Yes	No	No	No	
OH_2009085038	OH	17 F	11/19/2009			Yes	Yes	Yes	Yes	Not undercooked
OK_09OKE1442	OK	22 F	11/13/2009	11/11/2009		?				
SD_SD207609	SD	20 F	11/13/2009	11/12/2009		Yes	Yes	Yes	No	Not undercooked
SD_SD209609	SD	23 F	11/17/2009	11/16/2009		Yes	Yes	Yes	Yes	?
TN_N09E001473	TN	17 M	10/20/2009	10/18/2009	No	Yes	No	No	No	
UT_0307601	UT	14 M	11/2/2009		No	Yes	Yes	?	Yes	Rare
WA_14357	WA	68 F	11/17/2009	11/15/2009	Y - Nebraska, Denver Airport	Yes	Yes	?	?	?

Utah camp
A2 - 2 wedding
Oct 17

*ask to see it

Needle
G blade tenderizer

	Any Steak	Home Steak	Restaurant Steak	Steak Cut	How cooked	Chain Sit-Down Restaurant	Lettuce	Spinach	Comment
CA	Yes	?	Yes	?	Rare	Sizzlers	Prepackaged	?	
CO	Yes	No	Yes	?	Rare	Applebees	Various	No	
FL	No	No	No	?	Rare	Ruby Tuesday	Romaine	No	
HI	Yes	No	Yes	7oz sirloin	Rare	Ruby Tuesday (both GB and Stk), -	No	No	
IA	Yes	No	Yes	?	?	Applebees (stk), Green Gables Restaurant (GB)	No	Yes	
MI	Yes	No	Yes	7oz sirloin	?	Applebees	Yes-home	No	
MO	No	No	No	?	?	None (Olive Garden Meal - no beef)	Iceberg/Romaine	No	Restaurant ground beef at BK, McD's, White Castle, Taco Bell?
NE									
OH	Yes	Yes	Yes	(Sirloin tip)	Medium	Olive Garden	Various	Yes	Restaurant steak "very tender" (w mushroom risotto), home steak medium (just a little pink)
OK	Yes	No	Yes	?	Medium Rare	Applebees (stk), Taco Bell (GB)	Mixed Greens	No	
SD	Yes	No	Yes	?	?	Applebees	Iceberg/Romaine	No	
SD	Yes	No	Yes	7oz sirloin	Medium	Olive Garden (GB), Applebees (Stk)	Iceberg	No	
TN	Yes	No	Yes	?	Rare	Logan's Steakhouse/Outback	Yes	No	
UT	?	?	?	?	?	Ruby River	Yes		
WA	Yes	?	Yes	?	Rare	Applebees			

7 Applebees

KS - 11/21 - Hwy.



Apple

NE

+2

"free steak"

7oz

→ frozen, separately for applebees

FSIS

Same info

2 suppliers

3 processors















7oz → made by all 3 suppliers/processors.
Carbon → 1 processor

Sizzlers → no overlap.

Ruby Tuesdays → 1 source estab. of overlap is Sizzler
1 potential overlap is Ruby Tues
will go back to slaughter.

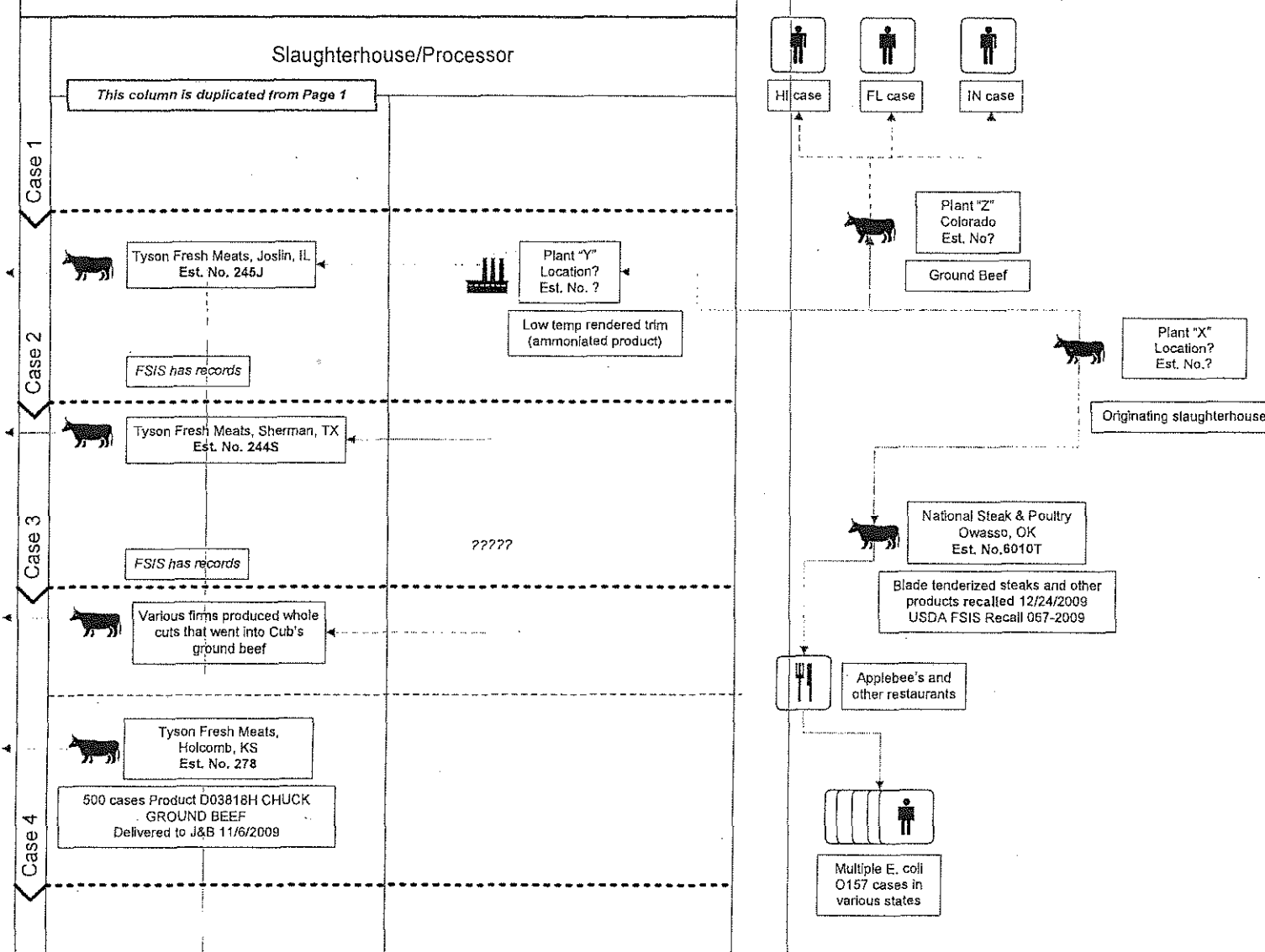
1/20

E. coli O157 Cluster 0912MLEXH-1 Minnesota Cases (p. 1 of 2)

	Case	Exposures	Retail	Wholesale/Distributor	Slaughterhouse/Processor	
Case 1	 20 y/o from Ham Lake, MN. Onset: 11/23 Not hospitalized	Rare hamburger at friend's house -- No further information on that exposure				
Case 2	 54y/o at group home in Cold Spring, MN Onset: 12/14 Hospitalized 7 days	Several hot dish/casseroles in the home. Home purchased ground beef at CashWise	 Cash Wise, 113 S Waite Ave, Waite Park, MN GR BEEF CHUB 80% Item# 2718202809 Purchase Date 12/11/09 No. purchased = 4 @ 6.98 each	 J&B Wholesale, St. Michael, MN 3 lb. chubs pass-through from Tyson/IBP in Joslin, IL	 Tyson Fresh Meats, Joslin, IL Est. No. 245J	
Case 3	 34 y/o from St. Cloud, MN Onset: 12/14 Not hospitalized	1 lb 80/20 ground beef purchased from Coborn's. No purchase dates, no receipts. Described as "black tray with plastic over it"	 Coborn's Centennial, 8th Street N, St. Cloud, MN Product 1094 A BF GRND FINE 80% CF	 J&B Wholesale, St. Michael, MN Product 1094 A BF GRND FINE 80% CF 24/1LB shipped 12/7 24/1LB shipped 12/11 Pass-through from Tyson/IBP, Sherman, TX	 Tyson Fresh Meats, Sherman, TX Est. No. 244S	
Case 4	 62 y/o at in Sauk rapids, MN Onset: 1/4/2010 Hospitalized 10 days Deceased	Home: Lasagna on 12/31 (prepared in home) Hamburger on 12/28, Swedish meatballs on 12/30 (meatballs prepared at CC)	 Cub Food, St. Cloud, MN Ground beef processed in store from whole cuts trim	 Upper Lakes Foods, Inc. Cloquet, MN (Distributor) 1 82.00 lb case 8/10# AVG BEEF GROUND 81/19 FRZ PACKER Delivered to CC 12/22/2009 Based on J&B records of case weights, ULF received either Serial No. 117959431 or 117959601 produced on 10/30/2009	 J & B Wholesale, St. Michael, MN 100 cases Product 785 A BF GRND FINE 80% CHUCK Produced 10/30/09 Delivered to ULF 11/23/2009 Pass-through from Tyson in KS	 Tyson Fresh Meats, Holcomb, KS Est. No. 278 500 cases Product D03818H CHUCK GROUND BEEF Produced 10/28, 10/29, and 10/30 Delivered to J&B 11/6/2009

Continued on Page 2

E. coli O157 Cluster 0912MLEXH-1 Minnesota Cases (p. 2 of 2)



Medus, Carlota (MDH)

363

From: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR) [iqj1@cdc.gov]
Sent: Wednesday, December 16, 2009 8:38 AM
To: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR); Tim.F Jones; Akiko (CDPH-CID-DCDC)' Kimura; Bela.Matyas@cdph.ca.gov; Jeffrey (CDPH-CID-DCDC)' Higa; Rebecca.Kanenaka@doh.hawaii.gov; sarah.park@doh.hawaii.gov; Roberta_Hammond@doh.state.fl.us; Kathryn.MacDonald@DOH.WA.GOV; rsowadsky@health.nv.gov; laurence@health.ok.gov; Smithee, Lauri (CDC health.ok.gov); agarvey@idph.state.IA.US; diana.vonstein@idph.state.IA.US; MHarris@idph.state.IA.US; bidols@michigan.gov; bohms@michigan.gov; ShelineK@michigan.gov; Cronquist, Alicia (CDC state.co.us); nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; Medus, Carlota (MDH); Hedican, Erin (MDH); Meyer, Stephanie (MDH); Robinson, Trisha (MDH); Linda.schaefer@state.sd.us; Amanda Ingram; John Dunn; juliahall@utah.gov; saanderson@kdheks.gov; jdement@kdheks.gov
Cc: Sotir, Mark (CDC/CCID/NCZVED); Seys, Scott; Ihry, Timothy; Potter, Morris
Subject: E. coli O157:H7 Cluster 0912MLEXH-1 Conference Call

Dear Colleagues,

Thank you for your hard work thus far on this cluster. I wanted to send out a quick reminder about the conference call today at 4:00 Eastern. Call information is given below. Please let me know if you have any questions.

Conference line: 1.866.687.4175

Passcode: 6210397

Thank you,

Wright Culpepper
Surveillance Epidemiologist
Outbreak Response Unit, OutbreakNet Team
Enteric Diseases Epidemiology Branch
Division of Foodborne, Bacterial and Mycotic Diseases
U.S. Centers for Disease Control and Prevention
1600 Clifton Road, MS-A38
Atlanta, GA 30333
Tel. 404.639.1539 / Fax 404.639.2205
Email: iqj1@cdc.gov

12/16/2009

MN HD 000024

Medus, Carlota (MDH)

From: Medus, Carlota (MDH)
Sent: Thursday, January 28, 2010 10:38 AM
To: Rigdon, Carrie (MDA); Ihry, Timothy
Cc: Seys, Scott; Harstick, Gregory; Rounds, Joshua (MDH); Miller, Ben (MDA)
Subject: RE: new case E. coli O157:H7 Cluster 0912MLEXH-1 -- Ground Beef info
Importance: High

Hello all,

We now have 4 cases in MN that match by PFGE with onsets ranging from 11/23/09-1/4/10. 3 of the 4 were hospitalized, and 1 died. 3 of the 4 lived in or near St. Cloud, and 1 in Mpls. All 4 had ground beef. Source/purchase was available and traced back on 3 cases (the 3 from the St Cloud area). All had ground beef that traces back to J&B meats, and to IBP/Tyson. **Regardless on how the beef connects back to NSP or source of beef for NSP, we have 3 cases with beef that traces back to a common source, IBP/Tyson.** Given the pattern of illness over such a long period of time, and the most recent case with onset in January, this is very concerning and likely an on-going outbreak. What needs to happen next? I'm aware that we are still waiting on information on which IBP/Tyson plant the gb for our most recent case came from, but the data are already very compelling. If possible, I'd like to have a conference call today. Are you available any time this afternoon?

Thanks!

Carlota

Carlota Medus, PhD, MPH
Epidemiologist Principal
Foodborne, Vectorborne, & Zoonotic Diseases
Acute Disease Investigation & Control
Minnesota Department of Health
Phone: 651.201.5527

From: Rigdon, Carrie (MDA)
Sent: Wednesday, January 27, 2010 5:25 PM
To: Ihry, Timothy
Cc: Seys, Scott; Harstick, Gregory; Medus, Carlota (MDH); Rounds, Joshua (MDH); Miller, Ben (MDA)
Subject: RE: new case E. coli O157:H7 Cluster 0912MLEXH-1 -- Ground Beef info

Hi, Tim,

As Carlota mentioned, this new case had two sources for those beef exposures of interest: (1) lasagna using ground beef from Cub Foods, and (2) Frozen Patties and Swedish Meatballs at the day program which is supplied by Upper Lakes (distributor).

For #1:

- There were three separate purchasing trips to this store: 12/16, 12/23, and 12/29 of last year. The

1/28/2010

MN HD 000025

shopper for the home purchased the same ground beef item each time: AMER 75% LN GRD (Item # 27246800000). Dave Weimer at SuperValu was able to determine that this was ground in-store and sent the grinding logs.

- Estab. 245J is included in two places (12/13 and 12/19 logs) but since this was trimmed in-store from whole cuts, if there's a connection to be made it would perhaps be to the original slaughterhouse that also supplied National Beef & Poultry. I don't know this establishment identity, but know you do. Can you tell us if there's a match?

For #2:

These products were delivered to 12/22.

Information on the Bulk Ground Beef:

8 10lb tubes 81/19%

Arrived at Upper Lakes on 11/23

PO # 076206

It is a J&B Meats IBP product

Frozen Patties:

80/20 4 in 1 Natural, Unipro Rochester

Lots 93381427 and 92931105

Arrive at Upper Lakes on 12/9 and 12/16

The 12/9 product PO# 077399

The 12/16 product PO# 087237

I'll follow up with Upper Lakes and J&B to see which IBP the 81/19 came from and when.

I'm attaching a PDF portfolio with the Cub Foods receipts and grind logs, and the nfo from MDH.

Thanks!

Carrie

Carrie E. Rigdon, Ph.D.

Dairy and Food Inspection Division

Minnesota Department of Agriculture

w. 651-201-6453

f. 651-201-6119

From: Ihry, Timothy [mailto:Timothy.Ihry@fsis.usda.gov]

Sent: Tuesday, January 26, 2010 5:13 PM

To: Medus, Carlota (MDH); Rounds, Joshua (MDH); Rigdon, Carrie (MDA); Miller, Ben (MDA)

Cc: Seys, Scott; Ihry, Timothy; Harstick, Gregory

Subject: RE: new case E. coli O157:H7 Cluster 0912MLEXH-1

Carlotta and Josh,

Thanks for the information. This business always saddens me.

We are very interested in the product(s) consumed. Who is our go-to @ MDA?? Carrie? Ben? (cc'ed them both) I also cc'ed Greg Harstick, who leads our field investigation.

Of course, very interested in what you and the environmental investigation determines re the most likely causal

1/28/2010

MN HD 000026

exposure.

Tim

Tim Ihry

402.344.5161

timothy.ihry@fsis.usda.gov

From: Medus, Carlota (MDH) [mailto:Carlota.Medus@state.mn.us]

Sent: Tuesday, January 26, 2010 4:51 PM

To: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR); Sotir, Mark (CDC/CCID/NCZVED); Ihry, Timothy

Cc: Rounds, Joshua (MDH)

Subject: new case E. coli O157:H7 Cluster 0912MLEXH-1

We have a new match to the O157 outbreak CDC cluster code Cluster 0912MLEXH-1 (steaks/ground beef). Spec id MN_I2010001507.

This was a 62 year old male from Sauk Rapids. He had onset of illness on Jan 4, was hosp Jan 9, and died of kidney failure on Jan 19. He did not have HUS (despite the kidney failure). There is a second case in the same residence with results pending, but this additional case had onset ~5 days later, so is likely a secondary case.

This case had a disability, and lived in a group home, plus attended a day program. We got menus and details about foods eaten in the several weeks before onset.

The only restaurant exposure was McDonald's, and it was >1 week before onset.

Interesting exposures:

- lasagna (contained ground beef, made on site) on 12/31
- hamburger (frozen pre-made patties) on a bun on 12/28
- Swedish meatballs (made from ground beef on site) on 12/30

The group home purchased the ground beef for the lasagna at Cub in St Cloud. We were able to get receipts and have given those to the Minnesota Dept of Ag to start traceback. We are still waiting for more info from the day program.

We will keep you posted on what we find out. Let Josh Rounds (cc'd on this email) or me know if you have any questions.

Thanks!

Carlota Medus, PhD, MPH
Epidemiologist Principal
Foodborne, Vectorborne, & Zoonotic Diseases
Acute Disease Investigation & Control
Minnesota Department of Health
Phone: 651.201.5527

1/28/2010

MN HD 000027

From: Harstick, Gregory <Gregory.Harstick@fsis.usda.gov>
To: Medus, Carlota (MDH); Rigdon, Carrie (MDA); Ihry, Timothy <Timothy.Ihry@fsis.usda.gov>
Cc: Seys, Scott <Scott.Seys@fsis.usda.gov>; Rounds, Joshua (MDH); Miller, Ben (MDA); Willnerd, Joel <Joel.Willnerd@fsis.usda.gov>
Sent: Thu Jan 28 10:58:25 2010
Subject: RE: new case E. coli O157:H7 Cluster 0912MLEXH-1 -- Ground Beef info

Carlota---I would be available anytime this afternoon, also could add my supervisor, Joel Willnerd to the list?
Thanks, GREG

From: Medus, Carlota (MDH) [mailto:Carlota.Medus@state.mn.us]
Sent: Thursday, January 28, 2010 10:38 AM
To: Rigdon, Carrie (MDA); Ihry, Timothy
Cc: Seys, Scott; Harstick, Gregory; Rounds, Joshua (MDH); Miller, Ben (MDA)
Subject: RE: new case E. coli O157:H7 Cluster 0912MLEXH-1 -- Ground Beef info
Importance: High

Hello all,

We now have 4 cases in MN that match by PFGE with onsets ranging from 11/23/09-1/4/10. 3 of the 4 were hospitalized, and 1 died. 3 of the 4 lived in or near St. Cloud, and 1 in Mpls. All 4 had ground beef. Source/purchase was available and traced back on 3 cases (the 3 from the St Cloud area). All had ground beef that traces back to J&B meats, and to IBP/Tyson. Regardless on how the beef connects back to NSP or source of beef for NSP, we have 3 cases with beef that traces back to a common source, IBP/Tyson. Given the pattern of illness over such a long period of time, and the most recent case with onset in January, this is very concerning and likely an on-going outbreak. What needs to happen next? I'm aware that we are still waiting on information on which IBP/Tyson plant the gb for our most recent case came from, but the data are already very compelling. If possible, I'd like to have a conference call today. Are you available any time this afternoon?

Thanks!

Carlota

Carlota Medus, PhD, MPH
Epidemiologist Principal
Foodborne, Vectorborne, & Zoonotic Diseases
Acute Disease Investigation & Control
Minnesota Department of Health
Phone: 651.201.5527

From: Rigdon, Carrie (MDA)
Sent: Wednesday, January 27, 2010 5:25 PM
To: Ihry, Timothy
Cc: Seys, Scott; Harstick, Gregory; Medus, Carlota (MDH); Rounds, Joshua (MDH); Miller, Ben (MDA)
Subject: RE: new case E. coli O157:H7 Cluster 0912MLEXH-1 -- Ground Beef info

Hi, Tim,

1/28/2010

MN HD 000028

As Carlota mentioned, this new case had two sources for those beef exposures of interest: (1) lasagna using ground beef from Cub Foods, and (2) Frozen Patties and Swedish Meatballs at the day program which is supplied by Upper Lakes (distributor).

For #1:

- There were three separate purchasing trips to this store: 12/16, 12/23, and 12/29 of last year. The shopper for the home purchased the same ground beef item each time: AMER 75% LN GRD (Item # 27246800000). Dave Weimer at SuperValu was able to determine that this was ground in-store and sent the grinding logs.
- Estab. 245J is included in two places (12/13 and 12/19 logs) but since this was trimmed in-store from whole cuts, if there's a connection to be made it would perhaps be to the original slaughterhouse that also supplied National Beef & Poultry. I don't know this establishment identity, but know you do. Can you tell us if there's a match?

For #2:

These products were delivered to 12/22.

Information on the Bulk Ground Beef:

8 10lb tubes 81/19%

Arrived at Upper Lakes on 11/23

PO # 076206

It is a J&B Meats IBP product

Frozen Patties:

80/20 4 in 1 Natural, Unipro Rochester

Lots 93381427 and 92931105

Arrive at Upper Lakes on 12/9 and 12/16

The 12/9 product PO# 077399

The 12/16 product PO# 087237

I'll follow up with Upper Lakes and J&B to see which IBP the 81/19 came from and when.

I'm attaching a PDF portfolio with the Cub Foods receipts and grind logs, and the to from MDH.

Thanks!

Carrie

Carrie E. Rigdon, Ph.D.

Dairy and Food Inspection Division

Minnesota Department of Agriculture

w. 651-201-6453

f. 651-201-6119

From: Ihry, Timothy [mailto:Timothy.Ihry@fsis.usda.gov]

Sent: Tuesday, January 26, 2010 5:13 PM

To: Medus, Carlota (MDH); Rounds, Joshua (MDH); Rigdon, Carrie (MDA); Miller, Ben (MDA)

Cc: Seys, Scott; Ihry, Timothy; Harstick, Gregory

Subject: RE: new case E. coli O157:H7 Cluster 0912MLEXH-1

1/28/2010

MN HD 000029

Medus, Carlota (MDH)

From: Medus, Carlota (MDH)
Sent: Thursday, January 28, 2010 11:38 AM
To: Ihry, Timothy; Miller, Ben (MDA); Harstick, Gregory; Rigdon, Carrie (MDA)
Cc: Seys, Scott; Rounds, Joshua (MDH); Willnerd, Joel; Smith, Kirk (MDH)
Subject: RE: new case E. coli O157:H7 Cluster 0912MLEXH-1 -- Ground Beef info

Perfect! Let's try 1pm.
1-866-790-8895
9600273#

Carlota Medus, PhD, MPH
Epidemiologist Principal
Foodborne, Vectorborne, & Zoonotic Diseases
Acute Disease Investigation & Control
Minnesota Department of Health
Phone: 651.201.5527

From: Ihry, Timothy [mailto:Timothy.Ihry@fsis.usda.gov]
Sent: Thursday, January 28, 2010 11:27 AM
To: Miller, Ben (MDA); Harstick, Gregory; Medus, Carlota (MDH); Rigdon, Carrie (MDA)
Cc: Seys, Scott; Rounds, Joshua (MDH); Willnerd, Joel
Subject: RE: new case E. coli O157:H7 Cluster 0912MLEXH-1 -- Ground Beef info

Scott and I have a meeting at noon – probably go ½ hr and another scheduled from 2:00 to 3:30 (I think could skip part of that one, and don't think it will go that long, but....)

Tim Ihry
402.344.5161
timothy.ihry@fsis.usda.gov

From: Miller, Ben (MDA) [mailto:Benjamin.Miller@state.mn.us]
Sent: Thursday, January 28, 2010 11:03 AM
To: Harstick, Gregory; Medus, Carlota (MDH); Rigdon, Carrie (MDA); Ihry, Timothy
Cc: Seys, Scott; Rounds, Joshua (MDH); Willnerd, Joel
Subject: Re: new case E. coli O157:H7 Cluster 0912MLEXH-1 -- Ground Beef info

Carlota,

Carrie and I could do noon if that would work.

Ben
Benjamin Miller, MPH, RS
Operations and Response Section Manager
Dairy and Food Inspection Division
Minnesota Dept of Agriculture
(W) 651.201.6670

1/28/2010

MN HD 000030

Carlotta and Josh,

Thanks for the information. This business always saddens me.

We are very interested in the product(s) consumed. Who is our go-to @ MDA?? Carrie? Ben? (cc'ed them both) I also cc'ed Greg Harstick, who leads our field investigation.

Of course, very interested in what you and the environmental investigation determines re the most likely causal exposure.

Tim

Tim Ihry

402.344.5161

timothy.ihry@fsis.usda.gov

From: Medus, Carlota (MDH) [mailto:Carlota.Medus@state.mn.us]

Sent: Tuesday, January 26, 2010 4:51 PM

To: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR); Sotir, Mark (CDC/CCID/NCZVED); Ihry, Timothy

Cc: Rounds, Joshua (MDH)

Subject: new case E. coli O157:H7 Cluster 0912MLEXH-1

We have a new match to the O157 outbreak CDC cluster code Cluster 0912MLEXH-1 (steaks/ground beef). Spec id MN_12010001507.

This was a 62 year old male from Sauk Rapids. He had onset of illness on Jan 4, was hosp Jan 9, and died of kidney failure on Jan 19. He did not have HUS (despite the kidney failure). There is a second case in the same residence with results pending, but this additional case had onset ~5 days later, so is likely a secondary case.

This case had a disability, and lived in a group home, plus attended a day program. We got menus and details about foods eaten in the several weeks before onset.

The only restaurant exposure was McDonald's, and it was >1 week before onset.

Interesting exposures:

-lasagna (contained ground beef, made on site) on 12/31

-hamburger (frozen pre-made patties) on a bun on 12/28

-Swedish meatballs (made from ground beef on site) on 12/30

The group home purchased the ground beef for the lasagna at Cub in St Cloud. We were able to get receipts and have given those to the Minnesota Dept of Ag to start traceback. We are still waiting for more info from the day program.

We will keep you posted on what we find out. Let Josh Rounds (cc'd on this email) or me know if you have any questions.

Thanks!

1/28/2010

MN HD 000031

E. coli O157:H7 Cluster 0912MLEXH-1 Summary Slides

Carlota Medus, PhD, MPH
Epidemiologist Principal
Foodborne, Vectorborne, & Zoonotic Diseases
Acute Disease Investigation & Control
Minnesota Department of Health
Phone: 651.201.5527

Medus, Carlota (MDH)

From: Rigdon, Carrie (MDA)
Sent: Thursday, January 28, 2010 2:07 PM
To: Ihry, Timothy
Cc: Seys, Scott; Harstick, Gregory; Medus, Carlota (MDH); Rounds, Joshua (MDH); Miller, Ben (MDA)
Subject: FW: E. coli O157 investigation -- conf call followup

J&B Meats: talked to Brandee. This product from 278 was pass-through; it was not processed in any way at J&B. Brandee is still pulling together this information on what was rec'd from Tyson that went to fill the Upper Lakes order. By the way, J&B sent out about 200 cases of the same product that filled the Upper Lakes order (that being TYSON FRESH MEATS, HOLCOMB, KS (ESTAB 278) PRODUCTION DATES: 10/28 AND 10/30). And they still have some of this product in their warehouse.

Upper Lakes: I have a message into Billy Flynn at Upper Lakes regarding the Frozen Patties product. I did confirm with a second Upper Lakes employee that this product was from Rochester Meats. When I speak with Billy, I'll get invoices and more information on what the "lots" mean.

Frozen Patties:
 80/20 4 in 1 Natural, Unipro Rochester
 Lots 93381427 and 92931105
 Arrive at Upper Lakes on 12/9 and 12/16
 The 12/9 product PO# 077399
 The 12/16 product PO# 087237

I'll send along information and documents as I get them...

Carrie E. Rigdon, Ph.D.
~~Dairy and Food Inspection Division~~
 Minnesota Department of Agriculture
 w. 651-201-6453
 f. 651-201-6119

From: Rigdon, Carrie (MDA)
Sent: Thursday, January 28, 2010 9:50 AM
To: 'brandee.hanson@jbggroup.com'
Cc: Miller, Ben (MDA); 'Ihry, Timothy'; Jason Knapp (Jason.Knapp@fsis.usda.gov)
Subject: E. coli O157 investigation -- ground beef to Upper Lakes

Hi, Brandee,

Thanks, again, for your help. Here is the information we had from Minnesota Dept. of Health on product delivered from Upper Lakes distributor to Catholic Charities in St. Cloud:

The product in question (ground beef and frozen hamburger patties) is from Upper Lakes. Their contact at Upper Lakes is Billy Flynn 1-800-879-1265 ext. 4277. These products were delivered to

Information on the Bulk Ground Beef:
 8 10lb tubes 81/19%
 Arrived at Upper Lakes on 11/23
 PO # 076206
 It is a J&B Meats IBP product

As you mentioned on the phone, this PO is an Upper Lakes PO, not a J&B PO. According to your records, this is the product you shipped to Upper Lakes on 11/23:

1/28/2010

MN HD 000033

BEEF FINE GRIND
80% CHUCK
TYSON FRESH MEATS, HOLCOMB, KS (ESTAB 278)
PRODUCTION DATES: 10/28 AND 10/30

Per our discussion, please send a copy of the invoices from Tyson and your invoices to Upper Lakes. You can scan and email them (carrie.rigdon@state.mn.us) or FAX (651-201-6119).

Thank you for your assistance and please call me with any questions you have.

Sincerely,
Carrie

Carrie E. Rigdon, Ph.D.
RRT Project Planner
Dairy and Food Inspection Division
Minnesota Department of Agriculture
625 Robert Street North
St. Paul, MN 55155
work: 651-201-6453
fax: 651-201-6119

1/28/2010

MN HD 000034

Medus, Carlota (MDH)

From: Medus, Carlota (MDH)
Sent: Monday, January 11, 2010 4:11 PM
To: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR); MacDonald, Kathryn J (DOH); Kimura, Akiko (CDPH-CID-DCDC); Higa, Jeffrey (CDPH-CID-DCDC); rsowadsky@health.nv.gov; John Dunn; Jones, Tim (CDC state.tn.us); Amanda.Ingram@STATE.TN.US; juliahall@utah.gov; Roberta_Hammond@doh.state.fl.us; agarvey@idph.state.ia.us; MHarris@idph.state.ia.us; diana.vonstein@idph.state.ia.us; Smithee, Lauri (CDC health.ok.gov); laurence@health.ok.gov; Linda.schaefer@state.sd.us; Cronquist, Alicia (CDC state.co.us); nicole.comstock@State.CO.US; shaun.cosgrove@State.CO.US; Meyer, Stephanie (MDH); Hedican, Erin (MDH); Robinson, Trisha (MDH); sarah.park@doh.hawaii.gov; Rebecca.Kanenaka@doh.hawaii.gov; bidols@michigan.gov; ShelineK@michigan.gov; bohms@michigan.gov; Ellen.salehi@odh.ohio.gov; saanderson@kdheks.gov; jdement@kdheks.gov; ppontones@isdh.IN.gov; athurdekoos@isdh.IN.gov
Cc: Sotir, Mark (CDC/CCID/NCZVED); Smith, Kirk (MDH); Rigdon, Carrie (MDA)
Subject: RE: E. coli O157:H7 Cluster 0912MLEXH-1 Summary Slides

Hello all,

A quick update on the third MN case (MN_E2009050291) that I had previously reported as unreachable. Well, we were able to reach him. His onset was 12/14. He reported eating a 6 oz. sirloin steak at Bonanza in St Cloud on 12/11. The case also likely ate ground beef from 1 of 2 grocery stores. He bought a 1 lb package of 80/20 that came in a black tray covered in plastic wrap (different than the previous MN case that had ground beef that came in a larger chub/tube). MDA and FSIS are tracing back the steak and ground beef.

We received a call from a New York Times reporter telling us that there are isolates from ground beef that match the outbreak strain, that the ground beef was made with trim from JBS Swift, and that JBS Swift also provided steaks to NSP. Is this true? It would be helpful to know. Thanks!

Carlota Medus, PhD, MPH
Epidemiologist Principal
Foodborne, Vectorborne, & Zoonotic Diseases
Acute Disease Investigation & Control
Minnesota Department of Health
Phone: 651.201.5527

4/11/09

Per Carrie MDA

CASHWISE / CONSUMERS

GB from
our 2 cases



J & B Meats, MN



Tyson



trim from
company that
treats it E
anterior

eg. as recently
printed
in NY
NYT

(barely can be called
beef trim - mostly
fat)



Applebees &
such



NSP

12/24
recall

?



Medus, Carlota (MDH)

From: Rigdon, Carrie (MDA)
Sent: Wednesday, January 06, 2010 12:46 PM
To: Medus, Carlota (MDH); Miller, Ben (MDA)
Subject: RE: Cash Wise traceback

That was my sense when I talked to Tim last week. I remember him saying he wanted to make sure the firm(s) he suspected weren't supplying these Tyson establishments, but there was a lot of reading between the lines of what he said, so I may have mis-interpreted it. I can try to be a little more direct when I talk with him next...

Carrie E. Rigdon, Ph.D.
 Dairy and Food Inspection Division
 Minnesota Department of Agriculture
 w. 651-201-6453
 f. 651-201-6119

From: Medus, Carlota (MDH)
Sent: Wednesday, January 06, 2010 11:56 AM
To: Rigdon, Carrie (MDA); Miller, Ben (MDA)
Subject: RE: Cash Wise traceback

Interesting.

So, I thought FSIS implied/said that Tyson was not involved/suspected at all. ???

Carlota Medus, PhD, MPH
 Epidemiologist-Principal
 Foodborne, Vectorborne, & Zoonotic Diseases
 Acute Disease Investigation & Control
 Minnesota Department of Health
 Phone: 651.201.5527

From: Rigdon, Carrie (MDA)
Sent: Wednesday, January 06, 2010 11:42 AM
To: Miller, Ben (MDA)
Cc: Medus, Carlota (MDH)
Subject: Cash Wise traceback

Ben,

I just talked to Jason Knapp at FSIS's MPLS office and he updated me on the Cash Wise traceback. The lot code stamped on the leftover ground beef (245J3389JOSW) indicates that the product was produced on December 4 (Julian date 3389). But according to J&B Wholesale's records, all their 3 lb chubs shipped to Cash Wise in the time window of interest was produced on November 28 (not Dec. 4).

What might be going on is that J&B gets their shipments from a Tyson Fresh Meat Warehouse in Ottawa, IL. The slaughter/processor of those chubs (Estab 245J) is Tyson Fresh Meats in Joslin, IL. It is possible that there may

1/12/2010

MN HD 000037

be some co-mingling at the Ottawa warehouse and they only put one lot code on the outside of the box. J&B takes the box label info for their records, so if there was co-mingling, they wouldn't have all those codes in their records.

Just speculation, but FSIS is working forward from Joslin and Ottawa to get this nailed down.

Also, Cash Wise gets 3 to 4 shipments a week and they don't freeze it; they put it out right away. So it seems unlikely that the other 2 chubs that were purchased on 12/11 and already consumed would have widely divergent lot codes than the product we picked up (but still possible, of course).

Carrie

Carrie E. Rigdon, Ph.D.
RRT Project Planner
Dairy and Food Inspection Division
Minnesota Department of Agriculture
625 Robert Street North
St. Paul, MN 55155
work: 651-201-6453
fax: 651-201-6119

1/12/2010

MN HD 000038

Medus, Carlota (MDH)

From: Rigdon, Carrie (MDA)
Sent: Friday, January 08, 2010 4:27 PM
To: Jason Knapp (Jason.Knapp@fsis.usda.gov)
Cc: Ihry, Tim (Timothy.Ihry@fsis.usda.gov); Miller, Ben (MDA); Medus, Carlota (MDH)
Subject: FW: Bonanza-ST CLOUD-information

Attachments: Bonanza Information-JAN10.pdf



Bonanza
Information-JAN10.pdf

Hi, Jason,

Here's the assessment of the Bonanza visit from Chris at City of St. Cloud. The invoice from Apperts (where they get their steaks) is of very poor quality, but here's what I can make out:

Appert's Foodservice Invoice Date 11/24/2009; Customer No. 58024 (Bonanza-St. Cloud)

ITEM # 11172 STEAK ??? BALL TIP CHOICE 6 [OZ.] PROTEIN SOLUTN ITEM # 11184 STEAK ??? BALL TIP
CHOICE 8 [OZ.] PROTEIN SOLUTN

From what Chris says, Bonanza orders every other Tuesday, so there should have been another Invoice on 12/8/2009, which would have been closer to the 12/11 meal date.

Wishing you a nice weekend,

Carrie

Carrie E. Rigdon, Ph.D.
Dairy and Food Inspection Division
Minnesota Department of Agriculture
w. 651-201-6453
f. 651-201-6119

-----Original Message-----

From: Christopher Forslund [mailto:Christopher.Forslund@ci.stcloud.mn.us]
Sent: Friday, January 08, 2010 3:31 PM
To: Rigdon, Carrie (MDA)
Cc: Medus, Carlota (MDH)
Subject: Bonanza-ST CLOUD-information

Hi Carrie, Carlota

I've scanned what ever documents that they had pertinent to the investigation. Sounds like they have 3 suppliers:

Apperts Food Service

Reinhart Food Service
FSA (Food Service of America)

Apperts provides whole cuts, (Items 11172 and 11184 from the invoice, Frozen Ball tip steaks in solution, 6-8 oz.) Reinhart provides several ground or chopped beef products (see invoice) FSA provides only produce according to Bonanza.

Orders are placed every other Tuesday-same providers. He (Jeff Boyd-Manager) can get prior invoices if we need them, but this is what he had at the store. He was very helpful and cooperative.

Apperts invoice is really hard to read, but I can decipher most of it here-not sure about the .pdf. I did grab one label from the ground beef for reference if that helps. I couldn't remember at the time if was National Beef or National Steak and Poultry with the recall and I had already handed him the recall notice. He had staff double check inventory and did not find any of the listed product from the FSIS info while I was there. He was appreciative and was glad that we checked with him.

His contact information is 320-253-5872.

Usual questions: No reported employee illness, no complaints received, etc. Discussed usual issues, handwashing employee health, and temp control. Nothing out of the ordinary noted.

Have a good weekend,

Chris

Christopher Forslund, MPH, RS
Health and Inspections Coordinator
City of St. Cloud
400 2nd St. South
St. Cloud, MN 56301

Fax 320-650-3145
Phone 320-650-3120
christopher.forslund@ci.stcloud.mn.us



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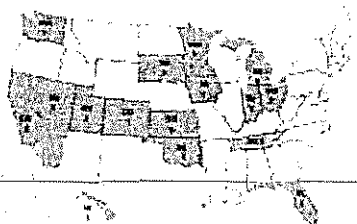
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E. coli (www.cdc.gov/ecoli/) > *E. coli* Outbreak Investigations (www.cdc.gov/ecoli/outbreaks.html) > Multistate Outbreak of *E. coli* O157:H7 Infections Linked to Beef from National Steak and Poultry

Multistate Outbreak of *E. coli* O157:H7 Infections Associated with Beef from National Steak and Poultry Updated January 6, 2010

States where persons infected with the outbreak strain of *E. coli* O157:H7 live, United States, by state,

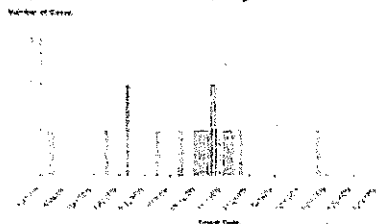


October 1, 2009 to January 4, 2010
(www.cdc.gov/ecoli/2010/0105_map.html)

(www.cdc.gov/ecoli)

Click map to view a larger image. (www.cdc.gov/ecoli/2010/0105_map.html)

Infections with the outbreak strain of *E. coli* O157:H7, by date of illness onset (n=19 for whom information



was reported as of January 4, 2010)
(www.cdc.gov/ecoli/2010/0105_chart.html)

(www.cdc.gov/ecoli)

Click map to view a larger image. (www.cdc.gov/ecoli/2010/0105_chart.html)

CDC is collaborating with public health officials in several states and the United States Department of Agriculture's Food Safety and Inspection Service (FSIS) to investigate a multistate outbreak of human infections due to *Escherichia coli* O157:H7 (*E. coli* O157:H7).

As of 5:00 PM EDT, Monday, January 4, 2010, 21 persons infected with the outbreak strain of *E. coli* O157:H7 had been reported from 16 states. The number of ill persons who were identified resides in each state as follows: CA (1), CO (1), FL (1), HI (1), IA (1), IN (1), KS (1), MI (1), MN (3), NV (1), OH (2), OK (1), SD (2), TN (1), UT (2), and WA (1).

Known illness onset dates range from October 3, 2009 through December 14, 2009. Most patients became ill between mid-October and late November. Patients range in age from 14 to 87 years and the median age of patients is 34 years, which

means half are younger than 34 years. Forty-three percent of patients are females. There have been 9 reported hospitalizations, 1 case of hemolytic uremic syndrome (HUS), and no deaths.

The outbreak can be visually described with a chart showing the number of persons who became ill each day. This chart is called an **epidemic curve** or **epi curve** (www.cdc.gov/ecoli/2010/0105_chart.html). Illnesses that occurred after December 22, 2009 might not yet be reported due to the time it takes between when a person becomes ill and when the illness is reported. This takes an average of 2 to 3 weeks. Please see the **Timeline for Reporting of *E. coli* Cases** (www.cdc.gov/ecoli/reportingtimeline.html) for more details.

In early December 2009, CDC's PulseNet (<http://www.cdc.gov/pulsenet>) staff identified a multistate cluster of 14 *E. coli* O157:H7 isolates with a particular DNA fingerprint or pulsed-field gel electrophoresis (PFGE) pattern reported from 13 states. CDC's OutbreakNet (<http://www.cdc.gov/foodborneoutbreaks>) team began working with state and local partners to gather epidemiologic information about persons in the cluster to determine if any of the ill individuals had been exposed to the same food source(s). Health officials in several states who were investigating reports of *E. coli* O157:H7 illnesses in this cluster found that most ill persons had consumed beef, many in restaurants. CDC is continuing to collaborate with state and local health departments in an attempt to gather additional epidemiologic information and share this information with FSIS. At this time, at least some of the illnesses appear to be associated with products subject to a recent FSIS recall.

On December 24, 2009, FSIS issued a notice about a recall of 248,000 pounds of beef products from National Steak and Poultry that may be contaminated with *E. coli* O157:H7. The recall was issued after FSIS determined there was an association between non-intact steaks (blade tenderized prior to further processing) and illnesses in Colorado, Iowa, Kansas, Michigan, South Dakota and Washington. More information on the recalled products may be found on the FSIS web site (http://www.fsis.usda.gov/News_Events/Recall_067_2009_Release/index.asp).

Consumers who have questions about the recalled products can contact USDA-FSIS at "Ask Karen" online at www.AskKaren.gov (<http://www.askkaren.gov>) * or call the Meat and Poultry Hotline at 1-888-MPHotline (674-6854).

Page last modified: January 6, 2010

Content source: National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ZVED) (www.cdc.gov/nczved/)

Page Located on the Web at <http://www.cdc.gov/ecoli/2010/>

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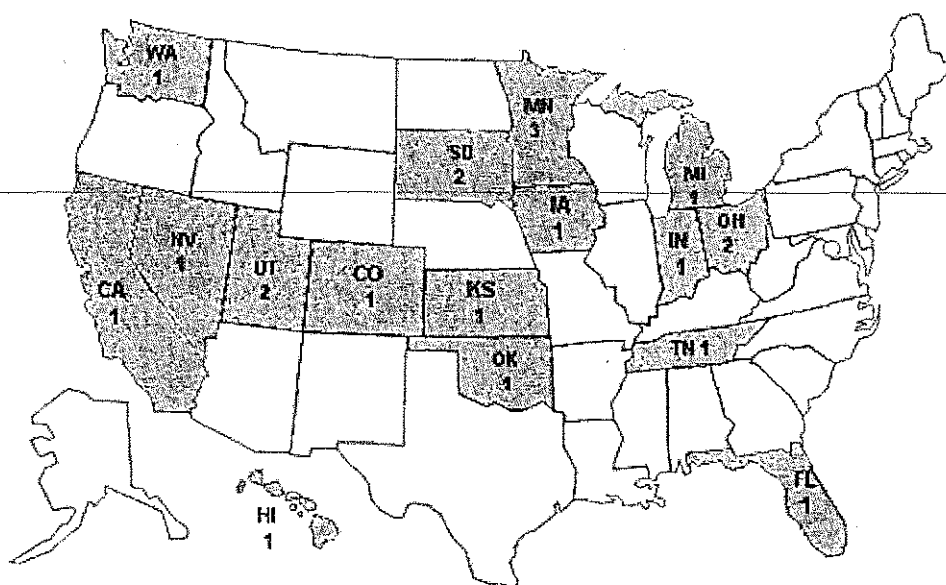
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E. coli (www.cdc.gov/ecoli/) > *E. coli* Outbreak Investigations (www.cdc.gov/ecoli/outbreaks.html) > Multistate Outbreak of *E. coli* O157:H7 Infections Associated with Beef from National Steak and Poultry (www.cdc.gov/ecoli/2010/index.html) > States where persons infected with the outbreak strain of *E. coli* O157:H7 live, United States, by state, October 1, 2009 to January 4, 2010

States where persons infected with the outbreak strain of *E. coli* O157:H7 live, United States, by state, October 1, 2009 to January 4, 2010

As of 5:00 PM EDT, Monday, January 4, 2010, 21 persons infected with the outbreak strain of *E. coli* O157:H7 had been reported from 16 states. The number of ill persons who were identified reside in each state as follows: CA (1), CO (1), FL (1), HI (1), IA (1), IN (1), KS (1), MI (1), MN (3), NV (1), OH (2), OK (1), SD (2), TN (1), UT (2), and WA (1).

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Content source: National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ZVED) (www.cdc.gov/nczved/)



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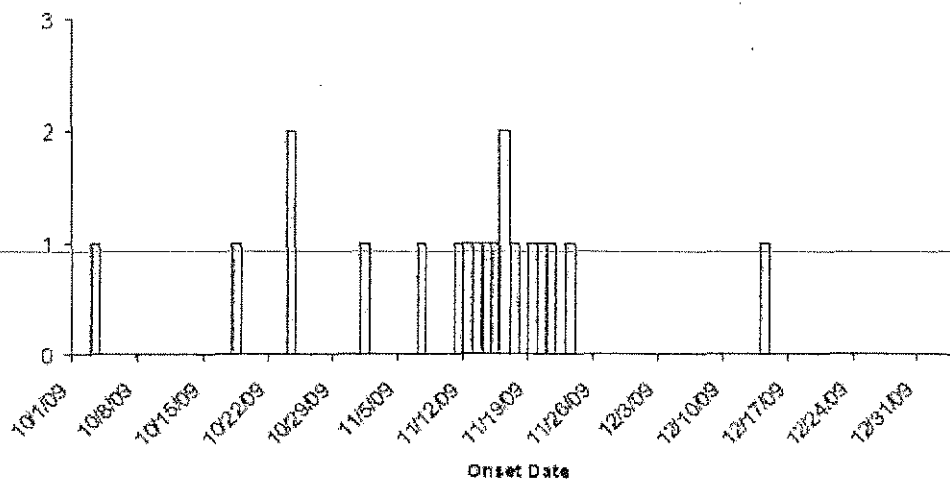
Report a Foodborne Illness

(<http://www.cdc.gov/ncidod/dbmd/reportfi.htm>)

Infections with the outbreak strain of *E. coli* O157:H7, by date of illness onset*

(n=19 for whom information was reported as of January 4, 2010)

Number of Cases



*Note: Onset date unknown for 2 cases

The outbreak can be visually described with a chart showing the number of persons who became ill each day. This chart is called an epidemic curve or epi curve. Illnesses that occurred after December 22, 2009 might not yet be reported due to the time it takes between when a person becomes ill and when the illness is reported. This takes an average of 2 to 3 weeks. Please see the [Timeline for Reporting of *E. coli* Cases \(www.cdc.gov/ecoli/reportingtimeline.htm\)](http://www.cdc.gov/ecoli/reportingtimeline.htm) for more details.

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Safety of Beef Processing Method Is Questioned

By MICHAEL MOSS

Published: December 30, 2009

Eight years ago, federal officials were struggling to remove potentially deadly E. coli from hamburgers when an entrepreneurial company from South Dakota came up with a novel idea: injecting beef with ammonia.

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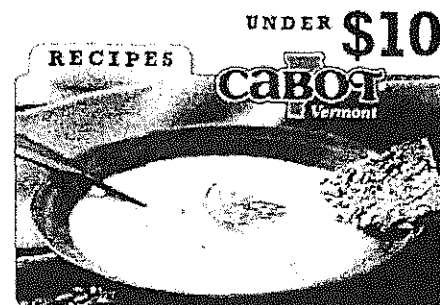
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Tony Cenicola/The New York Times
Beef Products Inc.'s ammonia-treated beef.

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I am reporting on the beef industry's use of ammonia to treat ground beef to kill E. coli and salmonella. I have interviewed industry officials, government regulators, and consumers. I have also visited a beef processing plant in South Sioux City, Neb. The company injects fatty beef trimmings with ammonia to remove E. coli and salmonella.

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Documents: Meat Industry and
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A Beef Products Inc. processing plant
in South Sioux City, Neb. The
company injects fatty beef trimmings
with ammonia to remove E. coli and
salmonella.

Readers' Comments

"The humane treatment of
the animals is at best an
afterthought, as is the
welfare of all the humans
who consume these
products."

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policy for handling Beef Products during pathogen outbreaks. Since it was seen as
pathogen-free, the processed beef was excluded from recalls, even when it was an
ingredient in hamburgers found to be contaminated.

The Beef Products case reveals a schism between the main Department of Agriculture and
its division that oversees the school lunch program, a divide that underscores the
government's faltering effort to make hamburger safe. The U.S.D.A. banned the sale of
meat found to be contaminated with the O157:H7 strain of E. coli 15 years ago, after a
deadly outbreak was traced to Jack in the Box restaurants. Meat tainted with salmonella is
also a hazard. But while the school lunch program will not buy meat contaminated with
salmonella, the agriculture department does not ban its sale to the general public.

The company, Beef Products Inc., had been looking to
expand into the hamburger business with a product made
from beef that included fatty trimmings the industry once
relegated to pet food and cooking oil. The trimmings were
particularly susceptible to contamination, but a study
commissioned by the company showed that the ammonia
process would kill E. coli as well as salmonella.

Officials at the United States Department of Agriculture
endorsed the company's ammonia treatment, and have said
it destroys E. coli "to an undetectable level." They decided it
was so effective that in 2007, when the department began
routine testing of meat used in hamburger sold to the
general public, they exempted Beef Products.

With the U.S.D.A.'s stamp of approval, the company's
processed beef has become a mainstay in America's
hamburgers. McDonald's, Burger King and other fast-food
giants use it as a component in ground beef, as do grocery
chains. The federal school lunch program used an
estimated 5.5 million pounds of the processed beef last year
alone.

But government and industry records obtained by The New
York Times show that in testing for the school lunch
program, E. coli and salmonella pathogens have been found
dozens of times in Beef Products meat, challenging claims
by the company and the U.S.D.A. about the effectiveness of
the treatment. Since 2005, E. coli has been found 3 times
and salmonella 48 times, including back-to-back incidents
in August in which two 27,000-pound batches were found
to be contaminated. The meat was caught before reaching
lunch-rooms trays.

In July, school lunch officials temporarily banned their
hamburger makers from using meat from a Beef Products
facility in Kansas because of salmonella — the third
suspension in three years, records show. Yet the facility
remained approved by the U.S.D.A. for other customers.

Presented by The Times with the school lunch test results,
top department officials said they were not aware of what
their colleagues in the lunch program had been finding for
years.

In response, the agriculture department said it was
revoking Beef Products' exemption from routine testing and
conducting a review of the company's operations and
research. The department said it was also reversing its

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Even so, E. coli outbreaks nationwide have increased in recent years. And this summer, two outbreaks of particularly virulent strains of salmonella in hamburger prompted large recalls of ground beef across several states.

Although no outbreak has been tied to Beef Products, officials said they would thoroughly scrutinize any future industry innovations for fighting contamination "to ensure that they are scientifically sound and protect public health," and that they were examining the government's overall meat safety policies.

The founder and owner of Beef Products, Eldon N. Roth, declined requests for interviews or access to the company's production facilities. Responding to written questions, Beef Products said it had a deep commitment to hamburger safety and was continually refining its operation to provide the safest product possible. "B.P.I.'s track record demonstrates the progress B.P.I. has made compared to the industry norm," the company said. "Like any responsible member of the meat industry, we are not perfect."

Beef Products maintains that its ammonia process remains effective. It said it tests samples of each batch it ships to customers and has found E. coli in only 0.06 percent of the samples this year.

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Griff Palmer contributed reporting.

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A version of this article appeared in print on December 31, 2009, on page A1 of the New York edition.

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[In Delayed Test, a Vaccine to Counter Bad Beef \(December 4, 2009\)](#)
[E. Coli Outbreak Traced to Company That Halted Testing of Ground Beef \(November 13, 2009\)](#)
[E. Coli Kills 2 And Sickens Many Others; Focus on Beef \(November 3, 2009\)](#)
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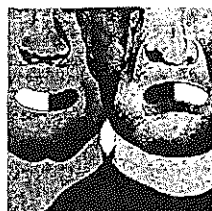
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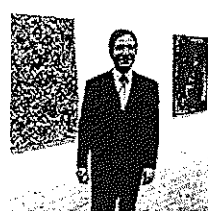


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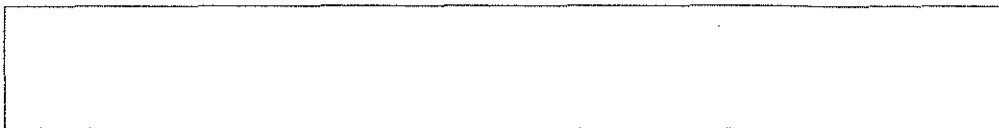
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Correction: Beef-Ammonia Story

By THE ASSOCIATED PRESS
Published: January 4, 2010

Filed at 3:21 p.m. ET

In a Dec. 31 story about E. coli pathogens found in ammonia-treated beef, The Associated Press overstated the level of positive tests for E. coli bacteria in meat samples from Beef Products Inc. A Beef Products spokesman said pathogen was found in 0.06 percent of samples, not 0.6 percent.

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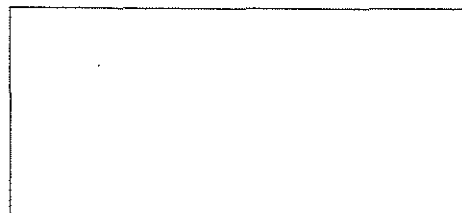
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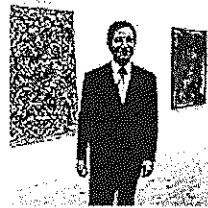
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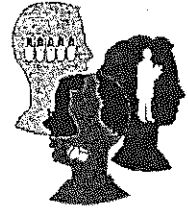
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E. Coli O157:H7 0912MLEXH-1
cluster

Monday, January 4, 2009

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*Please Note: These data are preliminary and subject to change

0912MLEXH-1 Case Count by State

SourceState	Total
CA	1
CO	1
FL	1
HI	1
IA	1
IN	1
KS	1
MI	1
MN	3
NV	1
OH	2
OK	1
SD	2
TN	1
UT	2
WA	1
Grand Total	21

- Confirmed case definition:

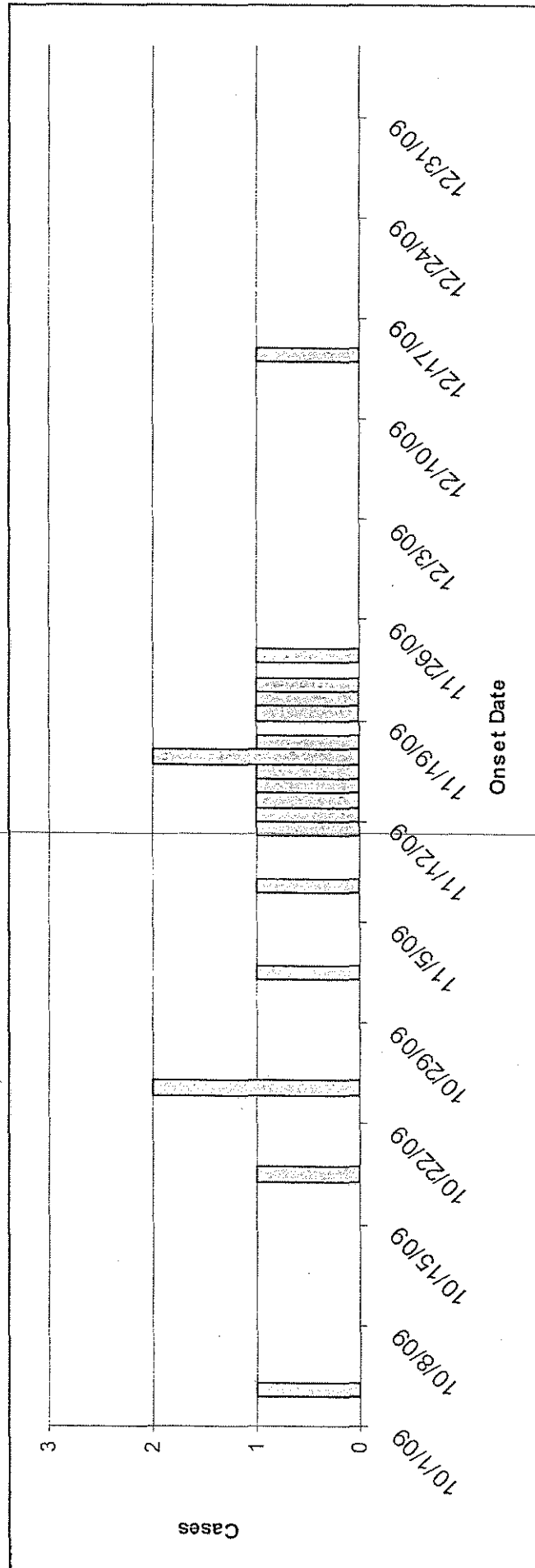
- person with *E. coli* O157:H7 infection,
- with isolation dates from October 8, 2009 – present,
- and with isolate matching PFGE pattern EXHX01.0248/EXHA26.0569

- 21 cases in 16 states

- 9 hospitalizations
- 1 case of HUS
- 0 deaths

- Reported onset dates range from 10/3/09 to 12/14/09

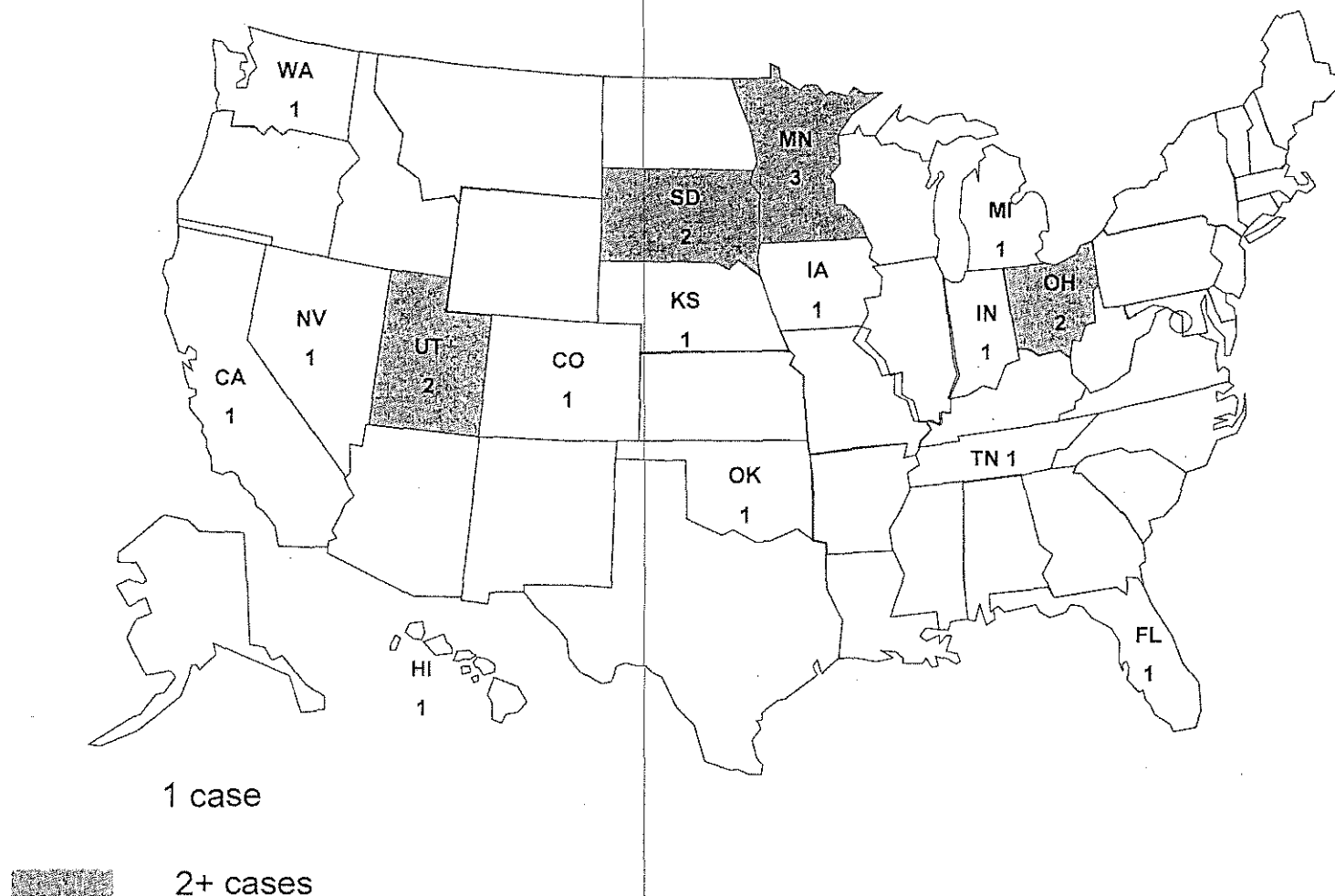
0912MLEXH-1 Cases by Reported Onset Date (n = 19)



0912MLEXH-1 Demographics

Demographics	
Age in years, median (range), (N = 21)	34 (14-87)
Age in category, (N = 21)	
<14	0 (0)
14-17	3 (14)
18-30	7 (33)
31-64	5 (24)
≥65	6 (29)
Females	9 (43)

0912MLEXH-1 State Map





Minnesota Department of Agriculture
625 Robert St. N., St. Paul, MN 55155-2538

Dairy and Food Inspection Division, Ph: 651-201-6027, Fx: 651-201-6116

Sample Release Form

Complaint number: N/A

Inspection report number: N/A

The undersigned voluntarily submits the following unofficial sample of ground beef to
NAME OF FOOD

the Minnesota Department of Agriculture for such further inspection or laboratory examination as the Department may deem necessary. The Department assumes no responsibility for the preservation of such food and destroys all specimens (samples) after the analysis is completed. The holder of the food attest herewith that the specimen (sample) in question was purchased at:

Name / address of the Place of Purchase: Cash Wise Foods
113 S. Waite Ave.
Waite Park, MN 56387

On the following date 12/31/09 ^{CMR} and makes the following complaint:
N/A

X Signature [Signature] Date 12/31/09
Printed name [Signature]
Address [Signature]

COMMENTS: Possibly associated with a confirmed case of E. coli O157:H7.
Samples collected from group home.

Food Inspector Signature Cassie Mueller Date 12/31/09

WHITE TO OFFICE • YELLOW TO COMPLAINANT • PINK TO INSPECTOR

Medus, Carlota (MDH)

From: Rigdon, Carrie (MDA)
Sent: Wednesday, December 30, 2009 4:03 PM
To: Ihry, Timothy
Cc: Miller, Ben (MDA); Medus, Carlota (MDH)
Subject: MN___E2009050292-1 O157 traceback info

Hi, Tim,

Here's an outline of the facts I just gave you over the phone.

MN___E2009050292-1 case (54 y/o). One of the case's ground beef exposures was ground beef purchased at Cash Wise, 113 South Waite Ave., Waite Park, MN. Person who purchases ground beef for this house checked their receipts and confirmed purchase of 4 1-lb. chubs of 80/20 ground beef.

House has partial leftovers of 2 of these chubs in their freezer and is willing to submit them for testing. MDA is sending an inspector to pick up the product and submit it to our lab tomorrow (12/31). I won't know when to expect any results (preliminary or otherwise) until after it's submitted and I can check with the lab. Purchaser was able to read off the following information on the remaining chub label: Use/Freeze by 12/24/09 and a code number: 24J3389JOSW (not sure what this code is or if it is complete). I can take pictures of the product label on Monday.

Cash Wise is supplied by J & B Wholesale in St. Michael, MN. I spoke with Chris O'Neil, QA manager for J & B. According to their records, they only had one supplier of this product in the time window of interest (12/1 through 12/11). J & B received 77 cases of this 1 lb 80/20 product on 12/3/09 from Tyson Fresh Meats, Ottawa, IL (Estab. No. 21513).

Chris has invoices as well as records on where all the 77 cases went if you need it. Here's his contact information:

Chris O'Neil
QA Manager
J & B Wholesale
866-271-1953
(Chris' office is in Pipestone, MN; not St. Michael)

Wishing you a happy new year,
Carrie

Carrie E. Rigdon, Ph.D.
RRT Project Planner
Dairy and Food Inspection Division
Minnesota Department of Agriculture
625 Robert Street North
St. Paul, MN 55155
work: 651-201-6453
fax: 651-201-6119

12/30/2009

MN HD 000057

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News & Events

News Releases

Oklahoma Firm Recalls Beef Products Due To Possible *E. Coli* O157:H7 Contamination

Recall Release
FSIS-RC-067-2009

CLASS I RECALL
HEALTH RISK: HIGH

Congressional and Public Affairs
(202) 720-9113
Atiya Khan

WASHINGTON, December 24, 2009 - National Steak and Poultry, an Owasso, Okla., establishment, is recalling approximately 248,000 pounds of beef products that may be contaminated with *E. coli* O157:H7, the U.S. Department of Agriculture's Food Safety and Inspection Service (FSIS) announced today.

FSIS became aware of the problem during the course of an investigation of a cluster of *E. coli* O157:H7 illnesses. Working with the Centers for Disease Control and Prevention (CDC) and state health and agriculture departments, FSIS determined that there is an association between non-intact steaks (blade tenderized prior to further processing) and illnesses in Colorado, Iowa, Kansas, Michigan, South Dakota and Washington. FSIS is continuing to work with the CDC and affected state public health partners on the investigation. Anyone with signs or symptoms of foodborne illness should consult a physician.

The products subject to recall include:

- 4-ounce "NATIONAL STEAK AND POULTRY BONELESS BEEF SIRLOIN STEAK," with an identifying case code of "SC68408."
- 6-ounce "NATIONAL STEAK AND POULTRY BONELESS BEEF SIRLOIN STEAK," with an identifying case code of "SP680608."
- 8-ounce "NATIONAL STEAK AND POULTRY BONELESS BEEF SIRLOIN STEAK," with an identifying case code of "SC68808"
- 9-ounce "NATIONAL STEAK AND POULTRY BONELESS BEEF SIRLOIN STEAK," with an identifying case code of "SC68908."
- "NATIONAL STEAK AND POULTRY BONELESS BEEF TIPS," with an identifying case code of "69108."
- "NATIONAL STEAK AND

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USDA Meat & Poultry Hotline
1-888-MPHotline

POULTRY BONELESS BEEF SIRLOIN STEAK" with an identifying case code of "XXSP68008."

- "NATIONAL STEAK AND POULTRY SAVORY SIRLOIN TIPS" with an identifying case code of "XX69008."
- 5-ounce "NATIONAL STEAK AND POULTRY BACON WRAPPED BEEF FILLET," with an identifying case code of "23508."
- "NATIONAL STEAK AND POULTRY USDA SELECT BEEF SHOULDER MARINATED TENDER MEDALLIONS" with an identifying case code of "23289."
- "NATIONAL STEAK AND POULTRY 75% BONELESS BEEF TRIMMINGS," with an identifying case code of "33575."
- "NATIONAL STEAK AND POULTRY BEEF TRIMMINGS," with an identifying case code of "36545."
- "NATIONAL STEAK AND POULTRY BEEF SIRLOIN PHILLY STEAK," with an identifying case code of "88008."
- 4-ounce "EGN BONELESS BEEF SIRLOIN STEAK," with an identifying case code of "680425."
- 7-ounce "EGN BONELESS BEEF SIRLOIN TRI TIP STEAK," with an identifying case code of "69725."
- 9-ounce "EGN BONELESS BEEF SIRLOIN TRI TIP STEAK," with an identifying case code of "680925."
- 7-ounce "KRM BONELESS BEEF SIRLOIN STEAK," with an identifying case code of "680715."
- 9-ounce "KRM BONELESS BEEF SIRLOIN STEAK," with an identifying case code of "680915."
- 12-ounce "KRM BONELESS BEEF SIRLOIN STEAK," with an identifying case code of "680215."
- 8-ounce "CARINO'S BONELESS BEEF OUTSIDE SKIRT STEAK," with an identifying case code of "130874."
- "CARINO'S BONELESS BEEF OUTSIDE SKIRT STEAK PIECES," with an identifying case code of "13074."
- "MOE'S BEEF STEAK," with an identifying case code of "78027."

SAFE PREPARATION OF FRESH AND FROZEN GROUND BEEF

USDA Meat and Poultry Hotline
1-888-MPHOTLINE or visit
www.fsis.usda.gov

Wash hands with warm, soapy water for at least 20 seconds before and after handling raw meat and poultry. Wash cutting boards, dishes and utensils with hot, soapy water. Immediately clean spills.

Keep raw meat, fish and poultry away from other food that will not be cooked. Use separate cutting boards for raw meat, poultry and egg products and cooked foods.

Consumers should only eat ground beef or ground beef patties that have been cooked to a safe internal temperature of 160° F, whether prepared from fresh or frozen raw meat products.

Color is NOT a reliable indicator that ground beef or ground beef patties have been cooked to a temperature high enough to kill harmful bacteria such as *E. coli* O157:H7.

The only way to be sure ground beef is cooked to a high enough temperature to kill harmful bacteria is to use a thermometer to measure the internal temperature.

Refrigerate raw meat and poultry within two hours after purchase or one hour if temperatures exceed 90° F. Refrigerate cooked meat and poultry within two hours after cooking.

Each package bears a label with the establishment number "EST. 6010T" inside the USDA mark of inspection, respective case codes cited above, and packaging dates of "10/12/2009," "10/13/2009," "10/14/2009," or "10/21/2009." These products were shipped to restaurants nationwide.

E. coli O157:H7 is a potentially deadly bacterium that can cause bloody diarrhea, dehydration, and in the most severe cases, kidney failure. The very young, seniors and persons with weak immune systems are the most susceptible to foodborne illness. Individuals concerned about an illness should contact a physician.

FSIS routinely conducts recall effectiveness checks to verify recalling firms notify their customers of the recall and that steps are taken to make certain that the product is no longer available to consumers.

FSIS advises all consumers to safely prepare their raw meat products, including fresh and frozen, and only consume ground beef or ground beef patties that have been cooked to a temperature of 160° F. The only way to be sure ground beef is cooked to a high enough temperature to kill harmful bacteria is to use a food thermometer to measure the internal temperature.

Media and consumer questions regarding the recall should be directed the company's hotline at (866) 439-7348.

E. coli O157:H7 is a potentially deadly bacterium that can cause bloody diarrhea, dehydration, and in the most severe cases, kidney failure. The very young, seniors and persons with weak immune systems are the most susceptible to foodborne illness.

Consumers with food safety questions can "Ask Karen," the FSIS virtual representative available 24 hours a day at AskKaren.gov. The toll-free USDA Meat and Poultry Hotline 1-888-MPHotline (1-888-674-6854) is available in English and Spanish and can be reached from 10 a.m. to 4 p.m. (Eastern Time) Monday through Friday. Recorded food safety messages are available 24 hours a day.

NOTE: Access news releases and other information at FSIS' Web site at http://www.fsis.usda.gov/Fsis_Recalls/

Recalled product label

#



www.fsis.usda.gov

Food Safety Questions? Ask Karen!
FSIS' automated response system can provide food safety information 24/7

Last Modified: December 21, 2009

USDA Recall Classifications	
Class I	This is a health hazard situation where there is a reasonable probability that the use of the product will cause serious, adverse health consequences or death.
Class II	This is a health hazard situation where there is a remote probability of adverse health consequences from the use of the product.
Class III	This is a situation where the use of the product will not cause adverse health consequences.

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Medus, Carlota (MDH)

From: Seys, Scott [Scott.Seys@fsis.usda.gov]
Sent: Monday, December 28, 2009 10:09 AM
To: Medus, Carlota (MDH); Rigdon, Carrie (MDA)
Cc: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR); Sotir, Mark (CDC/CCID/NCZVED); Ihry, Timothy
Subject: RE: E. coli O157 cluster

Thank you for the update Carlota! We're definitely interested in what you find from the 2 new MN cases... You're right, the Christmas eve recall from below is part of this investigation. Our traceback of some of the non-Applebee's exposures though is still ongoing. Thanks again! -Scott

Scott A. Seys, MPH, CPH | Chief, Foodborne Disease Investigations Branch
 Office of Public Health Science | Food Safety and Inspection Service | U.S. Department of Agriculture
 Butler Square West, Suite 989-C | 100 North 6th Street | Minneapolis, MN, 55403
 Tel: 612-659-8654 | Cell: 612-437-6091 | Fax: 612-370-2411 | Email: Scott.Seys@fsis.usda.gov

From: Medus, Carlota (MDH) [mailto:Carlota.Medus@state.mn.us]
Sent: Monday, December 28, 2009 9:31 AM
To: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR); Sotir, Mark (CDC/CCID/NCZVED); Rigdon, Carrie (MDA); Seys, Scott; Ihry, Timothy
Subject: E. coli O157 cluster

Hello all,
 We have 2 new cases in MN that match the multi-state E. coli O157 cluster investigation (cluster code 0912MLEXH-1)

E2009050291 and E2009050292

We have a partial interview on one case, and we are still pursuing additional info; we have not been able to reach the other case.

Also, I'm guessing this recall is part of the same investigation, is that correct?
http://www.fsis.usda.gov/News_&_Events/Recall_o67_2009_Release/index.asp

Thanks!

Carlota Medus, PhD, MPH
 Epidemiologist Principal
 Foodborne, Vectorborne, & Zoonotic Diseases
 Acute Disease Investigation & Control
 Minnesota Department of Health
 Phone: 651.201.5527

12/28/2009

MN HD 000062

E. Coli O157:H7 Cluster 0912MLEXH-1

Monday, December 14, 2009

Information for internal use only; not for dissemination without express approval from the author

*Please Note: These data are preliminary and subject to change

Wed 3pm

0912MLEXH-1 Count by State

Source State	Total
CA	1
CO *	1
FL	1
HI ^{trans. rec. military}	1
IA *	1
MI *	1
MN	1
NE	1
NV	1
OH (?)	2
OK	1
SD	2
TN	1
UT	1
WA	1
Grand Total	17

3 carbon
not int.
Filet Mignon
Rising
Subst. after
PA
702
smw

• 17 cases

• 1 new case since Friday's call

• NE now with 1 case

• 3 hospitalized

• 0 HUS

• 0 deaths

← apples
← both state apples

* tracing back.

(702)

USDA

visited restaurant
MI, OH, NE

2 distributors in
NE & MI

apples supplied
by 3 est.

702 Sirloin

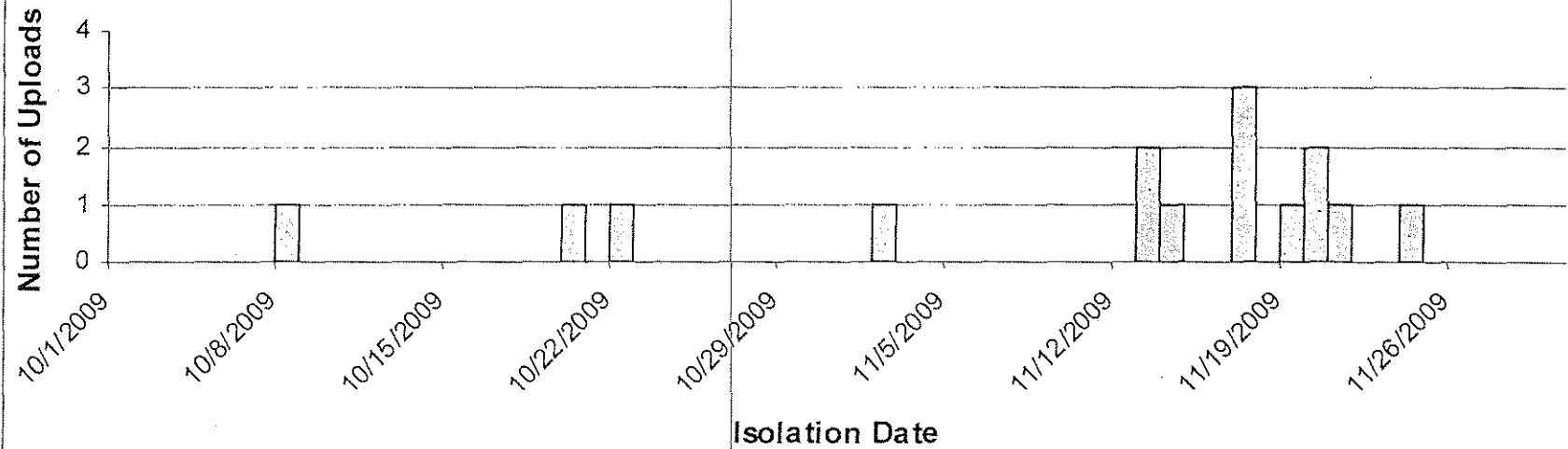
boursin

1202

for 2 needle
turn find
ultra
more go

all 3 are also
processors.
get beef from
⇒ slaughter elsewhere
chicken
apples
Most have some
meat

**E. coli O157:H7 Cluster 0912MLEXH-1 Uploads by Isolation Date,
October 1 - November 30, 2009**



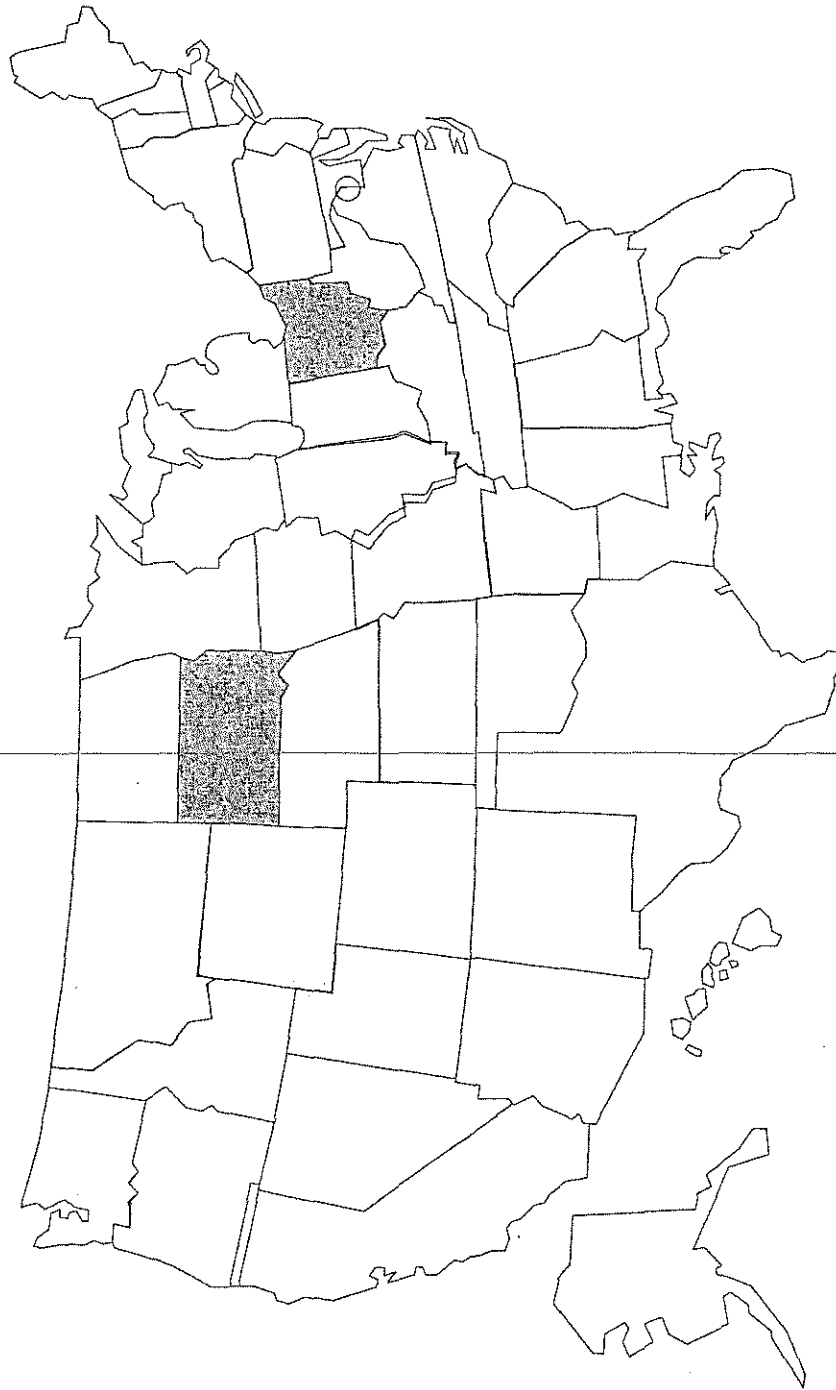
0912MLEXH-1 Demographics

Demographics	
Age in years, median (range), (N = 17)	26 (14 - 87)
Age category in years, (N=17)	
<14	0
14-18	3
18-30	6
31-64	3
<u>>65</u>	5
Percent Female	53

0912MLEXH-1 Basic Food History Information

- We have food histories for 14 of 17 cases.
- 9/14 ground beef (1 additional maybe)
- 9/14 steak
- 14/14 any beef
- 11/14 any leafy greens
- 6/14 Applebee's
- Have received 9 supplemental questionnaires

0912MLEXH-1 State Map



1 case

2 cases

Medus, Carlota (MDH)

From: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR) [iqj1@cdc.gov]
Sent: Monday, December 14, 2009 9:01 AM
To: Tim.F Jones; Akiko (CDPH-CID-DCDC)' 'Kimura; Bela.Matyas@cdph.ca.gov; Jeffrey (CDPH-CID-DCDC)' 'Higa; Rebecca.Kanenaka@doh.hawaii.gov; sarah.park@doh.hawaii.gov; Roberta_Hammond@DOH.STATE.FL.US; Kathryn.MacDonald@DOH.WA.GOV; rsowadsky@health.nv.gov; laurence@health.ok.gov; Smithee, Lauri (CDC health.ok.gov); agarvey@idph.state.ia.us; diana.vonstein@idph.state.ia.us; MHarris@idph.state.ia.us; bidols@michigan.gov; bohms@michigan.gov; ShelineK@michigan.gov; Cronquist, Alicia (CDC state.co.us); nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; Medus, Carlota (MDH); Hedican, Erin (MDH); Meyer, Stephanie (MDH); Robinson, Trisha (MDH); Linda.schaefer@state.sd.us; Amanda Ingram; John Dunn; juliahall@utah.gov
Cc: Sotir, Mark (CDC/CCID/NCZVED)
Subject: Reminder: E. coli O157:H7 Cluster 0912MLEXH-1 Conference Call
Follow Up Flag: Follow up
Flag Status: Red

Dear Colleagues,

Thank you for all of your hard work on this cluster thus far and your input on the conference call last Friday. While on the call on Friday, we discussed having another call today (Monday) at 4:00 Eastern. Call information is given below. I will be sending summary slides at some point before the call today.

Conference line: 1.866.687.4175
Passcode: 6210397

Also, FSIS has asked us to attempt to gather more detailed information on the steaks that cases report eating. Primarily, they want more information regarding the size of the steak (eg 4 ounce, 7 ounce, etc.) and type (eg sirloin, Bourbon, etc.). We can discuss this further on the call today, but please let me know if you have any questions or if you need any assistance with anything.

Thank you for all of your efforts thus far!

Sincerely,

Wright Culpepper
Surveillance Epidemiologist
Outbreak Response Unit, OutbreakNet Team
Enteric Diseases Epidemiology Branch
Division of Foodborne, Bacterial and Mycotic Diseases
U.S. Centers for Disease Control and Prevention
1600 Clifton Road, MS-A38
Atlanta, GA 30333
Tel. 404.639.1539 / Fax 404.639.2205
Email: iqj1@cdc.gov

12/14/2009

MN HD 000069

Medus, Carlota (MDH)

From: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR) [iqj1@cdc.gov]
Sent: Monday, December 14, 2009 9:01 AM
To: Tim.F Jones; Akiko (CDPH-CID-DCDC)' 'Kimura; Bela.Matyas@cdph.ca.gov; Jeffrey (CDPH-CID-DCDC)' 'Higa; Rebecca.Kanenaka@doh.hawaii.gov; sarah.park@doh.hawaii.gov; Roberta_Hammond@DOH.STATE.FL.US; Kathryn.MacDonald@DOH.WA.GOV; rsowadsky@health.nv.gov; laurence@health.ok.gov; Smithee, Lauri (CDC health.ok.gov); agarvey@idph.state.ia.us; diana.vonstein@idph.state.ia.us; MHarris@idph.state.ia.us; bidols@michigan.gov; bohms@michigan.gov; ShelineK@michigan.gov; Cronquist, Alicia (CDC state.co.us); nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; Medus, Carlota (MDH); Hedican, Erin (MDH); Meyer, Stephanie (MDH); Robinson, Trisha (MDH); Linda.schaefer@state.sd.us; Amanda Ingram; John Dunn; juliahall@utah.gov
Cc: Sotir, Mark (CDC/CCID/NCZVED)
Subject: Reminder: E. coli O157:H7 Cluster 0912MLEXH-1 Conference Call
Follow Up Flag: Follow up
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Wright Culpepper
Surveillance Epidemiologist
Outbreak Response Unit, OutbreakNet Team
Enteric Diseases Epidemiology Branch
Division of Foodborne, Bacterial and Mycotic Diseases
U.S. Centers for Disease Control and Prevention
1600 Clifton Road, MS-A38
Atlanta, GA 30333
Tel. 404.639.1539 / Fax 404.639.2205
Email: iqj1@cdc.gov

12/14/2009

MN HD 000070

Medus, Carlota (MDH)

From: Medus, Carlota (MDH)
Sent: Thursday, December 10, 2009 4:01 PM
To: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR); Amanda Ingram; Tim.F Jones
Cc: Sotir, Mark (CDC/CCID/NCZVED); 'Cronquist, Alicia (CDC state.co.us)'; 'shaun.cosgrove@state.co.us'; Smith, Kirk (MDH)
Subject: RE: E. coli Cluster 0912MLEXH-1 request for conf call ASAP
Attachments: States_MasterLL_0912MLEXH-1_modified.xls

We need a conference call.

Attached is a super rough summary of all the case data on emails.

We have another call out to our case, but Applebees and steaks really jump out already.

Carlota Medus, PhD, MPH
Epidemiologist Principal
Foodborne, Vectorborne, & Zoonotic Diseases
Acute Disease Investigation & Control
Minnesota Department of Health
Phone: 651.201.5527

From: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR) [mailto:iqj1@cdc.gov]
Sent: Thursday, December 10, 2009 1:04 PM
To: Amanda Ingram; Medus, Carlota (MDH); Tim.F Jones
Cc: Sotir, Mark (CDC/CCID/NCZVED)
Subject: E. coli Cluster 0912MLEXH-1 Updated Supplemental Questionnaire

<<Supplemental Questionnaire_6.doc>>

Dear Colleagues,

We appreciate your comments thus far. I have attached the most recent supplemental questionnaire for this cluster. Please let me know if you have any additional comments. We'd like to distribute this by COB today.

Thank you,

Wright Culpepper
Surveillance Epidemiologist
Outbreak Response Unit, OutbreakNet Team
Enteric Diseases Epidemiology Branch
Division of Foodborne, Bacterial and Mycotic Diseases
U.S. Centers for Disease Control and Prevention
1600 Clifton Road, MS-A38
Atlanta, GA 30333
Tel. 404.639.1539 / Fax 404.639.2205
Email: iqj1@cdc.gov

12/11/2009

MN HD 000071

Medus, Carlota (MDH)

From: Medus, Carlota (MDH)
Sent: Wednesday, December 09, 2009 4:42 PM
To: Medus, Carlota (MDH); 'Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR)'; 'Bela.Matyas@cdph.ca.gov'; 'Kimura, Akiko (CDPH-CID-DCDC)'; 'Higa, Jeffrey (CDPH-CID-DCDC)'; 'rsowadsky@health.nv.gov'; 'John Dunn'; 'Jones, Tim (CDC state.tn.us)'; 'Amanda.Ingram@state.tn.us'; 'juliahall@utah.gov'; 'Roberta_Hammond@doh.state.fl.us'; 'agarvey@idph.state.ia.us'; 'MHarris@idph.state.ia.us'; 'diana.vonstein@idph.state.ia.us'; 'Smithee, Lauri (CDC health.ok.gov)'; 'laurence@health.ok.gov'; 'Linda.schaefer@state.sd.us'; 'Cronquist, Alicia (CDC state.co.us)'; 'nicole.comstock@state.co.us'; 'shaun.cosgrove@state.co.us'; Meyer, Stephanie (MDH); Hedican, Erin (MDH); Robinson, Trisha (MDH); 'sarah.park@doh.hawaii.gov'; 'Rebecca.Kanenaka@doh.hawaii.gov'; 'bidols@MICHIGAN.GOV'; 'ShelineK@MICHIGAN.GOV'; 'bohms@MICHIGAN.GOV'; 'Kathryn.MacDonald@DOH.WA.GOV'
Cc: Smith, Kirk (MDH); Williams, Ian (CDC/CCID/NCZVED); Sotir, Mark (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED); Ewald, Gwen (CDC/CCID/NCZVED) (CTR); Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR)
Subject: RE: Supplemental Questionnaire for E. coli O157:H7 Cluster 0912MLEXH-1

One more comment, we already have a high proportion of cases reporting undercooked steak, plus cases eating at very similar places e.g., Ruby Tuesday's is not very different than Applebee's. In the past, we've had several steak outbreaks, where we have matches that only reported ground beef (trim).

We really should notify USDA. We should even consider asking for informational tracebacks on the steak exposures of some of these cases.

Do you have the data sent on emails summarized yet? Some of the initial emails only went out to a subset of people in this current list, so not everyone has all the info. Although the number of cases is not super high, I think we need to have a conference call.

Thanks,

Carlota Medus, PhD, MPH
Epidemiologist Principal
Foodborne, Vectorborne, & Zoonotic Diseases
Acute Disease Investigation & Control
Minnesota Department of Health
Phone: 651.201.5527

From: Medus, Carlota (MDH)
Sent: Wednesday, December 09, 2009 4:03 PM
To: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR); Bela.Matyas@cdph.ca.gov; Kimura, Akiko (CDPH-CID-DCDC); Higa, Jeffrey (CDPH-CID-DCDC); rsowadsky@health.nv.gov; John Dunn; Jones, Tim (CDC state.tn.us); Amanda.Ingram@state.tn.us; juliahall@utah.gov; Roberta_Hammond@doh.state.fl.us; agarvey@idph.state.ia.us; MHarris@idph.state.ia.us; diana.vonstein@idph.state.ia.us; Smithee, Lauri (CDC health.ok.gov); laurence@health.ok.gov; Linda.schaefer@state.sd.us; Cronquist, Alicia (CDC state.co.us);

12/11/2009

MN HD 000072

nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; Meyer, Stephanie (MDH); Hedican, Erin (MDH); Robinson, Trisha (MDH); sarah.park@doh.hawaii.gov; Rebecca.Kanenaka@doh.hawaii.gov; bidols@MICHIGAN.GOV; ShelineK@MICHIGAN.GOV; bohms@MICHIGAN.GOV; Kathryn.MacDonald@DOH.WA.GOV

Cc: Smith, Kirk (MDH)

Subject: RE: Supplemental Questionnaire for E. coli O157:H7 Cluster 0912MLEXH-1

Hello Wright,

Thanks for incorporating my suggestions so quickly. I have a few more suggestions:

Question 2- delete

In its place, add "did you handle any ground beef even if you did not eat it"

Question 3- delete

Question 5-delete

Question 6-delete

Question 8-delete

Add a question about handling steak even if not eaten

Question 9- add "type/cut of steak"

Question 9b-delete

Questions 15-16 add additional steak houses, particularly some mentioned by other cases (e.g., Sizzlers)

Question 17- change "where do you usually..." to "where did you purchase groceries eaten in the 7 days prior to your illness" (we don't really care about usually, we care about the week prior to onset).

Thanks!

Carlota

Carlota Medus, PhD, MPH
Epidemiologist Principal
Foodborne, Vectorborne, & Zoonotic Diseases
Acute Disease Investigation & Control
Minnesota Department of Health
Phone: 651.201.5527

From: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR) [mailto:icj1@cdc.gov]

Sent: Wednesday, December 09, 2009 3:29 PM

To: Medus, Carlota (MDH); Bela.Matyas@cdph.ca.gov; Kimura, Akiko (CDPH-CID-DCDC); Higa, Jeffrey (CDPH-CID-DCDC); rsowadsky@health.nv.gov; John Dunn; Jones, Tim (CDC.state.tn.us); Amanda.Ingram@state.tn.us; juliahall@utah.gov; Roberta_Hammond@doh.state.fl.us; agarvey@idph.state.ia.us; MHarris@idph.state.ia.us; diana.vonstein@idph.state.ia.us; Smithee, Lauri (CDC.health.ok.gov); laurence@health.ok.gov; Linda.schaefer@state.sd.us; Cronquist, Alicia (CDC.state.co.us); nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; Meyer, Stephanie (MDH); Hedican, Erin (MDH); Robinson, Trisha (MDH); sarah.park@doh.hawaii.gov; Rebecca.Kanenaka@doh.hawaii.gov; bidols@MICHIGAN.GOV; ShelineK@MICHIGAN.GOV; bohms@MICHIGAN.GOV; Kathryn.MacDonald@DOH.WA.GOV

Cc: Smith, Kirk (MDH)

Subject: Supplemental Questionnaire for E. coli O157:H7 Cluster 0912MLEXH-1

12/11/2009

MN HD 000073

Dear Colleagues,

I have attached an updated supplemental questionnaire for *E. coli* O157:H7 Cluster 0912MLEXH-1. I have included questions about steaks (at home/friend's or in a restaurant) and questions about Olive Garden and Applebee's. Please let me know if you have any questions.

Thank you,

Wright

From: Medus, Carlota (MDH) [mailto:Carlota.Medus@state.mn.us]

Sent: Wednesday, December 09, 2009 3:15 PM

To: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR); Bela.Matyas@cdph.ca.gov; Kimura, Akiko (CDPH-CID-DCDC); Higa, Jeffrey (CDPH-CID-DCDC); rsowadsky@health.nv.gov; John Dunn; Jones, Tim (CDC state.tn.us); Amanda.Ingram@state.tn.us; juliahall@utah.gov; Roberta_Hammond@doh.state.fl.us; agarvey@idph.state.ia.us; MHarris@idph.state.ia.us; diana.vonstein@idph.state.ia.us; Smithee, Lauri (CDC health.ok.gov); laurence@health.ok.gov; Linda.schaefer@state.sd.us; Cronquist, Alicia (CDC state.co.us); nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; Meyer, Stephanie (MDH); Hedican, Erin (MDH); Robinson, Trisha (MDH); sarah.park@doh.hawaii.gov; Rebecca.Kanenaka@doh.hawaii.gov; bidols@michigan.gov; ShelineK@michigan.gov; bohms@michigan.gov; Kathryn.MacDonald@DOH.WA.GOV

Cc: Smith, Kirk (MDH)

Subject: RE: Supplemental Questionnaire for E. coli O157:H7 Cluster 0912MLEXH-1

I feel strongly about adding steaks to the questionnaire (steaks eaten at home, and as a separate question, steaks eaten at a restaurant). Since Applebee's and Olive Garden have been mentioned several times, we should add questions about those specific restaurants. We could easily make a list of any restaurant mentioned more than once and ask all cases about those.

Carlota Medus, PhD, MPH
Epidemiologist Principal
Foodborne, Vectorborne, & Zoonotic Diseases
Acute Disease Investigation & Control
Minnesota Department of Health
Phone: 651.201.5527

From: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR) [mailto:ijq1@cdc.gov]

Sent: Wednesday, December 09, 2009 1:51 PM

To: Bela.Matyas@cdph.ca.gov; Kimura, Akiko (CDPH-CID-DCDC); Higa, Jeffrey (CDPH-CID-DCDC); rsowadsky@health.nv.gov; John Dunn; Jones, Tim (CDC state.tn.us); Amanda.Ingram@state.tn.us; juliahall@utah.gov; Roberta_Hammond@doh.state.fl.us; agarvey@idph.state.ia.us; MHarris@idph.state.ia.us; diana.vonstein@idph.state.ia.us; Smithee, Lauri (CDC health.ok.gov); laurence@health.ok.gov; Linda.schaefer@state.sd.us; Cronquist, Alicia (CDC state.co.us); nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; Medus, Carlota (MDH); Meyer, Stephanie (MDH); Hedican, Erin (MDH); Robinson, Trisha (MDH); sarah.park@doh.hawaii.gov; Rebecca.Kanenaka@doh.hawaii.gov; bidols@michigan.gov; ShelineK@michigan.gov; bohms@michigan.gov; Kathryn.MacDonald@DOH.WA.GOV

Subject: Supplemental Questionnaire for E. coli O157:H7 Cluster 0912MLEXH-1

<<Supplemental Questionnaire.doc>>

12/11/2009

MN HD 000074

Dear Colleagues,

I appreciate the many swift responses I have received regarding this E. coli O157:H7 cluster (0912MLEXH-1). We have received detailed food histories for 9 cases. Of those 9, 6 report definite ground beef exposure (1 additional "maybe"), 9 report either ground beef or steak, and 7 report leafy green vegetables of any kind. Because of this, it may be useful to go ahead and deploy an E. coli O157:H7 supplemental questionnaire in an attempt to get more detailed food history information.

I have attached the supplemental questionnaire. Please fax completed questionnaires to 404.639.2205 (ATTN: Wright Culpepper). If you have any questions, please feel free to let me know. We appreciate your efforts!

Thank you,

Wright

From: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR)

Sent: Tuesday, December 08, 2009 3:57 PM

To: 'Bela.Matyas@cdph.ca.gov'; 'Kimura, Akiko (CDPH-CID-DCDC)'; 'Higa, Jeffrey (CDPH-CID-DCDC)'; 'rsowadsky@health.nv.gov'; John Dunn; Jones, Tim (CDC.state.tn.us); 'Amanda.Ingram@state.tn.us'; 'julliahall@utah.gov'; 'Roberta_Hammond@doh.state.fl.us'; 'agarvey@idph.state.ia.us'; 'MHarris@idph.state.ia.us'; 'diana.vonstein@idph.state.ia.us'; Smithee, Lauri (CDC.health.ok.gov); 'laurence@health.ok.gov'; 'Linda.schaefer@state.sd.us'; Cronquist, Alicia (CDC.state.co.us); 'nicole.comstock@state.co.us'; 'shaun.cosgrove@state.co.us'; 'carlota.medus@state.mn.us'; 'stephanie.meyer@state.mn.us'; 'erin.hedican@state.mn.us'; 'trisha.robinson@state.mn.us'; 'sarah.park@doh.hawaii.gov'; 'Rebecca.Kanenaka@doh.hawaii.gov'; 'bidols@michigan.gov'; 'ShelineK@michigan.gov'; 'bohms@michigan.gov'; 'Kathryn.MacDonald@DOH.WA.GOV'

Subject: E. coli O157:H7 Cluster 0912MLEXH-1

<< File: States_MasterLL_0912MLEXH-1.xls >>

Dear Colleagues,

PulseNet has detected an E. coli O157:H7 cluster and has assigned a cluster code of 0912MLEXH-1 to it. This pattern is flagging as a statistically significant increase over baseline. The median age of those included in this cluster is 23, and 47% are females. I understand that 2 of the cases included in this cluster ate at Applebee's and 2 ate at Olive Garden, but as of right now, there is not enough information that would point to a common food exposure or source.

If you could provide any epidemiologic information on the isolate(s) from your state, we would greatly appreciate it. I have attached the most recent line list for your reference. Please let me know if you have any questions or if you need us for anything.

Thank you,

Wright Culpepper, BS
Surveillance Epidemiologist
Outbreak Response Unit, OutbreakNet Team
Enteric Diseases Epidemiology Branch
Division of Foodborne, Bacterial and Mycotic Diseases
U.S. Centers for Disease Control and Prevention
1600 Clifton Road, MS-A38
Atlanta, GA 30333
Tel. 404.639.2206 / Fax 404.639.2205
Email: iqj1@cdc.gov

12/11/2009

MN HD 000075

Steak	where	burgers & where	salad	where	Source
y-rare	Sizzlers	7/12/80 out 3 min	y at restaurant and prepackaged (Fress Express?)	Marie Callenders, Cerritos & at home	CA NV
y-rare	outback or Logan's steakhouse	n	y-at restaurant and at home y-unpackaged leafy greens and parsley	outback or logan's, and bagged unk brand	TN
<u>Waffle</u>	y-rare	Ruby River Steak House	y-Dole prepackage spinach	Costco	UT FL
y-rare	Applebees	y-meatloaf local restaurant	home	IA	OK
?	Applebees	gb in lasagna gb in lasagna Olive Garden	y	SD	SD
y-rare	Applebees	n (we are calling back)	spring mix prepackaged	home/King Soopers Olive Garden	CO MN
same as above					
n	y-rare	Ruby Tuesday's Oahu		HI	MI
y	Applebees	beef burrito and pre-made patties	burrito at Que Buena Grill, Denver, premade patties from Walmart		WA
y-rare	Applebees York NE				

non-apples
reinter

Applebees steak.
Tuesbell
mcd.

steak and apple's
spring mix.

local water
from in
ground
from water
16 water

11/13 main
can steak apple's

OH - 2 cows
11/16.

non 3pm
contact

steak

5/7
4/6
7/8
3/8
5/8
2/8
1/8
1/8
1/8

Key	Source	Serotype	PFGE-XbaI-patt	PFGE-BlnI-patt	SourceCoun	SourceCity	PatientAge	Patier	IsolatDate	ReceivedDate	UploadDate
CA__M09X04704	CA	E. coli O157:H7	EXHX01.0248	EXHA26.0569	Long Beach		64 F		10/8/2009	10/21/2009	10/27/2009
NV__M09-1978	NV	E. coli O157:H7	EXHX01.0248	EXHA26.0569	Washoe	Reno	37 M		10/22/2009	10/27/2009	10/29/2009
TN__N09E001473	TN	E. coli O157:H7	EXHX01.0248	EXHA26.0569	Overton		17 M		10/20/2009	10/29/2009	11/5/2009
UT__0307601	UT	E. coli O157:H7	EXHX01.0248	EXHA26.0569			14 M		11/2/2009		11/13/2009
FL__FL01149-09	FL	E. coli O157:H7	EXHX01.0248	EXHA26.0569	Lake	Tavares	79 M			10/30/2009	11/20/2009
IA__2009153459	IA	E. coli O157:H7	EXHX01.0248	EXHA26.0569	Woodbury		87 F		11/14/2009	11/17/2009	11/24/2009
OK__090KE1442	OK	E. coli O157:H7	EXHX01.0248	EXHA26.0569	Payne	Stillwater	22 F		11/13/2009	11/20/2009	11/25/2009
SD__SD207609	SD	E. coli O157:H7	EXHX01.0248	EXHA26.0569			20 F		11/13/2009	12/17/2009	12/1/2009
SD__SD209609	SD	E. coli O157:H7	EXHX01.0248	EXHA26.0569			23 F		11/17/2009	12/20/2009	12/1/2009
CO__HUM-2009051829	CO	E. coli O157:H7	EXHX01.0248	EXHA26.0569			23 M		11/17/2009	11/23/2009	12/1/2009
MN__E2009047601	MN	E. coli O157:H7	EXHX01.0248	EXHA26.0569	Anoka	Harm Lake	20 M		11/24/2009	11/30/2009	12/2/2009
MN__E2009047601	MN	E. coli O157:H7	EXHX01.0248	EXHA26.0569					11/25/2009	11/30/2009	12/2/2009
HI__N09-455	HI	E. coli O157:H7	EXHX01.0248	EXHA26.0569			26 M		11/21/2009	11/30/2009	12/3/2009
MI__09EN000156	MI	E. coli O157:H7	EXHX01.0248	EXHA26.0569			65 F		11/20/2009	11/25/2009	12/3/2009
WA__14357	WA	E. coli O157:H7	EXHX01.0248	EXHA26.0569	King		68 F		11/17/2009	11/25/2009	12/3/2009

N	14
Median age	24.5
Age Range	14 to 87
F	####

Any steak
Rare steak
any gb
rare gb
Applebees
Olive Garden
Sizzlers
Ruby Tue
Ruby River

Medus, Carlota (MDH)

From: Medus, Carlota (MDH)**Sent:** Tuesday, December 15, 2009 4:50 PM

To: Bogard, April (MDH); Bruemmer, Linda (MDH); Danila, Richard (MDH); Ehresmann, Kristen (MDH); Everstine, Karen (MDH); Gabriel, Linda (MDH); Hedican, Erin (MDH); Holzbauer, Stacy (MDH); Juni, Billie (MDH); Kaehler, Dawn (MDH); Livingston, Franci (MDH); Lowther, Sara (MDH); Lynfield, Ruth (MDH); Medus, Carlota (MDH); Meyer, Stephanie (MDH); Paulus, Colleen (MDH); Robinson, Trisha (MDH); Rounds, Joshua (MDH); Scheftel, Joni (MDH); Smith, Kirk (MDH); Stine, John (MDH); Weber, Theresa (MDH); Diaz, Steven (MDH); Reimann, David (MDH); Anderson, Eric (MDH); Hickman, Cynthia (MDH); Jeppesen, Kim (MDH); Krier, Brad (MDH); LeMaster, Pamela (MDH); Ringstad, Emily (MDH); Ristinen, Terry (MDH); Triebold, Isaac (MDH); Westbrook, Amy (MDH)

Subject: E. coli O157 case associated with multi-state cluster

Hello all,

We have one E. coli O157:H7 case that is part of a multi-state cluster. The MN PFGE pattern name is MN23ECB20, an uncommon pattern.

There are 17 cases in 15 states, including the 1 MN case, with onsets from early Oct till mid-Nov. The MN case is a 20 y.o. male from Anoka County, with onset of illness on 11/23. He was hospitalized and completely recovered. The multi-state investigation is ongoing, but a high proportion of cases have reported eating rare steaks at certain restaurant chains (family-style restaurant); however, this vehicle has not yet been implicated. There are a few cases, including the MN case, that did not report eating steaks, but did report eating rare hamburgers.

MDA has been notified and included in conference calls, but our case did not have sufficient info on his hamburger for MDA to trace back.

FSIS, CDC, and the states are all working together on the investigation.

Please, let me know if you have any questions.

Thanks,

Carlota Medus, PhD, MPH
 Epidemiologist Principal
 Foodborne, Vectorborne, & Zoonotic Diseases
 Acute Disease Investigation & Control
 Minnesota Department of Health
 Phone: 651.201.5527

12/16/2009

MN HD 000078

Medus, Carlota (MDH)

From: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR) [iqj1@cdc.gov]
Sent: Friday, December 11, 2009 8:43 AM
To: Sotir, Mark (CDC/CCID/NCZVED); Tim.F Jones; Akiko (CDPH-CID-DCDC)' Kimura; Bela.Matyas@cdph.ca.gov; Jeffrey (CDPH-CID-DCDC)' Higa; Rebecca.Kanenaka@doh.hawaii.gov; sarah.park@doh.hawaii.gov; Roberta_Hammond@doh.state.fl.us; Kathryn.MacDonald@DOH.WA.GOV; rsowadsky@health.nv.gov; laurence@health.ok.gov; Smithee, Lauri (CDC health.ok.gov); agarvey@idph.state.ia.us; diana.vonstein@idph.state.ia.us; MHarris@idph.state.ia.us; bidols@michigan.gov; bohms@michigan.gov; ShelineK@michigan.gov; Cronquist, Alicia (CDC state.co.us); nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; Medus, Carlota (MDH); Hedican, Erin (MDH); Meyer, Stephanie (MDH); Robinson, Trisha (MDH); Linda.schaefer@state.sd.us; Amanda Ingram; John Dunn; juliahall@utah.gov
Cc: Ewald, Gwen (CDC/CCID/NCZVED) (CTR); Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Nguyen, Thai-An (CDC/CCID/NCZVED); Smith, Kirk (MDH); Williams, Ian (CDC/CCID/NCZVED); Seys, Scott; Kissler, Bonnie; Holt, Kristin G. (CDC/CCID/NCZVED)
Subject: RE: E. coli O157:H7 Cluster0912MLEXH-1

Dear Colleagues,

We have scheduled a conference call for E. coli O157:H7 Cluster 0912MLEXH-1 at 11:00 Eastern this morning (Friday). Call information is given below. Please let us know if you have any questions.

Conference line: 1.866.687.4175

Passcode: 6210397

Thank you,

Wright Culpepper

-----Original Message-----

From: Sotir, Mark (CDC/CCID/NCZVED)
Sent: Thursday, December 10, 2009 6:03 PM
To: 'Tim.F Jones'; Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR); Akiko (CDPH-CID-DCDC)' Kimura; 'Bela.Matyas@cdph.ca.gov'; Jeffrey (CDPH-CID-DCDC)' Higa; 'Rebecca.Kanenaka@doh.hawaii.gov'; 'sarah.park@doh.hawaii.gov'; 'Roberta_Hammond@doh.state.fl.us'; 'Kathryn.MacDonald@DOH.WA.GOV'; 'rsowadsky@health.nv.gov'; 'laurence@health.ok.gov'; Smithee, Lauri (CDC health.ok.gov); 'agarvey@idph.state.ia.us'; 'diana.vonstein@idph.state.ia.us'; 'MHarris@idph.state.ia.us'; 'bidols@MICHIGAN.GOV'; 'bohms@MICHIGAN.GOV'; 'ShelineK@MICHIGAN.GOV'; Cronquist, Alicia (CDC state.co.us); 'nicole.comstock@state.co.us'; 'shaun.cosgrove@state.co.us'; Carlota (MDH) Medus; Erin (MDH) Hedican; Stephanie (MDH) Meyer; Trisha (MDH) Robinson; 'Linda.schaefer@state.sd.us'; Amanda Ingram; John Dunn; 'juliahall@utah.gov'
Cc: Ewald, Gwen (CDC/CCID/NCZVED) (CTR); Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Williams, Ian (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED); Kirk (MDH) Smith; Williams, Ian (CDC/CCID/NCZVED); Seys, Scott; 'Kissler, Bonnie'; Holt, Kristin G. (CDC/CCID/NCZVED)
Subject: E. coli O157:H7 Cluster0912MLEXH-1

Hi All. Just spoke with Carlota in Minnesota and, based on information she has and we collecting, it seems that at least 5 patients ate at a common chain (Applebees), with 4 identifying steak from this chain. A couple of other chain restaurants were also mentioned. Might be good to have a call on this tomorrow morning to discuss - at 11am ET (10am CT). We'll send out the call information in the morning.

I have cc'd FSIS on this email and, since there is a strong beef signal with restaurants mentioned, they are welcome to be on this call.

In the meantime, if folks could ask any outstanding patients about restaurant exposure, ground beef and steak exposure in restaurants, and location of these restaurants, that would be helpful for the call.

We made some modifications to the questionnaire and should get this out first thing in the am.

--Mark

Mark Sotir, Ph.D. M.P.H.
Staff Epidemiologist, OutbreakNet Team
Enteric Diseases Epidemiology Branch
Centers for Disease Control and Prevention
Phone: 404-639-1547
Fax: 404-639-2205
Email: MSotir@cdc.gov

Medus, Carlota (MDH)

From: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR) [iqj1@cdc.gov]
Sent: Friday, December 11, 2009 8:43 AM
To: Sotir, Mark (CDC/CCID/NCZVED); Tim.F Jones; Akiko (CDPH-CID-DCDC)' 'Kimura; Bela.Matyas@cdph.ca.gov; Jeffrey (CDPH-CID-DCDC)' 'Higa; Rebecca.Kanenaka@doh.hawaii.gov; sarah.park@doh.hawaii.gov; Roberta_Hammond@doh.state.fl.us; Kathryn.MacDonald@DOH.WA.GOV; rsowadsky@health.nv.gov; laurence@health.ok.gov; Smithee, Lauri (CDC health.ok.gov); agarvey@idph.state.ia.us; diana.vonstein@idph.state.ia.us; MHarris@idph.state.ia.us; bidols@michigan.gov; bohms@michigan.gov; ShelineK@michigan.gov; Cronquist, Alicia (CDC state.co.us); nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; Medus, Carlota (MDH); Hedican, Erin (MDH); Meyer, Stephanie (MDH); Robinson, Trisha (MDH); Linda.schaefer@state.sd.us; Amanda Ingram; John Dunn; juliahall@utah.gov
Cc: Ewald, Gwen (CDC/CCID/NCZVED) (CTR); Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Nguyen, Thai-An (CDC/CCID/NCZVED); Smith, Kirk (MDH); Williams, Ian (CDC/CCID/NCZVED); Seys, Scott; Kissler, Bonnie; Holt, Kristin G. (CDC/CCID/NCZVED)
Subject: RE: E. coli O157:H7 Cluster0912MLEXH-1

Dear Colleagues,

We have scheduled a conference call for E. coli O157:H7 Cluster 0912MLEXH-1 at 11:00 Eastern this morning (Friday). Call information is given below. Please let us know if you have any questions.

Conference line: 1.866.687.4175

Passcode: 6210397

Thank you,

Wright Culpepper

-----Original Message-----

From: Sotir, Mark (CDC/CCID/NCZVED)
Sent: Thursday, December 10, 2009 6:03 PM
To: 'Tim.F Jones'; Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR); Akiko (CDPH-CID-DCDC)' 'Kimura; 'Bela.Matyas@cdph.ca.gov'; Jeffrey (CDPH-CID-DCDC)' 'Higa; 'Rebecca.Kanenaka@doh.hawaii.gov'; 'sarah.park@doh.hawaii.gov'; 'Roberta_Hammond@doh.state.fl.us'; 'Kathryn.MacDonald@DOH.WA.GOV'; 'rsowadsky@health.nv.gov'; 'laurence@health.ok.gov'; Smithee, Lauri (CDC health.ok.gov); 'agarvey@idph.state.ia.us'; 'diana.vonstein@idph.state.ia.us'; 'MHarris@idph.state.ia.us'; 'bidols@MICHIGAN.GOV'; 'bohms@MICHIGAN.GOV'; 'ShelineK@MICHIGAN.GOV'; Cronquist, Alicia (CDC state.co.us); 'nicole.comstock@state.co.us'; 'shaun.cosgrove@state.co.us'; Carlota (MDH) Medus; Erin (MDH) Hedican; Stephanie (MDH) Meyer; Trisha (MDH) Robinson; 'Linda.schaefer@state.sd.us'; Amanda Ingram; John Dunn; 'juliahall@utah.gov'
Cc: Ewald, Gwen (CDC/CCID/NCZVED) (CTR); Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Williams, Ian (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED); Kirk (MDH) Smith; Williams, Ian (CDC/CCID/NCZVED); Seys, Scott; 'Kissler, Bonnie'; Holt, Kristin G. (CDC/CCID/NCZVED)
Subject: E. coli O157:H7 Cluster0912MLEXH-1

Hi All. Just spoke with Carlota in Minnesota and, based on information she has and we collecting, it seems that at least 5 patients ate at a common chain (Applebees), with 4 identifying steak from this chain. A couple of other chain restaurants were also mentioned. Might be good to have a call on this tomorrow morning to discuss - at 11am ET (10am CT). We'll send out the call information in the morning.

I have cc'd FSIS on this email and, since there is a strong beef signal with restaurants mentioned, they are welcome to be on this call.

In the meantime, if folks could ask any outstanding patients about restaurant exposure, ground beef and steak exposure in restaurants, and location of these restaurants, that would be helpful for the call.

We made some modifications to the questionnaire and should get this out first thing in the am.

--Mark

Mark Sotir, Ph.D. M.P.H.
Staff Epidemiologist, OutbreakNet Team
Enteric Diseases Epidemiology Branch
Centers for Disease Control and Prevention
Phone: 404-639-1547
Fax: 404-639-2205
Email: MSotir@cdc.gov

Medus, Carlota (MDH)

From: Amanda Ingram [Amanda.Ingram@tn.gov]
Sent: Friday, December 11, 2009 7:35 AM
To: 'mps6@cdc.gov'; Medus, Carlota (MDH); Smith, Kirk (MDH)
Subject: Re: steak

I had e-mailed a variation of this to Wright after the first request. Don't know why they didn't forward it on after your request for all the responses.

Amanda

>>> "Medus, Carlota (MDH)" <Carlota.Medus@state.mn.us> 12/10/2009 6:05 PM >>>
Thanks Amanda! I'm ccing Mark Sotir to make sure CDC has the info!
Have a great evening!

----- Original Message -----

From: Amanda Ingram <Amanda.Ingram@tn.gov>
To: Medus, Carlota (MDH)
Sent: Thu Dec 10 17:55:45 2009
Subject: Re: steak

Our 17 yo male was on Fall break during the exposure period. The family traveled to Nashville and Cookeville for dinner out, according to his mom. She would not allow me to interview her son. He had a rare steak (unsure of cut) and house salad at Logan's Roadhouse and/or Outback Steakhouse. No exposure to Applebees. There is a possibility he ate at Olive Garden during the 7 days before illness onset, but his mom wasn't sure. He had no ground beef...doesn't like it. Although, it is prepared in the home by his mom in spaghetti. He also had bagged lettuce (washed by mom) at home in a salad, but unsure of brands. All groceries and meals were purchased in cash. Groceries came from IGA, which has no shopper's card. The family does not save receipts.

DtOnset=10/18/2009
DtSpec=10/20/2009 (O157:H7, stx1+ & stx2+)
Hospitalized=10/21/2009-10/23/2009

Amanda Ingram, MPH
Epidemiologist, FoodNet
Tennessee Department of Health
Communicable and Environmental Disease Services
425 5th Ave. North
1st Floor, Cordell Hull Bldg.
Nashville, TN 37243
Phone: 615.532.7005
Fax: 615.741.3857

Our Mission -
To promote, protect and improve the health of persons living in, working in, or visiting the State of Tennessee!

12/11/2009

MN HD 000083

>>> "Medus, Carlota (MDH)" <Carlota.Medus@state.mn.us> 12/10/09 3:58 PM >>>
So your case did or did not have steak?

Carlota Medus, PhD, MPH
Epidemiologist Principal
Foodborne, Vectorborne, & Zoonotic Diseases
Acute Disease Investigation & Control
Minnesota Department of Health
Phone: 651.201.5527

12/11/2009

MN HD 000084

Medus, Carlota (MDH)

From: Shaun Cosgrove [scosgrove@smtpgate.dphe.state.co.us]
Sent: Thursday, December 10, 2009 5:39 PM
To: Medus, Carlota (MDH)
Subject: RE: E. coli Cluster 0912MLEXH-1 request for conf call ASAP

We traced back out case's Applebee's steak. Here are the results:

It was a EGN Boneless Beef Steak, an injectable steak that was cooked to order (our case ordered it rare). It was purchased direct by Applebee's from Quantum Foods, Quantum Foods is located in Bowling Brook Illinois.

That's as far as we have gotten so far.

>>> "Medus, Carlota (MDH)" <Carlota.Medus@state.mn.us> 12/10/2009 3:01

>>> PM >>>

We need a conference call.

Attached is a super rough summary of all the case data on emails.

We have another call out to our case, but Applebees and steaks really jump out already.

Carlota Medus, PhD, MPH

Epidemiologist Principal

Foodborne, Vectorborne, & Zoonotic Diseases Acute Disease Investigation & Control Minnesota Department of Health

Phone: 651.201.5527

From: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR) [mailto:iqj1@cdc.gov]

Sent: Thursday, December 10, 2009 1:04 PM

To: Amanda Ingram; Medus, Carlota (MDH); Tim.F Jones

Cc: Sotir, Mark (CDC/CCID/NCZVED)

Subject: E. coli Cluster 0912MLEXH-1 Updated Supplemental Questionnaire

<<Supplemental Questionnaire_6.doc>>

Dear Colleagues,

We appreciate your comments thus far. I have attached the most recent supplemental questionnaire for this cluster. Please let me know if you have any additional comments. We'd like to distribute this by COB today.

Thank you,

Wright Culpepper

Surveillance Epidemiologist
Outbreak Response Unit, OutbreakNet Team
Enteric Diseases Epidemiology Branch
Division of Foodborne, Bacterial and Mycotic Diseases
U.S. Centers for Disease Control and Prevention
1600 Clifton Road, MS-A38
Atlanta, GA 30333
Tel. 404.639.1539 / Fax 404.639.2205
Email: iqj1@cdc.gov

Medus, Carlota (MDH)

From: Kanenaka, Rebecca Y. [Rebecca.Kanenaka@doh.hawaii.gov]
Sent: Wednesday, December 09, 2009 3:30 PM
To: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR); Bela.Matyas@cdph.ca.gov; Kimura, Akiko (CDPH-CID-DCDC); Higa, Jeffrey (CDPH-CID-DCDC); rsowadsky@health.nv.gov; John Dunn; Jones, Tim (CDC state.tn.us); Amanda.Ingram@state.tn.us; juliahall@utah.gov; Roberta_Hammond@doh.state.fl.us; agarvey@idph.state.ia.us; MHarris@idph.state.ia.us; diana.vonstein@idph.state.ia.us; Smithee, Lauri (CDC health.ok.gov); laurence@health.ok.gov; Linda.schaefer@state.sd.us; Cronquist, Alicia (CDC state.co.us); nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; Medus, Carlota (MDH); Meyer, Stephanie (MDH); Hedican, Erin (MDH); Robinson, Trisha (MDH); Park, Sarah Y., MD; bidols@michigan.gov; ShelineK@michigan.gov; bohms@michigan.gov; Kathryn.MacDonald@DOH.WA.GOV
Cc: Kimura, Melody; Ching-Lee, Myra R.
Subject: RE: Supplemental Questionnaire for E. coli O157:H7 Cluster 0912MLEXH-1

The HA case did travel to PA from 11/6 to 11/15 to attend a funeral. Date of specimen was 11/21/09. Case ate a rare hamburger from Ruby Tuesday-Oahu on 11/17. No steak, roast beef, pork, or animal exposures.

Becky

Becky Kanenaka
Foodborne Disease Surveillance and Response Coordinator
1132 Bishop Street, Suite 1900
Honolulu, HI 96813

Phone : 808.587.6571
Facsimile : 808.586.4595
Text message 8082990756@archwireless.net

From: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR) [mailto:ijq1@cdc.gov]
Sent: Wednesday, December 09, 2009 9:51 AM
To: Bela.Matyas@cdph.ca.gov; Kimura, Akiko (CDPH-CID-DCDC); Higa, Jeffrey (CDPH-CID-DCDC); rsowadsky@health.nv.gov; John Dunn; Jones, Tim (CDC state.tn.us); Amanda.Ingram@state.tn.us; juliahall@utah.gov; Roberta_Hammond@doh.state.fl.us; agarvey@idph.state.ia.us; MHarris@idph.state.ia.us; diana.vonstein@idph.state.ia.us; Smithee, Lauri (CDC health.ok.gov); laurence@health.ok.gov; Linda.schaefer@state.sd.us; Cronquist, Alicia (CDC state.co.us); nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; carlota.medus@state.mn.us; stephanie.meyer@state.mn.us; erin.hedican@state.mn.us; trisha.robinson@state.mn.us; Park, Sarah Y., MD; Kanenaka, Rebecca Y.; bidols@michigan.gov; ShelineK@michigan.gov; bohms@michigan.gov; Kathryn.MacDonald@DOH.WA.GOV
Subject: Supplemental Questionnaire for E. coli O157:H7 Cluster 0912MLEXH-1

<<Supplemental Questionnaire.doc>>
Dear Colleagues,

I appreciate the many swift responses I have received regarding this E. coli O157:H7 cluster (0912MLEXH-1). We have received detailed food histories for 9 cases. Of those 9, 6 report definite ground beef exposure (1 additional "maybe"), 9 report either ground beef or steak, and 7 report leafy green vegetables of any kind. Because of this, it may be useful to go ahead and deploy an E. coli O157:H7 supplemental questionnaire in an attempt to get more detailed food history information.

12/9/2009

MN HD 000087

I have attached the supplemental questionnaire. Please fax completed questionnaires to 404.639.2205 (ATTN: Wright Culpepper). If you have any questions, please feel free to let me know. We appreciate your efforts!

Thank you,

Wright

From: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR)

Sent: Tuesday, December 08, 2009 3:57 PM

To: 'Bela.Matyas@cdph.ca.gov'; 'Kimura, Akiko (CDPH-CID-DCDC)'; 'Higa, Jeffrey (CDPH-CID-DCDC)'; 'rsowadsky@health.nv.gov'; John Dunn; Jones, Tim (CDC.state.tn.us); 'Amanda.Ingram@state.tn.us'; 'juliahall@utah.gov'; 'Roberta_Hammond@doh.state.fl.us'; 'agarvey@idph.state.ia.us'; 'MHarris@idph.state.ia.us'; 'diana.vonstein@idph.state.ia.us'; Smithee, Lauri (CDC.health.ok.gov); 'laurence@health.ok.gov'; 'Linda.schaefer@state.sd.us'; Cronquist, Alicia (CDC.state.co.us); 'nicole.comstock@state.co.us'; 'shaun.cosgrove@state.co.us'; 'carlota.medus@state.mn.us'; 'stephanie.meyer@state.mn.us'; 'erin.hedican@state.mn.us'; 'trisha.robinson@state.mn.us'; 'sarah.park@doh.hawaii.gov'; 'Rebecca.Kanenaka@doh.hawaii.gov'; 'bidols@michigan.gov'; 'ShelineK@michigan.gov'; 'bohms@michigan.gov'; 'Kathryn.MacDonald@DOH.WA.GOV'

Subject: E. coli O157:H7 Cluster 0912MLEXH-1

<< File: States_MasterLL_0912MLEXH-1.xls >>

Dear Colleagues,

PulseNet has detected an E. coli O157:H7 cluster and has assigned a cluster code of 0912MLEXH-1 to it. This pattern is flagging as a statistically significant increase over baseline. The median age of those included in this cluster is 23, and 47% are females. I understand that 2 of the cases included in this cluster ate at Applebee's and 2 ate at Olive Garden, but as of right now, there is not enough information that would point to a common food exposure or source.

If you could provide any epidemiologic information on the isolate(s) from your state, we would greatly appreciate it. I have attached the most recent line list for your reference. Please let me know if you have any questions or if you need us for anything.

Thank you,

Wright Culpepper, BS
Surveillance Epidemiologist
Outbreak Response Unit, OutbreakNet Team
Enteric Diseases Epidemiology Branch
Division of Foodborne, Bacterial and Mycotic Diseases
U.S. Centers for Disease Control and Prevention
1600 Clifton Road, MS-A38
Atlanta, GA 30333
Tel. 404.639.2206 / Fax 404.639.2205
Email: iqj1@cdc.gov

12/9/2009

MN HD 000088

Medus, Carlota (MDH)

From: Shaun Cosgrove [scosgrove@smtpgate.dphe.state.co.us]
Sent: Wednesday, December 09, 2009 4:50 PM
To: Wright A. (CDC/CCID/NCZVED) (CTR) Culpepper; Akiko (CDPH-CID-DCDC) Kimura; Bela.Matyas@cdph.ca.gov; Jeffrey (CDPH-CID-DCDC) Higa; Rebecca.Kanenaka@doh.hawaii.gov; sarah.park@doh.hawaii.gov; Roberta_Hammond@doh.state.fl.us; Kathryn.MacDonald@DOH.WA.GOV; rsowadsky@health.nv.gov; laurence@health.ok.gov; Lauri (CDC health.ok.gov) Smithee; agarvey@idph.state.ia.us; diana.vonstein@idph.state.ia.us; MHarris@idph.state.ia.us; bidols@michigan.gov; bohms@michigan.gov; ShelineK@michigan.gov; Alicia (CDC state.co.us) Cronquist; nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; Medus, Carlota (MDH); Hedican, Erin (MDH); Meyer, Stephanie (MDH); Robinson, Trisha (MDH); Linda.schaefer@state.sd.us; Amanda.Ingram@state.tn.us; Tim (CDC state.tn.us) Jones; John Dunn; juliahall@utah.gov
Subject: Re: E. coli O157:H7 Cluster 0912MLEXH-1

Our Colorado case is a 23 year old male. Does not consume ground beef and steak often, but did have a rare steak at Apple Bee's 7 days prior to becoming ill. No beef at home during that time frame. He did have ribs the day before he became ill at a restaurant, but thinks that they were pork ribs, not beef ribs. This case eats lots of salad and gets the pre-packaged spring mix salad from King Soopers (Kroger) stores, he was unsure of the brand and was not at home at the time of interview to check on the brand name.

Wright:

I will fax the supplemental questionnaire to you momentarily.

>>> "Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR)" <iqj1@cdc.gov>

>>> 12/8/2009 1:56 PM >>>

<<States_MasterLL_0912MLEXH-1.xls>>

Dear Colleagues,

PulseNet has detected an E. coli O157:H7 cluster and has assigned a cluster code of 0912MLEXH-1 to it. This pattern is flagging as a statistically significant increase over baseline. The median age of those included in this cluster is 23, and 47% are females. I understand that 2 of the cases included in this cluster ate at Applebee's and 2 ate at Olive Garden, but as of right now, there is not enough information that would point to a common food exposure or source.

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Thank you,

> Wright Culpepper, BS
> Surveillance Epidemiologist
> Outbreak Response Unit, OutbreakNet Team Enteric Diseases Epidemiology
> Branch Division of Foodborne, Bacterial and Mycotic Diseases U.S.
> Centers for Disease Control and Prevention 1600 Clifton Road, MS-A38

> Atlanta, GA 30333 Tel. 404.639.2206 / Fax 404.639.2205

> Email: iqj1@cdc.gov

>

Medus, Carlota (MDH)

From: Higa, Jeffrey (CDPH-CID-DCDC) [Jeffrey.Higa@cdph.ca.gov]
Sent: Wednesday, December 09, 2009 1:18 PM
To: Julia Hall; Wright A. (CDC/CCID/NCZVED) (CTR) Culpepper; Kimura, Akiko (CDPH-CID-DCDC); Matyas, Bela (CDPH-CID-DCDC-CDER); Rebecca.Kanenaka@doh.hawaii.gov; sarah.park@doh.hawaii.gov; Roberta_Hammond@doh.state.fl.us; Kathryn J (DOH) MacDonald; rsowadsky@health.nv.gov; laurence@health.ok.gov; Lauri (CDC health.ok.gov) Smithee; agarvey@idph.state.ia.us; diana.vonstein@idph.state.ia.us; MHarris@idph.state.ia.us; bidols@MICHIGAN.GOV; bohms@MICHIGAN.GOV; ShelineK@MICHIGAN.GOV; Alicia (CDC state.co.us) Cronquist; nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; Medus, Carlota (MDH); Hedican, Erin (MDH); Meyer, Stephanie (MDH); Robinson, Trisha (MDH); Linda.schaefer@state.sd.us; Amanda.Ingram@state.tn.us; Tim (CDC state.tn.us) Jones; John Dunn
Cc: John.Holguin@longbeach.gov; Erin.Cox@longbeach.gov
Subject: RE: E. coli O157:H7 Cluster 0912MLEXH-1

The CA case did not have any out of state travel. Illness onset was on 10/3/09. Case had several restaurant exposures, all in Los Angeles County. On 9/28, case had shrimp and rare steak at Sizzlers (Carson). On 9/29, chicken egg rolls at Cocos (Long Beach). On 10/1, bacon, lettuce, and tomato sandwich w/salad at Marie Callenders (Cerritos). On 10/3, case had a baked chicken from Ralphs grocery store. Case ate prepackaged lettuce (possibly Fresh Express brand). No ground beef, sprout, or animal exposures.

-Jeff

Jeffrey Higa, MPH
California Department of Public Health
Infectious Diseases Branch
Disease Investigations Section
19300 S. Hamilton Ave., Suite 140
Gardena, CA 90248
310-217-6906
310-217-6911 (fax)
jeffrey.higa@cdph.ca.gov

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-----Original Message-----

From: Julia Hall [mailto:juliahall@utah.gov]
Sent: Tuesday, December 08, 2009 4:06 PM
To: Wright A. (CDC/CCID/NCZVED) (CTR) Culpepper; Kimura, Akiko (CDPH-CID-DCDC); Matyas, Bela (CDPH-CID-DCDC-CDER); Higa, Jeffrey (CDPH-CID-DCDC); Rebecca.Kanenaka@doh.hawaii.gov; sarah.park@doh.hawaii.gov; Roberta_Hammond@doh.state.fl.us; Kathryn J (DOH) MacDonald; rsowadsky@health.nv.gov; laurence@health.ok.gov; Lauri (CDC health.ok.gov) Smithee; agarvey@idph.state.ia.us; diana.vonstein@idph.state.ia.us; MHarris@idph.state.ia.us;

bidols@michigan.gov; bohms@michigan.gov; ShelineK@michigan.gov; Alicia (CDC state.co.us) Cronquist;
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erin.hedican@state.mn.us; stephanie.meyer@state.mn.us; trisha.robinson@state.mn.us;
Linda.schaefer@state.sd.us; Amanda.Ingram@state.tn.us; Tim (CDC state.tn.us) Jones; John Dunn
Subject: RE: E. coli O157:H7 Cluster 0912MLEXH-1

The UT case did not travel out of state. Did eat a raw hamburger at Ruby River Steak house on 10/25/09.
Pork chops at home, unpackaged leafy greens and parsley from Costco on Albertsons.

Julia Hall, MPH

Enteric Diseases Epidemiologist
Utah Department of Health
288 W 1460 N
Salt Lake City, UT 84116

Office: (801) 538-6692
Fax: (801) 538-9923
Cell: (858) 699-5732

Normal business hours are Monday - Thursday 7 a.m. to 6 p.m. and closed on Fridays.

>>> "MacDonald, Kathryn J (DOH)" <Kathryn.MacDonald@DOH.WA.GOV>

12/8/2009 4:51 pm >>>

The Washington case had some out of state exposures. She was in York, Nebraska from 11/7-11/10, and
traveled on United Airlines through Denver Airport to Seattle on 11/10/09 with onset 11/15/09.

On evening of 11/08/09 she had a rare steak at Applebees in York, Nebraska with two companions (both had
medium steaks) who did not become ill. On 11/10/09 she ate beef and bean burrito at Que Buenal Mexican
Grill in the Denver Airport between 1 and 2 PM. Also, handled and cooked frozen, pre-made hamburger
patties from Walmart while in Nebraska but can't remember date. No others who ate burgers became ill.

J. Kathryn MacDonald
Communicable Disease Epidemiology
Washington State Department of Health
My number: (206) 418-5432
Main number: (206) 418-5500/(877) 539-4344

From: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR) [mailto:iqj1@cdc.gov]

Sent: Tuesday, December 08, 2009 12:57 PM

To: Bela.Matyas@cdph.ca.gov; Kimura, Akiko (CDPH-CID-DCDC); Higa, Jeffrey (CDPH-CID-DCDC);
rsowadsky@health.nv.gov; John Dunn; Jones, Tim (CDC state.tn.us); Amanda.Ingram@state.tn.us;
juliahall@utah.gov; Roberta_Hammond@doh.state.fl.us; agarvey@idph.state.ia.us;

MHarris@idph.state.ia.us; diana.vonstein@idph.state.ia.us; Smithee, Lauri (CDC health.ok.gov); laurence@health.ok.gov; Linda.schaefer@state.sd.us; Cronquist, Alicia (CDC state.co.us); nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; carlota.medus@state.mn.us; stephanie.meyer@state.mn.us; erin.hedican@state.mn.us; trisha.robinson@state.mn.us; sarah.park@doh.hawaii.gov; Rebecca.Kanenaka@doh.hawaii.gov; bidols@michigan.gov; ShelineK@michigan.gov; bohms@michigan.gov; MacDonald, Kathryn J (DOH)
Subject: E. coli O157:H7 Cluster 0912MLEXH-1

<<States_MasterLL_0912MLEXH-1.xls>>

Dear Colleagues,

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Thank you,

Wright Culpepper, BS

Surveillance Epidemiologist

Outbreak Response Unit, OutbreakNet Team Enteric Diseases Epidemiology Branch Division of Foodborne, Bacterial and Mycotic Diseases U.S. Centers for Disease Control and Prevention 1600 Clifton Road, MS-A38 Atlanta, GA 30333 Tel. 404.639.2206 / Fax 404.639.2205

Email: iqj1@cdc.gov

Medus, Carlota (MDH)

From: Julia Hall [juliahall@utah.gov]
Sent: Tuesday, December 08, 2009 6:06 PM
To: Wright A. (CDC/CCID/NCZVED) (CTR) C  lpepper; Akiko (CDPH-CID-DCDC) Kimura; Bela.Matyas@cdph.ca.gov; Jeffrey (CDPH-CID-DCDC) Higa; Rebecca.Kanenaka@doh.hawaii.gov; sarah.park@doh.hawaii.gov; Roberta_Hammond@doh.state.fl.us; Kathryn J (DOH) MacDonald; rsowadsky@health.nv.gov; laurence@health.ok.gov; Lauri (CDC health.ok.gov) Smithee; agarvey@idph.state.ia.us; diana.vonstein@idph.state.ia.us; MHarris@idph.state.ia.us; bidols@michigan.gov; bohms@michigan.gov; ShelineK@michigan.gov; Alicia (CDC state.co.us) Cronquist; nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; Medus, Carlota (MDH); Hedican, Erin (MDH); Meyer, Stephanie (MDH); Robinson, Trisha (MDH); Linda.schaefer@state.sd.us; Amanda.Ingram@state.tn.us; Tim (CDC state.tn.us) Jones; John Dunn
Subject: RE: E. coli O157:H7 Cluster 0912MLEXH-1

The UT case did not travel out of state. Did eat a raw hamburger at Ruby River Steak house on 10/25/09. Pork chops at home, unpackaged leafy greens and parsley from Costco on Albertsons.

Julia Hall, MPH

Enteric Diseases Epidemiologist
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Fax: (801) 538-9923
Cell: (858) 699-5732

Normal business hours are Monday - Thursday 7 a.m. to 6 p.m. and closed on Fridays.

>>> "MacDonald, Kathryn J (DOH)" <Kathryn.MacDonald@DOH.WA.GOV> 12/8/2009 4:51 pm >>>
The Washington case had some out of state exposures. She was in York, Nebraska from 11/7-11/10, and traveled on United Airlines through Denver Airport to Seattle on 11/10/09 with onset 11/15/09.

On evening of 11/08/09 she had a rare steak at Applebees in York, Nebraska with two companions (both had medium steaks) who did not become ill. On 11/10/09 she ate beef and bean burrito at Que Buenal Mexican Grill in the Denver Airport between 1 and 2 PM. Also, handled and cooked frozen, pre-made hamburger patties from Walmart while in Nebraska but can't remember date. No others who ate burgers became ill.

J. Kathryn MacDonald
Communicable Disease Epidemiology
Washington State Department of Health
My number: (206) 418-5432
Main number: (206) 418-5500/(877) 539-4344

From: Culpepper, Wright A. (CDC/CCID/NCZVED) (CTR) [mailto:iqj1@cdc.gov]

Sent: Tuesday, December 08, 2009 12:57 PM

To: Bela.Matyas@cdph.ca.gov; Kimura, Akiko (CDPH-CID-DCDC); Higa, Jeffrey (CDPH-CID-DCDC); rsowadsky@health.nv.gov; John Dunn; Jones, Tim (CDC state.tn.us); Amanda.Ingram@state.tn.us; juliahall@utah.gov; Roberta_Hammond@doh.state.fl.us; agarvey@idph.state.ia.us; MHarris@idph.state.ia.us; diana.vonstein@idph.state.ia.us; Smithee, Lauri (CDC health.ok.gov); laurence@health.ok.gov; Linda.schaefer@state.sd.us; Cronquist, Alicia (CDC state.co.us); nicole.comstock@state.co.us; shaun.cosgrove@state.co.us; carlota.medus@state.mn.us; stephanie.meyer@state.mn.us; erin.hedican@state.mn.us; trisha.robinson@state.mn.us; sarah.park@doh.hawaii.gov; Rebecca.Kanenaka@doh.hawaii.gov; bidols@michigan.gov; ShelineK@michigan.gov; bohms@michigan.gov; MacDonald, Kathryn J (DOH)
Subject: E. coli O157:H7 Cluster 0912MLEXH-1

<<States_MasterLL_0912MLEXH-1.xls>>

Dear Colleagues,

PulseNet has detected an E. coli O157:H7 cluster and has assigned a cluster code of 0912MLEXH-1 to it. This pattern is flagging as a statistically significant increase over baseline. The median age of those included in this cluster is 23, and 47% are females. I understand that 2 of the cases included in this cluster ate at Applebee's and 2 ate at Olive Garden, but as of right now, there is not enough information that would point to a common food exposure or source.

If you could provide any epidemiologic information on the isolate(s) from your state, we would greatly appreciate it. I have attached the most recent line list for your reference. Please let me know if you have any questions or if you need us for anything.

Thank you,

Wright Culpepper, BS

Surveillance Epidemiologist

Outbreak Response Unit, OutbreakNet Team Enteric Diseases Epidemiology Branch Division of Foodborne, Bacterial and Mycotic Diseases U.S. Centers for Disease Control and Prevention 1600 Clifton Road, MS-A38 Atlanta, GA 30333 Tel. 404.639.2206 / Fax 404.639.2205

Email: iqj1@cdc.gov

Medus, Carlota (MDH)

From: Burnsed, Laurence J. [Laurence@health.ok.gov]
Sent: Tuesday, December 08, 2009 11:45 AM
To: Von Stein, Diana; Medus, Carlota (MDH); Nick.Hill@state.sd.us; Kimura, Akiko (CDPH-CID-DCDC); roberta_hammond@doh.state.fl.us; Shaun Cosgrove; nicole.comstock@state.co.us; MI_Sally Bidol; John Dunn; mpoulson@utah.gov; Ewald, Gwen (CDC/CCID/NCZVED) (CTR); Nguyen, Thai-An (CDC/CCID/NCZVED)
Cc: Lappi, Victoria (MDH); Smith, Kirk (MDH)
Subject: RE: E. coli O157 cluster posted in PulseNet RFI

Afternoon everyone,

The Oklahoma case is a 22 year-old female. She's a college student that lives off-campus. Symptom onset was 11/11/2009; she was hospitalized 11/15 – 11/17. Contact information initially provided by the reporting source was her parents. We obtained the case's contact information, but the local County Health Department has not been able to reach her to conduct the standard case investigation. I will share exposure history as soon as it's obtained.

If a hypothesis-generating survey is developed for this cluster, we are happy to complete the survey if we can reach the case.

Thanks,

Laurence Burnsed, M.P.H.
 Director
 Communicable Disease Division
 Oklahoma State Department of Health
 1000 Northeast Tenth Street
 Oklahoma City, OK 73117
 Phone: 405-271-4060
 E-mail: Laurence@health.ok.gov

From: Von Stein, Diana [mailto:DVonStein@idph.state.ia.us]
Sent: Monday, December 07, 2009 4:09 PM
To: 'Medus, Carlota (MDH)'; Nick.Hill@state.sd.us; Kimura, Akiko (CDPH-CID-DCDC); roberta_hammond@doh.state.fl.us; Shaun Cosgrove; nicole.comstock@state.co.us; MI_Sally Bidol; Burnsed, Laurence J.; John Dunn; mpoulson@utah.gov; Ewald, Gwen (CDC/CCID/NCZVED) (CTR); Nguyen, Thai-An (CDC/CCID/NCZVED)
Cc: Lappi, Victoria (MDH); Smith, Kirk (MDH)
Subject: RE: E. coli O157 cluster posted in PulseNet RFI

Our case is a 87 y/o female from Sioux City. Her onset was 11/13/09. On 11/7 she ate at Applebee's. She ordered a medium-rare steak and potato. No one else in her party was ill. On 11/11 she ate at a local restaurant and had meatloaf and mashed potatoes and gravy. No one else ill. She attended several gatherings around the Sioux City area on 11/10 and 11/11. She reported eating blueberries, apples, bananas, and Dole pre-packaged Spinach. She was hospitalized for 9 days.

12/10/2009

From: Medus, Carlota (MDH) [mailto:Carlota.Medus@state.mn.us]

Sent: Monday, December 07, 2009 3:57 PM

To: Nick.Hill@state.sd.us; Kimura, Akiko (CDPH-CID-DCDC); roberta_hammond@doh.state.fl.us; Shaun Cosgrove; nicole.comstock@state.co.us; Von Stein, Diana; MI_Sally Bidol; Burnsed, Laurence J.; John Dunn; mpoulson@utah.gov; Ewald, Gwen (CDC/CCID/NCZVED) (CTR); Nguyen, Thai-An (CDC/CCID/NCZVED)

Cc: Lappi, Victoria (MDH); Smith, Kirk (MDH)

Subject: E. coli O157 cluster posted in PulseNet RFI

Greetings,

I was wondering if in addition to ND, anyone else has info on their cases that are part of this cluster.

The two MN isolates are from the same case. Our case is a 20 y.o. male from the Twin Cities metro area. Onset 11/23 0700. Ate at restaurants that entire week (apparently it was fraternity rush week at the University): Burger King double cheese burger, McDonald's McDoubles, White Castle crave case, Taco Bell cheese roll-up and beef soft shell tacos, and Olive Garden. The Olive Garden meal was on 11/22 at 2000. Ate chicken alfredo, salad and bread sticks. The incubation would be too short for the Olive Garden meal, but we can call him back and ask him to double check. He did have a hamburger that was pink inside at a friend's house (source of GB unk) on 11/17 at 1800. Other foods that our case reported: lettuce (Olive Garden and Taco Bell), cucumbers (Olive Gdn), onions (White Castle), choc ice cream sandwiches, Dannon banana yogurt, apples, bananas, maybe sunflower seeds. No travel, no animal contact, no swimming, no contact with children in daycare.

Interesting that one of the 2 SD cases also ate at an Olive Garden.

We are more than willing to call our case back and ask about exposures mentioned by the cases in other states.

Thanks!

Carlota Medus, PhD, MPH
Epidemiologist Principal
Foodborne, Vectorborne, & Zoonotic Diseases
Acute Disease Investigation & Control
Minnesota Department of Health
Phone: 651.201.5527

From: Lappi, Victoria (MDH)

Sent: Monday, December 07, 2009 3:09 PM

To: Medus, Carlota (MDH)

Subject: E. coli MN23ECB20

Carlota,

Below is some epi information from SD about their specimens

12/10/2009

MN HD 000097

Forum: E. coli

203. 0912MLEXH-1 (EXHX01.0248/EXHA26.0569) CDC E. coli O157:H7

[Go to entry](#)

From: Steven Stroika
Date: 12/03/09 04:12 PM Eastern Standard Time
Workflow state: Active (Topic Status)

Hello Everyone!

This cluster of E. coli O157:H7 posted by CDC has been given the cluster code 0912MLEXH-1. The PFGE XbaI/BlnI Pattern combination associated with this cluster is EXHX01.0248 and EXHA26.0569, comprising 0.94% (300/31786) and 9.08% (1817/20007) of E. coli O157:H7 isolates in the database, respectively.

In the last 60 days, this pattern combination has been seen 13 times from the following: CA, CO, FL, IA, MI, MN (2), NV, OK, SD (2), TN, UT.

These patterns are not unusual to see in the database but they do appear to be spiking later in the year than usual, with 6 uploads already in December. Please post any potential matches or epi information.

Attached is a line list, histogram, and bundle file.

Thanks,

Steven Stroika
PulseNet Database Administration Team
Phone: (404) 639-0779
PulseNet: (404) 639-4558

203.3. 0912MLEXH-1 (EXHX01.0248/EXHA26.0569) CDC E. coli O157:H7 (new)

[Go to entry](#)

From: Chris Carlson
Date: 12/07/09 02:23 PM Eastern Standard Time

EPI UPDATE

Here is some information from my epidemiologists on the 2 cases from SD

SD207609 Ate at several commercial food establishments in Brookings in the 7 days prior to onset: Applebees, 1481 Grille, Walmart Deli, Bagelworks, quick stop (hamburger in lasagna); several of these meals are salads. No animal exposures; no others ill.

SD209609 Ate at 3 commercial food establishments in Sioux Falls the 7 days prior to onset: Arby's, Frying Pan, Olive Garden (salad at Olive Garden); hamburger in lasagna at Olive Garden); no animal exposure; no others ill.

Chris

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12/10/2009

MN HD 000098

Medus, Carlota (MDH)

From: Von Stein, Diana [DVonStein@idph.state.ia.us]
Sent: Tuesday, December 08, 2009 8:00 AM
To: Medus, Carlota (MDH)
Subject: RE: E. coli O157 cluster posted in PulseNet RFI

Carlota,

Let me know if you need anything more from me. It will be interesting to see what the other states have to say. I guess this is the time of year people may eat out more.

Thanks!

Diana

From: Medus, Carlota (MDH) [mailto:Carlota.Medus@state.mn.us]
Sent: Monday, December 07, 2009 4:47 PM
To: Von Stein, Diana
Subject: RE: E. coli O157 cluster posted in PulseNet RFI

Thanks Diana! I'll wait to hear from a couple more states, call our case back and ask about Applebees and whatever other restaurants are mentioned. This could be an interesting one...we'll see!
 Have a great evening!

Carlota Medus, PhD, MPH
 Epidemiologist Principal
 Foodborne, Vectorborne, & Zoonotic Diseases
 Acute Disease Investigation & Control
 Minnesota Department of Health
 Phone: 651.201.5527

From: Von Stein, Diana [mailto:DVonStein@idph.state.ia.us]
Sent: Monday, December 07, 2009 4:09 PM
To: Medus, Carlota (MDH); Nick.Hill@state.sd.us; Kimura, Akiko (CDPH-CID-DCDC); roberta_hammond@doh.state.fl.us; Shaun Cosgrove; nicole.comstock@state.co.us; MI_Sally Bidol; Burnsed, Laurence J.; John Dunn; mpoulson@utah.gov; Ewald, Gwen (CDC/CCID/NCZVED) (CTR); Nguyen, Thai-An (CDC/CCID/NCZVED)
Cc: Lappi, Victoria (MDH); Smith, Kirk (MDH)
Subject: RE: E. coli O157 cluster posted in PulseNet RFI

Our case is a 87 y/o female from Sioux City. Her onset was 11/13/09. On 11/7 she ate at Applebee's. She ordered a medium-rare steak and potato. No one else in her party was ill. On 11/11 she ate at a local restaurant and had meatloaf and mashed potatoes and gravy. No one else ill. She attended several gatherings around the Sioux City area on 11/10 and 11/11. She reported eating blueberries, apples, bananas, and Dole pre-packaged Spinach. She was hospitalized for 9 days.

From: Medus, Carlota (MDH) [mailto:Carlota.Medus@state.mn.us]
Sent: Monday, December 07, 2009 3:57 PM

12/10/2009

MN HD 000099

To: Nick.Hill@state.sd.us; Kimura, Akiko (CDPH-CID-DCDC); roberta_hammond@doh.state.fl.us; Shaun Cosgrove; nicole.comstock@state.co.us; Von Stein, Diana; MI_Sally Bidol; Burnsed, Laurence J.; John Dunn; mpoulson@utah.gov; Ewald, Gwen (CDC/CCID/NCZVED) (CTR); Nguyen, Thai-An (CDC/CCID/NCZVED)
Cc: Lappi, Victoria (MDH); Smith, Kirk (MDH)
Subject: E. coli O157 cluster posted in PulseNet RFI

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Thanks!

Carlota Medus, PhD, MPH
 Epidemiologist Principal
 Foodborne, Vectorborne, & Zoonotic Diseases
 Acute Disease Investigation & Control
 Minnesota Department of Health
 Phone: 651.201.5527

From: Lappi, Victoria (MDH)
Sent: Monday, December 07, 2009 3:09 PM
To: Medus, Carlota (MDH)
Subject: E. coli MN23ECB20

Carlota,

Below is some epi information from SD about their specimens

Forum: [E. coli](#)
[203.0912MLEXH-1 \(EXHX01.0248/EXHA26.0569\) CDC E. coli O157:H7](#)

[Go to entry](#)

12/10/2009

MN HD 000100

From: Steven Stroika
 Date: 12/03/09 04:12 PM Eastern Standard Time
 Workflow state: Active (Topic Status)

Hello Everyone!

This cluster of E. coli O157:H7 posted by CDC has been given the cluster code 0912MLEXH-1. The PFGE XbaI/BlnI Pattern combination associated with this cluster is EXHX01.0248 and EXHA26.0569, comprising 0.94% (300/31786) and 9.08% (1817/20007) of E. coli O157:H7 isolates in the database, respectively.

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Attached is a line list, histogram, and bundle file.

Thanks,

Steven Stroika
 PulseNet Database Administration Team
 Phone: (404) 639-0779
 PulseNet: (404) 639-4558

[203.3. 0912MLEXH-1 \(EXHX01.0248/EXHA26.0569\) CDC E. coli O157:H7 \(new\)](#)

[Go to entry](#)

From: Chris Carlson
 Date: 12/07/09 02:23 PM Eastern Standard Time

EPI UPDATE

Here is some information from my epidemiologists on the 2 cases from SD

SD207609 Ate at several commercial food establishments in Brookings in the 7 days prior to onset: Applebees, 1481 Grille, Walmart Deli, Bagelworks, quick stop (hamburger in lasagna); several of these meals are salads. No animal exposures; no others ill.

SD209609 Ate at 3 commercial food establishments in Sioux Falls the 7 days prior to onset: Arby's, Frying Pan, Olive Garden (salad at Olive Garden); hamburger in lasagna at Olive Garden); no animal exposure; no others ill.

Chris

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12/10/2009

the intended recipient, you are hereby notified that any review, use, retention, dissemination, distribution, or copying of this message is strictly prohibited by law.

12/10/2009

MN HD 000102

PHLIS ID Number (Patient Specimen) CDA3 -

Patient's Name _____
Last First

Address _____

Number/Street _____ City _____ State _____ ZIP _____

2) Sex M 3) Date of birth (mo/day/yr): 0 0

6) Specimen collection date (mo/day/yr): 01/15/2010 7) Age: 80.09 8) If < 1 year, age in months: _____

Submitting Physician: _____

Phone: _____

Physician Address: _____

11) Isolated Bacteria **ESCHERICHIA COLI 0157:H7** subtype: **S+x1 PCR ⊕**

subtype: S+x1 PCR ⊕
S+x2 PCR ⊕

12) If specimen collection date is not available, date received in laboratory (mo/day/yr): 01/19/2010

13) Patient status at the time of specimen collection: ☒ Hospitalized ☐ Outpatient ☐ Unknown

14) If outpatient, was the patient subsequently hospitalized? ☐ Yes ☐ No ☐ Unknown

15) If patient was hospitalized (that is, if answered "hospitalized" to #14 or "Yes" to #15) please provide the following information:

Hospital name: _____ Hospital date of admission (mo/day/yr): 1/15/10

Patient ID number: _____ Hospital date of discharge (mo/day/yr): 03/10

15a) Transferred to another hospital? ☐ Yes ☐ No ☐ Unknown

15b) Transfer hospital name: _____

16) Outcome: ☐ Alive ☐ Dead ☐ Unknown

1-7) Treated with antibiotics: ☒ Yes ☐ No ☐ Unknown if Yes, name and dose: Ceftriaxone - for respiratory pneumonia

B. Health Department Follow-up: If isolate further characterized by the state lab, please update question 11.

18) State lab isolate ID number: E 2010001788

19) Case found during audit? ☐ Yes ☐ No ☐ Unknown

20) Case in the case-control study? ☐ Yes ☐ No ☐ Unknown

19a) If no, reason not in case-control study _____

21) Is case report complete? ☐ Yes ☐ No ☐ Unknown

21a) If yes, date case report completed (mo/day/yr): ____ / ____ / ____ 20b) Person completing case report (initials): _____

21c) Person entering case report (initials) _____

22) Did MDH receive disease report card? ☐ Yes ☐ No ☐ Unknown

Active Surveillance Bacterial Foodborne Pathogens Case Report: Minnesota Site

PHLIS ID Number (Patient Specimen) CDA3 1000000043-001

Patient's Name _____
Last First

Address _____
Number/Street City State ZIP

1) County (residence of patient) NOT GIVEN Phone No: _____ lab age: _____ age units: _____

2) Sex M 3) Date of birth (mo/day/yr): _____ 62 0

4) Race: (if known): W 5) Ethnicity: NH

6) Specimen collection date (mo/day/yr): 01/09/2010 7) Age: 62.00 8) If < 1 year, age in months: _____

9) Submitting Lab: LABORATORY Submitting Physician: _____

HFID: 639 Phone: _____

ST CLOUD, MN 56303 Physician Address: ER

10) Source of specimen: FECES Onset Date 1-4-10

11) Isolated Bacteria ESCHERICHIA COLI 0157:H7 subtype: stx1 PCR POSITIVE

12) If specimen collection date is not available, date received in laboratory (mo/day/yr): 01/14/2010 stx2 PCR (+)

A. Hospital Follow-up:

13) Patient status at the time of specimen collection: ☒ Hospitalized ☐ Outpatient ☐ Unknown

14) If outpatient, was the patient subsequently hospitalized? ☐ Yes ☐ No ☐ Unknown

15) If patient was hospitalized (that is, if answered "hospitalized to #14 or "Yes" to #15) please provide the following information:

Hospital name: _____ Hospital date of admission (mo/day/yr): 1/9/10

Patient ID number: 00646461 Hospital date of ^{deceased} discharge (mo/day/yr): 1/19/10

15a) Transferred to another hospital? ☐ Yes ☐ No ☐ Unknown

15b) Transfer hospital name: _____ Patient has

16) Outcome: ☐ Alive ☒ Dead ☐ Unknown

17) Treated with antibiotics: ☐ Yes ☐ No ☐ Unknown if Yes, name and dose: _____ Passed Away

B. Health Department Follow-up: If isolate further characterized by the state lab, please update que - had down syndrome

18) State lab isolate ID number: 2010001507

19) Case found during audit? ☐ Yes ☐ No ☐ Unknown

20) Case in the case-control study? ☐ Yes ☐ No ☐ Unknown

19a) If no, reason not in case-control study _____

21) Is case report complete? ☒ Yes ☐ No ☐ Unknown

21a) If yes, date case report completed (mo/day/yr): 1/22/10 20b) Person completing case report (initials): SJS

21c) Person entering case report (initials): SJS

22) Did MDH receive disease report card? ☐ Yes ☐ No ☐ Unknown

Not A Case Yet 1/20/10

Date: 1/19/10

Tennessee ☒

Interviewer: JM Bacteria _____ Serogroup _____ Subtype _____

Enteric Disease Worksheet
(short and long forms)

Patient's Name (last, first) _____ DOB: _____

Parent's Name (if child) _____

Symptom History - skip for controls

Interviewed: 1/20/10 the Group Home

Nausea	Y <input checked="" type="radio"/> N <input type="radio"/>	Chills	Y N <u>unk</u>
Vomiting	Y <input checked="" type="radio"/> N <input type="radio"/>	Headache	Y N
Diarrhea	Y <input checked="" type="radio"/> N <input type="radio"/>	Backache	Y N
Stools/24 hr	_____	Muscle Aches	Y N
Blood in stool	Y <input checked="" type="radio"/> N <input type="radio"/>	Fatigue	Y N
Cramps	Y <input checked="" type="radio"/> N <input type="radio"/>	Joint Pain	Y N
Fever	Y <input checked="" type="radio"/> N <input type="radio"/>	Temp	_____
Comments:	_____	Other	_____

What was first symptom? Bloody Stools
 Date of onset: (mm/dd/yy) 1/4/10
 Time of onset: (military) morning
 Date of onset diarrhea: 1/4/10
 Time of onset of diarrhea: _____
 Duration of diarrhea (days) _____
 Date of recovery: 1/10/10
 Time of recovery: _____

Hospitalized 1/9

Were you taking antacids in the month prior to your illness? Y N
 If yes, what brand? _____
 Did you take any antacids after the onset of this illness? Y N
 If yes, what brand? _____
 Were you on any medication in the month prior to your illness? ☒ Y N no anti diarral meds
 If yes, what brand? _____
 Were you treated with antibiotics after the onset of this illness? Y N external hemorrhoids
 If yes, what antibiotic? _____
 What date did you start taking your antibiotics? 1/10/10
 (IF UNKNOWN) → Did you take the antibiotics before you submitted the stool culture? ☐ Y ☐ N SAME DAY
 If yes, how many days before culture? _____
 What date did you finish taking your antibiotics? 1/10/10
toxopads for hemorrhoids

- Did you drink untreated/raw water during the seven days before your illness? Yes ☐ No ☐
If yes, where? _____
- Did you swim in the ocean, a lake, a river, or pool in the week before your illness? Yes ☐ No ☒
If yes, where? _____ when? _____
- Did you drink any unpasteurized milk during the week before your illness? Yes ☐ No ☐
If yes, where? _____
- Where did you shop for groceries eaten during the week before your illness? Cub Foods - East St. Cloud
- Where and when did you purchase any hamburger you ate the week before your illness? _____
- What type of hamburger was it (extra lean, lean, % fat, etc.)? _____
What size package? ☐ 1/2 lb. ☐ 1 lb. ☐ 2 lb. ☐ Other ☐

7. In the week prior, did you consume meat from any place other than the grocery store? (hunting, butcher shop, private kill) Yes ☐ No ☒ Source _____

8. During the 7 days prior to your illness, did you live on a farm? Yes ☐ No ☒

9. Did you visit a farm or petting zoo in the 7 days prior to your illness? Yes ☐ No ☒

10. If you answered yes to 8 or 9, what kind of animal(s)? _____

Did you have any contact with these animals? Yes ☐ No ☐

Please describe the contact you had with these animals or their environment:

When? ____/____/____ Where? _____

11. Did you garden in the 7 days prior to your illness? Yes ☐ No ☒ When? ____/____/____

12. Did you apply animal manure or compost derived from animal manure to your garden? Yes ☐ No ☐

If yes...

What type of manure (ex. sheep, cow) _____

When was the manure applied to your garden? ____/____/____

What type of compost (ex. sheep, cow) _____

When was the compost applied to your garden? ____/____/____

13. During the week prior to your illness, did you have any pets at home, have contact with household pets elsewhere, or visit a household with pets (including reptiles and hedgehogs)? Yes ☐ No ☒

IF YES → what kind of animal(s)? _____

If reptile exposure, complete reptile questionnaire. Questionnaire completed? Yes ☐ No ☐

IF YES → Did you feed animal-based products such as rawhides, pig's ears or cow hooves, or any dog treats to your pet during the two weeks prior to your illness? Yes ☐ No ☐

Type: _____

14. Did you travel anywhere during the week prior to your illness? Yes ☐ No ☒

If yes, where? _____ when? ____/____/____ thru ____/____/____

If airline travel, what airline? _____ flight no. _____

foods eaten there? _____ back? _____

If you stayed at a resort, please provide resort name _____

15. Do you know of anyone else with a diarrheal illness prior to or following your illness? Yes ☒ No ☒

if yes, when? _____ who? _____

Name prior _____

16. Have you had contact with young children in a child care setting prior to or following your illness?

Yes ☐ No ☒

If yes, when: ___/___/___ thru ___/___/___

Name of Daycare: _____

Name of Daycare Director: _____

City: _____

Phone Number: _____

Are you aware of any other illness in daycare? Yes ☐ No ☐

17. Did your child attend daycare (or did you work at daycare) with a diarrheal illness?

Yes ☐ No ☐ Dates: _____

For children that attend daycare or daycare employees:

Daycare providers are contacted to determine if any other children may be ill and to provide information and recommendations to prevent further spread of this illness. Our use of the data from this interview may include disclosing your/the child's name to the extent necessary to do our investigation and control the spread of disease. For example, it may be necessary to disclose the name to the daycare center. Do you have any concerns about disclosing your/your child's name to the daycare, if it is necessary?

☐ Yes, I do have concerns

☐ No, I do not have concerns

☐ Tennessee read

18. Have you done any baking that used a raw egg in the preparation? Yes ☐ No ☒

Was child present? Yes ☐ No ☐ Did you sample any of the uncooked batter? Yes ☐ No ☐

19. Did you attend any large gatherings the week before your illness (wedding, receptions, showers, Parties, festivals, fairs, etc.)? Yes ☐ No ☒

if yes, when: ___/___/___

what type of event? _____

where? _____

foods served? _____

Work - visits ~~at~~ ?

Eats Weekday Lunches at _____ in St. Cloud

→ No other illness in residence or staff

See Menu

Did you eat in any restaurants during the seven days before your illness? Yes ☒ No ☐

(Team D - Please remember to get information about any restaurants/food consumed outside of the home, including cafeterias, food stands/street vendors, delis, etc.)

1. Name: _____ Date: ____/____/____ Time: _____

Address: _____

foods eaten: _____

2. Name: _____ Date: ____/____/____ Time: _____

Address: _____

foods eaten: _____

3. Name: _____ Date: ____/____/____ Time: _____

Address: _____

foods eaten: _____

4. Name: _____ Date: ____/____/____ Time: _____

Address: _____

foods eaten: _____

5. Name: _____ Date: ____/____/____ Time: _____

Address: _____

foods eaten: _____

6. Name: _____ Date: ____/____/____ Time: _____

Address: _____

foods eaten: _____

Date/day prior to onset

See Menu

1/3/10 Sun

<u>Time of Meal</u>	<u>Meal</u>	<u>Ate at home</u>	<u>Ate outside of home</u>	<u>Outside location</u>	<u>Foods eaten</u>
	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

1/2/10 Sat

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

1/1/10 Fri

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

12/31/09 Thurs

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

12/30/09 Wed

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

FOOD CONSUMPTION HISTORY

Please indicate for each of the food items listed below whether you definitely ate it, maybe ate it, or definitely did not eat it and whether it was cooked or uncooked during the seven days before onset for cases or comparable reference period for controls. The reference period for this case-control set is ____/____/____ to ____/____/____.

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
DAIRY									
Eggs						/ /		/ /	
a. As an ingredient: type of dish: _____ b. Fried: sunny-side up Y N U over-easy Y N U fried-hard Y N U c. Scrambled: scrambled-runny Y N U scrambled-dry Y N U d. Boiled: boiled-soft Y N U boiled-hard Y N U e. Omelette: omelette-runny Y N U omelette-hard Y N U									
Milk						/ /		/ /	
Buttermilk						/ /		/ /	
Sour cream						/ /		/ /	
Cream cheese						/ /		/ /	
Cottage cheese						/ /		/ /	
Shredded						/ /		/ /	
Processed slices						/ /		/ /	
Block						/ /		/ /	
String						/ /		/ /	
Curds						/ /		/ /	

Item (Dairy cont.)	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date Purchased (mo/day)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
Ice cream						/ /		/ /	
Frozen dessert novelties						/ /		/ /	
Yogurt						/ /		/ /	
MEAT/ POULTRY									
Chicken						/ /		/ /	
Stuffed chicken product (e.g., chicken Kiev)									
Turkey						/ /		/ /	
Hamburger						/ /		/ /	
a. Hamburger as an ingredient: type of dish _____ b. Hamburger: raw Y N U rare (red in middle) Y N U medium (pink in middle) Y N U well done (no pink) Y N U									
Other beef						/ /		/ /	
Pork						/ /			
Lamb						/ /		/ /	
Sausage						/ /		/ /	
Fish						/ /		/ /	
Shellfish						/ /		/ /	
Other meat/ poultry/fish						/ /		/ /	

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
FRUITS									
Oranges						/ /		/ /	
Other citrus						/ /		/ /	
Pears						/ /		/ /	
Apples						/ /		/ /	
Other tree fruit (For example: apricot, nectarine, peach, plum)						/ /		/ /	
Strawberries						/ /		/ /	
Other berries						/ /		/ /	
Grapes						/ /		/ /	
Bananas						/ /		/ /	
Cantaloupe						/ /		/ /	
Watermelon						/ /		/ /	
Exotic fruit (For example: kiwi, pineapple, avocado, mango)						/ /		/ /	

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
VEGETABLES									
Prepackaged salad						/ /		/ /	
Lettuce						/ /		/ /	
- Iceberg						/ /		/ /	
- leaf						/ /		/ /	
- salad greens						/ /		/ /	
Spinach						/ /		/ /	
Cabbage						/ /		/ /	
Tomatoes						/ /		/ /	
Cucumbers						/ /		/ /	
Peppers						/ /		/ /	
Asparagus						/ /		/ /	
Celery						/ /		/ /	
Carrots						/ /		/ /	
Radishes						/ /		/ /	
Pea pods						/ /		/ /	
Egg plant or squash						/ /		/ /	
Onions						/ /		/ /	
- green onion						/ /		/ /	
- other						/ /		/ /	

Item (Vegetables continued)	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
Broccoli						/ /		/ /	
Sprouts						/ /		/ /	
- alfalfa						/ /		/ /	
- bean						/ /		/ /	
Fresh herbs (For example: parsley, cilantro)						/ /		/ /	
OTHER									
Mushrooms						/ /		/ /	
Tofu						/ /		/ /	
Jicama						/ /		/ /	
Peanut butter						/ /		/ /	
Chocolate						/ /		/ /	
Nuts (specify type: almonds, pecans, walnuts, peanuts, cashews, other type)									
Hummus or tahini (specify)									
Queso fresco (Mexican style cheese)									
Salsa									

a. Apple cider ☐ yes ☐ no If yes, where purchased? _____
Brand? _____

b. Orange juice ☐ yes ☐ no If yes, where purchased? _____
Brand? _____

c. Other juices ☐ yes ☐ no If yes, where purchased? _____
Brand? _____

What is your occupation? _____
Name of employer? _____
Address/City of employer? _____
Work phone number _____

Parents occupation _____
Child's school name/address: _____

Statement read ☐

Ethnicity:

A

*NOT an HUS
case*

CASE ID 2010-27-001

A

Hemolytic Uremic Syndrome Surveillance
State Department of Health

Case Report Form

Instructions: Complete the following by interviewing the attending physician and/or reviewing patient's medical record.

Died 1/19/2010

I. PATIENT IDENTIFICATION

1A. Patient name _____ 2A. Date of birth _____
last first mo / day / yr

3A. Parent/guardian _____ 4A. Medical Rec # _____
last first

5A. Address _____
number/street city state zip

6A. Phone home (____) _____ 8A. County of residence _____
Phone work (____) _____

9A. Sex ☐ Female ☒ Male

10A. Ethnicity ☐ Hispanic ☒ Non-Hispanic ☐ Unknown

11A. Race ☒ White ☐ Asian / Pacific Islander ☐ Black ☐ American Indian / Alaska Native
☐ Other _____ ☐ Unknown

Downs
syndrome

12A. Was this case captured through Active Surveillance?

☒ Yes
☐ No

Date Entered (MM/DD/YY): _____

13A. Was this case captured through Hospital Discharge Data?

☐ Yes
☐ No

Date Entered (MM/DD/YY): _____

* It is possible that both 12A and 13A will be Yes.

IC

II. HOSPITAL INFORMATION

14A. Person reporting case _____ 15A. Phone (____) _____
Name City/State

16A. Attending physician _____ 17A. Phone (____) _____

18A. Hospital St. Cloud Hospital 19A. Phone (____) _____
Name City/State

20A. Date of admission or transfer to this facility 1/9/2010

21A. Date of discharge or transfer from this facility 1/18/2010 ☐ Still hospitalized

22A. Institution transferred to (if applicable) _____
Name City/State

23A. Institution where first hospitalized (if different) _____
Name City/State

24A. Date of initial hospitalization (if different) 1/1/

25A. Physician, initial hospitalization (if different) _____ 26A. Phone (____) _____

Discharged to hospice

A

CASE ID _____

A

III. CLINICAL INFORMATION

27A. Date of HUS diagnosis ____/____/____

28A. Did patient have diarrhea during the 3 weeks before HUS diagnosis?..... ☒ yes ☐ no ☐ unsureif yes 29A. Date of diarrhea onset 1/7/201030A. Did stools contain visible blood at any time ☒ yes ☐ no ☐ unsure31A. Was diarrhea treated with antimicrobial medications..... ☒ yes ☐ no ☐ unsureif yes 32A. Type of antimicrobial Fluconazole namendastarted + stopped on 1/15/201033A. Was patient treated with an antimicrobial medication for any other reason than diarrhea during the 3 weeks before HUS diagnosis? ☐ yes ☒ no ☐ unsure

if yes 34A. Type of antimicrobial _____

35A. Reason(s) _____

Other medical conditions present during 3 weeks before HUS diagnosis:

36A. Other gastrointestinal illness..... ☐ yes ☐ no ☐ unsure37A. Urinary tract infection ☐ yes ☐ no ☐ unsure38A. Respiratory tract infection ☐ yes ☐ no ☐ unsure39A. Other acute illness..... ☐ yes ☐ no ☐ unsure

if yes 40A. Describe _____

41A. Pregnancy ☐ yes ☒ no ☐ unsure42A. Kidney Disease ☐ yes ☐ no ☐ unsure43A. Immune compromising condition or medication ☐ yes ☐ no ☐ unsureif yes 44A. Malignancy..... ☐ yes ☐ no ☐ unsure45A. Transplanted organ or bone marrow..... ☐ yes ☐ no ☐ unsure46A. HIV infection..... ☐ yes ☐ no ☐ unsure47A. Steroid Use (parenteral or oral)..... ☐ yes ☐ no ☐ unsure

48A. Other, describe _____

Laboratory values within 7 days before and 3 days after HUS diagnosis:

49A. Highest serum creatinine..... 3.54 mg/dL 1/1550A. Highest serum BUN 41.4 mg/dL 1/15

51A. Highest serum amylase..... _____ U/L

52A. Highest WBC 27.2 K/mm³ 1/1353A. Lowest hemoglobin 10.1 g/dL 1/13or Lowest hematocrit 32.2 % 1/1354A. Lowest platelet count 204 K/mm³ 1/13

Other laboratory findings within 7 days before and 3 days after HUS diagnosis:

55A. Blood smear with microangiopathic changes (i.e., schistocytes, burr cells, helmet cells or red cell fragments)..... ☒ yes ☐ no ☐ unsure ☐ not tested56A. Blood in urine by dipstick..... ☒ yes ☐ no ☐ unsure ☐ not tested57A. Protein in urine by dipstick..... ☒ yes ☐ no ☐ unsure ☐ not tested58A. RBC in urine by microscopy..... ☒ yes ☐ no ☐ unsure ☐ not tested59A. Patient's blood type A+albumin 1/11/2010

To be completed by health department

60A. How was patient's illness first identified by health department?

☒ Report of HUS case by a participating member of the HUS active surveillance network☐ Report of HUS case by a non-participating physician or service☐ Routine Q157 surveillance☐ Other, describe _____61A. Is this case outbreak related?..... ☐ yes ☐ no ☐ unsure

62A. Status of report 9Initial 9Update 9Complete

63A. Date ____/____/____ 64A. Completed by (initials) _____

Revised 1/9/2006

Colitis → renal failure → not expected to live
anuric hypoalbuminemiawatery stools,
mucous +
blood,
Abdominal
pain.RBC morphology slight
poikil.
cytosis
slight
acanthocytes

MN HD 000117

B

Hemolytic Uremic Syndrome Surveillance State Department of Health

Microbiology Report Form

Instructions: Complete by contacting microbiology laboratory at each institution where patient was treated. Complete one composite form for all laboratories.

1B. Was stool specimen obtained from this patient ☒ yes ☐ no ☐ unsure
if no Skip to question 22B

2B. Laboratories where stool(s) tested

1/9/2010 St. Cloud Hospital Phone () _____
Name City/State

_____ Phone () _____
Name City/State

_____ Phone () _____
Name City/State

_____ Phone () _____
Name City/State

3B. Was stool tested for Shiga toxin ☐ yes ☒ no ☐ unsure
if yes 4B. Method(s)/kit(s) used _____

5B. Result ☐ positive ☐ negative ☐ unsure

6B. Collection date 1st specimen tested: ____/____/____

7B. Collection date 1st positive specimen: ____/____/____

8B. Was stool cultured for *E. coli* O157? ☒ yes ☐ no ☐ unsure

if no skip to question 14B

if yes 9B. Collection date 1st specimen tested for O157 ____/____/____

10B. Methods used

☐ culture on sorbitol-MacConkey agar

☐ other, describe _____

11B. Was *E. coli* O157 isolated? ☐ yes ☒ no ☐ unsure

if yes 12B. Collection date 1st positive specimen: ____/____/____

13B. Result of H antigen testing (check one):

☐ H7 positive

☐ other H, specify: _____

☐ H7 negative

☐ unsure or not tested

☐ non-motile

14B. Was stool tested for non O157 Shiga toxin-producing *E. coli*? ☐ yes ☒ no ☐ unsure

if yes 15B. Was non-O157 Shiga toxin-producing *E. coli* isolated? ☐ yes ☒ no ☐ unsure

if yes 16B. Serotype: O: ____ H: ____ ☐ non-motile ☐ unknown

17B. Collection date 1st specimen tested: ____/____/____

18B. Collection date 1st positive specimen: ____/____/____

*1/9 stool
culture
negative
E. coli O157*

*blood
culture
1/11/10
1/12/10*

*C diff culture
neg
garden*

B

CASE ID _____

B19B. Other pathogen isolated from stool..... ☐ yes ☐ no ☐ unsure

if yes 20B. Pathogen #1 _____ Specimen collection date ____/____/____
21B. Pathogen #2 _____ Specimen collection date ____/____/____

22B. Pathogen isolated from source other than stool..... ☐ yes ☐ no ☐ unsure

if yes 23B. Pathogen _____
24B. Specimen Source _____
25B. First date of isolation ____/____/____

If O157 or other STEC was isolated, complete the following based on health department records:

26B. Disposition of isolate (check all that apply) ☐ Sent to state laboratory (reference # _____)
☐ Sent to CDC
☐ Sent to other reference laboratory (specify _____)
☐ Discarded

27B. Identity of isolate confirmed by state Public Health Laboratory

☐ yes
☐ no
☐ unsure
☐ not tested

Comment _____

28B. Is the patient a resident of the FoodNet catchment area? ☐ yes ☐ noif yes 29B. Please complete the following based on your site's method of data transmission

PHLIS _____
Site ID Patient ID Specimen ID

NEDSS _____
NEDSS Patient ID

Method other than PHLIS or NEDSS _____
Local ID

30B. Was serum obtained from this patient? ☐ yes ☐ no ☐ unsure31A. Has patient serum been tested for antibodies to O157 or other STEC?..... ☐ yes ☐ no ☐ unsureif no Skip to 37Bif yes 31B. Were significant levels of antibodies against an STEC detected?..... ☐ yes ☐ no ☐ unsureif yes 32B. LPS type _____

33B. Titer IgG _____

35B. Titer IgM _____

34B. Interpretation ☐ positive ☐ negative ☐ borderline36B. Interpretation ☐ positive ☐ negative ☐ borderline

37B. Status of report 9 initial 9 update 9 complete

38B. Date ____/____/____ 39B. Completed by (initials) _____

Revised 1/9/2006

Requested stool & serum 1/19/2010
Can't do Plasma being sent

MN HD 000119

Hemolytic Uremic Syndrome Surveillance State Department of Health

Chart Review Form

Instructions: Complete after patient has been discharged; use hospital discharge summary, consultation notes and DRG coding sheet. Complete one composite form for all institution where hospitalized.

1C. Hospitals admitted _____ Phone () _____

Date admitted above: ____/____/____ Date discharged above: ____/____/____

_____ Phone () _____

Date admitted above: ____/____/____ Date discharged above: ____/____/____

_____ Phone () _____

Date admitted above: ____/____/____ Date discharged above: ____/____/____

_____ Phone () _____

Date admitted above: ____/____/____ Date discharged above: ____/____/____

2C. Date of first admission: ____/____/____ 3C. Date of last discharge: ____/____/____

Did any of the following complications occur during this admission:

				Date of onset
4C. Pneumonia.....	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unsure	<u>if yes</u>	5C. ____/____/____	
6C. Seizure.....	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unsure	<u>if yes</u>	7C. ____/____/____	
8C. Paralysis or hemiparesis.....	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unsure	<u>if yes</u>	9C. ____/____/____	
10C. Blindness.....	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unsure	<u>if yes</u>	11C. ____/____/____	
12C. Other major neurologic sequelae	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unsure	<u>if yes</u>	13C. ____/____/____	

if yes, Describe: _____

Were any of the following procedures performed during this admission:

14C. Peritoneal dialysis..... ☐ yes ☒ no ☐ unsure

15C. Hemodialysis..... ☐ yes ☒ no ☐ unsure

Transfusion with:

16C. packed RBC or whole blood..... ☐ yes ☒ no ☐ unsure

17C. platelets..... ☐ yes ☒ no ☐ unsure

18C. fresh frozen plasma..... ☐ yes ☒ no ☐ unsure

19C. Plasmapheresis ☐ yes ☐ no ☐ unsure

20C. Laparotomy or other abdominal surgery*..... ☐ yes ☐ no ☐ unsure

(*other than insertion of dialysis catheter)

if yes 21C. Describe: _____

22C. Condition at discharge..... ☐ dead ☐ alive

if dead, 23C. Date deceased: ____/____/____

if alive, 24C. Requiring dialysis..... ☐ yes ☐ no ☐ unsure

25C. With neurologic deficits..... ☐ yes ☐ no ☐ unsure

26C. Status of report 9 initial 9 update 9 complete

27C. Date ____/____/____ 28C. Completed by (initials) _____

MN

Bus:

0

Fax:

To: JoshDate: 01/20/10Company: MN Dept. of Health# of pages: 13
Including coverFrom: Sammy GarciaMessage: Information requested regarding

The information contained in this fax is intended only for the use of the individual or entity named above. If the reader of this fax is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are requested to:

Please, immediately notify the sending person of the mistake.

Where there is no such thing as disability, only opportunity.

PROCEDURE: 409

I, Minnesota

Bus: ()

Fax:

To: Josh - MN Dept. of Health

From:

Date: 01-20-10

Regarding: Information requested regarding ()

- List of items eaten 12-27-09 thru 01-03-10 (see attached menus from and which is day program) The meals served at the which is located at the are brought in by is Thick-it added to all of his food and drinks to form a pudding consistency due to trouble swallowing.

- All menu items that did not eat are crossed off and what he actually did eat or drink is written off to the side.

- Home visits: ent to his brothers house on 12-25-09

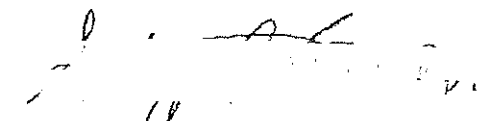
- Community Outings other than going to his day program: the only community outing that was on during this time was supper at McDonald's in Little Falls, MN on 12-27-09.

- Exposure to Pets: as exposed to a dog while at his brother's house on 12-25-09.

- List of Medications: Daily vitamin 1 tab qd, Flomax 0.4mg qd, Risperdal 0.25mg qam, Namenda 10mg bid, Risperdal 0.5mg @hs, SM Hygienic Cleaning pads for Hemorrhoids PRN.

Please let me know if you have any further questions or need additional information

Thank you-



Program Director

12/27/09

WEEK 4, SUNDAY, WINTER

CAL	REGULAR DIET	1200-1499	1500-1800
	BREAKFAST		
200	2 slices french toast Oatmeal	1 slice	1 slice
80	2 T diet syrup	1 T	1 T
45	1 T reduced fat marg Toast with		
60	1/2 c strawberries Peanut butter	1/4c	1/4c
60	1/2 c orange juice Jelly		
90	1 c skim milk	1/4c	1/4c

	LUNCH	
225	3 oz baked ham	2 oz
80	1/8 onion squas not served	
80	1 slice bread	
80	1/2 c mashed potato	
45	1 T reduced fat margarine	
25	1/2 c asparagus Grn. Beans	
	sugar free juice drink milk	

	SNACK	
75	3 c topcom Applesauce, yogurt, or pudding (would have chosen one of these for snack. They come in individual
	calorie free beverage cups from the store.	
	Milk	

	SUPPER	
300	1 beef fajita with vegetables in flour tortilla McDonald's in Little Falls, MN	
150	1 oz tortilla chips with salsa 1/2 oz	- Cheeseburger
80	1/2 c spanish rice	- french fries
	fat free cream	- coke from the fountain
90	1 c skim milk	

	SNACK	
80	1/2 c sugar free pudding, any flavor	
	sugar free, fat free whip topping if desired	
90	1 c skim milk	1/2c
	sugar free juice drink	

TOTAL	Applesauce prepackaged cup	1525	1720
1935			

12/28/09

WEEK 4, MONDAY, WINTER

CAL	REGULAR DIET	1200-1499	1500-1800
	BREAKFAST		
55	1 c rice krispies Oatmeal		
25	1 t sugar		
180	2 slices toast with Peanut butter & Jelly	1 slice	
45	1 T reduced fat margarine		
60	1/2 c orange juice		
90	1 c skim milk	1/2c	1/2c

	LUNCH		
150	3 oz turkey - ate lunch at		
160	2 slices bread	1 slice	1 slice
45	1 T reduced fat margarine		
60	1/2 c applesauce		
80	1 oz wheat thins		
	sugar free juice drink		

SNACK

1/2 c sugar free jelly - Applesauce in prepacked cup

fat free sugar free whip topping, if desired - milk

caloric free beverage

	SUPPER		
310	1 c Wild Rice Hotdish		
25	1/2 c green beans		
120	1 breadstick Slice of bread		
25	1/2 c tossed salad		
	2 T fat free dressing Canned peaches		
90	1 c skim milk		

	SNACK		
240	2 slices banana bread	1 slice	
25	2 T reduced sugar jelly		
90	1 c skim milk	1/2c	
	sugar free juice drink		

TOTAL	Yogurt prepacked cup	1505	1625
1875			

12/29/09

12/29/09

WEEK 4 TUESDAY, WINTER

REGULAR DIET 1200-1499 1500-1800

CAL BREAKFAST

100 ~~1 c wheaties~~ Oatmeal 3/4c 3/4c

25 1 t sugar

160 ~~1 whole toasted English muffin~~ 1/2 muffin 1/2 muffin

45 ~~1 T reduced fat marg~~

60 1/2c orange juice

90 1 c skim milk 1/2c 1/2c

Toast with peanut butter and jelly

LUNCH

150 ~~2 oz sliced ham~~

160 ~~2 slices bread~~

45 1 T reduced calorie margarine Robert ate lunch at Wacosa

25 1/2 c broccoli bites

60 1/2 c fruit cocktail

~~sugar free juice drink~~

SNACK

60 banana half

~~calorie free beverage~~ milk

ate either an Applesauce, yogurt, or pudding cup for snack, which are prepackaged from store

SUPPER

300 6 oz Chicken Parisienne 4 oz

80 1/2 c rice

120 1 biscuit

45 1 T reduced fat margarine no

50 ~~1 c Caesar salad~~ coleslaw

90 1 c skim milk

SNACK

200 ~~1 c puppy chow~~ yogurt cup 1/2c

90 1 c skim milk 1/2c

TOTAL

1955 1515 1760

12/30/09

WEEK 4, WEDNESDAY, WINTER

CAL	REGULAR DIET	1200-1499	1500-1800
	BREAKFAST		
100	1 c corn flakes oatmeal	3/4c	3/4c
25	1 t sugar		
160	2 slices toast with peanut butter ; jelly	1 slice	1 slice
45	1 T reduced calorie margarine		
60	1/2 c orange juice		
90	1 c skim milk	1/2c	1/2c

	LUNCH		
150	2 oz rst beef	ate lunch at	
160	2 slices bread	1 slice	1 slice
45	1 T reduced calorie margarine		
80	8 animal crackers		
60	1/2 c grapes		
	sugar free juice drink		

	SNACK		
60	1 fruit roll up	ate either an applesauce, yogurt, or pudding cup, which are prepackaged from the store.	
	calorie free beverage milk		

	SUPPER		
300	3 oz bbq ribs	2 oz	
80	1 baked potato		
45	1 T reduced fat margarine		
	1 T fat free sr cream		
25	1/2 c cooked broccoli		
80	1 dinner roll		
90	1 c skim milk		

	SNACK		
185	1/2 c rice pudding	1/4c	
90	1 c skim milk	1/2c	1/2c
	sugar free juice drink		
1930	Toast with peanut butter ; jelly	1460	1655
	apple juice		

12/31/09

WEEK 4, THURSDAY, WINTER

REGULAR DIET 1200-1499 1500-1800

CAL BREAKFAST

100	1 c cheerios Oatmeal	3/4c	3/4c
25	1 t sugar		
160	2 slices toast with peanut butter jelly	1 slice	1 slice
45	1 T reduced fat margarine		
60	1/2 c orange juice		
	1 c skim milk	1/2c	1/2c

LUNCH

150	1/2 c tuna salad
160	2 slices bread
60	1 orange
25	1/2 c raw carrots
	sugar free juice drink

ate lunch at 1.

SNACK

120	1 container yogurt, 120 calories or less Applesauce prepackaged cup
	calorie free beverage milk

SUPPER

400	1 piece Lasagna		
120	1 breadstick	1/2 breadstick	1/2 breadstick
45	1 T reduced fat marg	no	
25	1/2 c cauliflower saute won't eat		
90	1 c skim milk	1/2c	1/2c
	use cole slaw		

SNACK

100	1/2 c oyster cracker snack won't eat
90	1 c skim milk
	sugar free juice drink use snack coke

TOTAL
1775

Applesauce prepackaged cup	1475	1520
----------------------------	------	------

01/01/10

WEEK 4, FRIDAY, WINTER

CAL	REGULAR DIET	1200-1499	1500-1800
BREAKFAST			
100	1 c wheaties Oatmeal	3/4c	3/4c
25	1 t sugar		
160	2 slices toast with peanutbutter; jelly	1 slice	1 slice
45	1 t reduced calorie margarine		
60	1/2 c orange juice		
90	1 c skim milk	1/2c	1/2c
LUNCH			
150	2 oz turkey pastrami Chicken Breast		
160	2 slices bread mashed potatoes		
45	1 t reduced calorie margarine		
50	1/2 c coleslaw Canned green beans		
60	1 apple milk		
	sugar free juice drink		
SNACK			
75	1/4 c spinach dip Applesauce prepackaged cup		
80	1 slice sour dough bread milk	1/2 slice	
	calorie free beverage		
SUPPER			
300	4 oz Roasted Tenderloin and Chicken Fajitas		
80	1/2 c Red Potatoes white Rice	1/4c	1/4c
80	1/2 c corn	1/4c	1/4c
60	1/2 c peach halves		
90	1 c skim milk		
SNACK			
120	1/2 c vanilla ice cream		
90	1 c skim milk	1/2c	1/2c
	sugar free juice drink		
TOTAL	Yogurt cup	1495	1645
1920			

01/02/10

WEEK 4, SATURDAY, WINTER

CAL	REGULAR DIET	1200-1499	1500-1800
	BREAKFAST		
100	1 c hot cereal <i>Oatmeal</i>	3/4c	3/4c
160	1 whole English muffin	1/2 muffin	1/2 muffin
45	1 T reduced fat margarine		
60	1/2 c orange juice		
90	1 c skim milk	1/2c	1/2c
	<i>Toast with peanut butter & Jelly</i>		
	LUNCH		
150	1/2 c sloppy joe		
160	1 bun		
150	1 c prepared canned soup, any kind	1/2c	1/2c
170	1 oz potato chips <i>Canned fruit</i> 1/2 oz	1/2 oz	1/2 oz
	sugar free juice drink		
	SNACK		
60	1/2 c pear halves <i>Pudding cup</i>		
	sugar free juice drink <i>milk</i>		
	SUPPER		
300	3 oz Baked BBQ Chicken	2 oz	
80	1/2 c potato wedges <i>mashed potatoes</i>		
	fat free ranch for dipping		
25	1/2 c mixed veggies		
80	1 slice bread		
45	1 T reduced fat margarine		
90	1 c skim milk		
	SNACK		
80	1 oz wheat thin crackers		
90	1 c milk	1/2c	
	sugar free juice drink		
TOTAL	<i>Applesauce cup</i>	1455	1700
1935			

01/03/10

WEEK 1, SUNDAY, WINTER
REGULAR DIET

1200-1499

1500-1800

CAL BREAKFAST

160	2-4 in pancakes	Oatmeal	1 pancake	1 pancake
80	2 T diet syrup	toast with peanut butter and jelly	1T	1T
45	1 T reduced fat marg		no marg	no marg
60	1/2 c strawberries			
90	1 c skim milk		1/2 c	1/2c
	orange juice			

LUNCH

225	3 oz glazed pork chop	2 oz	Turkey Sandwich
150	1/2 c potato king of potatoes		Canned Soup
120	1 biscuit	1/2 biscuit	Canned fruit cocktail
	2 T reduced sugar jelly		
25	1/2 c carrots		
	sugar free juice drink		

SNACK

25	1/2 c green peppers	Yogurt cup
	and radishes	
	fat free veggie dip	milk

SUPPER

310	1 c chicken broccoli casserole	3/4c
60	1/2 c peach halves	
100	1 slice garlic bread	
90	1 c skim milk	

SNACK

100	1/6 low fat rice krispy bar		
90	1 c skim milk	1/2c	1/2c
	sugar free juice drink		

TOTAL
2015

Applesauce cup

1522

1760

Telephone
Fax

k. MN 56387

Telephone
Fax

MN 56378

Telephone
Fax

St. Cloud, MN 56303

To: Uncle L. (L)

From:

Date: 1-19-10

Fax Number:

Pages: 3

Regarding:

☐ Urgent ☐ For Your Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

* I drinks about a 1/2 Cup Milk with lunch every day. I put a line thru items he did not eat. On Jan 5th I circled the Mushroom & Onion Steak as that is what he had that day. Other than that he brings in either a bottle or can of pop daily.

* ate the same things as but drank an entire glass of Milk he also may have eaten the Cucumber Salad on Jan. 4th and the coleslaw on Dec. 28th. has a ~~glass~~ cup of coffee each morning.

* is the lady from if you need to contact her

Senior Dining Menu

December 2009

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	4 oz Salmon Loaf 1/2 c Oven Fried Potatoes 1/2 c Peas in Cream Sauce Wheat Bread 2x2 Gingerbread with Topping	Pie of the Month 3 oz Beef Tips in Gravy 1/2 c Egg Noodles 1/2 c French Cut Green Beans 1/2 c Peach Slices 1/8 Pecan Pie	3 oz Liver & Onions or Hamburger Patty w/Gravy 1/2 c Whipped Potatoes w/Gravy 1/2 c Beets Wheat Bread 2x2 Applesauce Gelatin	5 oz BBQ Chicken 1/2 c Scalloped Potatoes 1/2 c Creamy Cole Slaw Wheat Bread 1/2 c Pudding
3 oz Sloppy Joe on a Bun 1/2 c Seasoned Potato Sticks 1/2 c Corn 1/2 c Pineapple Tidbits	3 oz Roast Beef 1/2 c Whipped Potatoes w/Gravy 1/2 c Carrots Wheat Bread Chocolate Chip Cookies	4x4 Shepard's Pie 1 c Crunchy Romanina Salad Wheat Bread 2x2 Pumpkin Bar	3 oz Brown Sugar Pork Chop 1/2 c Sour Cream & Herb Whipped Potatoes 1/2 c Broccoli Normandy Wheat Bread 1/2 c Applesauce	6 oz Chicken Chow Mein 1/3 c Rice 1/2 c Oriental Vegetables 1/2 c Mandarin Oranges Fortune Cookies
4 oz Swiss Steak med Baked Potato w/Sour Cream 1/2 c Mixed Vegetables Wheat Bread 1/2 c Ice Cream	4 oz BBQ Turkey on a Bun 1/2 c Seasoned Potato Wedges 1/2 c Cucumber Salad 2x2 Cereal Bar	Christmas Dinner 3 oz Glazed Spiral Cut Ham 1/2 c Sweet Potato Casserole 1/2 c Country Trio Vegetables Dinner Roll 2x2 Christmas Gelatin Cake	8 oz Hearty Stew French Bread 1 c Seven Layer Salad 2x2 Apple Crisp w/Topping	4 oz Meatloaf med Baked Potato w/Sour Cream 1/2 c Carrot Raisin Salad Wheat Bread 1/2 c Lemon Chiffon
4 oz BBQ Riblet 1/2 c Cutsscut Fries 1/2 c Peas & Carrots Wheat Bread 1/2 c Peaches	3 oz Salisbury Steak 1/2 c Whipped Potatoes w/Gravy 1/2 c Squash Wheat Bread 2x2 Banana Cake	3 oz Chicken Parmesan 1/2 c Egg Noodles 1 c Italian Lettuce Salad 1/2 c Green & Waxed Beans Sugar Cookies	Specials of the Day	Merry Christmas She Closed
3 oz Hamburger on a Bun 1/2 c Baked Beans 1/2 c Corn 1/2 c Sliced Peas	3 oz Roast Turkey 1/2 c Whipped Potatoes w/gravy 1/2 c Cream Style Corn Wheat Bread 1/2 c Chocolate Mousse	4 oz Swedish Meatballs 1/2 c Parsniped Potatoes 1/2 c Country Trio Vegetables Wheat Bread 2x2 Frosted Cake	New Year's Party 4 oz Pork Chop 1/2 c AuGratin Potatoes 1/2 c Green Beans Dinner Roll 2x2 Bread Pudding w/Topping	Happy New Year's She Closed

1% gratuity is served with every meal. Menu is subject to change. Suggested contribution for persons 60+ and volunteer is \$3.25 - \$8.50. No one 60+ is denied a meal based on their ability to pay. Guests under 60 pay \$8.50. Call between 10:30 am - 1:00 pm for more information. Partially funded under contract with the Central Minnesota Council of Aging as part of the Older Americans Act and Administered by [unclear] [unclear].

Senior Dining Menu -Whitney 650-3068

January 2010

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>1% milk is served with every meal. Menu is subject to change. Suggested contribution for persons 60+ and volunteer is \$3.50 - \$7.00. No one 60+ is denied a meal based on their ability to pay. Guests under 60 pay \$7.00. Call between 10:30 am - 1:00 pm for more information. Partially funded under contract with the as part of the Older Americans Act and Administered by of St Cloud.</p>				<p>Happy New Year Site Closed</p>
<p>4 oz BBQ Turkey on a Bun 1/2 c Seasoned Potato Wedges 1/2 c Cucumber Salad 1/2 c Pudding</p>	<p>4 oz Liver & Onions or Mushroom & Onion Steak 1/2 c Whipped Potatoes w/Gravy 1/2 c Peas Wheat Bread 1/2 c Applesauce</p>	<p>Pie of the Month 3 oz Hot Roast Pork Sandwich 1/2 c Whipped Potatoes w/Gravy 1/2 c Squash 1/8 Pumpkin Pie</p>	<p>4 oz Country Fried Steak Med Baked Potato w/Sour Cream 1/2 c Cinnamon Carrots Wheat Bread Molasses Cookie</p>	<p>6 oz Lemon Pepper Fish 1/2 c AuGratin Potatoes 1/2 c Beets Wheat Bread 1/2 c Ice Cream Gelatin</p>
<p>8 oz Spaghetti with Meat Sauce 1/2 c Carrots 1 c Italian Lettuce Salad Garlic Bread 1/2 c Ice Cream</p>	<p>Celebrate Jamaica 4 oz Coconut Chicken 1 oz Cranberry Garnish 1/3 c Rice 1/2 c Pineapple Tidbits Wheat Bread 2x2 Ginger Cake</p>	<p>2x4 Egg Bake 1/2 c Hashbrowns 4 oz Orange Juice Muffin 1/2 c Baked Apple Slices</p>	<p>4 oz Breaded Fish 1/2 c Scalloped Potatoes 1/2 c Confetti Vegetable Salad Wheat Bread 2x2 Cinnamon Bread Pudding with Topping</p>	<p>3 oz Roast Beef w/Horseradish 1/2 c Whipped Potatoes w/Gravy 1/2 c Broccoli Normandy Dinner Roll 2x2 Sunshine Salad</p>
<p>CLOSED</p>	<p>8 oz Hamburger Tomato Casserole 1/2 c Country Trio Vegetables 1 c Lettuce Salad Oatmeal Cookie</p>	<p>Specials of the Day</p>	<p>3 oz Beef Tips in Gravy 1/2 c Egg Noodles 1/2 c Corn 1/2 c Peach Slices 2x2 Applesauce Gelatin</p>	<p>3 oz Baked Ham 1/2 c Sweet Potatoes 1/2 c Vegetable Medley Wheat Bread 1/2 c Rice Pudding</p>
<p>6 oz Lasagna 1/2 c French Cut Green Beans 1 c Italian Lettuce Salad Garlic Breadstick 1/2 c Apricots</p>	<p>4 oz Salmon Loaf 1/2 c Oven Fried Potatoes 1/2 c Peas in Cream Sauce Wheat Bread 2x2 Gingerbread with Topping</p>	<p>4x4 Shepard's Pie 1 c Crunchy Romaine Salad Wheat Bread 2x2 Jello Poke Cake</p>	<p>3 oz Roast Turkey 1/2 c Whipped Potatoes w/Gravy 1/2 c Mixed Vegetables Wheat Bread 2x2 Frosted Brownie</p>	<p>5 oz BBQ Chicken 1/2 c Scalloped Potatoes 1/2 c Creamy Coleslaw Wheat Bread 1/2 c Pudding</p>

Rounds, Joshua (MDH)

From: Smith, Kirk (MDH)
Sent: Tuesday, January 19, 2010 9:37 AM
To: Medus, Carlota (MDH); Rounds, Joshua (MDH); Hedican, Erin (MDH)
Subject: RE: Two Possible Hospitalized E.coli O157 cases from Opportunity Manor Group Home

Yes, Josh will do the outbreak investigation, but Erin will follow-up with St. Cloud Hospital regarding the suspect HUS case since she is now doing HUS surveillance. This will include getting samples from the case. Joni is going to work through this first one with her.

Thanks for the info re the SMAC plates - I thought they had stopped sending them. Maybe we'll get lucky there.....

Kirk Smith, DVM, MS, PhD
Supervisor, Foodborne, Vectorborne, and Zoonotic Diseases Unit Acute Disease Investigation and Control Section Minnesota Department of Health
Phone: 651-201-5240
Fax: 651-201-5082
kirk.smith@state.mn.us

-----Original Message-----

From: Medus, Carlota (MDH)
Sent: Tuesday, January 19, 2010 9:22 AM
To: Rounds, Joshua (MDH); Smith, Kirk (MDH); Hedican, Erin (MDH)
Subject: RE: Two Possible Hospitalized E.coli O157 cases from Opportunity Manor Group Home

Kirk, Josh is keeping this investigation, correct?

If so, Josh, St Cloud/Centracare lab was supposed to stop sending us SMAC plates at the beginning of the year, but apparently they haven't stopped. You may want to check Raven/Loon/whatever it is called and see if we have that person's plate (they are accessioned as I, not E)-or/and call Bonnie in the enterics lab and ask her to prioritize it if we got it.

If we did not receive it, you might want to call _____ and ask if they have the original stool and/or plate and/or broth (doubt that they will have saved a broth). They started doing a rapid test for sxt, and they were planning to continue to do O157 culture for a while. It might be worth while to call them and ask what they did/didn't do and results for e/test. It is possible that the ICP is not familiar with all the subtle differences between tests.

I'm happy to help with whatever is needed, but I'll be gone today from 9:30ish to 3:15ish.

Carlota Medus, PhD, MPH
Epidemiologist Principal
Foodborne, Vectorborne, & Zoonotic Diseases Acute Disease Investigation & Control
Minnesota Department of Health
Phone: 651.201.5527

-----Original Message-----

From: Rounds, Joshua (MDH)
Sent: Monday, January 18, 2010 11:14 AM
To: Medus, Carlota (MDH); Smith, Kirk (MDH); Hedican, Erin (MDH)
Subject: Two Possible Hospitalized E.coli O157 cases from Opportunity Manor Group Home

Hi everyone,

I received a call from _____ ICP, at _____
reporting 2 patients hospitalized with bloody diarrhea from the same group home,
_____ in Sauk Rapids.

Case #1 Initials , 62 year old with down's syndrome was admitted on 1/9 with bloody diarrhea

- stool sample was negative, but in notes doctors discuss possible infectious origin
- case developed renal failure and has been discharged to hospice, it didn't sound like he was doing very well

Case #2 Initials , 80 year old

- Onset 1/14 and admitted 1/15 with bloody diarrhea, still hospitalized in ICU
- Stool sample taken on 1/15 was positive for "possible" E.coli O157

I followed up with the group home and spoke with:

1
work
cell 3
supervisor on site

There are a total of 4 residents in the group home, no symptoms with the other two residents.

There are a total of 10 employees at the group home, reported no symptoms with employees, and all 10 would be involved in food preparation.

Both residents would be involved in a Day program n). They would not be working (like our last E.coli case) but just have activities (for retired individuals) with residents of other group homes. I stated that they were in the process of contacting to ask about illness at the day program.

I emphasized that no employees should be working if they are ill. I discussed how E.coli O157 is transmitted (both food and person to person) and said that we would be contacting them tomorrow.

Please let me know if you have any questions.

Thanks,

Josh

If you need to reach me today my cell is

→ cell

Sartell, MN 56377

Bus: 1-26-10

Fax: 1-26-10

To: JSB

Date: 1-26-10

Company: MN Dept. of Health

of pages: 7
Including cover

From: [Signature]

Message: Attached are the receipts going back to

12/16/09 they shop once a week. The site still has
the one from this past week if you need that let me know,
otherwise they are attached up to 1/12/10.

The Lasagna was homemade and there's currently
no meat in the freezer - they buy for each week and use
that and if they go out there's that still but then they use it the
next week and don't buy more.

-- said you called her but I told her we talked so
she was not going to call you back. Please call her again if

The information contained in this fax is intended only for the use of the individual or entity named above. If the reader of this fax is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are requested to:

Please, immediately notify the sending person of the mistake.

You needed something more from her.

Where there is no such thing as disability, only opportunity.

BROC CHEESE	510000134/	1.45 FS
BROC CHEESE	5100001347	1.45 FS
CAMPBELL SOUP	5100001477	1.45 FS
PILSBURY CAKE MIX	5150070033	1.28 FS
SPTR CURRY POWDER	5210000074	1.19 FS

MEAT

OM DELI SH CHICKE	4470003099	2.49 FS
P/PRIDE CHCKN BRS	7701316501	12.98 FS
75% FRZ BF PATTY	20164900000	11.10 FS
SIRLOIN PORK CHP	21334400000	6.44 FS
SD BEEF RND ROAS	26152100000	4.19 FS
AMER 75% LN GRD	27246800000	2.03 FS
AMER 75% LN GRD	27246800000	2.21 FS
BNLS C STYLE RIB	27327800000	4.71 FS

PRODUCE

2.97 lb @ 1 lb /	.55	
BANANAS YELLOW	4011	1.63 FS
BABY PEEL CARROTS	4116345248	1.59 FS
F/EXPRSS COLE SLW	7127912300	1.59 FS
F/E SPINACH SALAD	7127913204	1.68 FS

FROZEN

B/E BROCCOLI CUTS	1450001098	1.59 FS
=> 1.00 Sale price		-.59 FS
B/E BROCCOLI CUTS	1450001098	1.59 FS
=> 1.00 Sale price		-.59 FS
CUB HSTYLE WAFFLE	4113046580	2.33 FS
CUB CALCIUM O.J.	4113046900	1.79 FS
CUB CALCIUM O.J.	4113046900	1.79 FS
CUB CALCIUM O.J.	4113046900	1.79 FS
CUB CALCIUM O.J.	4113046900	1.79 FS
CUB CALCIUM O.J.	4113046900	1.79 FS

DAIRY

6 @ 1/ 40		
6Z DANNON YGRT	3663200625	2.40 FS
CUB COTTAGE CHEES	4113047446	2.49 FS
CUB MOZZARELLA CH	4113047473	2.29 FS
BREAD STICK DOUGH	4113047759	2.29 FS
ENG ALMOND TOFFEE	4127100904	2.99 FS
4 @ 1/ 2.98		
O/G SKIM MLK GAL	7018001207	11.92 FS

GM

GC DELUXE SPOON	7675325752	2.59 T1
NYLN BASTE SPOON	7675325770	3.49 T1
GOOD COOK TURNER	7675325772	3.49 T1

PHARMACY

BOOST PLUS RTD	4167993266	8.99 FS
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COUPONS

Vendor Coupon	54167910078MC	-1.50 FS
SUBTOTAL		188.65
TOTAL TAX		.00
TOTAL		188.65
House Charge	TENDER	188.65
Cash	CHANGE	.00

NUMBER OF ITEMS 92

EXEMPT TAX ID	
T1 ITEM VALUE EXEMPTED	9.57
T1 TAX EXEMPTED	.71
T2 ITEM VALUE EXEMPTED	.00
T2 TAX EXEMPTED	.00
T3 ITEM VALUE EXEMPTED	.00
T3 TAX EXEMPTED	.00
Advertised Savings	10 6.36
MANUFACTURER COUPONS	1 1.50

WEEKLY LIST FOR LESS SAVINGS 7.86
THAT IS A SAVINGS OF 4%

----- FSA Total \$0.00 -----
Use your Health Care spending card here.
Items ending with "H" qualify for
FSA purchase.

Trx: 12/29/09 Oper: Term: 3 Store: 3041
12/29/09 12:24:16

Thank you for shopping at Cub Foodst.

Cub

Bringing more to your table.

1001 4th Street SE
St. Cloud, MN 56304
320-253-1322

Cashier: Janice P

12/29/09

12:19:25

GROCERY

POST CEREALS CPN	18255	.00 FS
CREAMETTE SHELLS	1510000071	1.39 FS
B C FROSTING	1600045960	1.69 FS
KRAFT HNY BBQ SCE	21000067840	1.49 FS
DL HNT SLD CARRO	2400016299	.99 FS
HNT F/F TAPC PUD	2700041165	1.47 FS
HUNTS REG MANWICH	2700044110	1.49 FS
PLAIN BROCCRUMBS	2920501716	2.29 FS
KBLR CLUB CRACKER	3010003012	2.49 FS
CUB INSTANT RICE	4113046121	3.95 FS
CUB LT APL JUICE	4113046413	1.89 FS
CUB LT APL JUICE	4113046413	1.89 FS
CUB LY APL JUICE	4113046413	1.89 FS
CUB LT APL JUICE	4113046413	1.89 FS
CUB LT APL JUICE	4113046413	1.89 FS
CUB FRUIT/GRAIN B	4113046854	1.99 FS
CUB FRUIT/GRAIN B	4113046855	1.99 FS
CUB CRM CELERY	4113046925	.69 FS
CUB WHL KRNL COR	4113047062	.68 FS
CUB CREAMED CORN	4113047063	.68 FS
CUB GREEN BEANS	4113047064	.68 FS
CUB GREEN BEANS	4113047064	.68 FS
CUB MSHROOM P/S	4113047069	.79 FS
=> .59 Sale price		-.20 FS
CUB MSHROOM P/S	4113047069	.79 FS
=> .59 Sale price		-.20 FS
CUB FRT CTL LITE	4113047090	1.29 FS
=> .88 Sale price		-.41 FS
CUB FRT CTL LITE	4113047090	1.29 FS
=> .88 Sale price		-.41 FS
CUB CRMY PNUBTTR	4113047162	1.89 FS
CUB PORK & BEANS	4113048043	.79 FS
CUB PORK & BEANS	4113048043	.79 FS
CUB HAMBURGER BUN	4113048320	1.19 FS
CUB HAMBURGER BUN	4113048320	1.19 FS
CUB SANDWICH BREA	4113048341	1.65 FS
CUB SANDWICH BREA	4113048341	1.65 FS
CUB SANDWICH BREA	4113048341	1.65 FS
CUB SANDWICH BREA	4113048341	1.65 FS
CUB CIN APPLESAUC	4113048480	1.49 FS
CUB INST POTATOES	4113048558	3.19 FS
CUB CANNED TUNA	4113049236	.68 FS
CUB CANNED TUNA	4113049236	.68 FS
CUB RS CHICKN SOU	4113049360	.99 FS
WYLR CHKN BOUILLIO	4125875115	2.59 FS
WYLR BEEF BOUILLIO	4125875117	2.59 FS
GEDNY PICKLE	4166000121	1.99 FS
POST HBO HR CEREAL	4300001424	2.49 FS
=> 1.50 Sale price		-.99 FS
POST HBO HR CEREAL	4300001424	2.49 FS
=> 1.50 Sale price		-.99 FS
POST HBO HR CEREAL	4300001424	2.49 FS
=> 1.50 Sale price		-.99 FS
FRSTD SHREDDED WHT	43000018160	2.49 FS
=> 1.50 Sale price		-.99 FS
NAB OREO THN CRSP	4400000617	2.50 FS
NABISCO RITZ W/PB	44000088210	2.29 FS

CMPBL CHIX W/RCE 5100010525
PILLSBURY CAKE MI 5150070100
PLS FUNFEYTI RTS 5150076320
U-BEN WILD RICE 5480002011
GEISA WTR CHESTNT 7114055150
MISSION TORTLA 26 7373100820

MEAT

DELI SHAVED HAM 4470003129 5.99 FS
IQF B/S CKN BRST 7701316316 6.99 FS
S/B BEEF STIR FR 25142600000 3.41 FS
SD BF CHK POT RS 26189600000 7.82 FS
AMER 75% LN GRD 27246800000 2.05 FS
AMER 75% LN GRD 27246800000 2.47 FS
HRMEL CRE 81 HAM 27368600000 5.58 FS

PRODUCE

2.24 lb 1 lb / .55
BANANAS YELLOW 4011 1.23 FS
1 2/ 3.00
PEPPR BELL GLD/YLW 4680 1.50 FS
FF RUSSET POTATOE 4113070001 1.48 FS
F/S CELERY SM/MED 4116345325 .98 FS
1 2/ 3.00
FE COLE SLAW KIT 7127912600 1.50 FS
JIM COLE SLW DRES 8682442460 5.99 FS

BAKERY

Bakery 9 2.99 FS
FINGER ROLLS 27794900000 2.49 FS
APPLE PIE 28893400000 2.99 FS

FROZEN

CUB 3 CHEESE TOAS 4113046493 2.49 FS
CUB CALCIUM O.J. 4113046900 1.79 FS
CUB CALCIUM O.J. 4113046900 1.79 FS
CUB CALCIUM O.J. 4113046900 1.79 FS
CUB CALCIUM O.J. 4113046900 1.79 FS
COOL WHIP LITE 4300000956 2.99 FS
1 2/ 7.00
JCKS OR SUPREME 7465300407 3.50 FS
1 2/ 7.00
JCKS OR SUPREME 7465300407 3.50 FS

DAIRY

CNTRYCRK MARGRIN 2740026497 3.88 FS
CUB SOUR CREAM 4113046162 .99 FS
CUB SOUR CREAM 4113046162 .99 FS
CUB AMERCON CHEES 4113047349 1.99 FS
1 2/ 4.00
ID W/R COFFEE CRM 4127100907 2.00 FS
5 1/ 2.98
O/G SKIM MLK GAL 7018001207 14.90 FS
FINELY SHRD CHEE 7592529989 1.49 FS
CF PPR/JACK CHEES 7592530089 1.49 FS

SUBTOTAL 175.78

TOTAL TAX .00

TOTAL 175.78

House Charge

Cash

TENDER 175.78

CHANGE .00

NUMBER OF ITEMS

88

EXEMPT TAX ID

T1 ITEM VALUE EXEMPTED .00
T1 TAX EXEMPTED .00
T2 ITEM VALUE EXEMPTED .00
T2 TAX EXEMPTED .00
T3 ITEM VALUE EXEMPTED .00
T3 TAX EXEMPTED .00
Advertised Savings 15 6.99

WEEKLY LIST FOR LESS SAVINGS 6.99
THAT IS A SAVINGS OF 4%

----- FSA Total \$0.00 -----

Use your Health Care spending card here.
Items ending with "H" qualify for
FSA purchase.

TX
12/23/09

Oper

Term:

Store: 3041

09:53:12

Thank you for shopping at Cub Foods!

CUB GIFT CARD

Cub

Bringing more to your table.

1001 4th Street SE
St. Cloud, MN 56304
320-253-1322

Cashier: Daniel M

12/23/09

09:48:40

GROCERY

DEL MONTE VEG CPN 18264 .00 FS
C&H CUBLET SUGAR 1580005011 1.57 FS
DM PINEAPPL CHUNK 2400000164 .89 FS
DEL MNTN GRN BEAN 2400016286 .99 FS
=> .37 Sale price -.62 FS
DEL MNTN GRN BEAN 2400016286 .99 FS
=> .37 Sale price -.62 FS
DEL MONTE WHL COR 2400016302 .99 FS
=> .37 Sale price -.62 FS
DEL MONTE WHL COR 2400016302 .99 FS
=> .37 Sale price -.62 FS
DELMONTE SWT PEA 2400016308 .99 FS
=> .37 Sale price -.62 FS
DELMONTE SWT PEA 2400016308 .99 FS
=> .37 Sale price -.62 FS
HUNT'S KETCHUP 2700038249 1.29 FS
HUNT'S KETCHUP 2700038249 1.29 FS
HUNTS SNK PK 2700041359 2.99 FS
AJ C RCH SYRUP242 3000003660 2.19 FS
KEEBLR RIGHT BITE 3010032568 3.19 FS
KELL RICE KRISPIE 3800031844 1.69 FS
LIPTON RC/SC SPNS 4100002268 1.54 FS
CUB TP CHC FDG112 4113046074 1.49 FS
CUB TP SMORES 112 4113046075 1.49 FS
CUB LT APL JUICE 4113046413 1.89 FS
CUB LT APL JUICE 4113046413 1.89 FS
CUB LT APL JUICE 4113046413 1.89 FS
CUB LT APL JUICE 4113046413 1.89 FS
CUB LT APL JUICE 4113046413 1.89 FS
CUB MSHROOM P/S 4113047069 .79 FS
=> .59 Sale price -.20 FS
CUB MSHROOM P/S 4113047069 .79 FS
=> .59 Sale price -.20 FS
CUB FRT CTL LITE 4113047090 1.29 FS
=> .88 Sale price -.41 FS
CUB FRT CTL LITE 4113047090 1.29 FS
=> .88 Sale price -.41 FS
CUB FRT CTL LITE 4113047090 1.29 FS
=> .88 Sale price -.41 FS
CUB PEACHES LITE 4113047134 1.29 FS
=> .88 Sale price -.41 FS
CUB PEACHES LITE 4113047134 1.29 FS
=> .88 Sale price -.41 FS
CUB PEAR HVS LTE 4113047135 1.29 FS
=> .88 Sale price -.41 FS
CUB PEAR HVS LTE 4113047135 1.29 FS
=> .88 Sale price -.41 FS
CUB SANDWICH BREA 4113048341 1.65 FS
CUB SANDWICH BREA 4113048341 1.65 FS
CUB SANDWICH BREA 4113048341 1.65 FS
CUB SANDWICH BREA 4113048341 1.65 FS
CUB HONEY BEAR 4113048535 1.99 FS
CUB CANNED TUNA 4113049236 .68 FS
CUB CANNED TUNA 4113049236 .68 FS
WELCH GRAPE JAM 4180000026 2.09 FS
CL POWDR DRINK MI 4300095053 4.99 FS
NABISCO RITZ W/CH 4400088211 2.29 FS
CMPBELL TOM SOUP 5100000011 .97 FS
CMPBLS CRM/MUSHRM 5100001261 .99 FS
BEAN W/BACON 5100001294 2.25 FS



Bringing more to your table.

1001 4th Street SE
St. Cloud, MN 56304
320-253-1322

Cashier: Tyler B

12/16/09

09:08:30

GROCERY

KELLOGG CEREAL CPN 18325 .00 FS
BC BISQCK COMPLET 1600013550 1.15 FS
GM CHEERIOS CEREAL 1600027526 2.99 FS
=> 2.49 Sale price -.50 FS
DM PINEAPPL CHUNK 2400000164 .89 FS
FOLGERS HB COFFEE 2550000381 5.88 FS
HUNTS CHRY GEL 4P 2700041233 1.47 FS
HUNTS FAMILY PK 2700041305 2.99 FS
FRITOS SCOOPS 2840008302 4.49 FS
KEEBLER OTG CADDY 3010037248 5.99 FS
KELLOGG'S CRISPX 3800003530 2.67 FS
=> 1.67 Sale price -1.00 FS
KLLG RICE KRISPIE 3800031846 2.67 FS
=> 1.67 Sale price -1.00 FS
KELLOGGS APL JACK 3800039134 2.67 FS
=> 1.67 Sale price -1.00 FS
CUB RIPE OLVS 3.8 4113046136 .99 FS
CUB FRUIT&GRAIN 4113046193 1.99 FS
CUB LT APL JUICE 4113046413 1.89 FS
CUB LT APL JUICE 4113046413 1.89 FS
CUB LT APL JUICE 4113046413 1.89 FS
CUB LT APL JUICE 4113046413 1.89 FS
CUB LT APL JUICE 4113046413 1.89 FS
CUB FRUIT/GRAIN 8 4113046855 1.99 FS
1 qty with pricing method
CUB CRM CHICKEN 4113046927 .48 FS
IN-STORE SAVINGS OF .21
1 qty with pricing method
CUB CREAM MSHRM 4113046930 .48 FS
IN-STORE SAVINGS OF .21
1 qty with pricing method
CUB 4 LB SUGAR 4113047041 1.48 FS
IN-STORE SAVINGS OF .50
CUB BROWN SUGAR 4113047043 1.25 FS
CUB WHL KRNEL COR 4113047062 .68 FS
CUB GREEN BEANS 4113047064 .68 FS
CUB GREEN BEANS 4113047064 .68 FS
CUB KIDNEY BEANS 4113047066 .89 FS
=> .50 Sale price -.39 FS
CUB MIXED VEGTBLE 4113047075 .68 FS
CUB FRT CYL LITE 4113047090 .99 FS
CUB FRT CYL LITE 4113047090 .99 FS
CUB PEACHES LITE 4113047134 .99 FS
CUB PEACHES LITE 4113047134 .99 FS
CUB PEAR HVS LITE 4113047135 .99 FS
CUB PEAR HVS LITE 4113047135 .99 FS
CUB SANDWICH BREA 4113048341 1.65 FS
CUB SANDWICH BREA 4113048341 1.65 FS
CUB SANDWICH BREA 4113048341 1.65 FS
CUB SANDWICH BREA 4113048341 1.65 FS
IMLF-CLEANER W/BL 4116344896 2.49 T1
RCHN CHX RAMEN 4178900211 .20 FS
RCHN CHX RAMEN 4178900211 .20 FS
RCHN CHX RAMEN 4178900211 .20 FS
RCHN CHX RAMEN 4178900211 .20 FS
ABISCO RITZ W/PB 4400088210 2.29 FS
KPY PNT BTR 36.4 4800127389 3.49 FS
LLSBRY FRSTNG 12 5150028152 1.49 FS
ILSBURY CAKE MIX 5150070033 .99 FS

PAGE 06/07

USMA MEAT 7114040130 .95 FS
XTRA 2X LAUNDRY D 9451441696 2.49 T1
MEAT
SHAVED CHICKEN 5190080102 2.99 FS
=> 2.50 Sale price -.49 FS
LND 0 FRST H/TKY 5190080106 2.99 FS
=> 2.50 Sale price -.49 FS
SIRLOIN PORK CHP 21334400000 5.44 FS
SHLR BLADE ROAS 22316500000 6.35 FS
RUMP ROAST 25146500000 5.05 FS
AMER 75% LN GRD 27246800000 1.37 FS
AMER 75% LN GRD 27246800000 1.37 FS

PRODUCE

3.32 lb @ 1 lb / .39
BANANAS YELLOW 4011 1.29 FS
2.35 lb @ 1 lb / .39
BANANAS YELLOW 4011 .92 FS
1.85 lb @ 1 lb / .98
MCINTOSH APPLE 4019 1.81 FS
PEPPER BELL GREEN 4065 .89 FS
0.50 lb @ 1 lb / 1.49
ROMA TOMATO 4087 .75 FS
ICEBERG LETTUCE 3338365020 1.29 FS
FF YELLW ONIONS2L 4113070028 1.28 FS
BABY PEEL CARROTS 4116345248 1.48 FS

FROZEN

CUB CALCIUM O.J. 4113046900 1.49 FS
CUB CALCIUM O.J. 4113046900 1.49 FS
CUB CALCIUM O.J. 4113046900 1.49 FS
CUB CALCIUM O.J. 4113046900 1.49 FS
CUB CALCIUM O.J. 4113046900 1.49 FS

DAIRY

1 qty with pricing method
CUB LARGE EGGS 4113047009 .88 FS
IN-STORE SAVINGS OF .51
1 qty with pricing method
CUB LARGE EGGS 4113047009 .88 FS
IN-STORE SAVINGS OF .51
COFFEMATE CREAMER 5000051277 3.49 FS
5 @ 1/ 2.98
O/G SKIM MLK GAL 7018001207 14.90 FS
8 @ 1/ .39
OLDHM 100CL YOGUR 7032200676 3.12 FS

PHARMACY

BOOST HGH PROTEIN 4167994066 7.79 FS
BOOST HGH PROTEIN 4167994066 7.79 FS
BOOST HGH PROTEIN 4167994066 7.79 FS

COUPONS

Vendor Coupon 55190011945MC -.45 FS
Vendor Coupon 55190011945MC -.45 FS
SUBTOTAL 167.99
TOTAL TAX .00
TOTAL 167.99
House Charge
Cash
FINDER 167.99
CHANGE .00

NUMBER OF ITEMS 90

EXEMPT TAX ID
T1 ITEM VALUE EXEMPTED 4.98
T1 TAX EXEMPTED .37
T2 ITEM VALUE EXEMPTED .00
T2 TAX EXEMPTED .00
T3 ITEM VALUE EXEMPTED .00
T3 TAX EXEMPTED .00
Advertised Savings 8 5.01
MANUFACTURER COUPONS 2 .90
SRP Savings 0 1.94

WEEKLY LIST FOR LESS SAVINGS 7.85
THAT IS A SAVINGS OF 4%

----- FSA Total \$0.00 -----
Use your Health Care spending card here.
Items ending with "H" qualify for
FSA purchase.

Trx: 12/16/09 Oper Term: 4 Store: 3041
09:12:27

Thank you for shopping at Cub Foods!

01/26/10 13:34

MN HD 000139

250 33rd Avenue South
St. Cloud, MN 56301
320-255-9193
Pharmacy 320-252-1668

Cashier: Amber V

12/16/09

10:42:4

GROCERY

BTY CRC COOKIE MI 1600030570	1.69 F
BTY CRC COOKIE MI 1600030570	1.69 F
BTY CRC COOKIE MI 1600030570	1.69 F
BTY CRC COOKIE MI 1600030570	1.69 F
HERSHEY KISS CAND 3400012086	4.79 F
HERSHEY KISS CAND 3400012086	4.79 F
M/M MLK CHOC CAND 4000031581	4.99 F
M/M MLK CHOC CAND 4000031581	4.99 F
B/C CHC ALMND BAR 4113000827	2.49 F
=> 1.98 Sale price	- .51 F
B/C CHC ALMND BAR 4113000827	2.49 F
=> 1.98 Sale price	- .51 F
B/C CHC ALMND BAR 4113000827	2.49 F
=> 1.98 Sale price	- .51 F
B/C CHC ALMND BAR 4113000827	2.49 F
=> 1.98 Sale price	- .51 F
B/C WH ALMND BARK 4113000828	2.49 F
=> 1.98 Sale price	- .51 F
B/C WH ALMND BARK 4113000828	2.49 F
=> 1.98 Sale price	- .51 F
B/C WH ALMND BARK 4113000828	2.49 F
=> 1.98 Sale price	- .51 F
B/C WH ALMND BARK 4113000828	2.49 F
=> 1.98 Sale price	- .51 F
B/C WH ALMND BARK 4113000828	2.49 F
=> 1.98 Sale price	- .51 F
CUB ROASTED PEANU 4113048379	2.39 FS
=> 1.98 Sale price	- .41 FS
CUB ROASTED PEANU 4113048379	2.39 FS
=> 1.98 Sale price	- .41 FS
CUB ROASTED PEANU 4113048379	2.39 FS
=> 1.98 Sale price	- .41 FS
TRAY CANES R&W 7053807505	.89 F1
TRAY CANES R&W 7053807505	.89 F1
TRAY CANES R&W 7053807505	.89 F1
TRAY CANES R&W 7053807505	.89 F1

GM

2 @ 1/ 1.49	
ROYL CAKE DECORAT 7106426916	2.98 T1
SUBTOTAL	56.62
TOTAL TAX	.00
TOTAL	56.62
House Charge	TENDER 56.62
Cash	CHANGE .00

NUMBER OF ITEMS	26
EXEMPT TAX ID	
T1 ITEM VALUE EXEMPTED	43.92
T1 TAX EXEMPTED	3.24
T2 ITEM VALUE EXEMPTED	.00
T2 TAX EXEMPTED	.00
T3 ITEM VALUE EXEMPTED	.00
T3 TAX EXEMPTED	.00
Advertised Savings	12 5.82

WEEKLY LIST FOR LESS SAVINGS 5.82
THAT IS A SAVINGS OF 9%

----- FSA Total \$0.00 -----
Use your Health Care spending card here.
Items ending with "H" qualify for
FSA purchase.

Trx: 12/16/09 Oper Term: Store: 3040
10:45:08

CUB GIFT CARD

43:13 01/26/2010

MN HD 000140

=> 1.99 Sale price
 NABISCO RITZ W/CH 4400088211 -1.96 FS
 OS MYR BACN BITS 4470002966 2.29 FS
 KNORR SOUP MIX 4800122129 1.83 FS
 280Z SKPPY CRM P/ 4800127068 .99 FS
 1 @ 10/ 10.00 3.49 FS

CARNATION EVAP ML 5000016011 1.00 FS
 V/C PORK&BEANS 5200001113 1.99 FS
 JOA SPYCHILI BEA 7089053200 1.15 FS
 GSHA MNDRN ORNGS 7114040130 .95 FS
 JIFFY CORN MFFN M 7248600220 .49 FS
 JIFFY CORN MFFN M 7248600220 .49 FS

MEAT

Meat 5 4.99 FS
 CUB PRECOOKD BACO 4113059055 2.59 FS
 OM DELI SH CHICKE 4470003099 2.49 FS
 IQF B/S CXN BRST 7701316316 6.99 FS
 SB BEEF STRIPS 21173400000 6.41 FS
 AMR 75/25 GRND B 27246800000 2.07 FS
 AMR 75/25 GRND B 27246800000 2.19 FS
 AMR 75/25 GRND B 27246800000 2.29 FS
 AMR 75/25 GRND B 27246800000 6.09 FS

PRODUCE

3.45 lb @ 1 lb / .55
 BANANAS YELLOW 4011 1.90 FS
 GREEN ONIONS 4068 .59 FS
 0.57 lb @ 1 lb / 1.49
 ROMA TOMATO 4087 .85 FS
 2.05 lb @ 1 lb / 1.28
 SMALL GALA APPLES 4173 2.62 FS
 2 @ 1/ 1.29
 HASS AVOCADO LRG 4225 2.58 FS
 => .98 Sale price -.62 FS
 2 @ -.31 off each

BAKERY

MARBLE SHEET CAK 28449200000 8.99 FS

DELI

STELLA CHEESE CUP CP 19006 .00 FS
 STELLA BLUE CHEES 7580588173 3.99 FS
 => 1.99 Sale price -2.00 FS

FROZEN

SHPPR VL ICE CREA 4113030957 4.59 FS
 CUB CHOPPD SPINAC 4113046893 .89 FS
 CUB CALCIUM O.J. 4113046900 1.79 FS
 CUB CALCIUM O.J. 4113046900 1.79 FS
 CUB CALCIUM O.J. 4113046900 1.79 FS
 CUB CALCIUM O.J. 4113046900 1.79 FS
 1 @ 2/ 4.50

DAIRY

LOLFF HALF/HALF 3450063211 1.59 FS
 CUB SWISS CHEESE 4113046524 1.59 FS
 CUB SH CHEDDAR CH 4113046525 1.59 FS
 CUB SOUR CREAM 4113047448 1.77 FS
 LARGE EGGS 18 CT 4461907030 2.53 FS
 5 @ 1/ 2.99

O/G SKIM MLK GAL 7018001207 14.95 FS

SUBTOTAL 189.25
 TOTAL TAX .00

TOTAL 189.25
 House Charge
 Cash
 TENDER 189.25
 CHANGE .00

NUMBER OF ITEMS 99

EXEMPT TAX ID
 T1 ITEM VALUE EXEMPTED 5.96
 T1 TAX EXEMPTED .44
 T2 ITEM VALUE EXEMPTED .00
 T2 TAX EXEMPTED .00
 T3 ITEM VALUE EXEMPTED .00
 T3 TAX EXEMPTED .00
 Advertised Savings 17 8.97

WEEKLY LIST FOR LESS SAVINGS 8.97
 THAT IS A SAVINGS OF 5%

----- FSA Total \$0.00 -----
 Use your Health Care spending card here.
 Items ending with "H" qualify for
 FSA purchase.



1001 4th Street SE
 St. Cloud, MN 56304
 320-253-1322

Cashier: Rosja H.

01/05/10

09:41:19

GROCERY

KLG SPECIAL K CPN 18242 .00 FS
 MCLHNNY TABASCO S 1121000001 1.43 FS
 EASY GRIP CUP 92 1370011095 1.99 FS
 BTY CRCKR SALAD 1600050330 2.29 FS
 BTY CRCKR SALAD 1600050330 2.29 FS
 BTY CRCKR SALAD 1600050330 2.29 FS
 FOLGERS HB COFFEE 2550000381 5.99 FS
 HUNTS FAMILY PK 2700041305 2.99 FS
 HUNT REG MANWICH 2700044118 2.58 FS
 KELL SPECIAL K 3800001611 2.49 FS
 => 1.99 Sale price -.50 FS
 SPCL K FRT/YOGURT 3800024330 2.49 FS
 => 1.99 Sale price -.50 FS
 SPCL K FRT/YOGURT 3800024330 2.49 FS
 => 1.99 Sale price -.50 FS
 RICE KRISPÆ TRT 3800026500 1.99 FS
 KLG SPCLK RED BRR 3800060160 2.49 FS
 => 1.99 Sale price -.50 FS
 CUB LT APL JUICE 4113046413 1.89 FS
 CUB LT APL JUICE 4113046413 1.89 FS
 CUB LT APL JUICE 4113046413 1.89 FS
 CUB LT APL JUICE 4113046413 1.89 FS
 CUB LT APL JUICE 4113046413 1.89 FS
 CUB ASPARAGUS 4113046868 1.48 FS
 CUB ASPARAGUS 4113046868 1.48 FS
 CUB CREAM MSHRM 4113046930 .99 FS
 CUB GREEN BEANS 4113047064 .68 FS
 CUB GREEN BEANS 4113047064 .68 FS
 CUB GREEN BEANS 4113047064 .68 FS
 CUB KIDNEY BEANS 4113047066 .69 FS
 => .50 Sale price -.19 FS
 CUB KIDNEY BEANS 4113047066 .69 FS
 => .50 Sale price -.19 FS
 CUB KIDNEY BEANS 4113047067 .69 FS
 => .50 Sale price -.19 FS
 CUB KIDNEY BEANS 4113047067 .69 FS
 => .50 Sale price -.19 FS
 CUB MSHROOM P/S 4113047069 .79 FS
 => .59 Sale price -.20 FS
 CUB MSHROOM P/S 4113047069 .79 FS
 => .59 Sale price -.20 FS
 CUB TOMATO PASTE 4113047096 .59 FS
 CUB TOMATO PASTE 4113047096 .59 FS
 CUB PEACHES LITE 4113047134 1.29 FS
 => .88 Sale price -.41 FS
 CUB PEACHES LITE 4113047134 1.29 FS
 => .88 Sale price -.41 FS
 CUB PEACHES LITE 4113047134 1.29 FS
 => .88 Sale price -.41 FS
 CUB PEAR HVS LTE 4113047135 1.29 FS
 CUB PEAR HVS LTE 4113047135 1.29 FS
 CUB FRSTO CHERRY 4113047253 1.49 FS
 CUB THIN SPAGHETT 4113047805 .99 FS
 CUB DICED TOMATOE 4113047959 .88 FS
 CUB DICED TOMATO 4113047960 .88 FS
 CUB HAMBURGER BUN 4113048319 1.85 FS
 CUB HAMBURGER BUN 4113048319 1.85 FS
 CUB HAMBURGER BUN 4113048319 1.85 FS
 CUB SANDWICH BREA 4113048341 1.65 FS
 CUB SANDWICH BREA 4113048341 1.65 FS
 CUB SANDWICH BREA 4113048341 1.65 FS
 CUB TOMATO SAUCE 4113048484 1.55 FS
 CUB PASTA SAUCE 4113049306 1.59 FS
 HOMELIFE FLATWARE 4116344956 .99 TI
 HOMELIFE FOAM PLAT 4116344986 1.49 TI
 HOMELIFE FOAM PLAT 4116344986 1.49 TI



Bringing more to your table.

1001 4th Street SE
St. Cloud, MN 56304
320-253-1322

Cashier: Katie N

01/12/10

09:33:04

2 @ 1/ .89
PEPPER BELL GREEN 4065 1.78 FS
1.65 lb @ 1 lb / 1.28
PEARS BARTLETT 4409 2.11 FS
1 @ 10/ 10.00
1# BABY CARROTS 3338366602 1.00 FS
FF YELLOW ONIONS 2L 4113070028 1.79 FS
1 @ 10/ 10.00
F/S CELERY SM/MED 4116345325 1.00 FS
1 @ 2/ 5.00
SALAD FIN CLS CHE 4610004305 3.00 FS
1 @ 10/ 10.00
ICEBERG GARDEN SA 7127910302 1.00 FS
1 @ 10/ 10.00
ICEBERG GARDEN SA 7127910302 1.00 FS
5LB RUSSET POTAT 60580600130 2.99 FS

BAKERY

Bakery 9 1.50 FS

DELI

SMTHFLD VRGNA HA 26573900000 5.34 FS

FROZEN

CUB BROCCOLI CHPP 4113046383 1.53 FS
OLDORCHRD OJ F/C 7535511250 1.79 FS
OLDORCHRD OJ F/C 7535511250 1.79 FS
OLDORCHRD OJ F/C 7535511250 1.79 FS
OLDORCHRD OJ F/C 7535511250 1.79 FS
OLDORCHRD OJ F/C 7535511250 1.79 FS

DAIRY

PILLS CRESC ROLL 1800000401 2.29 FS
8 OZ PILLSBRY CRSN 1800000415 2.29 FS
8 OZ PILLSBRY CRSN 1800000415 2.29 FS
YGRT PEACH BLN LF 4113046409 .50 FS
CUB SHRED CHEDDAR 4113047472 2.29 FS
STRAWBERRY BLND/L 4113048651 .50 FS
YGRT RASPBRY BLN L 4113048652 .50 FS
YOGURT BLBY BLN L 4113048653 .50 FS
OFFMATE VN CREAM 5000041250 2.29 FS
5 @ 1/ 2.99
O/G SKIM MLK GAL 7018001207 14.95 FS
CF AM CHEESE SLIC 7592530017 2.99 FS
=> 1.89 Sale price -1.10 FS

COUPONS

DELI HAM COUPON 19007SC -1.00 FS
Vendor Coupon 54610050075MC -.75 FS

SUBTOTAL 159.68

TOTAL TAX .00

TOTAL 159.68

House Charge TENDER 159.68
Cash CHANGE .00

NUMBER OF ITEMS 81

EXEMPT TAX ID
T1 ITEM VALUE EXEMPTED 3.98
T1 TAX EXEMPTED .29
T2 ITEM VALUE EXEMPTED .00
T2 TAX EXEMPTED .00
T3 ITEM VALUE EXEMPTED .00
T3 TAX EXEMPTED .00
Advertised Savings 3 1.32
MANUFACTURER COUPONS 1 .75
Store/Dbl/Triple Coupons 1 1.00

WEEKLY LIST FOR LESS SAVINGS 3.07
THAT IS A SAVINGS OF 2%

----- FSA Total \$0.00 -----
Use your Health Care spending card here.
Items ending with "H" qualify for
FSA purchase.

Trx: Oper Term: Store: 3041
01/12/10 09:36:18

Thank you for shopping at Cub Foods!

GROCERY

B CRCKR AUGRATIN 1600040770 2.65 FS
HUNT'S BBQ SAUCE 2700038444 1.49 FS
NORMEL CHLI W/BN 3760022318 1.87 FS
RICE KRISPIE TRT 3800026500 1.88 FS
FLVTE SOV SAUCE 4113006264 1.19 FS
CARLITA TACO SEAS 4113027036 .69 FS
CARLITA MED SALSA 4113027038 5.69 FS
CUB FRUIT&GRAIN 4113046193 1.99 FS
CUB LT APL JUICE 4113046413 1.89 FS
CUB LT APL JUICE 4113046413 1.89 FS
CUB LT APL JUICE 4113046413 1.89 FS
CUB QUICK OATS 4113047060 2.79 FS
CUB WHL KRNEL COR 4113047062 .68 FS
CUB CREAMED CORN 4113047063 .68 FS
CUB FRT CTL LITE 4113047090 .99 FS
=> .88 Sale price -.11 FS
CUB FRT CTL LITE 4113047090 .99 FS
=> .88 Sale price -.11 FS
CUB PEACHES LITE 4113047134 .99 FS
CUB PEACHES LITE 4113047134 .99 FS
CUB PEAR HVS LITE 4113047135 .99 FS
CUB PEAR HVS LITE 4113047135 .99 FS
CUB FROSTING 4113047201 1.49 FS
CUB ELBOW MACARON 4113047802 .99 FS
CUB ELBOW MACARON 4113047802 .99 FS
CUB SANDWICH BREA 4113048341 1.65 FS
CUB SANDWICH BREA 4113048341 1.65 FS
CUB SANDWICH BREA 4113048341 1.65 FS
CUB SANDWICH BREA 4113048341 1.65 FS
CUB CIN APPLESAUC 4113048480 1.49 FS
NABISCO RITZ W/CH 4400088211 2.29 FS
28OZ SKIPPY CRM P/ 4800127068 3.49 FS
1 @ 10/ 10.00

CMPBLS CRM OF CHK 5100001031 1.00 FS
SMUCKERS SQUEEZE 5150005711 2.06 FS
PILLSBURY CAKE MI 5150070040 1.28 FS
O/O POMGR COCKTAI 7535511171 1.99 FS
OLD ORCHRD JC 64Z 7535511281 1.99 FS
OLD ORCHRD JC 64Z 7535511282 1.99 FS
STARKIST TUNA 8000000674 .69 FS
STARKIST TUNA 8000000674 .69 FS

MEAT

HONEY TURKEY 4113059116 2.99 FS
IOF B/S CKN BRST 7701316316 6.99 FS
SB KSHR BLDE ROA 24113600000 7.25 FS
PORK LOIN PACK 25349700000 7.49 FS
AMR 75/25 GRND B 27246800000 2.01 FS
AMR 75/25 GRND B 27246800000 2.13 FS
AMR 75/25 GRND B 27246800000 2.59 FS
BNLS C STYLE RIB 27327800000 2.91 FS

PRODUCE

2.30 lb @ 1 lb / .55
BANANAS YELLOW 4011 1.27 FS
1 @ 2/ 1.00
REG CUCUMBER GREEN 4052 .50 FS

20 students!

1 - died

other doing better -

Infectious colitis - Bloody \Rightarrow Watery

Aspirations

pneumonia/atelectasis

UTI - klebsiella

Acute kidney damage Anemia from
Hypotension (Shock) bloody diarrhea

Moved out of ICU

Scheftel, Joni (MDH)

From: Rounds, Joshua (MDH)
Sent: Tuesday, January 19, 2010 9:33 AM
To: Scheftel, Joni (MDH)
Subject: FW: Two Possible Hospitalized E.coli O157 cases from Opportunity Manor Group Home

Josh Rounds, MPH

Epidemiologist

Acute Disease Investigation & Control Section

Minnesota Department of Health

625 Robert St. N

P.O. Box 64975

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-----Original Message-----

From: Medus, Carlota (MDH)
Sent: Tuesday, January 19, 2010 9:22 AM
To: Rounds, Joshua (MDH); Smith, Kirk (MDH); Hedican, Erin (MDH)
Subject: RE: Two Possible Hospitalized E.coli O157 cases from Opportunity Manor Group Home

Kirk, Josh is keeping this investigation, correct?

If so, Josh, St Cloud/Centracare lab was supposed to stop sending us SMAC plates at the beginning of the year, but apparently they haven't stopped. You may want to check Raven/Loon/whatever it is called and see if we have that person's plate (they are accessioned as I, not E)-or/and call Bonnie in the enterics lab and ask her to prioritize it if we got it. If we did not receive it, you might want to call C I ask if they have the original stool and/or plate and/or broth (doubt that they will have saved a broth). They started doing a rapid test for sxt, and they were planning to continue to do O157 culture for a while. It might be worth while to call them and ask what they did/didn't do and results for e/test. It is possible that the ICP is not familiar with all the subtle differences between tests. I'm happy to help with whatever is needed, but I'll be gone today from 9:30ish to 3:15ish.

Carlota Medus, PhD, MPH

Epidemiologist Principal

Foodborne, Vectorborne, & Zoonotic Diseases Acute Disease Investigation & Control Minnesota Department of Health

Phone: 651.201.5527

-----Original Message-----

From: Rounds, Joshua (MDH)
Sent: Monday, January 18, 2010 11:14 AM
To: Medus, Carlota (MDH); Smith, Kirk (MDH); Hedican, Erin (MDH)
Subject: Two Possible Hospitalized E.coli O157 cases from Opportunity Manor Group Home

Hi everyone,

I received a call from Deb Yunk, ICP, at St. Cloud Hospital (320-251-2700 ext 54590) reporting 2 patients hospitalized with bloody diarrhea from the same group home, C ... Sauk Rapids.

Case #1 Initials 62 year old with down's syndrome was admitted on 1/9 with bloody diarrhea
stool sample was negative, but in notes doctors discuss possible infectious origin
case developed renal failure and has been discharged to hospice, it didn't sound like he was doing very well

Case #2 Initials 80 year old
Onset 1/14 and admitted 1/15 with bloody diarrhea, still hospitalized in ICU
Stool sample taken on 1/15 was positive for "possible" E.coli O157

POSS 0157
in lab

I followed up with the group home and spoke with:

work
cell
supervisor on site

There are a total of 4 residents in the group home, no symptoms with the other two residents.

There are a total of 10 employees at the group home, reported no symptoms with employees, and all 10 would be involved in food preparation.

Both residents would be involved in a Day program (day program). They would not be working (like our last E.coli case) but just have activities (for retired individuals) with residents of other group homes. stated that they were in the process of contacting to ask about illness at the day program.

I emphasized that no employees should be working if they are ill. I discussed how E.coli O157 is transmitted (both food and person to person) and said that we would be contacting them tomorrow.

Please let me know if you have any questions.
Thanks,
Josh

If you need to reach me today my cell is

Ago

Chills
Anemia

Creatinine
2.9

Klebsiella
cystitis

Onset 1/14 admitted 1/15
spinal tap → meningitis
cloudy pump

spinal column →
↓ spasticity

Multiple health issues

Active Surveillance Bacterial Foodborne Pathogens Case Report: Minnesota Site

PHLIS ID Number (Patient Specimen)

CDA3

090002248-001

Patient's Name

Last

First

Address

Number/Street

City

MN

State

56320

ZIP

1) County (residence of patient) STEARNS

Phone No:

lab age: age units:

2) Sex M

3) Date of birth (mo/day/yr):

0 0

4) Race: (if known): U

5) Ethnicity:

6) Specimen collection date (mo/day/yr): 12/16/2009

7) Age:

8) If < 1 year, age in months:

9) Submitting Lab: LABORATORY

Submitting Physician:

HFID:

Phone:

639

Physician Address:

10) Source of specimen: FECES

Onset Date 12/14/09

11) Isolated Bacteria ESCHERICHIA COLI 0157:H7

subtype: MN23ECB20

12) If specimen collection date is not available, date received in laboratory (mo/day/yr): 12/22/2009

A. Hospital Follow-up:

13) Patient status at the time of specimen collection:

☒ Hospitalized

☐ Outpatient

☐ Unknown

14) If outpatient, was the patient subsequently hospitalized? ☐ Yes ☐ No ☐ Unknown

15) If patient was hospitalized (that is, if answered "hospitalized" to #14 or "Yes" to #15) please provide the following information:

Hospital name: STEARNS

Hospital date of admission (mo/day/yr): 12/16/09

Patient ID number:

Hospital date of discharge (mo/day/yr): 12/23/09

15a) Transferred to another hospital? ☐ Yes ☐ No ☐ Unknown

15b) Transfer hospital name:

16) Outcome: ☒ Alive ☐ Dead ☐ Unknown

17) Treated with antibiotics: ☒ Yes ☐ No ☐ Unknown if Yes, name and dose:

B. Health Department Follow-up: If isolate further characterized by the state lab, please update question 11.

18) State lab isolate ID number:

E 2009050292

19) Case found during audit? ☐ Yes ☐ No ☐ Unknown

20) Case in the case-control study? ☐ Yes ☐ No ☐ Unknown

19a) If no, reason not in case-control study:

21) Is case report complete? ☒ Yes ☐ No ☐ Unknown

21a) If yes, date case report completed (mo/day/yr): 12/24/09

20b) Person completing case report (initials): JR

21c) Person entering case report (initials): MAE

22) Did MDH receive disease report card? ☐ Yes ☒ No ☐ Unknown

Medus, Carlota (MDH)

From: Rounds, Joshua (MDH)
Sent: Thursday, December 24, 2009 2:56 PM
To: Medus, Carlota (MDH); Smith, Kirk (MDH); Saupe, Amy (MDH)
Subject: E.coli Cluster

Carlota

Interviewed the head of a small group home where our case lives (____). There are a total of four patients at the home (The case has downs syndrome). _____ reported that she doesn't have a copy of the menu for that week (and doesn't have one saved anywhere) but they have a very routine diet and all the patients eat the same meals. Normally consisting of French toast, pancakes, eggs, and cereal for breakfast. Lunch is always leftovers from the night before and dinner is normally a variety of hot dishes (a chicken hot dish, spaghetti (with out meat), and tater tot hot dish).

The interesting findings:

The case works at a _____ (St.Cloud). We don't know if he could have consumed anything at work (could be very likely). I got a number for the "agency" he works through. It is called _____ and the contact is _____

The ground beef used to prepare meals at the home is 80/20 1.5 lbs tube from Cashwise St.Cloud. They don't have any remaining product but she said she would have bought the ground beef eaten the week before his onset at the very end of November or very early December. The Tube doesn't list a brand name: it has a picture of ground beef on it with white writing "ground beef 80/20" and a black and blue background on the front and a blue back.

The case ate at a McDonalds (12/8) and Hardies (12/12) before his onset. He had a cheeseburger at the McDonalds and we do not know what he had at the Hardies (I am going to have Amy call the weekend person at the group home this Sunday, _____ said that _____ "the weekend staffer" should be able to recall what the case had to eat at Hardies.

I haven't been able to get a hold of the other case that matches (no voicemail at home), but I will let Amy know about it for this Sunday.

Amy, the case at the group home is _____ Call _____ at _____ ask about foods at Hardies, also ask about any other activities or what they did that weekend 12/12-12/13 before he became ill.

The second case that needs to be interviewed is _____

I will put both cases on top of the folders in cabinet 4.

Thanks!

Josh

12/28/2009

MN HD 000147

12-8

Hardee's - 12/12

Kids cheeseburger meal, fries, ^{reg.} milk

ketch. must. pickle

Everyone had something - no one else ill

Christmas party - 12/12 @ another group home

just cookies & pop

Worked @ - on Friday but not the rest of that weekend.

Didn't do anything else that weekend, no other restaurants or animal exposure.

Item (Vegetables continued)	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
Broccoli		X				/ /		/ /	
Sprouts		X				/ /		/ /	
- alfalfa		X				/ /		/ /	
- bean		X				/ /		/ /	
Fresh herbs (For example: parsley, cilantro)		X				/ /		/ /	
OTHER									
Mushrooms		X				/ /		/ /	
Tofu		X				/ /		/ /	
Jicama		X				/ /		/ /	
Peanut butter	X			- reeces pb cups		/ /		/ /	
Chocolate	X			15 candy bars		/ /		/ /	
Nuts (specify type: almonds, pecans, walnuts, peanuts, cashews, other type)		X							
Hummus or tahini (specify)		X							
Queso fresco (Mexican style cheese)		X							
Salsa		X							

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
VEGETABLES									
X Prepackaged salad		X				/ /		/ /	
X Lettuce						/ /		/ /	
- iceberg		X				/ /		/ /	
- leaf		X				/ /		/ /	
- salad greens		X				/ /		/ /	
Spinach		X				/ /		/ /	
Cabbage		X				/ /		/ /	
Tomatoes		X				/ /		/ /	
Cucumbers		X				/ /		/ /	
Peppers		X				/ /		/ /	
Asparagus		X				/ /		/ /	
Celery		X				/ /		/ /	
Carrots		X				/ /		/ /	
Radishes		X				/ /		/ /	
Pea pods		X				/ /		/ /	
Egg plant or squash		X				/ /		/ /	
Onions		X				/ /		/ /	
- green onion		X				/ /		/ /	
- other						/ /		/ /	

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
FRUITS									
Oranges		X				/ /		/ /	
Other citrus		X				/ /		/ /	
Pears		X				/ /		/ /	
Apples		X				/ /		/ /	
Other tree fruit (For example: apricot, nectarine, peach, plum)		X				/ /		/ /	
Strawberries		X				/ /		/ /	
Other berries		X				/ /		/ /	
Grapes		X				/ /		/ /	
Bananas	X					/ /	gus stanton	/ /	
Cantaloupe		X				/ /		/ /	
Watermelon		X				/ /		/ /	
Exotic fruit (For example: kiwi, pineapple, avocado, mango)		X				/ /		/ /	

Item (Dairy cont.)	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date Purchased (mo/day)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
Ice cream		X				/ /		/ /	
Frozen dessert novelties		X				/ /		/ /	
Yogurt		X				/ /		/ /	
MEAT/ POULTRY									
Chicken	X					/ /		/ /	KFC or McDonalds
Stuffed chicken product (e.g., chicken Kiev)		X							
Turkey		X				/ /		/ /	
X Hamburger	X			steak not dish		/ /		/ /	bread machine bernick hamburger white castle
a. Hamburger as an ingredient: type of dish _____ b. Hamburger: raw Y N U rare (red in middle) Y N U medium (pink in middle) Y N U well done (no pink) Y N U									
X Other beef	X			med-rare pink in middle		/ /		12/11/09	Bonanza
Pork		X				/ /			
Lamb		X				/ /		/ /	
Sausage		X				/ /		/ /	
Fish	X					/ /		/ /	McDonalds
Shellfish	X			cocktail shrimp		/ /		/ /	Bonanza
Other meat/ poultry/fish		X				/ /		/ /	

beef jerky

FOOD CONSUMPTION HISTORY

Please indicate for each of the food items listed below whether you definitely ate it, maybe ate it, or definitely did not eat it and whether it was cooked or uncooked during the seven days before onset for cases or comparable reference period for controls. The reference period for this case-control set is ____/____/____ to ____/____/____.

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
DAIRY									
Eggs	X			scrambled		/ /		/ /	ole City Buffet
a. As an ingredient: type of dish: _____ b. Fried: sunny-side up Y N U over-easy Y N U fried-hard Y N U c. Scrambled: scrambled-runny Y N U scrambled-dry Y N U d. Boiled: boiled-soft Y N U boiled-hard Y N U e. Omelette: omelette-runny Y N U omelette-hard Y N U									
Milk	X				Kemps	/ /	Coburns and @ work vers. machine		
Buttermilk		X				/ /		/ /	
Sour cream		X				/ /		/ /	
Cream cheese		X				/ /		/ /	
Cottage cheese		X				/ /		/ /	
Shredded	X	X	X		Ambsore	/ /		/ /	
Processed slices		X				/ /		/ /	
Block		X				/ /		/ /	
String		X				/ /		/ /	
Curds		X				/ /		/ /	

typical meals:

TV dinners (Boston Market)
canned soups [↓] chicken egg noodles

Date/day prior to onset

12/13/09

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
_____	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Old Ch Buffet??

Subway Sand.
soup

egg
ham?
bacon

12/12/09

_____	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

fish Sand? McDonald.
soups (canned)?

1/1/

_____	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

1/1/

_____	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

1/1/

_____	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

✱

Did you eat in any restaurants during the seven days before your illness? Yes ☒ No ☐

(Team D - Please remember to get information about any restaurants/food consumed outside of the home, including cafeterias, food stands/street vendors, delis, etc.)

1. Name: White Castle Date: 9th or 10th / / Time:

Address: vending machine @ work (looked terrible)

end machine foods eaten: hamburger

2. Name: Bonanza (almost every Fri) Maybe 11th? Date: / / Time:

Address: St. Cloud 607 Sirloin

foods eaten: steak - med rare (sometimes beef) pink middle (sometimes tacos)

3. Name: Old City Buffet almost every weekness? 12th or 13th Date: / / Time: on both

Address: St. Cloud

foods eaten: breakfast: ham, bacon, eggs

4. Name: McDonald's Date: / / Time:

Address: St. Cloud

foods eaten: fish or chix nuggets

5. Name: Subway Date: / / Time:

Address: St. Cloud

foods eaten: Ham sand.

6. Name: Arbys Date: / / Time:

Address: St. Cloud

foods eaten: Roast beef sand.

ate w/ son:
sometimes eat
his dad's steak
first time
probably
didn't
son eat
tacos
-was not
ill.

16. Have you had contact with young children in a child care setting prior to or following your illness?

Yes ☐ No ☒

If yes, when: ___/___/___ thru ___/___/___

Name of Daycare: _____

Name of Daycare Director: _____

City: _____

Phone Number: _____

Are you aware of any other illness in daycare? Yes ☐ No ☐

17. Did your child attend daycare (or did you work at daycare) with a diarrheal illness?

Yes ☐ No ☐ Dates: _____

For children that attend daycare or daycare employees:

Daycare providers are contacted to determine if any other children may be ill and to provide information and recommendations to prevent further spread of this illness. Our use of the data from this interview may include disclosing your/the child's name to the extent necessary to do our investigation and control the spread of disease. For example, it may be necessary to disclose the name to the daycare center. Do you have any concerns about disclosing your/your child's name to the daycare, if it is necessary?

☐ Yes, I do have concerns

☐ No, I do not have concerns

☐ Tennessee read

18. Have you done any baking that used a raw egg in the preparation? Yes ☐ No ☐

Was child present? Yes ☐ No ☐ Did you sample any of the uncooked batter? Yes ☐ No ☐

19. Did you attend any large gatherings the week before your illness (wedding, receptions, showers, Parties, festivals, fairs, etc.)? Yes ☐ No ☒

if yes, when: ___/___/___

what type of event? _____

where? _____

foods served? _____

7. In the week prior, did you consume meat from any place other than the grocery store? (hunting, butcher shop, private kill) Yes ☐ No ☒ Source _____
8. During the 7 days prior to your illness, did you live on a farm? Yes ☐ No ☒
9. Did you visit a farm or petting zoo in the 7 days prior to your illness? Yes ☐ No ☒
10. If you answered yes to 8 or 9, what kind of animal(s)? _____
Did you have any contact with these animals? Yes ☐ No ☐
Please describe the contact you had with these animals or their environment:

When? ____/____/____ Where? _____
11. Did you garden in the 7 days prior to your illness? Yes ☐ No ☒ When? ____/____/____
12. Did you apply animal manure or compost derived from animal manure to your garden? Yes ☐ No ☐
If yes...
What type of manure (ex. sheep, cow) _____
When was the manure applied to your garden? ____/____/____
What type of compost (ex. sheep, cow) _____
When was the compost applied to your garden? ____/____/____
13. During the week prior to your illness, did you have any pets at home, have contact with household pets elsewhere, or visit a household with pets (including reptiles and hedgehogs)? Yes ☐ No ☒
IF YES → what kind of animal(s)? _____
If reptile exposure, complete reptile questionnaire. Questionnaire completed? Yes ☐ No ☐
IF YES → Did you feed animal-based products such as rawhides, pig's ears or cow hooves, or any dog treats to your pet during the two weeks prior to your illness? Yes ☐ No ☐
Type: _____
14. Did you travel anywhere during the week prior to your illness? Yes ☐ No ☒
If yes, where? _____ when? ____/____/____ thru ____/____/____
If airline travel, what airline? _____ flight no. _____
foods eaten there? _____ back? _____
If you stayed at a resort, please provide resort name _____
15. Do you know of anyone else with a diarrheal illness prior to or following your illness? Yes ☐ No ☒
if yes, when? _____ who? _____

best jersey

Date: 1/7/2010

Tennessee ☒

Interviewer: emg Bacteria E. coli Serogroup O157:H7 Subtype MN23ECB20

Enteric Disease Worksheet
(short and long forms)

Patient's Name (last, first) A. A. DOB: 12/14/09

Parent's Name (if child) _____

Symptom History – skip for controls

Nausea	<input checked="" type="radio"/> Y <input type="radio"/> N	Chills	<input type="radio"/> Y <input checked="" type="radio"/> N
Vomiting	<input checked="" type="radio"/> Y <input type="radio"/> N	Headache	<input type="radio"/> Y <input checked="" type="radio"/> N
Diarrhea	<input checked="" type="radio"/> Y <input type="radio"/> N	Backache	<input type="radio"/> Y <input checked="" type="radio"/> N
Stools/24 hr	<u>5</u>	Muscle Aches	<input checked="" type="radio"/> Y <input type="radio"/> N
Blood in stool	<input checked="" type="radio"/> Y <input type="radio"/> N	Fatigue	<input checked="" type="radio"/> Y <input type="radio"/> N
Cramps	<input checked="" type="radio"/> Y <input type="radio"/> N	Joint Pain	<input type="radio"/> Y <input checked="" type="radio"/> N
Fever	<input type="radio"/> Y <input checked="" type="radio"/> N	Temp	_____
Comments:		Other	_____

What was first symptom? malaise
Date of onset: (mm/dd/yy) 12/14/09
Time of onset: (military) 1600
Date of onset diarrhea: 12/15/09
Time of onset of diarrhea: 800
Duration of diarrhea (days) 4
Date of recovery: 12/23/09
Time of recovery: _____

Were you taking antacids in the month prior to your illness? ☐ Y ☒ N
If yes, what brand? _____
Did you take any antacids after the onset of this illness? ☒ Y ☐ N
If yes, what brand? pepto bismol
Were you on any medication in the month prior to your illness? ☐ Y ☒ N
If yes, what brand? _____
Were you treated with antibiotics after the onset of this illness? ☐ Y ☒ N
If yes, what antibiotic? _____
What date did you start taking your antibiotics? ____/____/____
(IF UNKNOWN) → Did you take the antibiotics before you submitted the stool culture? ☐ Y ☐ N SAME DAY
If yes, how many days before culture? _____
What date did you finish taking your antibiotics? ____/____/____

1. Did you drink untreated/raw water during the seven days before your illness? Yes ☐ No ☒
If yes, where? _____

2. Did you swim in the ocean, a lake, a river, or pool in the week before your illness? Yes ☐ No ☒
If yes, where? _____ when? _____

3. Did you drink any unpasteurized milk during the week before your illness? Yes ☒ No ☒
If yes, where? _____

4. Where did you shop for groceries eaten during the week before your illness? Aldis - St. Cloud

5. Where and when did you purchase any hamburger you ate the week before your illness? Walmart - St. Cloud
80/20
Maybe
Caburns - St. Cloud
Bennett's - St. Cloud
small quick items on Veterans Drive
(no big shopping trips @ store)

6. What type of hamburger was it (extra lean, lean, % fat, etc.)? 80/20
What size package? ☐ 1/2 lb. ☒ 1 lb. ☐ 2 lb. ☐ Other ☐

- Store brand
- black tray, clear plastic, 1 lb.
- 80/20



625 ROBERT ST N
PO BOX 64975
ST PAUL MN 55164-0975

IC #375-1138



Protecting, maintaining and improving the health of all Minnesotans

January 7, 2010

St. Cloud, Minnesota 56303

Dear

The staff in the Foodborne Diseases unit at the Minnesota Department of Health (MDH) have been trying to contact you by phone about your recent *E. coli* O157:H7 infection. We became aware of your illness because *E. coli* O157:H7 infections are reportable by law to the MDH. We routinely try to interview every case about foods and activities that may have caused their infection.

The MDH Public Health Laboratory did additional testing on the *E. coli* that caused your infection. The results of that testing indicate that you may be part of a national outbreak. We are working with the Minnesota Department of Agriculture, the Centers for Disease and Prevention, the United States Department of Agriculture, and public health agencies in other states to try to find the source of this outbreak and prevent others from getting sick. Because you may be part of an outbreak, we are very interested in talking to you about foods you ate in the week before you became ill.

We have not been able to reach you by phone. We would really appreciate it if you could call us. We can be reached at 651-201-5277
Monday through Thursday from 9 AM to 8 PM,
Friday 9 AM to 4:30 PM,
Sunday 4 PM to 7:30 PM.

Our toll-free 1-877-676-5414, extension 5277
Monday through Friday until 4:30 PM

Thank you for your assistance in helping us protect the public's health.

Sincerely,

A handwritten signature in black ink, appearing to read "Carlota Medus", is written over the word "Sincerely,".

Carlota Medus, PhD, MPH
Epidemiologist
Foodborne, Vectorborne, and Zoonotic Disease Unit
Infectious Disease Epidemiology, Prevention, and Control Division
Post Office Box 64975
Saint Paul, Minnesota 55164-0975

Active Surveillance Bacterial Foodborne Pathogens Case Report: Minnesota Site

PHLIS ID Number (Patient Specimen) CDA3 090002250 - 001

Patient's Name _____
Last FirstAddress _____
Number/Street City State ZIP

- 1) County (residence of patient) BENTON Phone No: _____ lab age: _____ age units: _____
2) Sex M 3) Date of birth (mo/day/yr): _____ 0 0
4) Race: (if known): B W 5) Ethnicity: NH
6) Specimen collection date (mo/day/yr): 12/17/2009 7) Age: 34.53 8) If < 1 year, age in months: _____

9) Submitting Lab: LABORATORY

Submitting Physician: _____

HFID: _____

Phone: _____

639 ST CLOUD, MN 56303

Physician Address: _____

10) Source of specimen: FECES Onset Date 12-14-0911) Isolated Bacteria ESCHERICHIA COLI 0157:H7subtype: stx2 PCR POSITIVE12) If specimen collection date is not available, date received in laboratory (mo/day/yr): 12/22/2009

A. Hospital Follow-up:

13) Patient status at the time of specimen collection: ☐ Hospitalized ☒ Outpatient ☐ Unknown14) If outpatient, was the patient subsequently hospitalized? ☐ Yes ☒ No ☐ Unknown

15) If patient was hospitalized (that is, if answered :hospitalized to #14 or "Yes" to #15) please provide the following information:

Hospital name: _____

Hospital date of admission (mo/day/yr): 1/1/10Patient ID number: 1Hospital date of dis 1/1015a) Transferred to another hospital? ☐ Yes ☐ No ☐ Unknown

15b) Transfer hospital name: _____

16) Outcome: ☒ Alive ☐ Dead ☐ Unknown17) Treated with antibiotics: ☐ Yes ☒ No ☐ Unknown if Yes, name _____

B. Health Department Follow-up: If isolate further characterized by the state lab, please

18) State lab isolate ID number: E 200905029119) Case found during audit? ☐ Yes ☐ No ☐ Unkn20) Case in the case-control study? ☐ Yes ☐ No ☐ Unkn

19a) If no, reason not in case-control study _____

21) Is case report complete? ☒ Yes ☐ No ☐ Unknown21a) If yes, date case report completed (mo/day/yr): 12/28/09 20b) Person completing case report (initials): AMK21c) Person entering case report (initials) AMK22) Did MDH receive disease report card? ☐ Yes ☒ No ☐ Unknown

16) Where did you purchase your groceries, including your meat products, that you ate in the 7 days before your illness? (Including specialty stores, produce or fruit stands, dairy meats, etc.)?

1. Name: Cash Wise Location: st Cloud
2. Name: _____ Location: _____
3. Name: _____ Location: _____
4. Name: _____ Location: _____

*Please e-mail or fax completed questionnaires to Wright Culpepper at WCulpepper@cdc.gov or 404.639.2205.
Thank you!*

If yes to 8m, What brand(s) of the salad mix did you have (please circle)?

Dole
Popeye
Fresh Express
Earthbound Organics
Other _____

8n) Did you eat lettuce in a restaurant?

1. Restaurant Name _____
Restaurant Location _____
Name of food/ menu item _____
Date of consumption _____
Type of lettuce _____
(ie, iceberg, romaine, mesclun, red leaf, other)

2. Restaurant Name _____
Restaurant Location _____
Name of food/ menu item _____
Date of consumption _____
Type of lettuce _____
(i.e., iceberg, romaine, mesclun, red leaf, other)

Restaurant Information

9) In the 7 days before your illness, did you eat at Applebee's?

☐ Yes ☒ No ☐ Don't Recall

10) In the 7 days before your illness, did you eat at Olive Garden?

☐ Yes ☒ No ☐ Don't Recall

11) In the 7 days before your illness, did you eat at Ruby Tuesday?

☐ Yes ☒ No ☐ Don't Recall

12) In the 7 days before your illness, did you eat at Sizzlers?

☐ Yes ☒ No ☐ Don't Recall

13) In the 7 days before your illness, did you eat at Ruby River Steak House?

☐ Yes ☒ No ☐ Don't Recall

14) In the 7 days before your illness, did you eat at any other restaurants?

☐ Yes ☒ No ☐ Don't Recall

If yes to 14, Where else did you eat?

15) Do you have any ground beef or steak that was eaten in the week before you got ill leftover for testing?

☐ Yes ☒ No ☐ Don't Recall

Washed + - - - - - St Cloud
mops floors before they open (w 845 AM).
of foods eaten there - if he ever eats anything

It would be
cookies or soda

In the 7 days before you became ill...

8) Did you eat any lettuce or spinach?

☐ Yes ☒ No ☐ Don't Recall *(IF NO, SKIP TO QUESTION 9)*

8a) How many times did you eat lettuce in the 7 days before becoming ill? _____

8b) Did you eat any lettuce on sandwiches or burgers?

☐ Yes ☒ No ☐ Don't Recall

8c) Did you eat mesclun lettuce ("spring mix")?

☐ Yes ☒ No ☐ Don't Recall

8d) Did you eat any iceberg lettuce?

☐ Yes ☒ No ☐ Don't Recall

8e) Did you eat any romaine lettuce?

☐ Yes ☒ No ☐ Don't Recall

8f) Did you eat any red leaf lettuce?

☐ Yes ☒ No ☐ Don't Recall

8g) Did you eat any other leaf lettuce?

☐ Yes ☒ No ☐ Don't Recall

If yes, what type, specify _____

8h) Did you eat any spinach?

☐ Yes ☒ No ☐ Don't Recall8i) Where did you eat the lettuce or spinach? *(check all that apply)*☐ Your home ☐ Another private home ☐ Restaurant

8j) If at home, was the lettuce/spinach washed prior to eating?

☐ Yes ☐ No ☐ Don't Recall

8k) If at home, did you purchase the lettuce/spinach?

☐ Yes ☐ No ☐ Don't Recall

8l) Is the receipt available from your lettuce/spinach purchase?

If yes, get info from the receipt:

date _____ time _____ terminal _____ store # _____ transaction _____

If no receipt available, did you pay with credit/debit card? transaction # _____

If no receipt available, did you use a store "shopper card"? card # _____

8m) Did you eat a salad mix in a sealed bag (i.e., prepackaged salad of any kind)?

☐ Yes ☒ No ☐ Don't Recall

6a) Where was the steak purchased? What brand and when?

Name:

Location:

Brand:

Date: ____/____/____

Name:

Location:

Brand:

Date: ____/____/____

N/A

Name:

Location:

Brand:

Date: ____/____/____

6b) Was the steak purchased fresh or frozen?

☐ Fresh ☐ Frozen ☐ Don't Recall

If frozen, how did you thaw the beef?

☐ Counter ☐ Microwave ☐ Refrigerator ☐ Other

6c) What was the size of beef cut you purchased?

____ lbs ☐ Don't Recall

6d) What was the type/cut of steak?

In the 7 days before you became ill...

7) Did you eat steak at any type of restaurant including fast-food restaurants, delis, and take-out or home delivery meals? (If no, skip to question 8)

☐ Yes ☒ No ☐ Don't Recall

If Yes, 7a) Was the steak that you ate rare, bloody, pink or undercooked?

☐ Yes ☐ No ☐ Don't Recall

N/A

7b) What was the type/cut of steak?

If yes to 7, When and where? List the name(s) and location(s) of the restaurant(s) and the type of food:

i) Name:

Location:

Date: ____/____/____

ii) Name:

Location:

Date: ____/____/____

iii) Name:

Location:

Date: ____/____/____

3d) What was the size of beef package you purchased?

1 or 1.5 lbs ☐ Don't Recall

3e) What type of beef did you purchase?

80/20 % lean ☐ Don't Recall

In the 7 days before you became ill...

4) Did you eat a meal made with ground beef at any restaurants including fast-food restaurants, delis, and take-out or home delivery meals? (If no, skip to question 5)

☒ Yes ☐ No ☐ Don't Recall

If yes, When and where? List the name(s) and location(s) of the restaurant(s) and the type of food:

i) Name: Hardee's

Location: Waukegan, MN Date: 12/18/09 ? on site

☒ Hamburger ☐ Meatballs ☐ Meatloaf ☐ In a dish (pasta/casserole) ☐ Tacos ☐ Other

If Other, then specify Kids Cheeseburger meal

ii) Name: McDonald's

Location: Cold Spring MN Date: 12/08/09

☒ Hamburger ☐ Meatballs ☐ Meatloaf ☐ In a dish (pasta/casserole) ☐ Tacos ☐ Other

If Other, then specify _____

iii) Name:

Location: _____ Date: ____/____/____

☐ Hamburger ☐ Meatballs ☐ Meatloaf ☐ In a dish (pasta/casserole) ☐ Tacos ☐ Other

If Other, then specify _____

In the 7 days before you became ill...

5) Did you eat any steak at your home or at a friend's home?

☐ Yes ☒ No ☐ Don't Recall (If no, skip to question 7)

If Yes, 5a) Was the steak that you ate rare, bloody, pink or undercooked?

☐ Yes ☐ No ☐ Don't Recall

E. coli O157:H7 Cluster 0912MLEXH-1 Supplemental Questionnaire

Please obtain the following information from all patients with laboratory confirmed E. coli O157 with PFGE pattern EXHX01.0248 / EXHA26.0569.

State: MN Interviewer Name: Josh / CM PulseNet ID: 22009050292

Sex M Age 54

Date of illness onset: 12/14/09 Date of specimen collection: 12/16/09

The following questions should refer to 7 days prior to illness onset.

In the 7 days before you became ill...

1) Did you eat any food made from ground beef at your home or at a friend's home?

☒ Yes ☐ No ☐ Don't Recall (If no, skip to question 2)

If Yes, 1a) Was the ground beef that you ate raw, bloody, pink or undercooked?

☐ Yes ☐ No ☐ Don't Recall unk

If Yes, 1b) How was the ground beef prepared?

☐ Hamburger ☐ Meatballs ☐ Meatloaf ☒ In a dish (pasta/casserole) ☐ Tacos ☐ Other

If Other, then specify Marinades, lots of hot dishes

(If yes to 1a, skip to question 3a)

2) Did you handle any ground beef, even if you did not eat it?

☐ Yes ☒ No ☐ Don't Recall

3a) Where was the ground beef purchased? What brand and when?

Name:

Location:

Brand:

Date: late Nov or early Dec

Cash with
at Union

Name:

Location:

Brand:

Date: 80/20 tube

21.5 lb
buys 50 lb bags at a time
packaging looks like ground beef
black & blue background photo

Name:

Location:

Brand:

Date: / /

3b) Was the beef purchased fresh or frozen?

☒ Fresh ☐ Frozen ☐ Don't Recall

If frozen, how did you thaw the beef?

☐ Counter ☐ Microwave ☒ Refrigerator ☐ Other

3c) In what form was the beef purchased?

☒ Bulk ☐ Patties ☐ Other ☐ Don't Recall

During the seven days before onset of illness did you consume any unpasteurized juices?

- a. Apple cider ☐ yes ☐ no If yes, where purchased? _____
Brand? _____
- b. Orange juice ☐ yes ☐ no If yes, where purchased? _____
Brand? _____
- c. Other juices ☐ yes ☐ no If yes, where purchased? _____
Brand? _____

If Adult Case:

What is your occupation? work program
Name of employer? _____
Address/City of employer? _____
Work phone number _____

If Child Case:

Parents occupation _____
Child's school name/address: _____

Last updated 8/9/05

For Food Workers only:

Work restrictions may apply to
people with _____
infections who work in food service.
You will be contacted by an
epidemiologist if restrictions apply
to you.

Statement read ☐

no
maps floors
see notes.

At the end of interview:

Race: _____

Ethnicity: _____

Item (Vegetables continued)	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
Broccoli						/ /		/ /	
Sprouts						/ /		/ /	
- alfalfa						/ /		/ /	
- bean						/ /		/ /	
Fresh herbs (For example: parsley, cilantro)						/ /		/ /	
OTHER									
Mushrooms						/ /		/ /	
Tofu						/ /		/ /	
Jicama						/ /		/ /	
Peanut butter						/ /		/ /	
Chocolate						/ /		/ /	
Nuts (specify type: almonds, pecans, walnuts, peanuts, cashews, other type)									
Hummus or tahini (specify)									
Queso fresco (Mexican style cheese)									
Salsa									

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
VEGETABLES									
Prepackaged salad						/ /		/ /	
Lettuce						/ /		/ /	
- iceberg						/ /		/ /	
- leaf						/ /		/ /	
- salad greens						/ /		/ /	
Spinach						/ /		/ /	
Cabbage						/ /		/ /	
Tomatoes						/ /		/ /	
Cucumbers						/ /		/ /	
Peppers						/ /		/ /	
Asparagus						/ /		/ /	
Celery						/ /		/ /	
Carrots						/ /		/ /	
Radishes						/ /		/ /	
Pea pods						/ /		/ /	
Egg plant or squash						/ /		/ /	
Onions						/ /		/ /	
- green onion						/ /		/ /	
- other						/ /		/ /	

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
FRUITS									
Oranges						/ /		/ /	
Other citrus						/ /		/ /	
Pears						/ /		/ /	
Apples						/ /		/ /	
Other tree fruit (For example: apricot, nectarine, peach, plum)						/ /		/ /	
Strawberries						/ /		/ /	
Other berries						/ /		/ /	
Grapes						/ /		/ /	
Bananas						/ /		/ /	
Cantaloupe						/ /		/ /	
Watermelon						/ /		/ /	
Exotic fruit (For example: kiwi, pineapple, avocado, mango)						/ /		/ /	

Item (Dairy cont.)	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date Purchased (mo/day)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
Ice cream						/ /		/ /	
Frozen dessert novelties						/ /		/ /	
Yogurt						/ /		/ /	
MEAT/ POULTRY									
Chicken						/ /		/ /	
Stuffed chicken product (e.g., chicken Kiev)									
Turkey						/ /		/ /	
Hamburger						/ /		/ /	
a. Hamburger as an ingredient: type of dish _____ b. Hamburger: raw Y N U rare (red in middle) Y N U medium (pink in middle) Y N U well done (no pink) Y N U									
Other beef						/ /		/ /	
Pork						/ /			
Lamb						/ /		/ /	
Sausage						/ /		/ /	
Fish						/ /		/ /	
Shellfish						/ /		/ /	
Other meat/ poultry/fish						/ /		/ /	

FOOD CONSUMPTION HISTORY

Please indicate for each of the food items listed below whether you definitely ate it, maybe ate it, or definitely did not eat it and whether it was cooked or uncooked during the seven days before onset for cases or comparable reference period for controls. The reference period for this case-control set is ____/____/____ to ____/____/____.

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
DAIRY									
Eggs						/ /		/ /	
a. As an ingredient: type of dish: _____ b. Fried: sunny-side up Y N U over-easy Y N U fried-hard Y N U c. Scrambled: scrambled-runny Y N U scrambled-dry Y N U d. Boiled: boiled-soft Y N U boiled-hard Y N U e. Omelette: omelette-runny Y N U omelette-hard Y N U									
Milk						/ /		/ /	
Buttermilk						/ /		/ /	
Sour cream						/ /		/ /	
Cream cheese						/ /		/ /	
Cottage cheese						/ /		/ /	
Shredded						/ /		/ /	
Processed slices						/ /		/ /	
Block						/ /		/ /	
String						/ /		/ /	
Curds						/ /		/ /	

breakfast = french toast, pancakes, eggs, cereal
 - toast through
 - No sausage or beef for breakfast

Date/day prior to onset

12/1/09

Lunch = leftovers from night before
 Packed lunch but use if any food at work!
 Dinner = A lot of hot dishes w/ canned or frozen
 veggies

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
	Breakfast	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Breakfast - cereal toast
	Lunch	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Lunch - leftovers
	Dinner	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Afternoon Snack - diet pop
	Other	<input type="checkbox"/>	<input type="checkbox"/>		Dinner - Manwich bun (beef/peas or corn) Snack before Bed - cookie, small ice cream

12/1/09

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		cereal toast
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

* I Did not have the menu for that week and doesn't keep a copy

1/1/

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

1/1/

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

1/1/

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

Did you eat in any restaurants during the seven days before your illness? Yes ☒ No ☐

(Team D - Please remember to get information about any restaurants/food consumed outside of the home, including cafeterias, food stands/street vendors, delis, etc.)

1. Name: McDonalds Date: 12/8/09 Time: 1200

Address: Division Waite Park

foods eaten: cheeseburger

2. Name: Hardies Date: 12/12/09 Time: 1200

Address: Cold Spring

foods eaten: ? Burgers

- Ask call Sun 12/27

3. Name: _____ Date: ____/____/____ Time: _____

Address: _____

foods eaten: _____

4. Name: _____ Date: ____/____/____ Time: _____

Address: _____

foods eaten: _____

5. Name: _____ Date: ____/____/____ Time: _____

Address: _____

foods eaten: _____

6. Name: _____ Date: ____/____/____ Time: _____

Address: _____

foods eaten: _____

16. Have you had contact with young children in a child care setting prior to or following your illness?

Yes ☐ No ☒

If yes, when: ___/___/___ thru ___/___/___

Name of Daycare: _____

Name of Daycare Director: _____

City: _____

Phone Number: _____

Are you aware of any other illness in daycare? Yes ☐ No ☐

17. Did your child attend daycare (or did you work at daycare) with a diarrheal illness?

Yes ☐ No ☐ Dates: _____

For children that attend daycare or daycare employees:

Daycare providers are contacted to determine if any other children may be ill and to provide information and recommendations to prevent further spread of this illness. Our use of the data from this interview may include disclosing your/the child's name to the extent necessary to do our investigation and control the spread of disease. For example, it may be necessary to disclose the name to the daycare center. Do you have any concerns about disclosing your/your child's name to the daycare, if it is necessary?

☐ Yes, I do have concerns

☐ No, I do not have concerns

☐ Tennessee read

18. Have you done any baking that used a raw egg in the preparation? Yes ☐ No ☒

Was child present? Yes ☐ No ☐ Did you sample any of the uncooked batter? Yes ☐ No ☐

19. Did you attend any large gatherings the week before your illness (wedding, receptions, showers, Parties, festivals, fairs, etc.)? Yes ☒ No ☐

if yes, when: ___/___/___

what type of event? _____

where? _____

foods served? _____

7. In the week prior, did you consume meat from any place other than the grocery store? (hunting, butcher shop, private kill) Yes ☐ No ☒ Source _____

8. During the 7 days prior to your illness, did you live on a farm? Yes ☐ No ☒

9. Did you visit a farm or petting zoo in the 7 days prior to your illness? Yes ☒ No ☒

10. If you answered yes to 8 or 9, what kind of animal(s)? _____

Did you have any contact with these animals? Yes ☐ No ☐

Please describe the contact you had with these animals or their environment:

When? ____/____/____ Where? _____

11. Did you garden in the 7 days prior to your illness? Yes ☐ No ☒ When? ____/____/____

12. Did you apply animal manure or compost derived from animal manure to your garden? Yes ☐ No ☒
If yes...

What type of manure (ex. sheep, cow) _____

When was the manure applied to your garden? ____/____/____

What type of compost (ex. sheep, cow) _____

When was the compost applied to your garden? ____/____/____

13. During the week prior to your illness, did you have any pets at home, have contact with household pets elsewhere, or visit a household with pets (including reptiles and hedgehogs)? Yes ☐ No ☒

IF YES → what kind of animal(s)? _____
If reptile exposure, complete reptile questionnaire. Questionnaire completed? Yes ☐ No ☐

IF YES → Did you feed animal-based products such as rawhides, pig's ears or cow hooves, or any dog treats to your pet during the two weeks prior to your illness? Yes ☐ No ☐

Type: _____

14. Did you travel anywhere during the week prior to your illness? Yes ☐ No ☒

If yes, where? _____ when? ____/____/____ thru ____/____/____

If airline travel, what airline? _____ flight no. _____

foods eaten there? _____ back? _____

If you stayed at a resort, please provide resort name _____

15. Do you know of anyone else with a diarrheal illness prior to or following your illness? Yes ☒ No ☐

if yes, when? 12/7-12/8 who? _____

Another Resident

diarrhea (one day) ← not
- also works at
- no bloody stool TGI Fridays

uncommon for this pet to get loose stools or eat - more loose stool.

Date: 12/24/09Tennessee ☒Interviewer: JRBacteria E. coliSerogroup O157:H7Subtype MN 23 Ec 20Enteric Disease Worksheet
(short and long forms)

Patient's Name (last, first) _____

DOB: _____

Parent's Name (if child) Head of the group homeSymptom History – skip for controls E. coli

Nausea	<input checked="" type="radio"/> N	Chills	Y <input checked="" type="radio"/>
Vomiting	<input checked="" type="radio"/> N	Headache	Y <input checked="" type="radio"/>
Diarrhea	<input checked="" type="radio"/> N	Backache	Y <input checked="" type="radio"/>
Stools/24 hr	<u>24+</u>	Muscle Aches	Y <input checked="" type="radio"/>
Blood in stool	<input checked="" type="radio"/> N	Fatigue	<input checked="" type="radio"/> N
Cramps	<input checked="" type="radio"/> N	Joint Pain	Y <input checked="" type="radio"/>
Fever	<input checked="" type="radio"/> N	Temp	_____
Comments:		Other	_____

What was first symptom? DiarrheaDate of onset: (mm/dd/yy) 12/14/09

Time of onset: (military) _____

Date of onset diarrhea: 12/14/09Time of onset of diarrhea: morning

Duration of diarrhea (days) _____

Date of recovery: ____/____/____

Time of recovery: ____/____/____

*still H.A. & low grade fever*Down syndromeWere you taking antacids in the month prior to your illness? Y ☒ N

If yes, what brand? _____

Did you take any antacids after the onset of this illness? Y ☒ N

If yes, what brand? _____

Were you on any medication in the month prior to your illness? Y N

If yes, what brand? _____

Were you treated with antibiotics after the onset of this illness? ☒ Y NIf yes, what antibiotic? UnicWhat date did you start taking your antibiotics? 12/18/09(IF UNKNOWN) → Did you take the antibiotics before you submitted the stool culture? ☐ Y ☒ N SAME DAY

If yes, how many days before culture? _____

What date did you finish taking your antibiotics? 12/19/09*Nurse
Fri - Sat (720) 493-9059*1. Did you drink untreated/raw water during the seven days before your illness? Yes ☐ No ☒

If yes, where? _____

2. Did you swim in the ocean, a lake, a river, or pool in the week before your illness? Yes ☐ No ☒

If yes, where? _____ when? _____

3. Did you drink any unpasteurized milk during the week before your illness? Yes ☐ No ☒

If yes, where? _____

4. Where did you shop for groceries eaten during the week before your illness? Cashwise - St. Cloud

5. Where and when did you purchase any hamburger you ate the week before your illness? _____

6. What type of hamburger was it (extra lean, lean, % fat, etc.)? _____

What size package? ☐ 1/2 lb. ☐ 1 lb. ☐ 2 lb. ☐ Other ☐

2 bags
5-6 lbs
at a time

- * Ground Best Packaging Looks hamburger
~~Red~~ ~~Red~~ Black Blue background
 Blue + black of tube
 - knows of white printing

Black & white of tube
white printing

→ Works

- does not clean tables
 - wish
 - with kids
 - 7th - 9th
 - W. Th. E
 - sand -
 - of food -
 - 44 macs, sweets
 - or pop

MA 44 000170



Protecting, maintaining and improving the health of all Minnesotans

Cold Spring MN 56320
Home:
* Phone #
DOB:
Emergency Contact

Collection Date
12/16/09

* Hosp.
Admit: 12/16/09
Discharge 12/23

* Treated w/ Antibiotics
Yes UNK

State Lab ID: E2009050292

* Small place only 4 patients live there

During the seven days before onset of illness did you consume any unpasteurized juices?

- a. Apple cider ☐ yes ☒ no If yes, where purchased? _____
Brand? _____
- b. Orange juice ☐ yes ☒ no If yes, where purchased? _____
Brand? _____
- c. Other juices ☐ yes ☒ no If yes, where purchased? _____
Brand? _____

☒ **If Adult Case:**

What is your occupation? _____
Name of employer? _____
Address/City of employer? _____
Work phone number _____

If Child Case:

Parents occupation _____
Child's school name/address: _____

doesn't "touch" chx or eat chx

☒ **For Food Workers only:**

Work restrictions may apply to people with _____ infections who work in food service. You will be contacted by an epidemiologist if restrictions apply to you.

Statement read ☐

☒ **At the end of interview:**

Race: W
Ethnicity: NH

Last updated 8/9/05

*wakes nights
but afternoon best
awake @ 4pm*

E. coli O157:H7 Cluster 0912MLEXH-1 Supplemental Questionnaire

Please obtain the following information from all patients with laboratory confirmed E. coli O157 with PFGE pattern EXHX01.0248 / EXHA26.0569.

State: MN Interviewer Name: EMG PulseNet ID: 62009 050291

Sex M Age 34

Date of illness onset: 12/14/2009 Date of specimen collection: 12/17/2009

The following questions should refer to 7 days prior to illness onset.

In the 7 days before you became ill...

1) Did you eat any food made from ground beef at your home or at a friend's home?

☒ Yes ☐ No ☐ Don't Recall (If no, skip to question 2)

If Yes, 1a) Was the ground beef that you ate raw, bloody, pink or undercooked?

☐ Yes ☒ No ☐ Don't Recall

If Yes, 1b) How was the ground beef prepared?

☐ Hamburger ☐ Meatballs ☐ Meatloaf ☒ In a dish (pasta/casserole) ☐ Tacos ☐ Other

If Other, then specify _____

(If yes to 1a, skip to question 3a)

2) Did you handle any ground beef, even if you did not eat it?

☒ Yes ☐ No ☐ Don't Recall

3a) Where was the ground beef purchased? What brand and when?

Name: Coburns
Location: St. Cloud
Brand: _____ Date: ____/____/____

Name: _____
Location: _____
Brand: _____ Date: ____/____/____

Name: _____
Location: _____
Brand: _____ Date: ____/____/____

3b) Was the beef purchased fresh or frozen?

☒ Fresh ☐ Frozen ☐ Don't Recall

If frozen, how did you thaw the beef?

☐ Counter ☐ Microwave ☐ Refrigerator ☐ Other

3c) In what form was the beef purchased?

☐ Bulk ☐ Patties ☐ Other ☐ Don't Recall

3d) What was the size of beef package you purchased?

1 lbs ☐ Don't Recall

3e) What type of beef did you purchase?

80/20 % lean ☐ Don't Recall

In the 7 days before you became ill...

4) Did you eat a meal made with ground beef at any restaurants including fast-food restaurants, delis, and take-out or home delivery meals? (If no, skip to question 5)

☒ Yes ☐ No ☐ Don't Recall

If yes, When and where? List the name(s) and location(s) of the restaurant(s) and the type of food:

i) Name: _____

Location: _____ Date: ____/____/____

☒ Hamburger ☐ Meatballs ☐ Meatloaf ☐ In a dish (pasta/casserole) ☐ Tacos ☐ Other

If Other, then specify _____

ii) Name: _____

Location: _____ Date: ____/____/____

☐ Hamburger ☐ Meatballs ☐ Meatloaf ☐ In a dish (pasta/casserole) ☐ Tacos ☐ Other

If Other, then specify _____

iii) Name: _____

Location: _____ Date: ____/____/____

☐ Hamburger ☐ Meatballs ☐ Meatloaf ☐ In a dish (pasta/casserole) ☐ Tacos ☐ Other

If Other, then specify _____

In the 7 days before you became ill...

5) Did you eat any steak at your home or at a friend's home?

☐ Yes ☒ No ☐ Don't Recall (If no, skip to question 7)

If Yes, 5a) Was the steak that you ate rare, bloody, pink or undercooked?

☐ Yes ☐ No ☐ Don't Recall

6a) Where was the steak purchased? What brand and when?

Name:

Location:

Brand: Date: ____/____/____

Name:

Location:

Brand: Date: ____/____/____

Name:

Location:

Brand: Date: ____/____/____

6b) Was the steak purchased fresh or frozen?

☐ Fresh ☐ Frozen ☐ Don't Recall

If frozen, how did you thaw the beef?

☐ Counter ☐ Microwave ☐ Refrigerator ☐ Other

6c) What was the size of beef cut you purchased?

____ lbs ☐ Don't Recall

6d) What was the type/cut of steak?

In the 7 days before you became ill...

7) Did you eat steak at any type of restaurant including fast-food restaurants, delis, and take-out or home delivery meals? (If no, skip to question 8)

☒ Yes ☐ No ☐ Don't Recall

If Yes, 7a) Was the steak that you ate rare, bloody, pink or undercooked?

☒ Yes ☐ No ☐ Don't Recall

7b) What was the type/cut of steak?

If yes to 7, When and where? List the name(s) and location(s) of the restaurant(s) and the type of food:

i) Name: Bonanza
Location: St. Cloud Date: 12/11/09

ii) Name: _____
Location: _____ Date: ____/____/____

iii) Name: _____
Location: _____ Date: ____/____/____

In the 7 days before you became ill...

8) Did you eat any lettuce or spinach?

☐ Yes ☒ No ☐ Don't Recall *(IF NO, SKIP TO QUESTION 9)*

8a) How many times did you eat lettuce in the 7 days before becoming ill? _____

8b) Did you eat any lettuce on sandwiches or burgers?

☐ Yes ☒ No ☐ Don't Recall

8c) Did you eat mesclun lettuce ("spring mix")?

☐ Yes ☒ No ☐ Don't Recall

8d) Did you eat any iceberg lettuce?

☐ Yes ☒ No ☐ Don't Recall

8e) Did you eat any romaine lettuce?

☐ Yes ☒ No ☐ Don't Recall

8f) Did you eat any red leaf lettuce?

☐ Yes ☒ No ☐ Don't Recall

8g) Did you eat any other leaf lettuce?

☐ Yes ☒ No ☐ Don't Recall

If yes, what type, specify _____

8h) Did you eat any spinach?

☐ Yes ☒ No ☐ Don't Recall8i) Where did you eat the lettuce or spinach? *(check all that apply)*☐ Your home ☐ Another private home ☐ Restaurant

8j) If at home, was the lettuce/spinach washed prior to eating?

☐ Yes ☐ No ☐ Don't Recall

8k) If at home, did you purchase the lettuce/spinach?

☐ Yes ☐ No ☐ Don't Recall

8l) Is the receipt available from your lettuce/spinach purchase?

If yes, get info from the receipt:

date _____ time _____ terminal _____ store # _____ transaction _____

If no receipt available, did you pay with credit/debit card? transaction # _____

If no receipt available, did you use a store "shopper card"? card # _____

8m) Did you eat a salad mix in a sealed bag (i.e., prepackaged salad of any kind)?

☐ Yes ☒ No ☐ Don't Recall

If yes to 8m, What brand(s) of the salad mix did you have (please circle)?

Dole
 Popeye
 Fresh Express
 Earthbound Organics
 Other _____

8n) Did you eat lettuce in a restaurant?

1. Restaurant Name _____
 Restaurant Location _____
 Name of food/ menu item _____
 Date of consumption _____
 Type of lettuce _____
 (ie, iceberg, romaine, mesclun, red leaf, other)

2. Restaurant Name _____
 Restaurant Location _____
 Name of food/ menu item _____
 Date of consumption _____
 Type of lettuce _____
 (i.e., iceberg, romaine, mesclun, red leaf, other)

Restaurant Information

9) In the 7 days before your illness, did you eat at Applebee's?

☐ Yes ☒ No ☐ Don't Recall

10) In the 7 days before your illness, did you eat at Olive Garden?

☐ Yes ☒ No ☐ Don't Recall

11) In the 7 days before your illness, did you eat at Ruby Tuesday?

☐ Yes ☒ No ☐ Don't Recall

12) In the 7 days before your illness, did you eat at Sizzlers?

☐ Yes ☒ No ☐ Don't Recall

13) In the 7 days before your illness, did you eat at Ruby River Steak House?

☐ Yes ☒ No ☐ Don't Recall

14) In the 7 days before your illness, did you eat at any other restaurants?

☒ Yes ☒ No ☐ Don't Recall

TGI Fridays?

If yes to 14, Where else did you eat?

Banana, Old Country Buffet, Subway, Arby's

15) Do you have any ground beef or steak that was eaten in the week before you got ill leftover for testing?

☐ Yes ☒ No ☐ Don't Recall

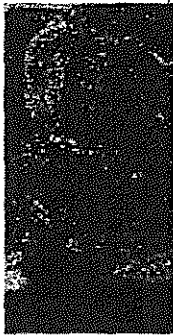
12/28/2009

16) Where did you purchase your groceries, including your meat products, that you ate in the 7 days before your illness? (Including specialty stores, produce or fruit stands, dairy meats, etc.)?

1. Name:	Alts	Location:	St. Cloud
2. Name:	Walmart	Location:	St. Cloud
3. Name:	Cashmere	Location:	St. Cloud
4. Name:	Coburns	Location:	St. Cloud

Please e-mail or fax completed questionnaires to Wright Culpepper at WCulpepper@cdc.gov or 404.639.2205.
Thank you!

HOME
INFO
MENU
TOGO



Steak Menu Prices

10oz. Ribeye.....	\$13.99
6oz. Sirloin.....	\$8.99
8oz. Sirloin.....	\$9.99
Sirloin Tips w/Onions & Mushrooms.....	\$8.99
Double Sirloin Tips w/Onions & Mushrooms.....	\$11.29
8oz. Chopped Steak.....	\$8.49
Country Fried Steak.....	\$7.99
10oz. Sirloin.....	\$12.49
Side of Mushrooms.....	\$1.49
Side of Onions.....	\$0.99

*All prices subject to change

Asked 9 week prior - ① Supplier - ① No tried of recall?

↓
Invoices ✓

↓
No, did not get recall keep -

Active Surveillance Bacterial Foodborne Pathogens Case Report: Minnesota Site

PHLIS ID Number (Patient Specimen) CDA3 090002150-0011

Patient's Name Last First

Address Number/Street City State MN ZIP 55304

1) County (residence of patient) ANOKA Phone No: lab age: age units:

2) Sex M 3) Date of birth (mo/day/yr): 0 0

4) Race: (if known): W 5) Ethnicity: NH

6) Specimen collection date (mo/day/yr): 11/24/2009 7) Age: 20.24 8) If < 1 year, age in months:

9) Submitting Lab: CLINICAL MICROBIOLOGY LAB

HFID: 273 Submitting Physician: Phone:

Physician Address:

10) Source of specimen: FECES Onset Date 11-23-09

11) Isolated Bacteria ESCHERICHIA COLI 0157:H7 subtype: EIA ⊕

12) If specimen collection date is not available, date received in laboratory (mo/day/yr): 11/27/2009 STX1 PCR ⊕ STX2 PCR ⊕

A. Hospital Follow-up:

13) Patient status at the time of specimen collection: ☒ Hospitalized ☐ Outpatient ☐ Unknown

14) If outpatient, was the patient subsequently hospitalized? ☐ Yes ☐ No ☐ Unknown

15) If patient was hospitalized (that is, if answered "hospitalized to #14 or "Yes" to #15) please provide the following information:

Hospital name: Hospital date of admission (mo/day/yr): 11/25/09

Patient ID number: 0040660917 Hospital date of discharge (mo/day/yr): 11/27/09

15a) Transferred to another hospital? ☐ Yes ☐ No ☐ Unknown

15b) Transfer hospital name:

16) Outcome: ☒ Alive ☐ Dead ☐ Unknown

17) Treated with antibiotics: ☐ Yes ☐ No ☐ Unknown if Yes, name and dose:

B. Health Department Follow-up: If isolate further characterized by the state lab, please update question

18) State lab isolate ID number: 2009047159

19) Case found during audit? ☐ Yes ☒ No ☐ Unknown

20) Case in the case-control study? ☐ Yes ☐ No ☐ Unknown

19a) If no, reason not in case-control study:

21) Is case report complete? ☒ Yes ☐ No ☐ Unknown

21a) If yes, date case report completed (mo/day/yr): 12/3/09 20b) Person completing case report (initials): EW

21c) Person entering case report (initials): EW

22) Did MDH receive disease report card? ☐ Yes ☒ No ☐ Unknown

Date: 12/06/09

Tennessee ☒

Interviewer: KW Bacteria Escherichia Serogroup coli O157:H7 Subtype hlyA PCR+

Enteric Disease Worksheet
(short and long forms)

stx 2 PCR+
stx 1 PCR+
eae A PCR+
KW 23ECB20

Patient's Name (last, first) _____ DOB: _____

Parent's Name (if child) _____

Symptom History – skip for controls

Nausea	<input checked="" type="radio"/> Y <input type="radio"/> N	Chills	<input checked="" type="radio"/> Y <input type="radio"/> N
Vomiting	<input checked="" type="radio"/> Y <input type="radio"/> N	Headache	<input checked="" type="radio"/> Y <input type="radio"/> N
Diarrhea	<input checked="" type="radio"/> Y <input type="radio"/> N	Backache	<input checked="" type="radio"/> Y <input type="radio"/> N
Stools/24 hr	<u>50-60</u>	Muscle Aches	<input checked="" type="radio"/> Y <input type="radio"/> N
Blood in stool	<input checked="" type="radio"/> Y <input type="radio"/> N	Fatigue	<input checked="" type="radio"/> Y <input type="radio"/> N
Cramps	<input checked="" type="radio"/> Y <input type="radio"/> N	Joint Pain	<input checked="" type="radio"/> Y <input type="radio"/> N
Fever	<input checked="" type="radio"/> Y <input type="radio"/> N	Temp	_____
Comments:	Other <u>Drug Heaves</u>		

What was first symptom? Bloody diarrhea

Date of onset: (mm/dd/yy) 11/23/09

Time of onset: (military) 0700

Date of onset diarrhea: 11/23/09

Time of onset of diarrhea: 0700

Duration of diarrhea (days) 4

Date of recovery: 11/28/09

Time of recovery: _____

Were you taking antacids in the month prior to your illness? Y ☐ N ☒

If yes, what brand? _____

Did you take any antacids after the onset of this illness? Y ☒ N ☐

If yes, what brand? _____

Were you on any medication in the month prior to your illness? Y ☐ N ☒

If yes, what brand? _____

Were you treated with antibiotics after the onset of this illness? Y ☒ N ☐

If yes, what antibiotic? Metronidazole

What date did you start taking your antibiotics? 11/27/09

(IF UNKNOWN) → Did you take the antibiotics before you submitted the stool culture? ☐ Y ☒ N SAME DAY

If yes, how many days before culture? _____

What date did you finish taking your antibiotics? 12/8/09

* Rush week for fraternity
he joined the week b/f
onset → He said he mainly
ate fast-food

1. Did you drink untreated/raw water during the seven days before your illness? Yes ☐ No ☒

If yes, where? _____

2. Did you swim in the ocean, a lake, a river, or pool in the week before your illness? Yes ☐ No ☒

If yes, where? _____ when? _____

3. Did you drink any unpasteurized milk during the week before your illness? Yes ☐ No ☒

If yes, where? _____

4. Where did you shop for groceries eaten during the week before your illness? didn't shop for groceries

5. Where and when did you purchase any hamburger you ate the week before your illness? if he ate at home (mom + Dad's) - from

lamb in Roseville -
Har Mar Mall

6. What type of hamburger was it (extra lean, lean, % fat, etc.)? _____

What size package? ☐ 1/2 lb. ☐ 1 lb. ☐ 2 lb. ☐ Other ☐

7. In the week prior, did you consume meat from any place other than the grocery store? (hunting, butcher shop, private kill) Yes ☐ No ☐ Source _____

8. During the 7 days prior to your illness, did you live on a farm? Yes ☐ No ☒

9. Did you visit a farm or petting zoo in the 7 days prior to your illness? Yes ☐ No ☒

10. If you answered yes to 8 or 9, what kind of animal(s)? _____

Did you have any contact with these animals? Yes ☐ No ☐

Please describe the contact you had with these animals or their environment:

When? ____/____/____ Where? _____

11. Did you garden in the 7 days prior to your illness? Yes ☐ No ☒ When? ____/____/____

12. Did you apply animal manure or compost derived from animal manure to your garden? Yes ☐ No ☐

If yes...

What type of manure (ex. sheep, cow) _____

When was the manure applied to your garden? ____/____/____

What type of compost (ex. sheep, cow) _____

When was the compost applied to your garden? ____/____/____

13. During the week prior to your illness, did you have any pets at home, have contact with household pets elsewhere, or visit a household with pets (including reptiles and hedgehogs)? Yes ☐ No ☒

IF YES → what kind of animal(s)? _____

If reptile exposure, complete reptile questionnaire. Questionnaire completed? Yes ☐ No ☐

IF YES → Did you feed animal-based products such as rawhides, pig's ears or cow hooves, or any dog treats to your pet during the two weeks prior to your illness? Yes ☐ No ☐

Type: _____

14. Did you travel anywhere during the week prior to your illness? Yes ☐ No ☒

If yes, where? _____ when? ____/____/____ thru ____/____/____

If airline travel, what airline? _____ flight no. _____

foods eaten there? _____ back? _____

If you stayed at a resort, please provide resort name _____

15. Do you know of anyone else with a diarrheal illness prior to or following your illness? Yes ☐ No ☒

if yes, when? _____ who? _____

16. Have you had contact with young children in a child care setting prior to or following your illness?

Yes ☐ No ☒

If yes, when: ___/___/___ thru ___/___/___

Name of Daycare: _____

Name of Daycare Director: _____

City: _____

Phone Number: _____

Are you aware of any other illness in daycare? Yes ☐ No ☐

17. Did your child attend daycare (or did you work at daycare) with a diarrheal illness?

Yes ☐ No ☐ Dates: _____

For children that attend daycare or daycare employees:

Daycare providers are contacted to determine if any other children may be ill and to provide information and recommendations to prevent further spread of this illness. Our use of the data from this interview may include disclosing your/the child's name to the extent necessary to do our investigation and control the spread of disease. For example, it may be necessary to disclose the name to the daycare center. Do you have any concerns about disclosing your/your child's name to the daycare, if it is necessary?

☐ Yes, I do have concerns

☐ No, I do not have concerns

☐ Tennessee read

18. Have you done any baking that used a raw egg in the preparation? Yes ☐ No ☒

Was child present? Yes ☐ No ☐ Did you sample any of the uncooked batter? Yes ☐ No ☐

19. Did you attend any large gatherings the week before your illness (wedding, receptions, showers,

Parties, festivals, fairs, etc.)? Yes ☒ No ☐

if yes, when: ___/___/___

November 17 - 20

what type of event?

Fraternity Rush

where?

foods served?

Fast Food

Did you eat in any restaurants during the seven days before your illness? Yes ☒ No ☐

(Team D - Please remember to get information about any restaurants/food consumed outside of the home, including cafeterias, food stands/street vendors, delis, etc.)

1. Name: Burger King Date: 11/21/09 Time: 2400

Address: on campus Washington & Huron

foods eaten: ~~1x~~ ² Double cheeseburgers

2. Name: McDonald's Date: 11/20/09 Time: 1800

Address: _____

foods eaten: McDoubles

3. Name: White Castle Date: 11/18/09 Time: 2000

Address: _____

foods eaten: Crave Case - 30 sandwiches

4. Name: Taco Bell Date: 11/21/09 Time: 2000

Address: by the Quarry

foods eaten: cheese roll-ups + ^{beef} soft-shell ~~est~~ tacos

5. Name: Olive Garden Date: 11/22/00 Time: 2000

Address: Roseville by Co. Road C

foods eaten: chicken alfredo, salad, breadsticks

6. Name: Panda Express - Maybe Date: / / Time: _____

Address: Coffman Union - V&M

foods eaten: Orange Chicken, Fried Rice

over - food brought to them

No Apples, Ruby Tuesday, etc...

No steak

• Didn't eat breakfast or lunch

Date/day prior to onset

11/22/09

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

12/1

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
2000	Dinner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Olive Garden	chicken alfredo salad breadsticks
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

12/1

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

11/19

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

11/18

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

11/17/09 Dinner @ 1800
 refused to give Fried's #. He will give our #.

Burger that friend made

FOOD CONSUMPTION HISTORY

Please indicate for each of the food items listed below whether you definitely ate it, maybe ate it, or definitely did not eat it and whether it was cooked or uncooked during the seven days before onset for cases or comparable reference period for controls. The reference period for this case-control set is ____/____/____ to ____/____/____.

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
DAIRY									
Eggs		X				/ /		/ /	
a. As an ingredient: type of dish: _____ b. Fried: sunny-side up Y N U over-easy Y N U fried-hard Y N U c. Scrambled: scrambled-runny Y N U scrambled-dry Y N U d. Boiled: boiled-soft Y N U boiled-hard Y N U e. Omelette: omelette-runny Y N U omelette-hard Y N U									
Milk		X				/ /		/ /	
Buttermilk		X				/ /		/ /	
Sour cream		X				/ /		/ /	
Cream cheese		X				/ /		/ /	
Cottage cheese		X				/ /		/ /	
Shredded	X					/ /		/ /	Taco Bell
Processed slices	X			cheddar		/ /		/ /	Burger King McDonald's
Block		X				/ /		/ /	
String		X				/ /		/ /	
Curds		X				/ /		/ /	

Item (Dairy cont.)	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date Purchased (mo/day)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
Ice cream	X	X		Chocolate Ice Cream sandwiches		/ /		During rush week	
Frozen dessert novelties		X				/ /		/ /	
Yogurt	X				Dannon Banana	11/10/09	Cub in Roseville Ar. May	11/16/09	
MEAT/ POULTRY									
Chicken	X	X				/ /		/ /	Olive Garden
Stuffed chicken product (e.g., chicken Kiev)		X							
Turkey		X				/ /		/ /	
Hamburger	X			11/17 2018 friend made him a burger		/ /		/ /	Burger King McDonald's White Castle Taco Bell
a. Hamburger as an ingredient: type of dish _____ b. Hamburger: raw Y N U rare (red in middle) Y N U medium (pink in middle) (Y) N U well done (no pink) Y N U									
Other beef		X				/ /		/ /	
Pork		X				/ /			
Lamb		X				/ /		/ /	
Sausage		X				/ /		/ /	
Fish		X				/ /		/ /	
Shellfish		X				/ /		/ /	
Other meat/ poultry/fish		X				/ /		/ /	

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
FRUITS									
Oranges		X				/ /		/ /	
Other citrus		X				/ /		/ /	
Pears		X				/ /		/ /	
Apples	X				Green Apples	/ /	U of M UDS	11 / 18 / 09	
Other tree fruit (For example: apricot, nectarine, peach, plum)		X				/ /		/ /	
Strawberries		X				/ /		/ /	
Other berries		X				/ /		/ /	
Grapes		X				/ /		/ /	
Bananas	X					11 / 10 / 09	Cub Foods Har Mar Mall	11 / 16 / 09	
Cantaloupe		X				/ /		/ /	
Watermelon		X				/ /		/ /	
Exotic fruit (For example: kiwi, pineapple, avocado, mango)		X				/ /		/ /	

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
VEGETABLES									
Prepackaged salad		X				/ /		/ /	
Lettuce	X					/ /		/ /	on taco + at Olive Garden
- iceberg	X					/ /		/ /	
- leaf			X			/ /		/ /	
- salad greens			X			/ /		/ /	
Spinach		X				/ /		/ /	
Cabbage		X				/ /		/ /	
Tomatoes		X				/ /		/ /	
Cucumbers	X					/ /		/ /	in salad at O.G.
Peppers		X				/ /		/ /	
Asparagus		X				/ /		/ /	
Celery		X				/ /		/ /	
Carrots		X				/ /		/ /	
Radishes		X				/ /		/ /	
Pea pods		X				/ /		/ /	
Egg plant or squash		X				/ /		/ /	
Onions	X					/ /		/ /	White Castle
- green onion						/ /		/ /	
- other						/ /		/ /	

Item (Vegetables continued)	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
Broccoli		X				/ /		/ /	
Sprouts		X				/ /		/ /	
- alfalfa		X				/ /		/ /	
- bean		X				/ /		/ /	
Fresh herbs (For example: parsley, cilantro)		X				/ /		/ /	
OTHER									
Mushrooms		X				/ /		/ /	
Tofu		X				/ /		/ /	
Jicama		X				/ /		/ /	
Peanut butter		X				/ /		/ /	
Chocolate		X				/ /		/ /	
Nuts (specify type: almonds, pecans, walnuts, peanuts, cashews, other type)	X	X	X		maybe sunflower seeds			11/18 2	
Hummus or tahini (specify)		X							
Queso fresco (Mexican style cheese)		X							
Salsa		X							

During the seven days before onset of illness did you consume any unpasteurized juices?

- a. Apple cider ☐ yes ☒ no If yes, where purchased? _____
Brand? _____
- b. Orange juice ☐ yes ☒ no If yes, where purchased? _____
Brand? _____
- c. Other juices ☐ yes ☒ no If yes, where purchased? _____
Brand? _____

If Adult Case:

What is your occupation? Student
Name of employer? _____
Address/City of employer? _____
Work phone number _____

If Child Case:

Parents occupation _____
Child's school name/address: _____

Last updated 8/9/05

For Food Workers only:

Work restrictions may apply to
people with _____
infections who work in food service.
You will be contacted by an
epidemiologist if restrictions apply
to you.

Statement read ☐

At the end of interview:

Race: W
Ethnicity: NH

E. coli O157:H7 Cluster 0912MLEXH-1 Supplemental Questionnaire

Please obtain the following information from all patients with laboratory confirmed E. coli O157 with PFGE pattern EXHX01.0248 / EXHA26.0569.

State: MN Interviewer Name: KW/AG PulseNet ID: 2009047159
 Sex: M Age: 20 2009047337
2009047601
 Date of illness onset: 11/23/09 Date of specimen collection: 11/24/09

The following questions should refer to 7 days prior to illness onset.

In the 7 days before you became ill...

1) Did you eat any food made from ground beef at your home or at a friend's home?

☒ Yes ☐ No ☐ Don't Recall (If no, skip to question 2)

If Yes, 1a) Was the ground beef that you ate raw, bloody, pink or undercooked?

☒ Yes ☐ No ☐ Don't Recall

If Yes, 1b) How was the ground beef prepared?

☒ Hamburger ☐ Meatballs ☐ Meatloaf ☐ In a dish (pasta/casserole) ☐ Tacos ☐ Other

If Other, then specify _____

(If yes to 1a, skip to question 3a)

2) Did you handle any ground beef, even if you did not eat it?

☐ Yes ☒ No ☐ Don't Recall

3a) Where was the ground beef purchased? What brand and when?

Name:

Location:

Brand:

Date: ____/____/____

Name:

Location:

Brand:

Date: ____/____/____

Name:

Location:

Brand:

Date: ____/____/____

Unk.
hasn't been able to
get info
from friend -
unwilling to give us
friend's contact info

3b) Was the beef purchased fresh or frozen?

☐ Fresh ☐ Frozen ☐ Don't Recall

If frozen, how did you thaw the beef?

☐ Counter ☐ Microwave ☐ Refrigerator ☐ Other

3c) In what form was the beef purchased?

☐ Bulk ☐ Patties ☐ Other ☐ Don't Recall

3d) What was the size of beef package you purchased?

____ lbs ☐ Don't Recall

3e) What **type** of beef did you purchase?

____ % lean ☐ Don't Recall

In the 7 days before you became ill...

4) Did you eat a meal made with ground beef at any restaurants including fast-food restaurants, delis, and take-out or home delivery meals? (If no, skip to question 5)

☒ Yes ☐ No ☐ Don't Recall

If yes, When and where? List the name(s) and location(s) of the restaurant(s) and the type of food:

i) Name: Burger King Washington & Huron

Location: Mpls Date: 11/21/09

☒ Hamburger ☐ Meatballs ☐ Meatloaf ☐ In a dish (pasta/casserole) ☐ Tacos ☐ Other

If Other, then specify Double Cheese Burger

ii) Name: McDonald's

Location: Mpls Date: 11/20/09

☒ Hamburger ☐ Meatballs ☐ Meatloaf ☐ In a dish (pasta/casserole) ☐ Tacos ☐ Other

If Other, then specify McDouble

iii) Name: Wink Castle

Location: Mpls Date: 11/18/09

☒ Hamburger ☐ Meatballs ☐ Meatloaf ☐ In a dish (pasta/casserole) ☐ Tacos ☐ Other

If Other, then specify _____

In the 7 days before you became ill...

5) Did you eat any steak at your home or at a friend's home?

☐ Yes ☒ No ☐ Don't Recall (If no, skip to question 7)

If Yes, 5a) Was the steak that you ate rare, bloody, pink or undercooked?

☐ Yes ☐ No ☐ Don't Recall

↳ Taco Bell

beef soft smell to cow

OK

6a) Where was the steak purchased? What brand and when?

Name:

Location:

Brand:

Date: ____/____/____

N/A

Name:

Location:

Brand:

Date: ____/____/____

Name:

Location:

Brand:

Date: ____/____/____

6b) Was the steak purchased fresh or frozen?

☐ Fresh ☐ Frozen ☐ Don't Recall

If frozen, how did you thaw the beef?

☐ Counter ☐ Microwave ☐ Refrigerator ☐ Other

6c) What was the size of beef cut you purchased?

____ lbs ☐ Don't Recall

6d) What was the type/cut of steak?

In the 7 days before you became ill...

7) Did you eat steak at any type of restaurant including fast-food restaurants, delis, and take-out or home delivery meals? (If no, skip to question 8)

☐ Yes ☒ No ☐ Don't Recall

If Yes, 7a) Was the steak that you ate rare, bloody, pink or undercooked?

☐ Yes ☐ No ☐ Don't Recall

7b) What was the type/cut of steak?

If yes to 7, When and where? List the name(s) and location(s) of the restaurant(s) and the type of food:

i) Name:

Location:

Date: ____/____/____

ii) Name:

Location:

Date: ____/____/____

iii) Name:

Location:

Date: ____/____/____

In the 7 days before you became ill...

8) Did you eat any lettuce or spinach?

☒ Yes ☐ No ☐ Don't Recall (IF NO, SKIP TO QUESTION 9)8a) How many times did you eat lettuce in the 7 days before becoming ill? Several

8b) Did you eat any lettuce on sandwiches or burgers?

☐ Yes ☐ No ☒ Don't Recall

8c) Did you eat mesclun lettuce ("spring mix")?

☐ Yes ☒ No ☐ Don't Recall

8d) Did you eat any iceberg lettuce?

☒ Yes ☐ No ☐ Don't Recall

8e) Did you eat any romaine lettuce?

☒ Yes ☐ No ☐ Don't Recall

8f) Did you eat any red leaf lettuce?

☐ Yes ☐ No ☐ Don't Recall

8g) Did you eat any other leaf lettuce?

☐ Yes ☒ No ☐ Don't Recall

If yes, what type, specify _____

8h) Did you eat any spinach?

☐ Yes ☒ No ☐ Don't Recall

8i) Where did you eat the lettuce or spinach? (check all that apply)

☐ Your home ☐ Another private home ☒ Restaurant

8j) If at home, was the lettuce/spinach washed prior to eating?

☐ Yes ☐ No ☐ Don't Recall

8k) If at home, did you purchase the lettuce/spinach?

☐ Yes ☐ No ☐ Don't Recall

8l) Is the receipt available from your lettuce/spinach purchase?

If yes, get info from the receipt:

date _____ time _____ terminal _____ store # _____ transaction # _____

If no receipt available, did you pay with credit/debit card? transaction # _____

If no receipt available, did you use a store "shopper card"? card # _____

8m) Did you eat a salad mix in a sealed bag (i.e., prepackaged salad of any kind)?

☐ Yes ☒ No ☐ Don't Recall

If yes to 8m, What brand(s) of the salad mix did you have (please circle)?

Dole
Popeye
Fresh Express
Earthbound Organics
Other _____

8n) Did you eat lettuce in a restaurant?

1. Restaurant Name _____
Restaurant Location _____
Name of food/ menu item _____
Date of consumption _____
Type of lettuce _____
(ie, iceberg, romaine, mesclun, red leaf, other)

2. Restaurant Name _____
Restaurant Location _____
Name of food/ menu item _____
Date of consumption _____
Type of lettuce _____
(i.e., iceberg, romaine, mesclun, red leaf, other)

Restaurant Information

9) In the 7 days before your illness, did you eat at Applebee's?

☐ Yes ☒ No ☐ Don't Recall

10) In the 7 days before your illness, did you eat at Olive Garden?

☒ Yes ☐ No ☐ Don't Recall

11) In the 7 days before your illness, did you eat at Ruby Tuesday?

☐ Yes ☒ No ☐ Don't Recall

12) In the 7 days before your illness, did you eat at Sizzlers?

☐ Yes ☒ No ☐ Don't Recall

13) In the 7 days before your illness, did you eat at Ruby River Steak House?

☐ Yes ☒ No ☐ Don't Recall

14) In the 7 days before your illness, did you eat at any other restaurants?

☒ Yes ☐ No ☐ Don't Recall

If yes to 14, Where else did you eat? See 74

Burger King, McDonalds, White Castle,
maybe (off-man down)

15) Do you have any ground beef or steak that was eaten in the week before you got ill leftover for testing?

☐ Yes ☒ No ☐ Don't Recall

16) Where did you purchase your groceries, including your meat products, that you ate in the 7 days before your illness? (Including specialty stores, produce or fruit stands, dairy meats, etc.)?

1. Name: _____ Location: _____
2. Name: _____ Location: _____
3. Name: _____ Location: _____
4. Name: parents shop & _____ Location: Her Mar mall
sub in Roseville

all
out
e/day

Please e-mail or fax completed questionnaires to Wright Culpepper at WCulpepper@cdc.gov or 404.639.2205.
Thank you!

Active Surveillance Bacterial Foodborne Pathogens Case Report: Minnesota Site

PHLIS ID Number (Patient Specimen) CDA3 090002150-001 Fred

Patient's Name _____
Last First

Address _____
Number/Street City State ZIP

1) County (residence of patient) ANOKA Phone No: _____ lab age: _____ age units: _____

2) Sex M 3) Date of birth (mo/day/yr): _____ 0 0

4) Race: (if known): W 5) Ethnicity: NH

6) Specimen collection date (mo/day/yr): 11/24/2009 7) Age: 20.24 8) If < 1 year, age in months: _____

9) Submitting Lab: CLINICAL MICROBIOLOGY LAB

Submitting Physician: _____

HFID:

Phone: _____

273 MINNEAPOLIS, MN 55455

Physician Address: _____

10) Source of specimen: FECES Onset Date 11-23-09

11) Isolated Bacteria ESCHERICHIA COLI 0157:H7 subtype: EIA+

12) If specimen collection date is not available, date received in laboratory (mo/day/yr): 11/27/2009 STX1 PCR+
STX2 PCR+

A. Hospital Follow-up:

13) Patient status at the time of specimen collection: ☒ Hospitalized ☐ Outpatient ☐ Unknown

14) If outpatient, was the patient subsequently hospitalized? ☐ Yes ☐ No ☐ Unknown

15) If patient was hospitalized (that is, if answered :hospitalized to #14 or "Yes" to #15) please provide the following information:

Hospital name: _____ Hospital date of admission (mo/day/yr): 11/25/09

Patient ID number: 0040660917 Hospital date of discharge (mo/day/yr): 11/27/09

15a) Transferred to another hospital? ☐ Yes ☐ No ☐ Unknown

15b) Transfer hospital name: _____

16) Outcome: ☒ Alive ☐ Dead ☐ Unknown

17) Treated with antibiotics: ☐ Yes ☐ No ☐ Unknown if Yes, name and dose : _____

B. Health Department Follow-up: If isolate further characterized by the state lab, please update questi

18) State lab isolate ID number: 2009047159

19) Case found during audit? ☐ Yes ☒ No ☐ Unknown

20) Case in the case-control study? ☐ Yes ☐ No ☐ Unknown

19a) If no, reason not in case-control study _____

21) Is case report complete? ☒ Yes ☐ No ☐ Unknown

21a) If yes, date case report completed (mo/day/yr): 12/3/09 20b) Person completing case report (initials): EW

21c) Person entering case report (initials) EW

22) Did MDH receive disease report card? ☐ Yes ☒ No ☐ Unknown

Get info on:

- confirm date + time ate at Olive Garden → ask if he still has receipt to double check
- See if he ate at any other restaurants LIKE Applebee's
- If he ate any steak: at home, someone else's home, at a restaurant, at Applebee's
- Ate hamburger from friend
- Ask for contact info OR if he knows where/when gb purchased, receipt of purchase, what type of gb, etc. Also if the friend has any leftovers we'd like to test it.
- Also ask about Ruby Tuesdays
- Ask for cell phone if # we have is parent's #

No Applebees, Ruby Tues, etc.

No steak or other beef

Ate Break. + lunch ~~at~~ on campus @ VDS.

Maybe also Chinese @ ~~Costa~~ Costa.

Wouldn't give friend's #!

Told him to give friend our # as call if he finds out info.

Friend's name '....'

Goes by "...."

May have had burger or campus. Not sure.

Olive garden on 11/22.

Date: 12/06/09

Tennessee ☒

Interviewer: KW Bacteria Escherichia Serogroup coli O157:H7 Subtype hly A PCR+

stx 2 PCR+
stx 1 PCR+
eae A PCR+
MW 23ECB20

Enteric Disease Worksheet
(short and long forms)

Patient's Name (last, first) _____ DOB: _____

Parent's Name (if child) _____

Symptom History – skip for controls

Nausea	<input checked="" type="radio"/> Y <input type="radio"/> N	Chills	<input type="radio"/> Y <input checked="" type="radio"/> N
Vomiting	<input type="radio"/> Y <input checked="" type="radio"/> N	Headache	<input type="radio"/> Y <input checked="" type="radio"/> N
Diarrhea	<input checked="" type="radio"/> Y <input type="radio"/> N	Backache	<input type="radio"/> Y <input checked="" type="radio"/> N
Stools/24 hr	<u>50-60</u>	Muscle Aches	<input type="radio"/> Y <input checked="" type="radio"/> N
Blood in stool	<input type="radio"/> Y <input checked="" type="radio"/> N	Fatigue	<input type="radio"/> Y <input checked="" type="radio"/> N
Cramps	<input type="radio"/> Y <input checked="" type="radio"/> N	Joint Pain	<input type="radio"/> Y <input checked="" type="radio"/> N
Fever	<input type="radio"/> Y <input checked="" type="radio"/> N	Temp	_____
Comments:		Other	<u>Dry Heaves</u>

What was first symptom? Bloody diarrhea

Date of onset: (mm/dd/yy) 11/23/09

Time of onset: (military) 0700

Date of onset diarrhea: 11/23/09

Time of onset of diarrhea: 0700

Duration of diarrhea (days) 4

Date of recovery: 11/28/09

Time of recovery: _____

Were you taking antacids in the month prior to your illness? Y ☐ N ☒

If yes, what brand? _____

Did you take any antacids after the onset of this illness? Y ☒ N ☐

If yes, what brand? _____

Were you on any medication in the month prior to your illness? Y ☐ N ☒

If yes, what brand? _____

Were you treated with antibiotics after the onset of this illness? Y ☒ N ☐

If yes, what antibiotic? Metronidazole

What date did you start taking your antibiotics? 11/27/09

(IF UNKNOWN) → Did you take the antibiotics before you submitted the stool culture? ☐ Y ☒ N SAME DAY

If yes, how many days before culture? _____

What date did you finish taking your antibiotics? 12/8/09

* Rush week for fraternity
he joined the week b/f
onset → He said he mainly
ate fast-food

1. Did you drink untreated/raw water during the seven days before your illness? Yes ☐ No ☒

If yes, where? _____

2. Did you swim in the ocean, a lake, a river, or pool in the week before your illness? Yes ☐ No ☒

If yes, where? _____ when? _____

3. Did you drink any unpasteurized milk during the week before your illness? Yes ☐ No ☒

If yes, where? _____

4. Where did you shop for groceries eaten during the week before your illness? didn't shop for groceries

5. Where and when did you purchase any hamburger you ate the week before your illness? ib he ate at home

(mom + Dad's) - from
Cub in Roseville -
Har Mar Mall

6. What type of hamburger was it (extra lean, lean, % fat, etc.)? _____

What size package? ☐ 1/2 lb. ☐ 1 lb. ☐ 2 lb. ☐ Other ☐

7. In the week prior, did you consume meat from any place other than the grocery store? (hunting, butcher shop, private kill) Yes ☐ No ☐ Source _____
8. During the 7 days prior to your illness, did you live on a farm? Yes ☐ No ☒
9. Did you visit a farm or petting zoo in the 7 days prior to your illness? Yes ☐ No ☒
10. If you answered yes to 8 or 9, what kind of animal(s)? _____
Did you have any contact with these animals? Yes ☐ No ☐
Please describe the contact you had with these animals or their environment:

When? ____/____/____ Where? _____
11. Did you garden in the 7 days prior to your illness? Yes ☐ No ☒ When? ____/____/____
12. Did you apply animal manure or compost derived from animal manure to your garden? Yes ☐ No ☐
If yes...
What type of manure (ex. sheep, cow) _____
When was the manure applied to your garden? ____/____/____
What type of compost (ex. sheep, cow) _____
When was the compost applied to your garden? ____/____/____
13. During the week prior to your illness, did you have any pets at home, have contact with household pets elsewhere, or visit a household with pets (including reptiles and hedgehogs)? Yes ☐ No ☒
IF YES → what kind of animal(s)? _____
If reptile exposure, complete reptile questionnaire. Questionnaire completed? Yes ☐ No ☐
IF YES → Did you feed animal-based products such as rawhides, pig's ears or cow hooves, or any dog treats to your pet during the two weeks prior to your illness? Yes ☐ No ☐
Type: _____
14. Did you travel anywhere during the week prior to your illness? Yes ☐ No ☒
If yes, where? _____ when? ____/____/____ thru ____/____/____
If airline travel, what airline? _____ flight no. _____
foods eaten there? _____ back? _____
If you stayed at a resort, please provide resort name _____
15. Do you know of anyone else with a diarrheal illness prior to or following your illness? Yes ☐ No ☒
if yes, when? _____ who? _____

16. Have you had contact with young children in a child care setting prior to or following your illness?

Yes ☐ No ☒

If yes, when: ___/___/___ thru ___/___/___

Name of Daycare: _____

Name of Daycare Director: _____

City: _____

Phone Number: _____

Are you aware of any other illness in daycare? Yes ☐ No ☐

17. Did your child attend daycare (or did you work at daycare) with a diarrheal illness?

Yes ☐ No ☐ Dates: _____

For children that attend daycare or daycare employees:

Daycare providers are contacted to determine if any other children may be ill and to provide information and recommendations to prevent further spread of this illness. Our use of the data from this interview may include disclosing your/the child's name to the extent necessary to do our investigation and control the spread of disease. For example, it may be necessary to disclose the name to the daycare center. Do you have any concerns about disclosing your/your child's name to the daycare, if it is necessary?

☐ Yes, I do have concerns

☐ No, I do not have concerns

☐ Tennessee read

18. Have you done any baking that used a raw egg in the preparation? Yes ☐ No ☒

Was child present? Yes ☐ No ☐ Did you sample any of the uncooked batter? Yes ☐ No ☐

19. Did you attend any large gatherings the week before your illness (wedding, receptions, showers, Parties, festivals, fairs, etc.)? Yes ☒ No ☐

if yes, when: ___/___/___

November 17 - 20

what type of event? _____

where? U of M

foods served? Fast Food

Univ UDS food

Did you eat in any restaurants during the seven days before your illness? Yes ☒ No ☐

(Team D - Please remember to get information about any restaurants/food consumed outside of the home, including cafeterias, food stands/street vendors, delis, etc.)

1. Name: Burger King Date: 11/21/09 Time: 2400

Address: on campus Washington & Huron

foods eaten: 2 Double cheeseburgers

2. Name: McDonald's Date: 11/20/09 Time: 1850

Address: _____

foods eaten: McDoubles

3. Name: White Castle Date: 11/18/09 Time: 2000

Address: _____

foods eaten: Crave Case - 30 sandwiches

4. Name: Taco Bell Date: 11/21/09 Time: 2000

Address: by the Quarry

foods eaten: cheese roll-ups + beef soft-shelled tacos

5. Name: Olive Garden Date: 11/200 Time: 2000

Address: Roseville by Co. Road C

foods eaten: chicken alfredo, salad, breadsticks

6. Name: _____ Date: ____/____/____ Time: _____

Address: _____

foods eaten: _____

view: - food brought to them

Chinese @ cottman - Orange duckies + fried rice

UDS food - burger?

Date/day prior to onset

Lunch + breakfast

Didn't eat breakfast or lunch

11/22/09

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

12/1

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
2000	Dinner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Olive Garden	chicken alfredo salad broadsicks
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

12/1

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

1/19/

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

1/18/

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

11/17/09

Dinner @ 1800

Burger that friend made

FOOD CONSUMPTION HISTORY

Please indicate for each of the food items listed below whether you definitely ate it, maybe ate it, or definitely did not eat it and whether it was cooked or uncooked during the seven days before onset for cases or comparable reference period for controls. The reference period for this case-control set is ____/____/____ to ____/____/____.

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
DAIRY									
Eggs		X				/ /		/ /	
a. As an ingredient: type of dish: _____ b. Fried: sunny-side up Y N U over-easy Y N U fried-hard Y N U c. Scrambled: scrambled-runny Y N U scrambled-dry Y N U d. Boiled: boiled-soft Y N U boiled-hard Y N U e. Omelette: omelette-runny Y N U omelette-hard Y N U									
Milk		X				/ /		/ /	
Buttermilk		X				/ /		/ /	
Sour cream		X				/ /		/ /	
Cream cheese		X				/ /		/ /	
Cottage cheese		X				/ /		/ /	
Shredded	X					/ /		/ /	Taco Bell
Processed slices	X			cheddar		/ /		/ /	Burger King McDonald's
Block		X				/ /		/ /	
String		X				/ /		/ /	
Curds		X				/ /		/ /	

Item (Dairy cont.)	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date Purchased (mo/day)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
Ice cream	X	X		Chocolate Ice Cream sandwiches		/ /		During rush week	
Frozen dessert novelties		X				/ /		/ /	
Yogurt	X				Dannon Bango	11/10/09	Cub in Roseville Harvey	11/16/09	
MEAT/ POULTRY									
Chicken	X	X				/ /		/ /	Olive Garden
Stuffed chicken product (e.g., chicken Kiev)		X							
Turkey		X				/ /		/ /	
Hamburger	X			11/17/09 fried made him a burger		/ /		/ /	Burger King McDonald's White Castle Taco Bell
a. Hamburger as an ingredient: type of dish _____ b. Hamburger: raw Y N U rare (red in middle) Y N U medium (pink in middle) (Y) N U well done (no pink) Y N U									
Other beef		X				/ /		/ /	
Pork		X				/ /			
Lamb		X				/ /		/ /	
Sausage		X				/ /		/ /	
Fish		X				/ /		/ /	
Shellfish		X				/ /		/ /	
Other meat/ poultry/fish		X				/ /		/ /	

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
FRUITS									
Oranges		X				/ /		/ /	
Other citrus		X				/ /		/ /	
Pears		X				/ /		/ /	
Apples	X				Green Apples	/ /	U of M UDS	11 / 16 / 09	
Other tree fruit (For example: apricot, nectarine, peach, plum)		X				/ /		/ /	
Strawberries		X				/ /		/ /	
Other berries		X				/ /		/ /	
Grapes		X				/ /		/ /	
Bananas	X					11 / 10 / 09	Pub Foods Har Mar Mall	11 / 16 / 09	
Cantaloupe		X				/ /		/ /	
Watermelon		X				/ /		/ /	
Exotic fruit (For example: kiwi, pineapple, avocado, mango)		X				/ /		/ /	

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
VEGETABLES									
Prepackaged salad		X				/ /		/ /	
Lettuce	X					/ /		/ /	on taco + at Olive Garden
- iceberg	X					/ /		/ /	
- leaf			X			/ /		/ /	
- salad greens			X			/ /		/ /	
Spinach		X				/ /		/ /	
Cabbage		X				/ /		/ /	
Tomatoes		X				/ /		/ /	
Cucumbers	X					/ /		/ /	in salad at O.G.
Peppers		X				/ /		/ /	
Asparagus		X				/ /		/ /	
Celery		X				/ /		/ /	
Carrots		X				/ /		/ /	
Radishes		X				/ /		/ /	
Pea pods		X				/ /		/ /	
Egg plant or squash		X				/ /		/ /	
Onions	X					/ /		/ /	White Castle
- green onion		X				/ /		/ /	Sanofi
- other		X				/ /		/ /	

Item (Vegetables continued)	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased (mo/da)	Grocery store where purchased	Date eaten (mo/da)	Restaurant where eaten (include address)
Broccoli		X				/ /		/ /	
Sprouts		X				/ /		/ /	
- alfalfa		X				/ /		/ /	
- bean		X				/ /		/ /	
Fresh herbs (For example: parsley, cilantro)		X				/ /		/ /	
OTHER									
Mushrooms		X				/ /		/ /	
Tofu		X				/ /		/ /	
Jicama		X				/ /		/ /	
Peanut butter		X				/ /		/ /	
Chocolate		X				/ /		/ /	
Nuts (specify type: almonds, pecans, walnuts, peanuts, cashews, other type)	X	X	X		maybe sunflower seeds			11/18 2	
Hummus or tahini (specify)		X							
Queso fresco (Mexican style cheese)		X							
Salsa		X							

During the seven days before onset of illness did you consume any unpasteurized juices?

- a. Apple cider ☐ yes ☒ no If yes, where purchased? _____
Brand? _____
- b. Orange juice ☐ yes ☒ no If yes, where purchased? _____
Brand? _____
- c. Other juices ☐ yes ☒ no If yes, where purchased? _____
Brand? _____

If Adult Case:

What is your occupation? Student
Name of employer? _____
Address/City of employer? _____
Work phone number _____

If Child Case:

Parents occupation _____
Child's school name/address: _____

Last updated 8/9/05

For Food Workers only:

Work restrictions may apply to
people with _____
infections who work in food service.
You will be contacted by an
epidemiologist if restrictions apply
to you.

Statement read ☐

At the end of interview:

Race: W
Ethnicity: NH

MN 23 ECB 20

- sawt rapids gr km, also day prog

2010001507.

onset 1/4

under failure
no this

Diced 1/19
Adm 1/19

per menu

Several gr exp:

@ gr km

Laguna - 12/31

Day Prog

* cur

C'

within so prog

place @
reminut
mor.

work prog

12/30 Sweedes h meat balls

12/28 hant on a bun.

restaur

Op km flask re

— cur on East st channel

SE

still trying to get more detail

12/30

2 @ St Luke's

2 Cashwise receipt from Business office
receipt for 11/24 - ϕ beef

receipt dated 12/11

4 Ground beef units 80% \$6.98

Item # 2718202809

~~8~~ cut them in $\frac{1}{2}$ & freeze them

Still has 2 $\frac{1}{2}$'s purchased @ same time

↓

Best if used or freeze by date 12/24

24 SJ 3389 JDSW on work part of label

OK to give contact info to MDA to arrange
for testing -

Per Carrie @ MDA

Cashwise gets gbs from J & B wholesale

J & B gets gbs from JBS or Tyson.

Ask

- when he ate @
olive garden,
did anyone else in his
group
order a steak,
if did he want
a taste of it? (N)

1. Mom had
noodle dish
w/ chicken C.



When you're here, you're Family.

City & State or Zip

My Olive Garden: **SAINT LOUIS PARK**

ESPAÑOL | EMAIL THIS PAGE

Our Culinary Inspiration



Our Wines

Recipes

Gift Cards

Our Specials

SIGN UP: [E](#) | [V](#)

Our Menu

SPECIALS

LUNCH

DINNER

Appetizers

Soups and Salads

Pizzas

Classic Recipes

Beef & Pork

Filled Pastas

Chicken

Fish & Seafood

BEVERAGE

TO GO!

DESSERT

GARDEN FARE* &
NUTRITION

CHILDREN'S

[Printable Menu](#)

Chianti Braised Short Ribs

Tender boneless beef short ribs slow cooked in a chianti wine sauce. Served with portobello mushroom risotto and steamed vegetables.

Specialties inspired by the Culinary Institute of Tuscany, our cooking school in Italy

This olive branch will lead you to our delicious Garden Fare low fat entrées.

Enjoy our freshly baked garlic breadsticks and your choice of homemade soup or garden-fresh salad with any entrée.

Carne (Beef & Pork)



Ricci

Pork Milanese

Pan-seared pork scaloppini crusted with Italian herb breadcrumbs, served with asiago cheese-filled tortelloni pasta tossed in a garlic-butter sauce with fresh spinach.

15.75



Chianti Braised Short Ribs

Tender boneless beef short ribs slow cooked in a chianti wine sauce. Served with portobello mushroom risotto and steamed vegetables.

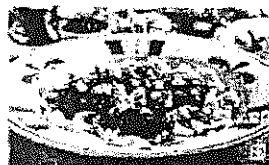
16.75



Steak Toscano*

Grilled 14 oz choice center cut Strip steak brushed with Italian herbs and extra-virgin olive oil. Served with Tuscan potatoes and bell peppers.

21.35



Steak Gorgonzola-Alfredo*

Grilled beef medallions drizzled with balsamic glaze, served over fettuccine tossed with spinach and gorgonzola-alfredo sauce.

Steak prepared medium unless otherwise requested.

15.95



Mixed Grill*

Skewers of grilled marinated steak and chicken with a rosemary demi-glace, served with grilled vegetables and Tuscan potatoes.

Steak prepared medium unless otherwise requested.

16.75

*These menu items are cooked to order. Consuming raw or undercooked meats may increase your risk of foodborne illness.



Your Favorite Italian ToGo!



Gift Cards—Perfect for any Occasion.



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Cashier: JOE B

12/11/09

18:04:02

Management Dept. It must be Signed and have an Account Code.
 48 hours for request to be addressed.

Requested By:

Authorizer:

GROCERY		
24PK DIET PEPSI	12000000053	6.98 FI
12PK DIET PEPSI	1200080995	3.99 F1
1 @ 3/ 4.00		
LD XMAS TREE CAKE	2430004244	1.34 FS
1 @ 2/ 3.90		
CMPBL CND SP HR C	5100006007	1.50 FS
1 @ 2/ 3.90		
CMPBL CND SP HR C	5100006007	1.50 FS
1 @ 2/ 3.00		
CMPBL CND SP HR C	5100006007	1.50 FS
COBCK WHEAT BREAD	7605700173	1.78 FS
COBCK WHEAT BREAD	7605700173	1.78 FS
COBCK WHEAT BREAD	7605700173	1.78 FS
MEAT		
GR BEEF CHUB 80%	2718262809	6.98 FS
GR BEEF CHUB 80%	2718262809	6.98 FS
GR BEEF CHUB 80%	2718262809	6.98 FS
GR BEEF CHUB 80%	2718262809	6.98 FS
1 @ 2/ 7.00		
O MAYER S WHI TUR	4470006420	3.50 FS
1 @ 2/ 7.00		
O MAYER OR TURKEY	4470006441	3.50 FS
PORK SIRLOIN CHO	2033390900	3.56 FS
PRODUCE		
2.26 lb @ .58 / lb		
BANANAS YELLOW	4011	1.31 FS
DAIRY		
CTRY CRK CALCUIM	2740026495	3.87 FS
F CLUB 1 pct MIL	3680097634	2.98 FS
F CLUB 1 pct MIL	3680097634	2.98 FS
F CLUB 1 pct MIL	3680097634	2.98 FS
SUBTOTAL		74.75
TOTAL TAX		.00
TOTAL	74.75	
MasterCard	TENDER	74.75
Acct:XXXXXXXXXXXX5827		
APRVL CODE 452375		
Cash	CHANGE	.00
		21
EXEMPT TAX ID		
T1 ITEM VALUE EXEMPTED		10.97
T1 TAX EXEMPTED		.81
T2 ITEM VALUE EXEMPTED		.00
T2 TAX EXEMPTED		.00
T3 ITEM VALUE EXEMPTED		.00
T3 TAX EXEMPTED		.00

----- FSA Total \$0.00 -----
Use your Health Care spending card here.
Items ending with "H" qualify for
FSA purchase.

Trx: 12/11/09 Oper Term: Store: 3009
18:06:18

[illegible]

2000

Our Supply Room

Method of Delivery

651 201 5527
Carlota Mendose



3440 West Division St.
St. Cloud, MN 56301
(320) 253-5872

This Card entitles you to

A FREE

DINNER



Store #

Authorize / Signature

' is contact
for This Bonanza.

Chris



900 South Highway 10
St. Cloud, MN 56304
Phone: (320) 251-3200
(800) 225-3883
Fax: (320) 259-0747
www.apperts.com

INVOICE DATE 1/23/01	CUSTOMER NO. 1109	S REP # 11	PAGE 1	INVOICE 12345
TERMS Net 30		TELEPHONE 1-800-225-3883	TRIP 1234	
SPECIAL INSTRUCTIONS 				

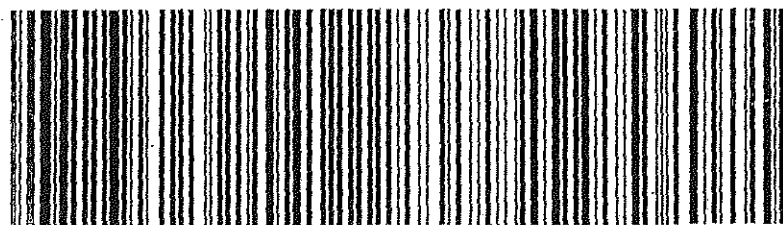
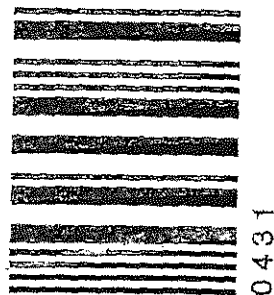
ORDER TO

BILL TO

ITEM #	ORDERED	SHIPPED	UNIT	DESCRIPTION	PACK	SIZE	ST.	WEIGHT	COST	AMT
1001	1	1							10.00	10.00
1002	1	1							10.00	10.00
1003	1	1							10.00	10.00
1004	1	1							10.00	10.00
1005	1	1							10.00	10.00
1006	1	1							10.00	10.00
1007	1	1							10.00	10.00
1008	1	1							10.00	10.00
1009	1	1							10.00	10.00
1010	1	1							10.00	10.00
1011	1	1							10.00	10.00
1012	1	1							10.00	10.00
1013	1	1							10.00	10.00
1014	1	1							10.00	10.00
1015	1	1							10.00	10.00
1016	1	1							10.00	10.00
1017	1	1							10.00	10.00
1018	1	1							10.00	10.00
1019	1	1							10.00	10.00
1020	1	1							10.00	10.00
1021	1	1							10.00	10.00
1022	1	1							10.00	10.00
1023	1	1							10.00	10.00
1024	1	1							10.00	10.00
1025	1	1							10.00	10.00
1026	1	1							10.00	10.00
1027	1	1							10.00	10.00
1028	1	1							10.00	10.00
1029	1	1							10.00	10.00
1030	1	1							10.00	10.00
1031	1	1							10.00	10.00
1032	1	1							10.00	10.00
1033	1	1							10.00	10.00
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1038	1	1							10.00	10.00
1039	1	1							10.00	10.00
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1078	1	1							10.00	10.00
1079	1	1							10.00	10.00
1080	1	1							10.00	10.00
1081	1	1							10.00	10.00
1082	1	1							10.00	10.00
1083	1	1							10.00	10.00
1084	1	1							10.00	10.00
1085	1	1							10.00	10.00
1086	1	1							10.00	10.00
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1089	1	1							10.00	10.00
1090	1	1							10.00	10.00
1091	1	1							10.00	10.00
1092	1	1							10.00	10.00
1093	1	1							10.00	10.00
1094	1	1							10.00	10.00
1095	1	1							10.00	10.00
1096	1	1							10.00	10.00
1097	1	1							10.00	10.00
1098	1	1							10.00	10.00
1099	1	1							10.00	10.00
1100	1	1							10.00	10.00

DRIVER				CASH	CHECK #	AMOUNT	YOU MUST CHECK YOUR MERCHANDISE BEFORE SIGNING		Thank You For Your Order!		SUB TOTAL
CUSTOMER SIGNATURE										TAX	

NATIONAL BEEF
0431
81/19
FINE GROUND BEEF



01907101780043133201000773110012162111586326

00431

PACKED ON:

12-16-09

35.1

77.3

12:57

350 US NET WT. LBS LIBER. LINE 1
PROD. SE/FREEZE BY: 01-05-10
SEQ. CT OF USA
: 11586326



A, L.L.C.

-0058

120709

12/08/09

Reinhart

FoodService

Twin Cities Division

***** INVOICE *****

BONANZA - ST. CLOUD

3440 W. DIVISION
ST. CLOUD MN 56301S
O
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O

00000

DATE 12/08/09	INVOICE 541480	SLM 4	ACCT NO 5320
PHONE NO 320-253-5872	TRIP 019	STOP 110	PAGE 2
TERMS DUE NET 30-DAYS			

QUANTITY		UNIT	SIZE	BRAND	ITEM NUMBER	DESCRIPTION	PORTION			T A X	UNIT PRICE	EXTENSION
ORDER	SHIP						# RU	OF UN	RC UN			
						*** FROZEN ***						
	10	CS	15/LBS	BIGSKY	46674	BEEF GR PTY STK CHPD 2-1 78/22 NAT 30/8oz FZ	240	1	OZ	.106	25.38	253.80
	1	CS	15/LBS	PCREEK	36146	BEEF GR PTY 4-1 78/22	240	1	OZ	.098	23.43	23.43
	1	CS	2/150cnt	PCREEK	48314	BACON PC SLICED REGULAR REF	300	1	EA	.079	23.72	23.72
	2	CS	10/LBS	HDBAY	52318	COD BRD DFO FIL ATL 4oz IQF	160	1	OZ	.247	39.45	78.90
	1	CS	10/LBS	PACKER	50280	COD LOIN 3oz IQF	160	1	OZ	.223	35.65	35.65
					50280	P CUST ALLOWANCE 707					.50-	.50-
	1	CS	6/3 LB	MARZET	20104	NOODLE EGG P/CRD FZ	288	1	OZ	.082	23.56	23.56
					20104	P CUST ALLOWANCE 707					1.00-	1.00-
	1	CS	2/5 LB	VILFRZ	38830	TOPPING PIZ SAU OLD WRLD IRREG FLT AVG 16cnt/OZ FZ	160	1	OZ	.121	19.29	19.29
						** REFRIGERATED **						
	3	CS	4/5 LB	MARKON	75404	CABBAGE GREEN DICED SEP	320	1	OZ	.044	13.94	41.82
	1	CS	12/CNT	PACKER	78270	CAULIFLOWER REF	12	1	EA	1.751	21.01	21.01
	5	CS	10/LBS	BSCANI	78150	MUSHROOM INGREDIENT	160	1	OZ	.088	14.03	70.15
	9	CS	10/LBS	BSCANI	78312	MUSHROOM BUTTON SMALL	160	1	OZ	.111	17.71	159.39
	1	CS	25/LBS	MARKON	78248	PEPPER GREEN CHOPPER LG	400	1	OZ	.024	9.55	9.55
	1	CS	25/LBS	PACKER	77272	TOMATO MIXED SIZE/GRADE	400	1	OZ	.061	24.20	24.20
	2	CS	8/CNT	PACKER	79926	HONEYDEW FRESH	8	1	EA	1.731	13.85	27.70
	1	CS	8/10 LB	NATLBF	61040	BEEF GR BULK 8 1/2 19 136 WEIGHING 77.2 LBS @	25	1	OZ	.088	1.32	101.91
	1	CS	10/3 LB	CSTONE	70882	CREAM CHEESE LCRF REF	480	1	OZ	.094	44.91	44.91
	6	CS	30/1 LB	CHEFMK	71068	MARGARINE SOLID REF	480	1	OZ	.031	14.68	88.08
	1	CS	10/1 LB	CSTONE	71288	CHEESE SWISS 20 SL .8oz	160	1	OZ	.185	29.55	29.55
	4	CS	15/CNT	PACKER	78262	CANTALOUPE REF	15	1	EA	.933	13.99	55.51
	6	CS	7/CNT	PACKER	75494	PINEAPPLE GOLDEN RIPE REF	7	1	EA	2.284	15.99	95.94
	1	CS	12/CNT	PACKER	78436	BLACKBERRY 1/2 PINT REF	12	1	EA	1.083	12.99	12.99
	1	CS	6/11 UP	CARGIL	B6244	STRIPLOIN 11up BNLS CH WEIGHING 67.9 LBS @	16	1	OZ	.174	2.78	188.76
						** FROZEN/ICE CREAM **						
	3	CS	10/LBS	TRIDNT	59054	SALMON FIL KETA 6oz PBO	160	1	OZ	.283	45.25	135.75
	3	CS	200/CNT	RICH5	74018	DOUGH CKY CHOCHIP SGF	200	1	EA	.156	31.17	93.51

DRY FRZ COOL FRZ2 R/S WHS5 TOTAL WEIGHT CUBE

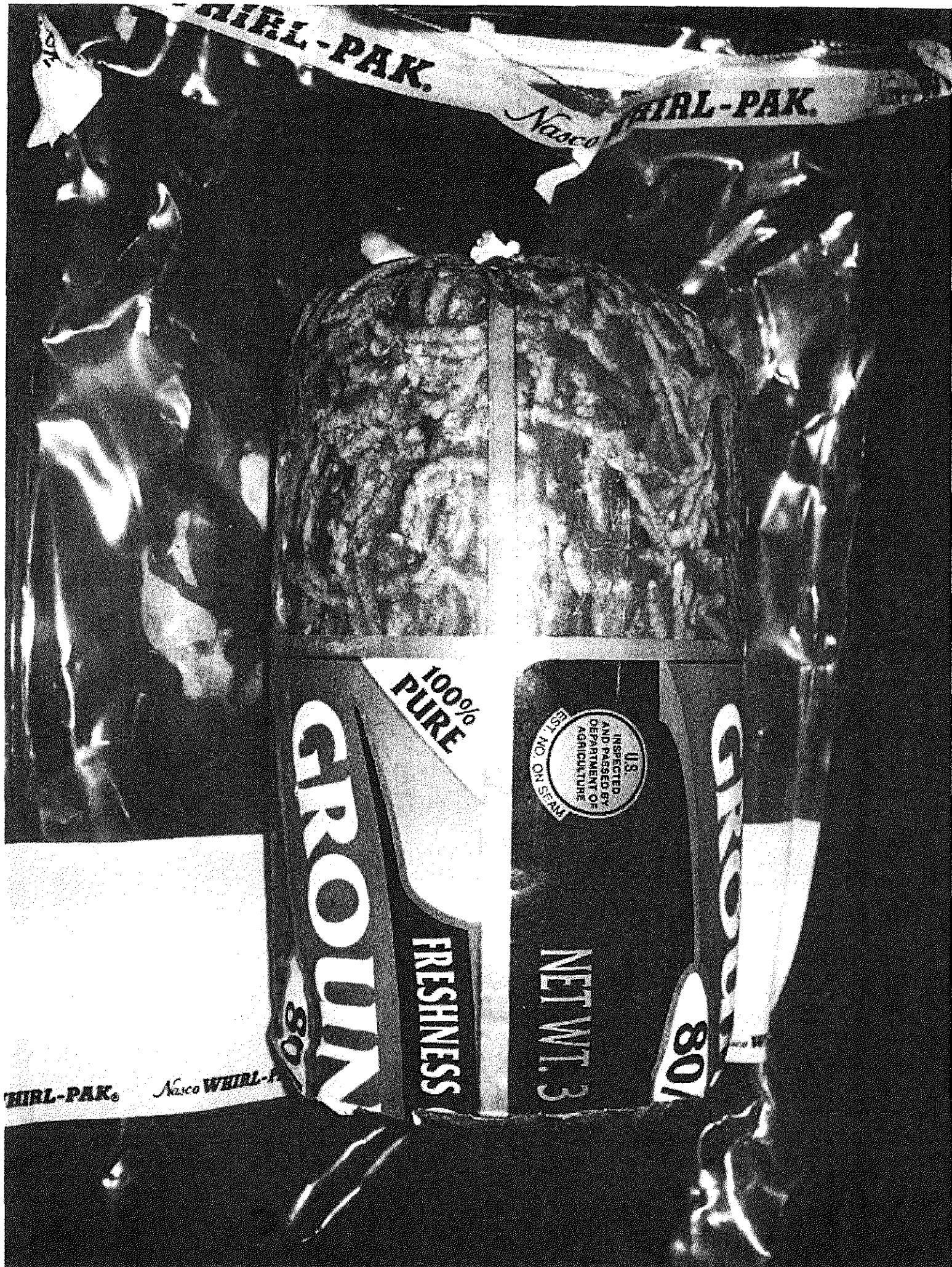
The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 51C of the Perishable Agricultural Commodities Act, 1920 (P.A.C.A.). The seller of these commodities retains a trust claim over these commodities and any receivables or proceeds from the sale of these commodities until full payment is received.

TAX CONTINUED

CONTINUED

PAY THIS
AMOUNT
ALL PAYMENTS IN U.S. CURRENCY

MN HD 000228



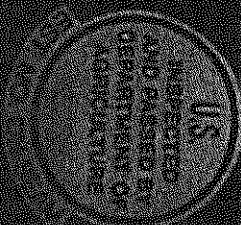
WHIRL-PAK. Nasco WHIRL-PAK.

100%
PURE
CROWN
FRESHNESS
NET WT. 3
80/

U.S.
INSPECTED
AND PASSED BY
DEPARTMENT OF
AGRICULTURE
EST. NOV. 1954 AM

Nasco WI

100%
PURE



GROWN

80

FRESHNESS

FRESHNESS

NET WT 3

Nasco WI

PAK

Nasco WI PAK

Nutrition Facts

Serving Size 4 oz. (112g)
Servings Per Container 12

Amount Per Serving

Calories 280 Calories from Fat 200

% Daily Value*

Total Fat 23g 35%

Sat Fat 9g 45%

Cholesterol 85mg 28%

Sodium 70mg 3%

Total Carbohydrate 0g 0%

Dietary Fiber 0g 0%

Sugars 0g

Protein 20g 38%

Vitamin A 0% Vitamin C 0%

Calcium 0% Iron 10%

*Percent Daily Values are based on a diet of other people's secrets.

SAFE HANDLING INSTRUCTIONS

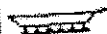
THIS PRODUCT WAS PREPARED FROM COOKED AND PASTEURIZED MEAT AND/OR POULTRY. FOOD PRODUCTS MAY CONTAIN BACTERIA WHICH COULD CAUSE ILLNESS IF THE PRODUCT IS EATEN OR COOKED IMPROPERLY. FOR YOUR PROTECTION, FOLLOW THESE SAFE HANDLING INSTRUCTIONS.



KEEP REFRIGERATED OR FROZEN. THAW IN REFRIGERATOR OR MICROWAVE.



KEEP RAW MEAT AND POULTRY SEPARATE FROM OTHER FOODS, ESPECIALLY WORKING SURFACES INCLUDING CUTTING BOARDS, UTENSILS, AND HANDS AFTER TOUCHING RAW MEAT OR POULTRY.



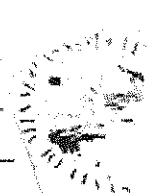
COOK THOROUGHLY.



KEEP HOT FOODS HOT. REFRIGERATE LEFTOVERS IMMEDIATELY OR DISCARD.



PLE NO. Chm 66 DATE 12/31/89
PLE OF Ground Beef
ECTOR Cassie Mueller



OWRUN DATE: 11/03/09

Tyson Fresh Meats, Inc

Report ID: wsrpman

RUN TIME: 16:02:09

Finney County

Page No : 1

Shipping Manifest (In LBS)

Order #: 13129 Customer No: J205301 MIDWAY COLD STORAGE

Destination: ST PAUL, MN

Trailer:

003618H

CHUCK GROUND BEEF

Serial	Wgt	Date	Serial	Wgt	Date	Serial	Wgt	Date
0117937127	79.2	10/28/09	0117937400	80.5	10/28/09	0117937401	79.4	10/28/09
0117937412	80.6	10/28/09	0117937598	80.8	10/28/09	0117937599	80.7	10/28/09
0117937654	81.3	10/28/09	0117937656	80.0	10/28/09	0117937669	79.3	10/28/09
0117937492	79.3	10/28/09	0117945163	80.2	10/29/09	0117945173	80.1	10/29/09
0117945193	80.1	10/29/09	0117945197	80.0	10/29/09	0117945202	79.6	10/29/09
0117945206	79.6	10/29/09	0117945209	79.6	10/29/09	0117945212	79.3	10/29/09
0117950166	80.2	10/30/09	0117950167	79.9	10/30/09	0117950170	79.4	10/30/09
0117950171	81.1	10/30/09	0117950173	81.3	10/30/09	0117950174	80.3	10/30/09
0117950175	79.9	10/30/09	0117950176	79.9	10/30/09	0117950177	80.4	10/30/09
0117950179	80.1	10/30/09	0117950180	80.2	10/30/09	0117950181	80.0	10/30/09
0117950182	80.0	10/30/09	0117950183	79.9	10/30/09	0117950184	79.7	10/30/09
0117950185	79.6	10/30/09	0117950186	79.4	10/30/09	0117950187	79.3	10/30/09
0117950188	79.3	10/30/09	0117950189	79.0	10/30/09	0117950190	80.2	10/30/09
0117950191	81.3	10/30/09	0117950192	80.9	10/30/09	0117950194	81.0	10/30/09
0117950196	81.0	10/30/09	0117950198	80.7	10/30/09	0117950202	80.7	10/30/09
0117950205	80.7	10/30/09	0117950207	81.0	10/30/09	0117950210	80.9	10/30/09
0117950212	80.8	10/30/09	0117950215	80.7	10/30/09	0117950218	80.6	10/30/09
0117950221	80.2	10/30/09	0117950223	80.7	10/30/09	0117950226	80.7	10/30/09
0117950228	80.9	10/30/09	0117950231	81.2	10/30/09	0117950233	81.5	10/30/09
0117950236	81.8	10/30/09	0117950239	80.8	10/30/09	0117950242	79.6	10/30/09
0117950244	79.1	10/30/09	0117950245	80.9	10/30/09	0117950246	79.1	10/30/09

0117950256	80.7	10/30/09	0117950258	80.6	10/30/09	0117950442	80.0	10/30/09
0117950446	80.0	10/30/09	0117950451	79.8	10/30/09	0117950454	79.9	10/30/09
0117950456	80.3	10/30/09	0117950458	80.0	10/30/09	0117950460	79.9	10/30/09
0117950461	80.1	10/30/09	0117950463	80.2	10/30/09	0117950465	79.6	10/30/09
0117950466	80.2	10/30/09	0117950468	79.7	10/30/09	0117950497	79.9	10/30/09
0117950503	79.9	10/30/09	0117950508	81.0	10/30/09	0117950531	80.9	10/30/09
0117950553	80.9	10/30/09	0117950606	79.3	10/30/09	0117950612	79.1	10/30/09
0117950639	80.2	10/30/09	0117950639	80.1	10/30/09	0117950643	80.2	10/30/09
0117950644	79.5	10/30/09	0117950645	79.7	10/30/09	0117950647	79.5	10/30/09
0117950648	79.0	10/30/09	0117950649	81.2	10/30/09	0117950650	79.7	10/30/09
0117958116	78.4	10/30/09	0117958118	80.2	10/30/09	0117958119	79.6	10/30/09
0117958121	80.0	10/30/09	0117958122	80.8	10/30/09	0117958123	80.0	10/30/09
0117958124	80.0	10/30/09	0117958126	79.1	10/30/09	0117958129	79.8	10/30/09
0117958134	80.6	10/30/09	0117958135	79.9	10/30/09	0117958138	80.6	10/30/09
0117958139	79.8	10/30/09	0117958141	80.6	10/30/09	0117958143	80.3	10/30/09
0117958144	79.6	10/30/09	0117958146	80.2	10/30/09	0117958148	79.6	10/30/09
0117958227	79.1	10/30/09	0117958228	80.1	10/30/09	0117958231	79.1	10/30/09
0117958234	80.2	10/30/09	0117958237	79.5	10/30/09	0117958239	80.6	10/30/09
0117958242	78.6	10/30/09	0117958244	78.2	10/30/09	0117958246	81.0	10/30/09
0117958249	77.4	10/30/09	0117958251	81.2	10/30/09	0117958254	77.7	10/30/09
0117958255	81.2	10/30/09	0117958260	79.2	10/30/09	0117958262	78.6	10/30/09
0117958263	81.1	10/30/09	0117958264	79.6	10/30/09	0117958266	80.3	10/30/09

RUN DATE: 11/03/09

Tyson Fresh Meats, Inc

Report ID: 00000000

RUN TIME: 16:02:09

Finney County

Page No: 2

Shipping Manifest (in LBS)

DJ3818H CHUCK GROUND BEEF

Serial	Wgt	Date	Serial	Wgt	Date	Serial	Wgt	Date
0117958269	80.3	10/30/09	0117958271	80.7	10/30/09	0117958272	80.3	10/30/09
0117958274	80.9	10/30/09	0117958277	80.5	10/30/09	0117958279	80.3	10/30/09
0117958280	80.3	10/30/09	0117958281	79.8	10/30/09	0117958282	80.3	10/30/09
0117958284	80.0	10/30/09	0117958291	78.5	10/30/09	0117958294	78.7	10/30/09
0117958318	79.1	10/30/09	0117958320	80.7	10/30/09	0117958325	81.3	10/30/09
0117958328	81.6	10/30/09	0117958331	78.9	10/30/09	0117958334	79.9	10/30/09
0117958335	81.4	10/30/09	0117958339	79.3	10/30/09	0117958341	80.9	10/30/09
0117958342	79.2	10/30/09	0117958345	81.0	10/30/09	0117958346	78.8	10/30/09
0117958350	80.8	10/30/09	0117958351	79.1	10/30/09	0117958353	81.2	10/30/09
0117958356	79.2	10/30/09	0117958357	80.6	10/30/09	0117958360	79.1	10/30/09
0117958379	80.2	10/30/09	0117958382	79.2	10/30/09	0117958391	79.3	10/30/09
0117958395	78.7	10/30/09	0117958400	78.8	10/30/09	0117958413	79.1	10/30/09
0117958417	81.2	10/30/09	0117958428	81.9	10/30/09	0117958430	81.4	10/30/09
0117958434	80.7	10/30/09	0117958435	79.3	10/30/09	0117958440	79.7	10/30/09
0117958443	81.4	10/30/09	0117958444	80.0	10/30/09	0117958445	80.7	10/30/09
0117958447	80.3	10/30/09	0117958448	80.7	10/30/09	0117958449	80.4	10/30/09
0117958450	80.6	10/30/09	0117958451	80.1	10/30/09	0117958452	80.6	10/30/09
0117958453	80.3	10/30/09	0117958454	79.9	10/30/09	0117958455	80.7	10/30/09
0117958456	81.0	10/30/09	0117958457	80.7	10/30/09	0117958458	80.3	10/30/09
0117958459	80.3	10/30/09	0117958461	79.9	10/30/09	0117958462	80.3	10/30/09
0117958463	79.9	10/30/09	0117958464	80.4	10/30/09	0117958465	80.4	10/30/09
0117958466	80.9	10/30/09	0117958467	80.8	10/30/09	0117958468	80.8	10/30/09
0117958469	81.1	10/30/09	0117958470	81.1	10/30/09	0117958472	81.4	10/30/09
0117958473	80.9	10/30/09	0117958474	80.9	10/30/09	0117958476	81.3	10/30/09
0117958477	80.9	10/30/09	0117958478	80.8	10/30/09	0117958479	81.0	10/30/09

0117958484	80.8	10/30/09	0117958482	81.0	10/30/09	0117958484	80.8	10/30/09
0117958485	80.7	10/30/09	0117958487	80.9	10/30/09	0117958488	81.0	10/30/09
0117958489	80.7	10/30/09	0117958510	81.2	10/30/09	0117958511	80.8	10/30/09
0117958513	80.7	10/30/09	0117958515	79.7	10/30/09	0117958517	79.3	10/30/09
0117958518	79.6	10/30/09	0117958520	79.5	10/30/09	0117958523	80.0	10/30/09
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0117958537	79.7	10/30/09	0117958538	79.5	10/30/09	0117958540	80.7	10/30/09
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0117958546	80.1	10/30/09	0117958549	78.7	10/30/09	0117958550	81.0	10/30/09
0117958551	79.4	10/30/09	0117958552	80.9	10/30/09	0117958554	79.9	10/30/09
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0117958571	80.2	10/30/09	0117958572	80.4	10/30/09	0117958574	80.4	10/30/09
0117958575	79.8	10/30/09	0117958577	80.4	10/30/09	0117958579	80.0	10/30/09
0117958582	80.2	10/30/09	0117958583	80.3	10/30/09	0117958586	80.0	10/30/09
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0117958592	80.4	10/30/09	0117958593	79.8	10/30/09	0117958595	79.5	10/30/09
0117958596	81.2	10/30/09	0117958598	80.0	10/30/09	0117958599	80.6	10/30/09
0117958600	80.5	10/30/09	0117958602	80.6	10/30/09	0117958603	80.2	10/30/09
0117958605	80.6	10/30/09	0117958606	80.1	10/30/09	0117958608	79.9	10/30/09
0117958609	80.1	10/30/09	0117958611	80.0	10/30/09	0117958612	80.2	10/30/09
0117958614	80.6	10/30/09	0117958615	80.5	10/30/09	0117958617	80.2	10/30/09
0117958618	80.0	10/30/09	0117958620	79.7	10/30/09	0117958621	79.6	10/30/09

RUN DATE: 11/03/09

Tyson Fresh Meats, Inc

Report ID: wmsrman

RUN TIME: 16:02:09

Finney County

Page No : 3

Shipping Manifest (In LBS)

003810H CHUCK GROUND BEEF

Serial	Wgt	Date	Serial	Wgt	Date	Serial	Wgt	Date
0117958624	79.0	10/30/09	0117958625	79.4	10/30/09	0117958627	79.1	10/30/09
0117958628	79.0	10/30/09	0117958630	78.8	10/30/09	0117958632	78.6	10/30/09
0117958635	79.6	10/30/09	0117958636	81.4	10/30/09	0117958637	79.6	10/30/09
0117958639	81.2	10/30/09	0117958640	77.8	10/30/09	0117958644	81.0	10/30/09
0117958647	81.1	10/30/09	0117958650	79.6	10/30/09	0117958651	80.4	10/30/09
0117958652	77.2	10/30/09	0117958656	80.4	10/30/09	0117958657	79.0	10/30/09
0117958659	79.6	10/30/09	0117958660	81.8	10/30/09	0117958663	79.3	10/30/09
0117958666	80.0	10/30/09	0117958668	80.1	10/30/09	0117958671	80.0	10/30/09
0117958673	80.7	10/30/09	0117958676	79.8	10/30/09	0117958678	80.3	10/30/09
0117958684	80.6	10/30/09	0117958686	79.9	10/30/09	0117958687	78.6	10/30/09
0117958689	80.2	10/30/09	0117958691	78.8	10/30/09	0117958713	80.0	10/30/09
0117958715	78.8	10/30/09	0117958717	79.3	10/30/09	0117958718	79.0	10/30/09
0117958730	80.0	10/30/09	0117958733	79.9	10/30/09	0117958734	79.5	10/30/09
0117958736	79.5	10/30/09	0117958739	79.9	10/30/09	0117958741	80.0	10/30/09
0117958743	79.6	10/30/09	0117958746	79.1	10/30/09	0117958757	79.2	10/30/09
0117958760	79.6	10/30/09	0117958763	80.2	10/30/09	0117958768	79.9	10/30/09
0117958765	80.1	10/30/09	0117958766	79.8	10/30/09	0117958767	80.0	10/30/09
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0117958779	80.2	10/30/09	0117958781	79.8	10/30/09	0117958782	79.4	10/30/09
0117958784	79.6	10/30/09	0117958786	79.3	10/30/09	0117958788	79.7	10/30/09
0117958790	79.6	10/30/09	0117958791	80.5	10/30/09	0117958793	79.9	10/30/09
0117958795	79.7	10/30/09	0117958797	79.6	10/30/09	0117958798	79.8	10/30/09
0117958800	79.7	10/30/09	0117958802	80.3	10/30/09	0117958804	80.4	10/30/09
0117958805	80.2	10/30/09	0117958807	80.2	10/30/09	0117958809	80.4	10/30/09
0117958811	80.1	10/30/09	0117958812	80.1	10/30/09	0117958815	80.3	10/30/09

0117958821	80.0	10/30/09	0117958817	77.7	10/30/09	0117958821	77.8	10/30/09
0117958824	80.0	10/30/09	0117958826	79.9	10/30/09	0117958827	79.5	10/30/09
0117958829	80.3	10/30/09	0117958831	80.4	10/30/09	0117958838	79.2	10/30/09
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0117958851	79.5	10/30/09	0117958852	79.8	10/30/09	0117958855	81.0	10/30/09
0117958857	81.2	10/30/09	0117958861	78.5	10/30/09	0117958862	80.5	10/30/09
0117958864	80.6	10/30/09	0117958865	80.3	10/30/09	0117958867	80.1	10/30/09
0117958869	81.3	10/30/09	0117958870	80.3	10/30/09	0117958871	81.2	10/30/09
0117958873	80.0	10/30/09	0117958874	79.8	10/30/09	0117958876	81.7	10/30/09
0117958878	79.5	10/30/09	0117958879	79.4	10/30/09	0117958881	79.2	10/30/09
0117958882	78.9	10/30/09	0117958885	79.5	10/30/09	0117958886	78.9	10/30/09
0117958887	80.4	10/30/09	0117958888	78.4	10/30/09	0117958889	78.9	10/30/09
0117958895	80.5	10/30/09	0117958896	80.4	10/30/09	0117958899	79.1	10/30/09
0117958901	79.3	10/30/09	0117958903	80.4	10/30/09	0117958904	80.2	10/30/09
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0117958933	79.9	10/30/09	0117958936	80.3	10/30/09	0117958993	80.7	10/30/09
0117958996	81.2	10/30/09	0117958997	79.3	10/30/09	0117958998	81.6	10/30/09
0117958999	81.0	10/30/09	0117959000	81.3	10/30/09	0117959001	79.8	10/30/09
0117959002	81.6	10/30/09	0117959003	81.0	10/30/09	0117959004	82.1	10/30/09

RUN DATE: 11/03/09

Tyson Fresh Meats, Inc

Report ID: WAXFPJAN

RUN TIME: 16:02:09

Finney County

Page No : 4

Shipping Manifest (In LBS)

003818H CHUCK GROUND BEEF

Serial	Wgt	Date	Serial	Wgt	Date	Serial	Wgt	Date
0117959005	80.6	10/30/09	0117959006	80.7	10/30/09	0117959007	81.5	10/30/09
0117959008	80.6	10/30/09	0117959009	81.5	10/30/09	0117959010	80.9	10/30/09
0117959011	81.5	10/30/09	0117959012	80.8	10/30/09	0117959013	81.9	10/30/09
0117959014	80.6	10/30/09	0117959015	80.8	10/30/09	0117959017	80.8	10/30/09
0117959018	80.3	10/30/09	0117959019	80.5	10/30/09	0117959021	79.5	10/30/09
0117959022	80.6	10/30/09	0117959024	80.4	10/30/09	0117959025	80.8	10/30/09
0117959026	79.2	10/30/09	0117959027	80.7	10/30/09	0117959029	79.5	10/30/09
0117959030	80.6	10/30/09	0117959032	80.0	10/30/09	0117959127	81.9	10/30/09
0117959129	80.9	10/30/09	0117959130	81.3	10/30/09	0117959131	81.6	10/30/09
0117959134	80.5	10/30/09	0117959135	80.1	10/30/09	0117959159	82.0	10/30/09
0117959161	81.2	10/30/09	0117959162	82.4	10/30/09	0117959163	81.3	10/30/09
0117959165	81.3	10/30/09	0117959166	81.6	10/30/09	0117959172	81.4	10/30/09
0117959176	81.2	10/30/09	0117959179	80.9	10/30/09	0117959237	81.0	10/30/09
0117959239	81.1	10/30/09	0117959257	80.9	10/30/09	0117959260	80.8	10/30/09
0117959263	78.6	10/30/09	0117959266	81.1	10/30/09	0117959267	79.4	10/30/09
0117959269	79.7	10/30/09	0117959271	79.4	10/30/09	0117959272	81.4	10/30/09
0117959276	81.5	10/30/09	0117959312	80.8	10/30/09	0117959314	80.5	10/30/09
0117959315	80.4	10/30/09	0117959318	80.2	10/30/09	0117959321	80.8	10/30/09
0117959322	80.9	10/30/09	0117959324	80.7	10/30/09	0117959327	80.9	10/30/09
0117959329	80.7	10/30/09	0117959331	80.6	10/30/09	0117959340	78.8	10/30/09
0117959343	81.7	10/30/09	0117959344	79.5	10/30/09	0117959348	80.9	10/30/09
0117959365	81.6	10/30/09	0117959370	80.2	10/30/09	0117959372	78.9	10/30/09
0117959378	81.2	10/30/09	0117959384	81.2	10/30/09	0117959390	81.5	10/30/09
0117959406	81.4	10/30/09	0117959409	81.2	10/30/09	0117959426	81.5	10/30/09
0117959431	82.0	10/30/09	0117959438	81.8	10/30/09	0117959457	81.2	10/30/09

0117727400 82.0 10/30/09 0117727570 82.7 10/30/09 0117727570 82.7 10/30/09

0117959601 82.0 10/30/09 0117959618 82.0 10/30/09

Product Total Boxes: 500 Net Weight: 40,104.7

RUN DATE: 11/03/09

Tyson Fresh Meats, Inc

Report ID: WMRP000

RUN TIME: 16:02:10

Finney County

Page No : 5

Shipping Manifest (In LBS)

Order #: 13129 Customer No: JE05301 MIDWAY COLD STORAGE

Destination: ST PAUL, MN

Trailer:

Order Summary:

Order	Product	Product	Ship	Net
Line	Code	Description	Qty	Weight
0010	00391RH	CHUCK GROUND BEEF	500	40,104.9
Order Totals:			500	40,104.9

PO.NUMBER : 292266
PO DATE : 11-06-09

1-J & B GROUP
13200 43RD ST. NE.
ST. MICHAEL, MN. 55376
763-497-3913

PAGE 1
DEL DATE: 11-07-09

(REPRINT)

(REPRINT)

** Receiving Document **

VENDOR : TYSON FRESH MEATS, INC.
88031 EXPEDITE WAY
CHICAGO, IL 60695-0001
1-800-335-0727
FAX : 1-402-241-2668

SHIP-TO : MAIN WAREHOUSE
13200 43RD STREET NE
ST.MICHAEL, MN 55376

TERMS : 1-9 DAYS
BUYER : MD-MARK D 9446
FOB : 10-DELIVERED
SHIP-VIA: CC-CC-FRGT INCLUDED IN PRODUCT

TOTAL PIECES : 500
TOTAL WEIGHT : 41750.0000

COMMENTS: VIA:

FROM: FINNEY COUNTY ORDER: # I3139

88

QTY ORD	QTY RECVD	PRODUCT VEN CODE	DESCRIPTION PACK	PUR LOCATION U/M EXPIRATION	TI HI	WEIGHT RECVD
#####>>> Warehouse Change #####>>> 2 # FREEZER #####						
#####						
500	500		785 A BF GRND FINE 80% CHU CS	FUNA	5	
		D0381BH	8/10LB *IBP	11-07-10	6	
ORIGIN: USA/						

DATE REC 11-6-09 BY John S. [Signature] TIME

TEMP 1 29.7 TEMP 2 30.6

TRAILER CONDITION: A / U

PACKAGING CONDITION: A / U

DATE ENTERED BY [Signature] TIME

THIS MEMORANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading, set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date hereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, if any, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Mail Freight Bills To: Freight Accounting, Tyson Fresh Meats, Inc., also doing business as IBP, Inc., PO Box 515, Dakota City, Nebraska 68731

Detention/demurrage charges accruing at destination on subject shipment are for the account of the billed consignee or consigned to the order of notify party in case of order bill of lading.

SUBJECT TO SEC. 7 OF CONDITIONS, IF THIS SHIPMENT IS TO BE DELIVERED TO THE CONSIGNEE WITHOUT RECOURSE ON THE CONSIGNOR, THE CONSIGNOR SHALL SIGN THE FOLLOWING STATEMENT: THE CARRIER SHALL NOT MAKE DELIVERY OF THIS SHIPMENT WITHOUT PAYMENT OF FREIGHT AND ALL OTHER LAWFUL CHARGES

TYSON FRESH MEATS, INC.
(also doing business as IBP, Inc.)

SIGNATURE TIM MCGOVERN

CARRIER: <u>K AND B TRANSPORTATION</u>		ORDER <u>13135</u>	PAGE <u>1</u>
RECEIVED, subject to the classification and tariffs in effect on date of issue of this Bill of Lading		BILL OF LADING DATE	STOP NUMBER
From: <u>TYSON FRESH MEATS, INC. (also doing business as IBP, Inc.)</u>		<u>NOV 03, 2009</u>	<u>01</u>
CONSIGNEE AND ADDRESS		VEHICLE NUMBER	BILL OF LADING NUMBER
<u>J205302 P OS 292266</u>		<u>10425</u>	<u>010M03037</u>
<u>J & B WHOLESALE</u>		HOOKS IN OUT	TOFC PLAN
<u>13200 43RD ST. N.E</u>		LONG SHORT RACKS	SEAL NUMBERS
<u>GLENN BARBELN</u>			<u>581860 61</u>
<u>ST. MICHAEL MN 55376</u>			CARTAGE AGENT
ROUTING		FREIGHT CHARGES: PREPAID	
<u>KBTZ</u>		FREIGHT IS PREPAID EXCEPT WHEN	
<u>KBTZ DELIVERING CARRIER</u>		BOX BELOW IS CHECKED	
*** TOTAL TRIP MILES = <u>747</u>		CHECK BOX IF FREIGHT IS COLLECT <input type="checkbox"/>	
* MECHANICAL PROTECTIVE SERVICE - NON - FROZEN COMMODITY, RULE 825, PRECOOLED * * LOAD OPTIMUM TEMPERATURE INSIDE TRAILER 28 F DEGREES. * * FOR DELIVERY: DATE <u>11/06/09</u> TIME <u>0700</u> * IF DELAYED, CALL CONSIGNEE COLLECT SHIPMENT ID: <u>131390015</u>		THE DESCRIPTION AND WEIGHT INDICATED ON THIS WAYBILL ARE CORRECT * SUBJECT TO VERIFICATION BY THE WESTERN WEIGHING AND INSP. BUREAU ACCORDING TO AGREEMENT	
QUANTITY	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT	FREIGHT
<u>500 BXS</u>	<u>DO381BH FINE GROUND CHUCK 80/20</u>	<u>40,104.9</u>	<u>LB</u>
*** PRECEDING COVERED COMMODITIES ARE PRODUCT OF USA			
<u>500.00</u>	<u>18,191.46KG</u>	<u>40,104.9</u>	<u>LB</u>
	<u>310.00KG</u>	<u>1,350.0</u>	<u>LB</u>
	<u>18,801.46KG</u>	<u>41,454.9</u>	<u>LB</u>
	<u>18,801.46KG</u>	<u>41,454.9</u>	<u>LB</u>
GROSS WEIGHT =			
WEIGHT ALL STOPS =			

*GROUND BEEF DERIVED FROM BEEF TRIMMINGS TYSON TOTAL-NSO			
* "TESTED AND PASSED" FOR ECOLI 0157:H7			

DRIVER - YOU MUST SCALE OUT IMMEDIATELY AT THE NEAREST AVAILABLE SCALE. IF			
LEGAL ON AXLE AND GROSS WEIGHTS, PROCEED ON TO DESTINATION. IF NOT LEGAL,			
NOTIFY DISPATCH OR SECURITY AND RETURN TO PLANT FOR WEIGHT ADJUSTMENTS. I HAVE			
READ AND DO UNDERSTAND WHAT MUST BE DONE AND I WILL COMPLY.			
WEIGHT SLIPS MUST ACCOMPANY ALL TRUCKS			
* APPT IS MANDATORY FOR ALL TRUCKS			
CALL AND CONFIRM DELIVERY TIME WITH MARK			
763-497-9446 WEIGHT SHEET MUST BE FAXE			
==> STOP CONTINUED ON NEXT PAGE <==			

I hereby certify that any edible meat or meat food product described above, which are offered for shipment in interstate or foreign commerce, have been U.S. inspected and passed by Dept. of Agri. are so marked, and at this date are not adulterated or misbranded.

TYSON FRESH MEATS, INC.
(also doing business as IBP, Inc.) SHIPPER, PER SM
Permanent post-office address of shipper,
Dakota City, Nebr. 68731

CARRIER K & B
PER P. Long

SHIPPER LOAD & COUNT UNLESS OTHERWISE NOTED.
IMPORTANT - RECEIVER/DRIVER
IF AT TIME OF ARRIVAL ANY DISCREPANCY
EXISTS CALL THE NUMBER PROVIDED BELOW
PRIOR TO RELEASING PRODUCT & TRUCK
CALL (800) 347-2495

3

MN HD 000243

