

Active Surveillance Bacterial Foodborne Pathogens Case Report: Minnesota Site

PHLIS ID Number (Patient Specimen) CDA3 090001691 - 001

COPY

Patient's Name

Last

First

Address

Number/Street

City

MN

55044

ZIP

1) County (residence of patient) DAKOTA

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: Nt

6) Specimen collection date (mo/day/yr): 09/10/2009

7) Age: 55.31

8) If < 1 year, age in months:

9) Submitting Lab:

HFID:

243

Submitting Physician:

Phone:

Physician Address:

10) Source of specimen: FECES

Onset Date 9/9/09

11) Isolated Bacteria ESCHERICHIA COLI 0157:H7

subtype: MN1124ECB250

12) If specimen collection date is not available, date received in laboratory (mo/day/yr): 09/14/2009

Stx 1 PCR +
Stx 2 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): 9/10/09

Patient ID number:

Hospital date of discharge (mo/day/yr): 9/12/09

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: cipro 3 metronidazole

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

18) State lab isolate ID number: E 2009033012

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): 9/17/09

20b) Person completing case report (initials): AAS

21c) Person entering case report (initials) AAS

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

Date: 9/21/09

Tennessee ☒

Interviewer: AAS Bacteria E. coli 0157:H7 Serogroup

Subtype MN1124ECB250

Enteric Disease Worksheet

(short and long forms)

Patient's Name (last, first) _____

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	What was first symptom? <u>diarrhea</u> Date of onset: (mm/dd/yy) <u>9/9/09</u> Time of onset: (military) <u>0200</u> Date of onset diarrhea: <u>1-1</u> Time of onset of diarrhea: _____ Duration of diarrhea (days) <u>~6</u> Date of recovery: <u>9/18/09</u> Time of recovery: <u>morning</u>
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>48</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: <u>101</u>	
Comments:	Other _____	
also (+) for C. diff		

Were you taking antacids in the month prior to your illness? <input checked="" type="radio"/> Y <input type="radio"/> N	
If yes, what brand? <u>protonix (H-blocker)</u>	
Did you take any antacids after the onset of this illness? <input checked="" type="radio"/> Y <input type="radio"/> N	
If yes, what brand? <u>mylanta (1x)</u>	
Were you on any medication in the month prior to your illness? <input checked="" type="radio"/> Y <input type="radio"/> N	
If yes, what brand? <u>aspirin, fish oil, vit D, multivitamin</u>	
Were you treated with antibiotics after the onset of this illness? <input checked="" type="radio"/> Y <input type="radio"/> N	
If yes, what antibiotic? <u>cipro</u>	
What date did you start taking your antibiotics? <u>9/10/09</u>	
(IF UNKNOWN) → Did you take the antibiotics before you submitted the stool culture? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N SAME DAY	
If yes, how many days before culture? _____	
What date did you finish taking your antibiotics? <u>9/13/09</u>	
	<u>flagyl 9/13/09</u>
	<u>IV - 24 hrs ish</u>
	<u>9/19/09</u>

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? King Super-Denver

5. Where and when did you purchase any hamburger you ate the week before your illness?

private kill (next pg.)

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 Cherry Hills butcher shop, Taylor Falls MN

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)? 2 dogs @ son-in-law's house in denver
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? Denver, CO when? 9/1/09 thru 9/7/09

If airline travel, what airline? frontier flight no. DL

foods eaten there? _____ back? _____

If you stayed at a resort, please provide resort name Stayed @ son-in-law's house
cookies @ a vendor 2 son's houses
In Denver airport (only things wife did not also eat)

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 ___/___/___

* granddaughter in daycare,
@ the home (2 kids)
in Colorado only
Daycare.

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: 9/18/09

what type of event? Working Lunch

where? Nor-Tec office

foods served? Catered by Quiznos - sub sandwich w/ Turkey, Bacon, lettuce, tomatoes. (only one of 10-12 ppl. to have this sandwich)

9/3/09

Grand Junction, CO → Farmer's market

Gyro sandwich: Lamb, cooked veggies

* Ice Cream Cones
Habitat Square -
Golden

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: Quiznos Date: 9/8/09 Time: lunch
Address: @ a work event (catered)
foods eaten: Turkey, Bacon, lettuce, Tomatoes, sub
2. Name: Farmer's Market Date: 9/3/09 Time: and Ice Cream
Address: Grand Junction, CO.
foods eaten: Gyro - Lamb & grilled veggies
3. Name: McDonalds Date: 9/4/09 Time: late afternoon
Address: Glenwood Springs, CO.
foods eaten: vanilla ice cream cone
4. Name: Chinese Date: 9/5/09 Time: dinner
Address: Lakewood, Colorado
foods eaten: multiple dishes shared, can't remember
(one had veggies & pork)
5. Name: Chinese Date: 9/3/09 Time:
Address: Grand Jxn., CO
foods eaten: chips & salsa, Chicken Cashew Dish
(split w/)
6. Name: King Super Grocery Store Date: / / Time:
Address: Denver, CO.
foods eaten: Salads

7. Whipple Tree Restaurant 9/4/09 - ate leftover
Evergreen, CO - off of I-70 chips and salsa
Chips and Salsa - Chimichanga 9/5 and 9/6

Date/day prior to onset

Tue. 9/8/09

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
	Breakfast	<input checked="" type="checkbox"/>	<input type="checkbox"/>		cold cereal w/ milk
	Lunch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Quiznos	4 peaches Turkey, Bacon, Lett., Tomato sub.
	Dinner	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Sloppy Joes & cabbage, sal
	Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	private home	cheese @ a mtg. (Brie prob. from his descript)

mon. 9/7/09

	Breakfast	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Colorado	peaches, cold cereal/mi
	Lunch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	airport	2 cookies
	Dinner	<input checked="" type="checkbox"/>	<input type="checkbox"/>		peach
	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>		leftover chinese

sun. 9/6/09

	Breakfast	<input type="checkbox"/>	<input checked="" type="checkbox"/>		" same, bfast
	Lunch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	King Super's	salad
	Dinner	<input type="checkbox"/>	<input checked="" type="checkbox"/>		leftover chinese
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

sat. 9/5/09

	Breakfast	<input type="checkbox"/>	<input checked="" type="checkbox"/>		" same
	Lunch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	King Super's	Salad
	Dinner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Larewood, Co Chinese Rest.	Chinese - variety (sampled 4 or 5 things)
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

Fri. 9/4/09

	Breakfast	<input type="checkbox"/>	<input checked="" type="checkbox"/>		egg omelete
	Lunch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	King Super's	salad - lett. tom. carrots
	Dinner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mr. Donald's Glenwood Springs, CO	ice cream cone (ate aft)
	Other	<input type="checkbox"/>	<input type="checkbox"/>	Whippler Tree restaurant	Chimichanga Chips/Salsa

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					/ /	Garzany Store in Grand Junction, CO	/ /	
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					/ /	Lakeview, Co. Supermarket	/ /	
Buttermilk		X				/ /		/ /	
Sour cream		X				/ /		/ /	
Cream cheese		X				/ /		/ /	
Cottage cheese		X				/ /		/ /	
Shredded	(X)			On Deli Salad		/ /	King Super	/ /	
Processed slices		X				/ /		/ /	
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/day)	Restaurant where eaten (include address)
Ice cream	X			vanilla cone		/ /		9/4/09	McDonald's
Frozen dessert novelties		X				/ /		/ /	
Yogurt	X			vanilla, DK brand		/ /	Safeway, CO.	/ /	
MEAT/POULTRY									
Chicken	X			chicken		/ /		9/4/09	Whippletree
Stuffed chicken product (e.g., chicken Kiev)		X							
Turkey	X			on a sub.		/ /		9/8/09	Quiznos
Hamburger	X			Sloppy goes		4 yr. ago	private Kell - Cherry Hill	9/8/09	
a. Hamburger as an ingredient: type of dish _____ b. Hamburger: raw Y N U medium (pink in middle) Y N U well done (no pink) Y N U Butcher shop Taylor Falls, MN									
Other beef		X				/ /		/ /	
Pork	X			Bacon-on sub. Chinese dish - vegetables & pork		/ /		9/8/09 9/5/09	Quiznos Chinese
Lamb	X			Gyro		/ /		9/3/09	Farmers market
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)
VEGETABLES									
Prepackaged salad	X			Delish Salad (in a plastic container)		/ /	King Super	9/14/09	
Lettuce	X			on a quinoa sub		/ /		9/18/09	Guznos
- iceberg						/ /		/ /	
- leaf						/ /		/ /	
- salad greens	X			Delish Salad		/ /	King Super	9/14/09	
Spinach		X				/ /		/ /	
Cabbage	X			cabbage salad		/ /	Farmers of Cabb - Laticanille	9/8/09	
Tomatoes	(X)		X	Delish Salad		/ /	Prime Super	/ /	
Cucumbers		X				/ /		/ /	
Peppers		X				/ /		/ /	
Asparagus		X				/ /		/ /	
Celery		X				/ /		/ /	
Carrots		X	X			/ /		/ /	
Radishes		X				/ /		/ /	
Pea pods		X				/ /		/ /	
Egg plant or squash		X				/ /		/ /	
Onions			X	chinese food or sub sandwich		/ /		/ /	
- green onion						/ /		/ /	
- other						/ /		/ /	

MDH / 0009

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					/ /	Safeway, CO	/ /	
Strawberries		X				/ /		/ /	
Other berries		X				/ /		/ /	
Grapes		X				/ /		/ /	
Bananas	X			Dole or Chiquita		/ /	"	/ /	
Cantaloupe		X				/ /		/ /	
Watermelon		X				/ /		/ /	
Exotic fruit (For example: kiwi, pineapple, avocado, mango)	X			Sliced, fresh		/ /	Grand In. Co private to residence	/ /	

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						/ /		/ /	
- bean						/ /		/ /	
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				/ /		/ /	
Hummus or tahini (specify)		X				/ /		/ /	
Queso fresco (Mexican style cheese)		X				/ /		/ /	
Salsa	X			w chips				9/3/09	Grand qxn, co.

Chinese Whipped
Rest. Rest.

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: _____

Last updated 8/9/05

At the end of interview:

Race: WW

Ethnicity: NH

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 ☐

Cohort Study:

best time to call - late afternoons (1600 - 1700) or ~0900.
call work #.

Please specifically ask about the following foods:

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)
Dry Fruit			X	M-T-Pail Mix		/ /	Fleet Farm	/ /	
Rice	X					/ /		9/3/09	Chinese - Grand Junction
Cous Cous		X				/ /		9/5/09	Chinese - Lakewood
Granola Bars	X			Granola cereal	In a bag - Prairie Pure	/ /	Safeway	Before WK before	
Powdered Milk		X				/ /		/ /	
Trail Mix			X			/ /	Fleet Farm	/ /	
Guacamole		X				/ /		/ /	

Active Surveillance Bacterial Foodborne Pathogens Case Report: Minnesota Site

PHLIS ID Number (Patient Specimen) CDA3 090001752 - 001

Patient's Name _____
Last First

Address _____
Number/Street City State ZIP

1) County (residence of patient) RAMSEY Phone No: _____ Lab age: _____ age units: _____

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

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

6) Specimen collection date (mo/day/yr): 09/13/2009 7) Age: 19 8) If < 1 year, age in months: _____

9) Submitting Lab: _____ Submitting Physician: _____
HFID: 599 Phone: _____
Physician Address: _____

10) Source of specimen: FECES Onset Date 9-11-09

11) Isolated Bacteria ESCHERICHIA COLI 0157:H7 subtype: MN1124ECB250

12) If specimen collection date is not available, date received in laboratory (mo/day/yr): 09/21/2009

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: _____ Hospital date of admission (mo/day/yr): 9, 18, 09

Patient ID number: _____ Hospital date of discharge (mo/day/yr): 9, 25, 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 2009033925

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): 9, 24, 09 20b) Person completing case report (initials): TAW

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

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

Date: 9/22/09

Tennessee ☒

Interviewer: PEM Bacteria E. Coli Serogroup _____

Subtype 0157

Enteric Disease Worksheet

Patient's Name (last, first) _____

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>15</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	<u>101.3</u>
Comments:		Other	

What was first symptom? Cramps

Date of onset: (mm/dd/yy) 9/11/09

Time of onset: (military) 1200

Date of onset diarrhea: 9/11/09

Time of onset of diarrhea: 1700

Duration of diarrhea (days) _____

Date of recovery: 9/20

Time of recovery: 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? Not Sure

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? Ciprofloxacin

What date did you start taking your antibiotics? 9/14/09 - 9/15/09

(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? 9/15/09

1. Did you drink untreated/raw water during the seven days before your illness? Yes ☒ No ☐

If yes, where? Treating water - On Superior Hiking Trail / Raven Lake

2. Did you swim in the ocean, a lake, a river, or pool in the week before your illness? Yes ☒ No ☐

If yes, where? Raven Lake 9/8/9/09 when? Another lake after onset

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? Cub - St. Paul

5. Where and when did you purchase any hamburger you ate the week before your illness?

Cub or Widmers - Prof + St. Clair

6. What type of hamburger was it (extra lean, lean, % fat, etc.)? Unclear

What size package? ☐ 1/2 lb. ☒ 1 lb. ☐ 2 lb. ☐ Other ☐

NO GR exposure here

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? Camping Trip

where? _____

foods served? Dry Carbs, Pasta, Rice, Cous cous, Macaroni,
Dry Fruit +

6th Birthday party for grandpa, smaha, NE

- Taco Casserole, Fruit, chz, drinks, Chips + Guac

- at restaurant, brought own food

HI packaged by the college

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 Stayed w/ Family

15. Do you know of anyone else with a diarrheal illness prior to or following your illness? Yes ☐ No ☒
if yes, when? _____ who? _____

No one else that she knew of from trip

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: Italian Date: 5/ Time: 1900
Address: Omaha, Nebraska
foods eaten: Chz forkling Chz, Roll, Salad

2. Name: Whole Foods Date: (7/) Time: 1900
Address: Evanston, IL
foods eaten: Sushi - No meat

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

10

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		Bagels w/ PB+J
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		maybe cereal
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		Cous Cous
	Other	<input type="checkbox"/>	<input type="checkbox"/>		

9

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		Granola - Bars that were chopped
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		Che Quesadilla
	Other	<input type="checkbox"/>	<input type="checkbox"/>		Rice + Beans

L7 Beth Dr

8

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		Bagels w/ PB+J
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		Snickers Bar @ Gas station
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	<input type="checkbox"/>		Quesadillas w/ cheese

no salmon on hers

7

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		Whole Foods Sugar
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		Cereal w/ milk
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>		PB+J sandwich
	Other	<input type="checkbox"/>	<input type="checkbox"/>		Cheese Pizza - delivered from home

6

	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		B-day Party
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>		Cake
	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	X					/ /		/ /	
<p>a. As an ingredient: type of dish: _____</p> <p>b. Fried: sunny-side up Y N U over-easy Y N U fried-hard Y N U</p> <p>c. Scrambled: scrambled-runny Y N U scrambled-dry Y N U</p> <p>d. Boiled: boiled-soft Y N U boiled-hard Y N U</p> <p>e. Omelette: omelette-runny Y N U omelette-hard Y N U</p>									
Milk	X			Foodland Milk	Foodland Milk	/ /	milk from aunt's house	/ /	
Buttermilk	X					/ /		/ /	
Sour cream	X			Maybe in Dip at Bakery	Bakery	/ /		/ /	
Cream cheese	X					/ /		/ /	
Cottage cheese	X					/ /		/ /	
Shredded	X			Pizza		/ /		/ /	
Processed slices	X					/ /		/ /	
Block	X			Cheddar on Quesadillas		/ /		/ /	
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/day)	Restaurant where eaten (include address)
Ice cream		X				/ /		/ /	
Frozen dessert novelties		X				/ /		/ /	
Yogurt		X				/ /		/ /	
MEAT/POULTRY									
Chicken	X				Tortellini in Omelette Sauce				on the 11th after onset
Stuffed chicken product (e.g., chicken Kiev)		X				/ /		/ /	
Turkey		X				/ /		/ /	
Hamburger		X				/ /		/ /	
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		Beef & Pork Steak in Omelette			/ /	
Pork		X				/ /			
Lamb		X				/ /		/ /	
Sausage		X				/ /		/ /	
Fish		X				/ /		/ /	
Shellfish		X				/ /		/ /	
Other meat/poultry/fish		X				/ /		/ /	

Full questionnaire with fruit on 10/11

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				1 / 1		1 / 1	
Other citrus		X				1 / 1		1 / 1	
Pears	X					1 / 1		1 / 1	
Apples	X					1 / 1		1 / 1	
Other tree fruit: (For example: apricot, nectarine, peach, plum)	X					1 / 1		1 / 1	
Strawberries		X			At Balmy Party	1 / 1		1 / 1	
Other berries		X				1 / 1		1 / 1	
Grapes	X					1 / 1		1 / 1	
Bananas		X				1 / 1		1 / 1	
Cantaloupe		X				1 / 1		1 / 1	
Watermelon		X				1 / 1		1 / 1	
Exotic fruit (For example: kiwi, pineapple, avocado, mango)	X					1 / 1		1 / 1	

L-Dried

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	X				Red - Night of the 6th	/ /		/ /	
Asparagus						/ /		/ /	
Celery						/ /		/ /	
Carrots						/ /		/ /	
Radishes						/ /		/ /	
Pea pods						/ /		/ /	
Egg plant or squash						/ /		/ /	
Onions						/ /		/ /	
- green onion						/ /		/ /	
- other						/ /		/ /	

None while camping

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		X				/ /		/ /	
Tofu		X				/ /		/ /	
Jicama		X				/ /		/ /	
Peanut butter	X			Creamy	Red Lob	/ /		/ /	
Chocolate			X	Sandwich	Box, Nuts in Trail mix				
Nuts (specify type: almonds, pecans, walnuts, peanuts, cashews, other type)	X			Peanut	de-stuffed				
Hummus or tahini (specify)	X				Wright of 6th - At Aunt's house				
Queso fresco (Mexican style cheese)		X							
Salsa	X			Bildung Party					

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: _____

Student

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: WN

Ethnicity: NM

Last updated 8/9/05



Active Surveillance Bacterial Foodborne Pathogens Case Report: Minnesota Site

PHLIS ID Number (Patient Specimen) CDA3

010001900-001

Patient's Name _____
Last First

Address _____
Number/Street City State ZIP

1) County (residence of patient) BENTON Phone N _____ lab age: age units:

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

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

6) Specimen collection date (mo/day/yr): 10/05/2009 7) Age: 30 8) If < 1 year, age in months: _____

9) Submitting Lab: Submitting Physician: _____

HFID: _____ Phone: _____

639 Physician Address: _____

10) Source of specimen: FECES Onset Date 10/3/2009

11) Isolated Bacteria ESCHERICHIA COLI 0157:H7 subtype: MN1124 ECB250

12) If specimen collection date is not available, date received in laboratory (mo/day/yr): 10/09/2009

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: _____ Hospital date of admission (mo/day/yr): ____/____/____

Patient ID number: 389845 Hospital date of discharge (mo/day/yr): ____/____/____

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 2009036773

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

* Received a call from mom on
Thu 9/18 with questions about
E CSI 0157

onset 9/11

(a male female) died just before

went to the Superior (Hwy) trail (MN)

where she was @ time of onset

she got arrested @ the SHH on Tue 9/18

over labor day 9/15

Spent

time in ~~the~~ Omaha NE -

She was seen @

- Spec. collect
tree

- Not sharp

- upon return to municipalities, seen by her
pediatrician & then @

MD Prescr Clinic →

took her w/ day - started coming after

taking in Pedraha - told her

do stop taking it

SK On Sept 9/11 in the

afternoon in 4pm

first SK - cramps

last SK - Endian had started

all right in Sept. but in January 1985

took pills, told me not to

the same as the rest

all right in Sept. but in January 1985

took pills, told me not to

the same as the rest

took pills, told me not to

Date: 10/14/09

Tennessee ☒

Interviewer: amy Bacteria E. coli 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

Nausea <input checked="" type="radio"/> Y <input type="radio"/> N	Chills <input type="radio"/> Y <input checked="" type="radio"/> N	What was first symptom? <u>diarrhea</u> Date of onset: (mm/dd/yy) <u>10/3/09</u> Time of onset: (military) <u>800</u> Date of onset diarrhea: <u>1/1</u> Time of onset of diarrhea: _____ Duration of diarrhea (days) <u>2</u> Date of recovery: <u>10/7/09</u> Time of recovery: <u>1700</u> 2 days diarrhea 2 days no bowel movement
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 _____	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>1 or 2 involuntary episodes diarrhea</u> <u>many more voluntary episodes</u> → on meds that cause joint pain		

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 Allergic to penicillin
If yes, what brand? _____

Were you treated with antibiotics after the onset of this illness? ☒ Y ☐ N
If yes, what antibiotic? Cipro 500mg bid → took once then stopped then Sulfon drug
What date did you start taking your antibiotics? 10/6/09 5/10/5 evenings
(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? 10/13/09

- Did you drink untreated/raw water during the seven days before your illness? Yes ☐ No ☐
If yes, where? _____ Lake Egge
drank filtered water from lake 9/24-9/25
- 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 - E side of 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 ☐

camping recently - used after when camping 9/24 - 9/25 Lake Superior
Hiking trail MDH / 00029

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? same day who? wife

less severe
no stool sample

not camping

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? _____

He & wife try new restaurants every week - can't remember where they ate that week.

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.)

- 4

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: <div> 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 </div>									
Milk	X				Kemps select skim	/ /	Out	/ /	
Buttermilk		X				/ /		/ /	
Sour cream		X				/ /		/ /	
Cream cheese		X				/ /		/ /	
Cottage cheese		X				/ /		/ /	
Shredded	X			PARM: pasta	from a tub	/ /	Out	/ /	
Processed slices		X				/ /		/ /	
Block		X				/ /		/ /	
String		X				/ /		/ /	
Curds		X				/ /		/ /	

Date/day prior to onset

10/12/09

	<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>
Fri		Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		cereal / milk
		Lunch	<input type="checkbox"/>	<input type="checkbox"/>		park ; tomatoe pot pre
		Dinner	<input type="checkbox"/>	<input type="checkbox"/>		(homemade)
		Other	<input type="checkbox"/>	<input type="checkbox"/>		park ; tomatoe pot pre

10/11/09

Thurs		Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		cereal / milk or toast
		Lunch	<input type="checkbox"/>	<input type="checkbox"/>		Subway
		Dinner	<input type="checkbox"/>	<input type="checkbox"/>		park ; tomatoe pot pre
		Other	<input type="checkbox"/>	<input type="checkbox"/>		

9/30/09

Wed		Breakfast	<input type="checkbox"/>	<input type="checkbox"/>		toast
		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"/>		astmeal
	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"/>		

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		Camel Sundae	/ /		/ /	D.O.
Frozen dessert: novelties		X				/ /		/ /	
Yogurt	X			variety of flavors	Yoplait light	/ /	Sub	/ /	
MEAT/ POULTRY									
Chicken	X					/ /		/ /	Subway McDonalds
Stuffed chicken product (e.g., chicken Kiev)		X							
Turkey		X				/ /		/ /	
Hamburger		X				/ /		/ /	

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		non-meat		/ /		/ /	
Pork	X			put the pork in put the meat in from putting on top		/ /	Sub		
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				Honeycrisp Small Red	/ /	Cub	/ /	
Other tree fruit (For example: apricot, nectarine, peach, plum)		X				/ /		/ /	
Strawberries		X				/ /		/ /	
Other berries		X				/ /		/ /	
Grapes		X				/ /		/ /	
Bananas	X					/ /	Cub	/ /	
Cantaloupe		X				/ /		/ /	
Watermelon		X				/ /		/ /	
Exotic fruit (For example: kiwi, pineapple, avocado, mango)	X					/ /	Cub	/ /	

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				/ /		/ /	McDonalds
Cabbage		X				/ /		/ /	Galaxy
Leafy salad greens	X					/ /	Cub	/ /	Subway
Spinach	X					/ /		/ /	Subway
Cabbage	X					/ /		/ /	
Tomatoes	X					/ /		/ /	"
Cucumbers	X					/ /		/ /	"
Peppers	X					/ /		/ /	"
Asparagus		X				/ /		/ /	
Celery		X				/ /		/ /	
Carrots		X				/ /		/ /	
Radishes		X				/ /		/ /	
Pea-pods		X				/ /		/ /	
Egg plant or squash	X				yellow	/ /	Cub	/ /	
Onions	X			in pot	red	/ /	Cub	/ /	Subway
- 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) <i>basil</i>	X					/ /	grow @ home in living room	/ /	
OTHER									
Mushrooms		X				/ /		/ /	
Tofu		X				/ /		/ /	
Jicama		X				/ /		/ /	
Peanut butter	X				organic full circle	/ /	sub	/ /	
Chocolate	X				garden of eatin' sweet chips	/ /	"	/ /	
Nuts (specify type: almonds, pecans, walnuts, peanuts, cashews, other type)		X							
Hummus or tahini (specify)		X							
Queso fresco (Mexican style cheese)		X							
Salsa	X				?		sub		

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 Insurance Agent
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

Daytime use cell #
evening use home #

STEC Case Report Form

Linking Identifiers (complete all that apply)

PersonID _____ Results ID _____ State Lab ID _____
 Patient ID _____ Specimen ID _____ HUS Surveillance ID _____
 Local ID _____ Aliquot ID _____ E. coli O157 Cohort Study ID _____

Shiga toxin-producing E. coli: O antigen: 157 H Antigen: 7 Non-motile: ☐ Yes ☐ No ☐ Unknown

Demographics

Sex: ☒ Male ☐ Female DOB (mm/dd/yyyy): _____ or Age: _____ Months / Years (indicate)
 Race (check all that apply): ☐ African-American/Black ☒ White ☐ Native American ☐ Multi-racial
☐ Pacific Islander ☐ Asian ☐ Other ☐ Unknown ☐ Refused
 Ethnicity: ☐ Hispanic/Latino ☒ Non-Hispanic/Latino ☐ Unknown ☐ Refused

Clinical

Illness onset: Date 10/3/09 ☐ Unknown

Symptoms reported (check all that apply) OR ☐ No symptoms

Diarrhea ☒ Yes ☐ No ☐ Unknown
 Max. number stools in 24 hour period: 2
 Duration of diarrhea: 2 day(s)
 Diarrhea onset date: 10/3/09 ☐ Unknown

Fever ☐ Yes ☒ No ☐ Unknown
 Max. recorded temp: _____ ☐ Not recorded

☒ Vomiting ☐ Yes ☒ No ☐ Unknown
 Vomiting onset date: 10/3/09 ☐ Unknown

Abdominal pain ☒ Yes ☐ No ☐ Unknown

Bloody stool ☒ Yes ☐ No ☐ Unknown

HUS/TTP ☐ Yes ☐ No ☐ Unknown

Hospitalized ☐ Yes ☒ No ☐ Unknown
 Admission date 10/3/09 to Discharge date 10/10/09 ☐ Unknown OR Number nights hospitalized _____

Outcome: ☒ Alive ☐ Dead ☐ Unknown

Did the patient take an antibiotic for this illness? ☒ Yes ☐ No ☐ Unknown

If yes, name(s) of antibiotic(s): Cipro + sulfon drugs

Did the patient take any anti-diarrheal medications after illness onset? ☐ Yes ☒ No ☐ Unknown

If yes, name(s) of medication(s): _____

Was the case associated with a known outbreak? ☐ Yes ☐ No ☐ Unknown

If yes, was this a foodborne outbreak? ☐ Yes ☐ No ☐ Unknown

Is this case part of a recognized PFGE cluster? ☒ Yes ☐ No ☐ Unknown
 (2 or more non-household cases matching on at least one enzyme within a 30 day period)

In the seven (7) days before illness began did the case-patient consume...
Ground beef or hamburger?

If yes, Raw, rare, or undercooked (pink)

In a home or private setting

In or from a sit-down or table service restaurant

In or from a fast food restaurant

Steak or roast beef

Game meat (e.g., elk, venison)

Pepperoni, salami, or summer sausage

Jerky

Any poultry (e.g., chicken or turkey)

Any other type of meat

Unpasteurized juice or cider

Unpasteurized (raw) milk

Any fresh lettuce

If yes, any bagged or pre-packaged

Any fresh spinach

If yes, any bagged or pre-packaged

Any fresh or raw sprouts

In the seven (7) days before illness began did the case-patient...

Visit a farm, petting zoo, fair, or any other event at which there were animals

Live on a farm with animals

Work in foodservice

Attend or work in childcare

Have direct contact with a child who attends a childcare setting

Attend or work in a residential facility or institution (e.g., jail, nursing home)

Have contact with an ill person with similar symptoms or compatible illness

Swim or play in a pool, kiddie pool, or splash pad

Swim or play in a lake, pond, or other naturally occurring body of water

Travel internationally?

If yes, countries visited: _____

☐ Yes ☒ No ☐ Unknown

☐ Yes ☐ No ☐ Unknown

☐ Yes ☐ No ☐ Unknown

☐ Yes ☐ No ☐ Unknown

☐ Yes ☐ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☒ Yes ☐ No ☐ Unknown

☒ Yes ☐ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☐ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☐ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

☐ Yes ☒ No ☐ Unknown

Date / / to Date / /

Immigrant? ☐

Sept. 26 – 28: Superior Hiking Trail; Lake Egge

Sept. 28: Dinner Grandma's; Duluth
Oktoberfest Special – Beef goulash with spaetzle

Sept. 29: Breakfast Home

Lunch Subway; 401 N. Benton, Sauk Rapids
Unknown sub with all of the fixings?

Dinner Jules Bistro; 921 West St. Germain Street, St. Cloud
Portabella Mushroom Chili w/ Grilled Bread
*Also ate some of wife's house salad

Sept. 30: Breakfast Home

Lunch ING Direct Café; 30 7th Avenue South, St. Cloud
Chicken Sandwich w/ lettuce, tomato, mustard
Chips, Bottle of Water

Dinner Home Pot Pie – *Homemade Apples
Port (from Cub)
Canned Tomatoes
Onions*

Oct. 1: Breakfast Freddie's Restaurant; 810 Hwy 65 S, Mora
French Toast and Orange Juice

Lunch Home Pot Pie

Dinner Mulligans; 601 N. Pinecone Rd, Sartell
*Attended Charity Event
Pork Entrée, Gravy, Roasted Potatoes;
Half Baked Tomato w/ Cheese,
Green Beans, Dinner Roll,
Iceberg Lettuce Salad w/ Blue Cheese

*Wife had
Chicken entree*

Oct. 2: Breakfast Home

Lunch Home Pot Pie

Dinner McDonald's; Waite Park
Southwest Chicken Salad

Case's name: _____
Notes: _____

MDH / 00043

Sept. 26 – 28: Superior Hiking Trail; Lake Egge

Sept. 28: Dinner Grandma's; Duluth
Oktoberfest Special – Beef goulash with spaetzle

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Chicken Sandwich w/ lettuce, tomato, mustard
Chips, Bottle of Water

Dinner Home

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French Toast and Orange Juice

Lunch Home

Dinner Mulligans; 601 N. Pinecone Rd, Sartell
*Attended Charity Event
Pork Entrée, Gravy, Roasted Potatoes,
Half Baked Tomato w/ Cheese,
Green Beans, Dinner Roll,
Actually
Remained ~~Iceberg Lettuce Salad w/ Blue Cheese~~

Oct. 2: Breakfast Home

Lunch Home

Dinner McDonald's; Waite Park
~~Southwest Chicken Salad~~

From: Victoria Lappi (MDH)
To: Carlota Medus (MDH); Stephanie Meyer (MDH); Erin Hedican (MDH); Trisha McDonald (MDH); Karen Everstine (MDH)
Subject: E. coli cluster
Date: Wednesday, September 23, 2009 12:39:15 PM

Hello,

We have two E. coli specimens that match by pattern MN1124ECB250. These two specimens are the first time we've seen this pattern.

E09-33012
E09-33925

Vicki

From: Alicia Cronquist
To: Trisha McDonald (MDH)
Cc: Jennifer Sadlowski
Subject: Re: E. coli O157 Match
Date: Wednesday, September 23, 2009 9:44:59 PM

Hi Trisha,

I am out OutbreakNet so I don't have a lot of info right now. What I can tell you is that have 2 cases with that pattern (at least I think so, given the one case you cite). The second one just came in yesterday.

One case is the 10 year old F from Pueblo (south of Denver). Her onset was 9/8 and she also has HUS. The second one is a 7 year old M from metro Denver area. Also had onset 9/8.

Both of our cases attended the state fair in the days before onset, which was in Pueblo, south of Denver. Any chance your cases visited the CO state fair? We also have another HUS case without culture info who went to state fair. This is a new pattern for us.

Our first case also had a bunch of beef exposure. We are getting the questionnaires from the local health dept now.

You can discuss this more with Jen Sadlowski, cc'd here. Her phone is 303-692-2276. If no state fair exposure for your cases, sounds like a food item.

Alicia

>>> "Trisha McDonald (MDH)" <Trisha.Mcdonald@state.mn.us> 09/23/09 2:23 PM >>>

Hi Alicia-

We have 2 cases of E. coli O157 with Bln EXHA26.0675, Xbal EXHX01.3227. The only other match nationwide appears to be a 10-year-old female from Colorado. One of our cases also traveled to Denver in the week prior to illness onset. I was just checking to see if you had any other cases or interesting ideas. Here is the information on our cases.

Case #1: 55 year-old male, onset 9/9. Traveled to Denver 9/1 - 9/7. Reports eating at Farmer's Market 9/3 in Grand Junction (lamb & grilled veggie gyro), McDonald's 9/4 in Glenwood Springs (vanilla cone), Unknown Chinese Restaurant 9/5 in Lakewood (multiple dishes), Unknown Chinese Restaurant 9/3 in Grand Junction (chips & salsa), and multiple salads from King Super Grocery Store in Denver. Only ground beef exposure was private kill day before onset.

Case #2: 19 year-old female, onset 9/11. Traveled to Omaha, Nebraska 9/5 - 9/6; Evanston, Illinois 9/6 - 9/7. Went camping in the Superior Trail 9/8 - 9/11 (consumed all dry carbs and dry fruits). No reported ground beef, lettuce, or spinach exposure.

Thanks!

Trisha

Trisha Robinson, MPH
Epidemiologist
Acute Disease Investigation and Control
Minnesota Department of Health
625 Robert Street North
P.O. Box 64975
St. Paul, MN 55164
Phone: 651-201-5639
Fax: 651-201-5743

*My e-mail address is changing September 29th to
trisha.robinson@state.mn.us<<mailto:trisha.robinson@state.mn.us>>*

Robinson, Trisha (MDH)

From: Bergmire-sweat, David [david.bergmire-sweat@dhhs.nc.gov]
Sent: Tuesday, October 13, 2009 8:21 AM
To: Von Stein, Diana; Smith, Kirk (MDH); Robinson, Trisha (MDH); Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Cronquist, Alicia (CDC state.co.us); Phan, Quyen; David.Bergmire-Sweat@ncmail.net; joann.rudroff@dhss.mo.gov; jsadlows@smtpgate.dphe.state.co.us; dennis.leschinsky@dhhs.ne.gov
Cc: Barton Behravesh, Casey (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED)
Subject: RE: E. coli O157:H7 cluster 0910MLEXH-1 Conference Call

Our patient in NC ate a dish called Shrimp Diablo, along with a house salad with Bleu Cheese dressing. She also had a balsamic vinegar drizzled over her salad, and house bread served at the table as an appetizer. She and her husband split the entrée but had separate salads. The only difference between them was he did not add the balsamic vinegar to his salad. He did not become ill. As far as the entrée, this is a seafood pasta dish as follows: the sauce, noodles and shrimp are cooked together then plated. One thing added after cooking is fresh parsley (from IFH). It is placed on the side. No other herbs are added after cooking. The sauce that is in it is canned crushed tomatoes, Hunts brand and garlic all from IFH.

Salad: They are all bought from IFH and includes lettuce, carrots, cucumber, tomatoes and olives

Salad dressing: Blue cheese from IFH is Ken's

~~Balsamic Vinegar~~ Bought from Roma and the brand name is Roland Food Corp.

David Bergmire-Sweat, MPH

**Foodborne Disease Epidemiologist
 North Carolina Division of Public Health
 Communicable Disease Branch
 1902 Mail Service Center
 Raleigh, NC 27699-1902
 919-715-4818**

From: Von Stein, Diana [mailto:DVonStein@idph.state.ia.us]
Sent: Tuesday, October 13, 2009 9:11 AM
To: Smith, Kirk (MDH); Bergmire-sweat, David; Robinson, Trisha (MDH); Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Cronquist, Alicia (CDC state.co.us); Phan, Quyen; David.Bergmire-Sweat@ncmail.net; joann.rudroff@dhss.mo.gov; jsadlows@smtpgate.dphe.state.co.us; dennis.leschinsky@dhhs.ne.gov
Cc: Barton Behravesh, Casey (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED)
Subject: RE: E. coli O157:H7 cluster 0910MLEXH-1 Conference Call

Good morning everyone,

I was finally able to talk with both of our cases.

The first case is a 27 y/o female with an illness onset date of 12 Sep 09. She visited Spezia's Restaurant in

From: Bergmire-sweat, David
To: Von Stein, Diana; Smith, Kirk (MDH); Robinson, Trisha (MDH); Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Cronquist, Alicia (CDC state.co.us); Phan, Quyen; David.Bergmire-Sweat@ncmail.net; joann.rudroff@dhss.mo.gov; jsadlows@smtpgate.dphe.state.co.us; dennis.leschinsky@dhhs.ne.gov
Cc: Barton Behravesh, Casey (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED)
Subject: RE: E. coli O157:H7 cluster 0910MLEXH-1 Conference Call
Date: Tuesday, October 13, 2009 8:21:07 AM

Our patient in NC ate a dish called Shrimp Diablo, along with a house salad with Bleu Cheese dressing. She also had a balsamic vinegar drizzled over her salad, and house bread served at the table as an appetizer. She and her husband split the entrée but had separate salads. The only difference between them was he did not add the balsamic vinegar to his salad. He did not become ill. As far as the entrée, this is a seafood pasta dish as follows: the sauce, noodles and shrimp are cooked together then plated. One thing added after cooking is fresh parsley (from IFH). It is placed on the side. No other herbs are added after cooking. The sauce that is in it is canned crushed tomatoes, Hunts brand and garlic all from IFH.

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David Bergmire-Sweat, MPH

**Foodborne Disease Epidemiologist
North Carolina Division of Public Health
Communicable Disease Branch
1902 Mail Service Center
Raleigh, NC 27699-1902
919-715-4818**

From: Von Stein, Diana [mailto:DVonStein@idph.state.ia.us]
Sent: Tuesday, October 13, 2009 9:11 AM
To: Smith, Kirk (MDH); Bergmire-sweat, David; Robinson, Trisha (MDH); Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Cronquist, Alicia (CDC state.co.us); Phan, Quyen; David.Bergmire-Sweat@ncmail.net; joann.rudroff@dhss.mo.gov; jsadlows@smtpgate.dphe.state.co.us; dennis.leschinsky@dhhs.ne.gov
Cc: Barton Behravesh, Casey (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED)
Subject: RE: E. coli O157:H7 cluster 0910MLEXH-1 Conference Call

Good morning everyone,

I was finally able to talk with both of our cases.

The first case is a 27 y/o female with an illness onset date of 12 Sep 09. She visited Spezia's Restaurant in Omaha on 5 Sep 09 around 2000. She ate the Seafood Fra Diavolo. This entrée includes shrimp, scallops, mussels, spicy tomato sauce, roasted garlic, lemon, and Italian parsley over capellini pasta. She also had a house salad, bread, and olive oil. She had water with lemon and wine to drink. No dessert. No one else in her party became ill. She commented that the restaurant looked clean and that no one of the wait staff appeared ill. However she thought her mussels did not taste how they should.

Another exposure she noted was that she had gone swimming at Lake Manaway on 6 Sep 09. This exposure was unique to her.

She was hospitalized for four days.

The second case is a 46 y/o female with an illness onset date of 9 Sep 09. She visited Spezia's Restaurant in Omaha on 5 Sep 09 around 1830. She ate the Penne Chicken Piccata. This entree includes sautéed borettane onions, cremini mushrooms, fresh rosemary, Italian parsley, lemon, capers, and chicken. She also had a house salad, bread, and olive oil. She had water with a lemon slice to drink. No dessert. Her husband also had the house salad, but no bread or olive oil. He did not become ill. She was unable to finish her entree so she did take some of it back to her hotel with her. She stored it in the hotel room fridge and reheated it the next day in the hotel room microwave.

When I asked about her overall impression of the restaurant, she commented that their waiter was not around much. She was not sure what to attribute this to and it may not be significant.

She was hospitalized for six days.

I will be interested to hear more information on today's conference call. Thanks. Diana

From: Smith, Kirk (MDH) [Kirk.Smith@state.mn.us]
Sent: Monday, October 12, 2009 11:13 AM
To: Bergmire-sweat, David; Robinson, Trisha (MDH); Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Von Stein, Diana; Cronquist, Alicia (CDC state.co.us); Phan, Quyen; David.Bergmire-Sweat@ncmail.net; joann.rudroff@dhss.mo.gov; jsadlows@smtpgate.dphe.state.co.us; dennis.leschinsky@dhhs.ne.gov
Cc: Barton Behravesh, Casey (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED)
Subject: RE: E. coli O157:H7 cluster 0910MLEXH-1 Conference Call

Thanks David – very interesting. Can't wait to hear from the others!

Kirk

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

From: Bergmire-sweat, David [mailto:david.bergmire-sweat@dhhs.nc.gov]
Sent: Monday, October 12, 2009 9:27 AM
To: Robinson, Trisha (MDH); Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Von Stein, Diana; Cronquist, Alicia (CDC state.co.us); Phan, Quyen; David.Bergmire-Sweat@ncmail.net; joann.rudroff@dhss.mo.gov; jsadlows@smtpgate.dphe.state.co.us; Smith, Kirk (MDH); dennis.leschinsky@dhhs.ne.gov
Cc: Barton Behravesh, Casey (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED)
Subject: RE: E. coli O157:H7 cluster 0910MLEXH-1 Conference Call

FYI

We have learned that the NC patient also ate a meal at a local small Italian restaurant on September 5. We haven't connected with the family (despite leaving multiple messages)

so I don't know what she ate that night, but the exposure is interesting given what we learned on Friday in the conference call. We have learned that the Italian specialty supplier for the that restaurant is Roma Foods, and that the company has locations in Denver, near Minneapolis, and several locations in the Northeast, among others. It would be interesting to know if they were the specialty supplier for the other small Italian restaurants as well. We retrieved invoices of product that was in the restaurant at the time of her exposure, but I don't know yet what to focus on.

Here is their web site: <http://www.romafood.com/Products/Pages/ProdSearch.aspx>

David Bergmire-Sweat, MPH

**Foodborne Disease Epidemiologist
North Carolina Division of Public Health
Communicable Disease Branch
1902 Mail Service Center
Raleigh, NC 27699-1902
919-715-4818**

From: Robinson, Trisha (MDH) [mailto:Trisha.Robinson@state.mn.us]
Sent: Friday, October 09, 2009 3:32 PM
To: Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Von Stein, Diana; Cronquist, Alicia (CDC state.co.us); Phan, Quyen; David.Bergmire-Sweat@ncmail.net; joann.rudroff@dhss.mo.gov; jsadlows@smtpgate.dphe.state.co.us; Smith, Kirk (MDH); dennis.leschinsky@dhhs.ne.gov
Cc: Barton Behravesh, Casey (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED)
Subject: RE: E. coli O157:H7 cluster 0910MLEXH-1 Conference Call

Hi-

Here is the information on our two Minnesota cases just in case you don't all have it:

Case #1: 55 year-old male, onset 9/9. Traveled to Colorado the week before illness onset.
-Ate at Whippletree Restaurant in Evergreen, CO 9/4. Had a chicken chimichanga (deep fried flour tortilla filled with chicken, guacamole, rice, lettuce, tomato, black olives, sour cream, and sauce), chips, and salsa.
-Ate at two unknown Chinese restaurants on 9/3 and 9/5

Case #2: 19 year-old female, onset 9/11 – HUS case.
-Ate at Spezia at 19:00 on 9/5. Cheese Tortellini Spezia (chicken, broccoli, mushroom, pine nuts, roma tomato, alfredo), roll, House Salad, water, and Pepsi

Have a nice weekend!
Trisha

Trisha Robinson, MPH
Epidemiologist
Acute Disease Investigation and Control
Minnesota Department of Health
625 Robert Street North
P.O. Box 64975
St. Paul, MN 55164
Phone: 651-201-5639

Fax: 651-201-5743
trisha.robinson@state.mn.us

From: Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR) [mailto:hvq4@cdc.gov]
Sent: Friday, October 09, 2009 10:09 AM
To: Von Stein, Diana; Cronquist, Alicia (CDC state.co.us); Phan, Quyen; David.Bergmire-Sweat@ncmail.net; joann.rudroff@dhss.mo.gov; jsadlows@smtpgate.dphe.state.co.us; Smith, Kirk (MDH); dennis.leschinsky@dhhs.ne.gov; Robinson, Trisha (MDH)
Cc: Barton Behravesh, Casey (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED)
Subject: E. coli O157:H7 cluster 0910MLEXH-1 Conference Call

Dear Colleagues,

CDC and our state public health partners would like to propose a conference call at **2pm EDT today (10/9/09)** to discuss *E. coli* O157:H7 cluster 0910MLEXH-1. We apologize for the short notice but we would like to discuss recent epi developments and next steps in the investigation. If you can not join the call, I will be sending out a summary email to update the group.

Conference line: **1.866.797.9293**

Passcode: **2360067**

Thanks,
Colin

Colin Schwensohn, MPH
Surveillance Epidemiologist
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, Georgia 30333
Tel. 404.639.3177 / Fax. 404.639.3535
hvq4@cdc.gov

From: Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR)
Sent: Thursday, October 08, 2009 1:52 PM
To: 'Von Stein, Diana'; 'Carlota Medus (MDH)'; 'Shaun Cosgrove'; 'nicole.comstock@state.co.us'; 'Phan, Quyen'; 'David.Bergmire-Sweat@ncmail.net'; 'joann.rudroff@dhss.mo.gov'
Subject: E. coli O157:H7 cluster 0910MLEXH-1
<< File: 0910MLEXH-1.xls >>

Dear Colleagues,

PulseNet has detected an *E. coli* O157:H7 cluster 0910MLEXH-1 with XbaI/BlnI pattern combination EXHX01.3227/EXHA26.0675. There are a total of 9 isolates from CO(2), CT(1), IA(2), MN(2), MO(1) and NC(1) with specimen isolation dates from 9/10/09 to 9/22/09. Our colleagues in IA report they have two unrelated cases that traveled to Omaha, NE and ate at a common restaurant in the week prior to illness. If you have any additional epi information please feel free to share with the group.

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From: Leschinsky, Dennis
To: "Von Stein, Diana"; Smith, Kirk (MDH); Bergmire-sweat, David; Robinson, Trisha (MDH); Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Cronquist, Alicia (CDC state.co.us); Phan, Quyen; David.Bergmire-Sweat@ncmail.net; joann.rudroff@dhss.mo.gov; jsadlows@smtpgate.dphe.state.co.us
Cc: Barton Behravesh, Casey (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED)
Subject: RE: E. coli O157:H7 cluster 0910MLEXH-1 Conference Call
Date: Tuesday, October 13, 2009 8:52:34 AM

Here is the ingredient list for the house salad and the cheese tortellini spezia:

Dressing
Marzetti balsamic basil dressing
Marzetti bocca dressing
Balsamic vinegar
Dry parsley
Hidden Valley dry dressing mix
Savory pepper blend
Sweet hot spice
Sugar

Lettuce mix
Iceberg lettuce
Spinach
Romaine
Sweet baby greens

Cheese tortellini
Butter
90/10 blend oil
Chicken tenders
Diced roma tomatoes
Cremini mushrooms
Steamed broccoli

The Douglas County Health Dept. is working with the restaurant to get the recipes for the dishes the IA patients consumed. They are also working with the corporate office to get the invoices.

Dennis

From: Von Stein, Diana [mailto:DVonStein@idph.state.ia.us]
Sent: Tuesday, October 13, 2009 8:11 AM
To: Smith, Kirk (MDH); Bergmire-sweat, David; Robinson, Trisha (MDH); Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Cronquist, Alicia (CDC state.co.us); Phan, Quyen; David.Bergmire-Sweat@ncmail.net; joann.rudroff@dhss.mo.gov; jsadlows@smtpgate.dphe.state.co.us; Leschinsky, Dennis
Cc: Barton Behravesh, Casey (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED)
Subject: RE: E. coli O157:H7 cluster 0910MLEXH-1 Conference Call

Good morning everyone,

I was finally able to talk with both of our cases.

The first case is a 27 y/o female with an illness onset date of 12 Sep 09. She visited Spezia's Restaurant in Omaha on 5 Sep 09 around 2000. She ate the Seafood Fra Diavolo. This entree includes shrimp, scallops, mussels, spicy tomato sauce, roasted garlic, lemon, and Italian parsley over capellini pasta. She

also had a house salad, bread, and olive oil. She had water with lemon and wine to drink. No dessert. No one else in her party became ill. She commented that the restaurant looked clean and that no one of the wait staff appeared ill. However she thought her mussels did not taste how they should.

Another exposure she noted was that she had gone swimming at Lake Manaway on 6 Sep 09. This exposure was unique to her.

She was hospitalized for four days.

The second case is a 46 y/o female with an illness onset date of 9 Sep 09. She visited Spezia's Restaurant in Omaha on 5 Sep 09 around 1830. She ate the Penne Chicken Piccata. This entree includes sautéed borettane onions, cremini mushrooms, fresh rosemary, Italian parsley, lemon, capers, and chicken. She also had a house salad, bread, and olive oil. She had water with a lemon slice to drink. No dessert. Her husband also had the house salad, but no bread or olive oil. He did not become ill. She was unable to finish her entree so she did take some of it back to her hotel with her. She stored it in the hotel room fridge and reheated it the next day in the hotel room microwave.

When I asked about her overall impression of the restaurant, she commented that their waiter was not around much. She was not sure what to attribute this to and it may not be significant.

She was hospitalized for six days.

I will be interested to hear more information on today's conference call. Thanks. Diana

From: Smith, Kirk (MDH) [Kirk.Smith@state.mn.us]
Sent: Monday, October 12, 2009 11:13 AM
To: Bergmire-sweat, David; Robinson, Trisha (MDH); Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Von Stein, Diana; Cronquist, Alicia (CDC state.co.us); Phan, Quyen; David.Bergmire-Sweat@ncmail.net; joann.rudroff@dhss.mo.gov; jsadlows@smtpgate.dphe.state.co.us; dennis.leschinsky@dhhs.ne.gov
Cc: Barton Behravesh, Casey (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED)
Subject: RE: E. coli O157:H7 cluster 0910MLEXH-1 Conference Call

Thanks David – very interesting. Can't wait to hear from the others!

Kirk

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

From: Bergmire-sweat, David [mailto:david.bergmire-sweat@dhhs.nc.gov]
Sent: Monday, October 12, 2009 9:27 AM
To: Robinson, Trisha (MDH); Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Von Stein, Diana; Cronquist, Alicia (CDC state.co.us); Phan, Quyen; David.Bergmire-Sweat@ncmail.net; joann.rudroff@dhss.mo.gov; jsadlows@smtpgate.dphe.state.co.us; Smith, Kirk (MDH); dennis.leschinsky@dhhs.ne.gov
Cc: Barton Behravesh, Casey (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED)
Subject: RE: E. coli O157:H7 cluster 0910MLEXH-1 Conference Call

FYI

St. Paul, MN 55164
Phone: 651-201-5639
Fax: 651-201-5743
trisha.robinson@state.mn.us

From: Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR) [mailto:hvq4@cdc.gov]
Sent: Friday, October 09, 2009 10:09 AM
To: Von Stein, Diana; Cronquist, Alicia (CDC state.co.us); Phan, Quyen; David.Bergmire-Sweat@ncmail.net; joann.rudroff@dhss.mo.gov; jsadlows@smtpgate.dphe.state.co.us; Smith, Kirk (MDH); dennis.leschinsky@dhhs.ne.gov; Robinson, Trisha (MDH)
Cc: Barton Behravesh, Casey (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED)
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Conference line: **1.866.797.9293**

Passcode: **2360067**

Thanks,
Colin

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To: 'Von Stein, Diana'; 'Carlota Medus (MDH)'; 'Shaun Cosgrove'; 'nicole.comstock@state.co.us'; 'Phan, Quyen'; 'David.Bergmire-Sweat@ncmail.net'; 'joann.rudroff@dhss.mo.gov'
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Thanks,
Colin

Colin Schwensohn, MPH
Surveillance Epidemiologist
Enteric Diseases Epidemiology Branch
Division of Foodborne, Bacterial and Mycotic Diseases

We have learned that the NC patient also ate a meal at a local small Italian restaurant on September 5. We haven't connected with the family (despite leaving multiple messages) so I don't know what she ate that night, but the exposure is interesting given what we learned on Friday in the conference call. We have learned that the Italian specialty supplier for the that restaurant is Roma Foods, and that the company has locations in Denver, near Minneapolis, and several locations in the Northeast, among others. It would be interesting to know if they were the specialty supplier for the other small Italian restaurants as well. We retrieved invoices of product that was in the restaurant at the time of her exposure, but I don't know yet what to focus on.

Here is their web site: <http://www.romafood.com/Products/Pages/ProdSearch.aspx>

David Bergmire-Sweat, MPH

**Foodborne Disease Epidemiologist
North Carolina Division of Public Health
Communicable Disease Branch
1902 Mail Service Center
Raleigh, NC 27699-1902
919-715-4818**

From: Robinson, Trisha (MDH) [mailto:Trisha.Robinson@state.mn.us]
Sent: Friday, October 09, 2009 3:32 PM
To: Schwensohn, Colin A. (CDC/CCID/NCZVED) (CTR); Von Stein, Diana; Cronquist, Alicia (CDC state.co.us); Phan, Quyen; David.Bergmire-Sweat@ncmail.net; joann.rudroff@dhss.mo.gov; jsadlows@smtpgate.dphe.state.co.us; Smith, Kirk (MDH); dennis.leschinsky@dhhs.ne.gov
Cc: Barton Behravesh, Casey (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED)
Subject: RE: E. coli O157:H7 cluster 0910MLEXH-1 Conference Call

Hi-

Here is the information on our two Minnesota cases just in case you don't all have it:

Case #1: 55 year-old male, onset 9/9. Traveled to Colorado the week before illness onset.

-Ate at Whippletree Restaurant in Evergreen, CO 9/4. Had a chicken chimichanga (deep fried flour tortilla filled with chicken, guacamole, rice, lettuce, tomato, black olives, sour cream, and sauce), chips, and salsa.

-Ate at two unknown Chinese restaurants on 9/3 and 9/5

Case #2: 19 year-old female, onset 9/11 – HUS case.

-Ate at Spezia at 19:00 on 9/5. Cheese Tortellini Spezia (chicken, broccoli, mushroom, pine nuts, roma tomato, alfredo), roll, House Salad, water, and Pepsi

Have a nice weekend!

Trisha

Trisha Robinson, MPH
Epidemiologist
Acute Disease Investigation and Control
Minnesota Department of Health
605 Robert Street North
P.O. Box 64975

U.S. Centers for Disease Control and Prevention
1600 Clifton Road, MS-A38
Atlanta, Georgia 30333
Tel. 404.639.3177 / Fax. 404.639.3535
hvq4@cdc.gov

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From: Rigdon, Carrie (MDA)
To: Robinson, Trisha (MDH)
Cc: Viger, Kristin (MDA); Kelly, Jan (MDA)
Subject: E. coli O157 romaine lettuce update
Date: Tuesday, October 27, 2009 10:49:44 PM

Trisha,

We've gotten a ways through the traceback of the romaine that was served at Mulligans on 10/1. It's a chopped romaine lettuce product. Sysco got it from GO Fresh in Minneapolis, who got it from Bengard Ranch in Salinas, CA. Our next step is to find out the farm(s) supplying the romaine to Bengard Ranch during the time window of interest. We've got the PO numbers matching back from Sysco through Bengard, too, if you need them.

Do you have any more information on romaine source(s) for the other states' cases?

Thanks.
Carrie

--
Carrie E. Rigdon, Ph.D.
Rapid Response Team Project Planner
Minnesota Department of Agriculture
w: 651-201-6453
f: 651-201-6119

US Food Service - Omaha
- Both Denver

Cross Valley Farms
Romaine Lettuce
pkg. 24 each.

NE -

CO Shipment 9/3 Meal 9/6



55 Male Dakota — 9/9
— Travel to Colorado

19 Female Ramsay — 9/11 HUS
— Travel to Omaha, Chicago, Superior Trail
— No lettuce, spinach, ground beef



21 October 2009

St. Cloud Health & Inspection Department
Ref: E. Coli 0157 Case

Ingredient and supplier information: 1) Chicken Sandwich 2) Portabello Mushroom Chili (meatless) and 3) House Salad

Apperts Foodservice – (320) 251-3200

Buffalo Chicken, Dietz and Watson Brand, product #21400

Cheddar Cheese, Dietz and Watson Brand, product #6334

Leaf Lettuce, Ready to Serve, product #2688

Tomatoes, Bulk, product #3590

→ From Mann Packing in CA

Coborn Grocery on Cooper Avenue – (320) 251-0484

Chili Beans, 15 oz., Food Club, product #7227338489

Black Beans (S&W), 15 oz., Food Club, product #7227338765

White Beans (S&W), 15 oz., Food Club, product #7227338807

Kidney Beans (S&W), 15 oz., Food Club, product #7227339024

Dutch Maid Bakery – (320) 251-6782

Bread Bun

Reinhart Foodservice – (320) 252-7125

Portabella Mushroom, Coded "BSCANI" Brand, product #71128

Protabella Mushroom, Coded "MARKON" Brand, product #60208

Red Jumbo Onions, product #78031

Yellow Onions Pre-Bagged, product #78235

Chili Powder, Culinary Secret Brand

Cayenne, Culinary Secret Brand, product #10508

Oregano, Culinary Secret Brand, product #24616

Basil, Culinary Secret Brand, product #24388

Diced Tomatoes, Canned, Full Red Brand

Tomato Paste, Canned

Spinach, Baby, product #A0316

Sams Club – (320) 253-8882

Bell Peppers, Sunset Brand, product #798635

Black Pepper, 18 oz., Finest Quality Brand

Tomato Paste, Canned, Hunt's Brand

Mixed Greens

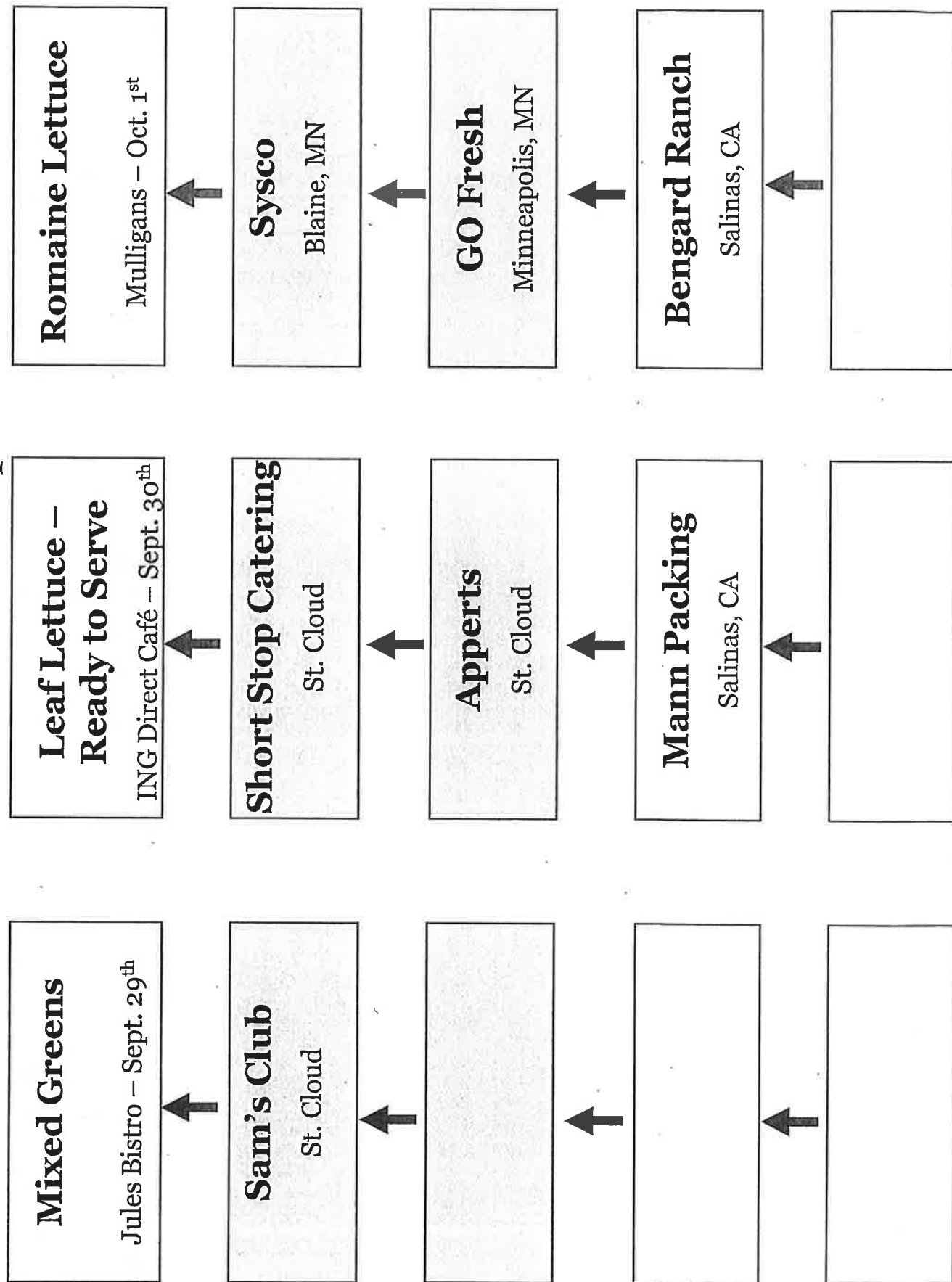
Z – grape tomatoes

Jim Schloegl, R.S.
320-650-3146

Sells Taylor Farms
Iceberg and Romaine Blend 2.5 lbs

Jules
Bistro

Minnesota Case Lettuce Exposures



MN Case Lettuce Exposures

Sept. 29: Jules Bistro; 921 West St. Germain Street, St. Cloud

Spinach:

??? → Reinhart Foodservice → Jules Bistro

Mixed Greens:

??? → Sam's Club → Jules Bistro

Sept. 30: ~~ING Direct Café; 30 7th Avenue South, St. Cloud~~

Leaf Lettuce:

??? → Mann Packing (California) → Apperts → Shortstop Catering

Oct. 1: Mulligans; 601 N. Pinecone Rd, Sartell

Romaine Lettuce:

??? → Bengard Ranch (Salinas, CA) → GO Fresh (Mpls) → Sysco (Blaine) →
Mulligans



Colorado Department
of Public Health
and Environment

TO:	Trisha McDonald	PHONE # 651-201-5743 FAX # 651-201-5082
FROM:	Jen Sadlowski	PHONE # 303-692-2776 FAX # 303-782-0338
DATE:	9-24-09	
SUBJECT:	2 Interview forms for CO STEC cases Thank you	
# PAGES INCLUDING THIS COVER PAGE: 9		

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09-BS 046

Colorado Department of Public Health and Environment
Communicable Disease Epidemiology Program
4300 Cherry Creek Dr S, Denver, CO 80246 Phone 303-692-2700, Fax 303-782-0338

STEC O157/non-O157 CASE INVESTIGATION FORM

Use this form to interview confirmed, probable and suspect cases of infection with E. coli O157 and other STEC
Questions marked with * are required in FoodNet counties (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson) and must be entered into CEDRS

Patient Name: [REDACTED]	CEDRS # <u>266319</u>	Interview date: <u>09/15/2009</u>
Agency Name: [REDACTED]	Form Completed by: [REDACTED]	
Person interviewed: Case Other (circle: <u>Parent</u>) Spouse Household member Friend)		

Demographics and Contact Information

*Date of Birth 08/16/1999 Age: 10 (Circle: Yrs., Mos., Days) *Sex: (F) M

*Race (Circle all that apply):
American Indian/Alaska Native Asian Black Unknown
Pacific Islander/Hawaiian Native White Other

*Ethnicity (Circle one): Hispanic Non Hispanic Unknown

Language spoken: English

Parent/legal guardian: [REDACTED]

Residence:

Phone Numbers:

Address: [REDACTED]

Home Phone: [REDACTED]

City: [REDACTED]

Work Phone: [REDACTED]

County: [REDACTED]

Pager: [REDACTED]

Zip Code: [REDACTED]

Mobile: [REDACTED]

Laboratory Information *****please confirm lab information with patient, even if already in CEDRS

Lab confirmed: (Yes) No Serogroup (circle): O157:H7 O157:non motile O26 O111
If yes, lab or hospital name: [REDACTED] other serogroup: [REDACTED]

*Date specimen(s) collected: 09/11/09

*Specimen source: (Stool) Urine
Blood Other:

Physician Name: [REDACTED]

MD Phone: (781) 553-0111 253-7640

Clinic Name: [REDACTED]

City/State: [REDACTED]

Clinical Description (Yes=Y, No=N, Unknown=U)

*Did the patient have symptoms?: (Y) N U If yes, *onset date 09/08/09 Time: 5 AM/PM

*Diarrhea (Y) N U

*Bloody diarrhea (Y) N U

*Abd. pain (Y) N U

*Date diarrhea onset 09/08/09

*Fever (max temp 100°) (Y) N U

Headache (Y) N U

*Duration of diarrhea 9 days

*Vomiting X2 (Y) N U

Body aches (Y) N U

*Max # stools in 24 hrs 4-5

*Date vomit onset 09/09/09 3:45 am

Other dizzy (Y) N U one day 9/8/09

How many days did the illness last? not finished days

*Did case take antibiotics for this illness? (Y) N U

Antibiotic name: [REDACTED]

*Did case take anti-diarrheal medications for this illness? (Y) N U

Medication name: [REDACTED]

*Outcome: Survived Died Unk (FoodNet counties: record outcome on 7th day after specimen collect date or, if hospitalized, at date of hospital discharge)
If died, date of death: 1/1

*Was patient hospitalized? (Yes) No Unk (ER visits only not considered "hospitalized")

If hospitalized:

*Hospital Name: Children's Denver

*Date of Discharge: 1/1

*Date of Admission: 09/14/09

*Transferred to another hospital? Yes No Unk

*Transfer hosp name: [REDACTED]

December 15, 2008

STEC Case Investigation Form, Page 1

Pneumo West Parkview ER Fri
stool sample 9/11

results over weekend (Sat.)

MDH / 00065

Patient Name: [REDACTED]

CEDRS #

266319

*Has the case been diagnosed with hemolytic uremic syndrome (HUS)?
(HUS is anemia, low platelet count, kidney impairment)

Yes No Unk

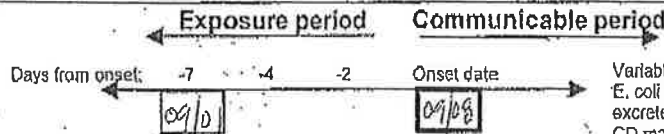
*Has the case been diagnosed with thrombotic thrombocytopenic purpura (TTP)?
(TTP is anemia, low platelet count, kidney impairment, central nervous system involvement, fever)

Yes No Unk

**If yes to either, check that the case is in CEDRS as an HUS case.

Infection timeline

Enter onset date in box, then count back to determine probable exposure period and enter those dates.



Variable—as long as E. coli O157 excreted in stool; see CD manual for work exclusion guidance

If not otherwise specified, please ask about exposures in the 7 days before symptom onset.

Travel information

*Did patient travel outside the US in the 7 days prior to the onset of illness?

Yes No Unk

If yes, Country Date left US Date returned to US

(1) _____
(2) _____
(3) _____

☐ Check box if case was adopted or immigrated to US (no "date left US")

Did patient travel within the US in the 7 days prior to the onset of illness?

Yes No Unk

If yes, where/when: _____

Water

During the 7 days before illness, what was patient's primary source of drinking water?

☒ Municipal ☐ Well water ☐ Bottled water ☐ Other

Did patient drink any untreated water from a pond, stream, spring, or lake?

Yes No Unk

Did the patient swim or wade in any of the following types of recreational water?

If yes, location / dates:

Hot tub/spa, whirlpool, Jacuzzi Y ☒ N U
 *Lake, pond, river, or stream Y ☒ N U
 *Recreational water park or any type of fountain Y ☒ N U
 *Swimming or wading pool Y ☒ N U
 Drainage ditch/irrigation canal Y ☒ N U
 Other, specify: _____

9/11/09
animal Monks
Babies at State Fair
rabbits, goats,
Antibacterial Sheep, horse,
sanitizer donkey, cow
used post
petting zoo per Mom.

Pet or animal exposure in 7 days prior to illness

*Did the patient live on a farm with animals?

Yes No Unk

*Visit any animal exhibits (petting zoo, county fair, farm, etc)

Yes No Unk

If yes to either, did the case have exposure to manure?

Yes No Unk

Work in a slaughterhouse or meat packing plant?

Yes No Unk

Have a pet or contact with other people's pets?

Yes No Unk

If yes to any of these, indicate the animals with which patient had contact:

Dog/puppy	Y <input checked="" type="radio"/> N	Sheep	Y <input checked="" type="radio"/> N	Frog	Y <input checked="" type="radio"/> N
Cat/kitten	Y <input checked="" type="radio"/> N	Pig	Y <input checked="" type="radio"/> N	Reptile (e.g. snake, iguana, turtle)	Y <input checked="" type="radio"/> N
Cow/calf	Y <input checked="" type="radio"/> N	Horse	Y <input checked="" type="radio"/> N	Rodent (e.g. mouse, hamster, guinea pig)	Y <input checked="" type="radio"/> N
Chicken	Y <input checked="" type="radio"/> N	Elk	Y <input checked="" type="radio"/> N	Exotic bird (e.g. parakeet, parrot)	Y <input checked="" type="radio"/> N
Chick/duckling	Y <input checked="" type="radio"/> N	Deer	Y <input checked="" type="radio"/> N	Other? specify: _____	Y <input checked="" type="radio"/> N

Were any of these animals recently acquired or recently ill?

Y N Unknown

If Yes, provide details: _____

Patient Name: [REDACTED]

CEDRS # 266319

Restaurant history/Group activities

Any restaurants, group gatherings, picnics, or sporting events during the 7 days before illness? Yes No Unk

If yes, Name	Address	Date of Exposure	Foods Eaten
State Fair		9/4/09	hamburger + french fries Big Tent across from big outdoor amphitheater grandstand
groceries -		9/6/09	meatballs/italian

Did others accompanying the case become ill with diarrhea, fever, or abdominal pain? Yes ☒ No ☐ Unk ☐

(If others became ill after a common exposure, this may be an outbreak. Call regional epidemiologist or CDPHE for assistance)

Grocery / food store history: List food store(s) or grocery store(s) for foods consumed during the 7 days prior to illness:

Name/location: Safeway, King Sprogers, Wal Mart

Name/location:

Did patient purchase/consume any food from a farmer's market? Yes ☒ No ☐ Unk ☐ If yes, what/where?Did patient purchase/consume any food from a specialty stores? Yes ☒ No ☐ Unk ☐ If yes, what/where? (such as a carniceria, or ethnic market)Food history Interviewer: if patient is unsure, ask patient if it is likely if s/he ate a particular food item

During the 7 days prior to onset of illness:

Provide details including where food obtained, when consumed, etc, below:

Dairy*Nonpasteurized (raw) milk Y ☒ N ☐ U ☐Other nonpasteurized milk products (Queso fresco, homemade ice cream, etc) Y ☒ N ☐ U ☐Ground beef

*Any ground beef

*Prepared at home or private setting Y ☒ N ☐ U ☐chile beans 9/7/07
prepared at home
+ ground beefGround beef details:Packaged: ☒ Chub (plastic tube) ☐ Styrofoam tray☐ Butcher paper☐ Other:

Package size 1 lbs

Meat was: ☒ Fresh ☐ Frozen

Type: 80/20 % lean

Pre-formed patties? Y ☒ N ☐ U ☐

Where purchased? King Sprogers

What brand? King Sprogers Purchase date

Lot/Est #: Use/sell by date:

*Prepared at sit-down restaurant

*Prepared at fast food restaurant

Prepared elsewhere

*Any pink, rare, or raw ground beef

Any ground beef in home, even if did not eat it? Y ☒ N ☐ U ☐How often does case usually eat ground beef? ☐ \geq 1/week ☒ \sim 1/month ☐ $<$ 1/month ☐ NeverAny leftover ground beef and/or packaging to collect? Y ☒ N ☐ U ☐

Details: at State Fair

at home well done - unknown State Fair

Other meat

*Steak or roast beef

Any beef served rare or raw

*Pepperoni, salami, or summer sausage

*Jerky

*Wild game (venison, elk, other game)

*Any poultry

*Any other meat

Y	N	U
Y	N	U
Y	N	U
Y	N	U
Y	N	U
Y	N	U
Y	N	U

Details: sauteed at home served well done

~~at home well done 9/8/09~~

December 15, 2008

E. coli O157 / STEC Case Investigation Form, Page 3

Eats at school =

Prairie Winds Elementary

Prairie West Middle School

9/1-4 and 7

(at school) MDH 7 00067

09/23/2009 WED 16:54 FAX

0005/006

Patient Name: [REDACTED]

CEDRS # 266319

Produce

Any food from a salad bar

Y ☒ N ☐ U ☐

*Sprouts (bean, alfalfa, clover...)

Y ☒ N ☐ U ☐

Uncooked tomatoes

Y ☒ N ☐ U ☐

*Any lettuce

Y ☒ N ☐ U ☐

Prepared at home

Y ☒ N ☐ U ☐

Prepared elsewhere

Y ☒ N ☐ U ☐

Lettuce type(s) eaten

☐ Iceberg☒ Green leaf☐ Red leaf☒ Romaine☐ Other

Was lettuce pre-cut/pre-shredded?

Y ☒ N ☐ U ☐

*Was lettuce bagged/pre-packaged?

Y ☒ N ☐ U ☐

Brand: _____

*Fresh spinach

Y ☒ N ☐ U ☐

*Was spinach bagged/pre-packaged?

Y ☒ N ☐ U ☐

Brand: _____

Uncooked green onions (scallions)

Y ☒ N ☐ U ☐

Uncooked cilantro

Y ☒ N ☐ U ☐Other raw vegetables: CarrotsY ☒ N ☐ U ☐*Any juice or cider that was NOT pasteurized Y ☒ N ☐ U ☐

Cantaloupe

Y ☒ N ☐ U ☐

Honeydew

Y ☒ N ☐ U ☐Other fruits: green applesY ☒ N ☐ U ☐

4/5/09

Other Food Items:

Foods brought from other countries

Y ☒ N ☐ U ☐

Fresh salsa / pico de gallo

Y ☒ N ☐ U ☐

Health food products or supplements

Y ☒ N ☐ U ☐

Infant food or formula

Y ☒ N ☐ U ☐Does case use the same cutting board to cut meat and vegetables, fruit, etc.? Yes ☒ No ☐ Unk ☐If yes, does case wash the cutting board after cutting meat, or before cutting fruits, vegetables, etc.? ☒ Yes ☐ No ☐ Unk ☐Does case use the same knife to cut meat and vegetables, fruit, etc.? Yes ☒ No ☐ Unk ☐If yes, does case wash the knife after cutting meat, or before cutting fruits, vegetables, etc.? Yes ☐ No ☐ Unk ☐How often does case wash hands after handling raw meat/poultry? ☒ Always ☐ Most times ☐ Sometimes ☐ Never ☐ NASchool/WorkOccupation: StudentStudent? ☒ Yes ☐ No

Place of Employment: _____

If yes, Name of School: Powrie WoodsDoes the case...

*Attend, work or volunteer at a child care center / preschool?

Yes

☒ No ☐ Unk ☐

Have a child(ren) in a child care center?

Yes

☒ No ☐ Unk ☐

*Have direct contact with a child who attends child care?

Yes

☒ No ☐ Unk ☐

*Attend, work or volunteer at a residential facility? (e.g. nsg home, jail)

Yes

☒ No ☐ Unk ☐

If yes to any of the above,

Name and location of facility _____

Are other children/staff/residents ill?

Yes

☒ No ☐ Unk ☐

Provide direct patient care as a health care worker?

Yes

☒ No ☐ Unk ☐

If yes, name and location of facility _____

*Work in food service?

Yes

☒ No ☐ Unk ☐

If yes, name and location of facility _____

Since the case became ill, did case prepare food for any public or private gatherings? ☒ Yes ☐ No ☐ Unk

If yes, provide details: _____

December 15, 2008

E. coli O157 / STEC Case Investigation Form, Page 4

MDH / 00068

303 239 7088

08:16:59 a.m. 09-24-2009

2/6

09-BS 04C

Colorado Department of Public Health and Environment
Communicable Disease Epidemiology Program
4300 Chetey Creek Dr S, Denver, CO 80246 Phone 303-692-2700, Fax 303-782-0338

STEC O157/non-O157 CASE INVESTIGATION FORM

Use this form to interview confirmed, probable and suspect cases of infection with *E. coli* O157 and other STEC
Questions marked with * are required in FoodNet counties (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson) and must be entered into CEDRS

Patient Name: [REDACTED] CEDRS # 266423 Interview date: 09/23/09
Agency Name: [REDACTED] Form Completed by: [REDACTED]
Person interviewed: (Case) Other (circle: Parent Spouse Household member Friend)

Demographics and Contact Information

*Date of Birth 03/30/02 Age: 7 (Circle: Yrs. Mos. Days) *Sex: F (M)

*Race (Circle all that apply):
American Indian/Alaska Native
Pacific Islander/Hawaiian Native

Asian
WhiteBlack
Other

Unknown

*Ethnicity (Circle one): Hispanic Non Hispanic

Unknown

Language spoken: English**Residence:**

Address: [REDACTED]

City: [REDACTED]

County: [REDACTED]

Zip Code: [REDACTED]

Parent/legal guardian: [REDACTED]

Phone Numbers:

Home Phone: [REDACTED]

Work Phone: [REDACTED]

Pager: [REDACTED]

Mobile: [REDACTED]

Laboratory Information

****please confirm lab information with patient, even if already in CEDRS

Lab confirmed: (Yes) No

If yes, lab or hospital name: [REDACTED]

Serogroup (circle): O157:H7 O157:non motile O26 O111
other serogroup: [REDACTED]

*Date specimen(s) collected: 09/11/09

*Specimen source: (Stool) Urine
Blood Other: [REDACTED]

Physician Name: [REDACTED]

Clinic Name: [REDACTED]

MD Phone: [REDACTED]

City/State: [REDACTED]

Clinical Description (Yes=Y; No=N; Unknown=U)

*Did the patient have symptoms? (Y) N U

If yes, *onset date 09/08/09 Time: [REDACTED] AM (PM)***Diarrhea***Date diarrhea onset 09/09/09*Duration of diarrhea 7 days*Max # stools in 24 hrs 20+

*Bloody diarrhea (Y) N U

*Fever (max temp 102) (Y) N U

*Vomiting (Y) N U

*Date vomit onset 09/09/09

*Abd. pain (Y) N U

Headache (Y) N U

Body aches (Y) N U

Other [REDACTED] Y N U

How many days did the illness last? 7 days

*Did case take antibiotics for this illness? (Y) N U

*Did case take anti-diarrheal medications for this illness? (Y) N U

Y N U

Antibiotic name: None

Medication name: [REDACTED]

*Outcome: (Survived) Died Unk

If died, date of death: [REDACTED]

(FoodNet counties: record pt outcome on 7th day after specimen collect date
or, if hospitalized, at date of hospital discharge)

*Was patient hospitalized? Yes (No) Unk

If hospitalized:

*Hospital Name: [REDACTED]

*Date of Admission: [REDACTED]

*Transferred to another hospital? Yes No Unk

*Date of Discharge: [REDACTED]

*Transfer hosp name: [REDACTED]

December 15, 2008

STEC Case Investigation Form, Page 1

MDH / 00069

303 239 7088

08:17:17 a.m. 09-24-2009

3/6

Patient Name: [REDACTED] CEDRS # 266423

*Has the case been diagnosed with hemolytic uremic syndrome (HUS)?
(HUS is anemia, low platelet count, kidney impairment)

Yes No Unk

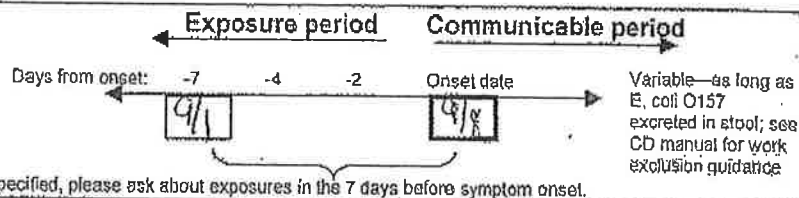
**If yes to either, check that the case is in CEDRS as an HUS case.

*Has the case been diagnosed with thrombotic thrombocytopenic purpura (TTP)?
(TTP is anemia, low platelet count, kidney impairment, central nervous system involvement, fever)

Yes No Unk

Infection timeline

Enter onset date in box, then count back to determine probable exposure period and enter those dates.

**Travel information**

*Did patient travel outside the US in the 7 days prior to the onset of illness?

Yes ☒ No ☐ Unk

If yes, Country Date left US Date returned to US

- (1) _____
(2) _____
(3) _____

☐ Check box if case was adopted or immigrated to US (no "date left US")

Did patient travel within the US in the 7 days prior to the onset of illness?

Yes ☒ No ☐ Unk

If yes, where/when: State Fair 9/16/09

Zoo @ Pueblo 9/5/09

Water

During the 7 days before illness, what was patient's primary source of drinking water?

☒ Municipal ☐ Well water ☐ Bottled water ☐ Other

M T with shared custody

Did patient drink any untreated water from a pond, stream, spring, or lake?

Yes ☒ No ☐ Unk

Did the patient swim or wade in any of the following types of recreational water?

If yes, location / dates:

Hot tub/spa, whirlpool, Jacuzzi Y ☒ N ☐ U ☐
*Lake, pond, river, or stream Y ☒ N ☐ U ☐
*Recreational water park or any type of fountain Y ☒ N ☐ U ☐
*Swimming or wading pool Y ☒ N ☐ U ☐
Drainage ditch/irrigation canal Y ☒ N ☐ U ☐
Other, specify: _____

Pet or animal exposure in 7 days prior to illness

*Did the patient live on a farm with animals?

Yes ☒ No ☐ Unk

*Visit any animal exhibits (petting zoo, county fair, farm, etc)

Yes ☒ No ☐ Unk

If yes to either, did the case have exposure to manure?

Yes ☒ No ☐ Unk

Work in a slaughterhouse or meat packing plant?

Yes ☒ No ☐ Unk

Have a pet or contact with other people's pets?

Yes ☒ No ☐ Unk

If yes to any of these, indicate the animals with which patient had contact:

adults Dog/puppy Y ☒ N ☐ Sheep Y ☒ N ☐ Frog Y ☒ N ☐
Cat/kitten Y ☒ N ☐ Pig Y ☒ N ☐ Reptile (e.g. snake, iguana, turtle) Y ☒ N ☐
Cow/calf Y ☒ N ☐ Horse Y ☒ N ☐ Rodent (e.g. mouse, hamster, guinea pig) Y ☒ N ☐
Chicken Y ☒ N ☐ Elk Y ☒ N ☐ Exotic bird (e.g. parakeet, parrot) Y ☒ N ☐
Chick/duckling Y ☒ N ☐ Deer Y ☒ N ☐ Other? specify: fish Y ☒ N ☐

Were any of these animals recently acquired or recently ill?

Y ☒ N ☐

If Yes, provide details: _____

303 239 7088

08:17:31 a.m. 09-24-2009

4/6

Patient Name: [REDACTED] CEDRS # 266423

Restaurant history/Group activities

Any restaurants, group gatherings, picnics, or sporting events during the 7 days before illness? Yes No Unk

If yes, Name Address Date of Exposure Foods Eaten

Golden Corral in Pueblo 9/17 fresh fruit salad

ate out on
Pueblo 2 for
9/15, 9/16, 9/17Did others accompanying the case become ill with diarrhea, fever, or abdominal pain? Yes No Unk
(If others became ill after a common exposure, this may be an outbreak. Call regional epidemiologist or CDPHE for assistance)Grocery / food store history: List food store(s) or grocery store(s) for foods consumed during the 7 days prior to illness:

Name/location: [REDACTED]

Name/location: [REDACTED]

Did patient purchase/consume any food from a farmer's market? Yes No Unk If yes, what/where?

Did patient purchase/consume any food from a specialty stores? Yes No Unk If yes, what/where?
(such as a carniceria, or ethnic market)Food history Interviewer: if patient is unsure, ask patient if it is likely if s/he ate a particular food item

During the 7 days prior to onset of illness:

Provide details including where food obtained, when consumed, etc, below:

Dairy

*Nonpasteurized (raw) milk Y N U

Other nonpasteurized milk products (Queso fresco, homemade ice cream, etc) Y N U

Ground beef

*Any ground beef Y N U

*Prepared at home or private setting Y N U

ask dad about ground
meat.Ground beef details:Packaged: ☐ Chub (plastic tube) ☐ Styrofoam tray☐ Butcher paper ☐ Other: _____

Package size _____ lbs

Meat was: ☐ Fresh ☐ Frozen Type: _____ % lean

Pre-formed patties? Y N U

Where purchased? _____

What brand? _____ Purchase date _____

Lot/Est #: _____ Use/sell by date: _____

*Prepared at sit-down restaurant Y N U

*Prepared at fast food restaurant Y N U

Prepared elsewhere Y N U

*Any pink, rare, or raw ground beef Y N U

Any ground beef in home, even if did not eat it? Y N U

How often does case usually eat ground beef? ☒ \geq 1/week ☐ ~1/month ☐ <1/month ☐ Never

Any leftover ground beef and/or packaging to collect? Y N U

Details: Golden Corral @ Pueblo

Other meat

*Steak or roast beef Y N U

Any beef served rare or raw Y N U

*Pepperoni, salami, or summer sausage Y N U

*Jerky Y N U

*Wild game (venison, elk, other game) Y N U

*Any poultry Y N U

*Any other meat Y N U

Details:Chicken @ home baked in chicken
mug

December 16, 2008

E. coli O157 / STEC Case Investigation Form, Page 3

MDH / 00071

303 239 7088

09:59:47 a.m. 09-24-2009

2 / 2

Patient Name: [REDACTED]

DRS # 266423Produce

Any food from a salad bar

Y ☒ N ☐ U ☐Details:

Where:

*Sprouts (bean, alfalfa, clover...)

Y ☒ N ☐ U ☐

Uncooked tomatoes

Y ☒ N ☐ U ☐

Type of tomato:

*Any lettuce

Y ☒ N ☐ U ☐

Prepared at home

Y ☒ N ☐ U ☐

Prepared elsewhere

Y ☒ N ☐ U ☐

Lettuce type(s) eaten

☐ Iceberg ☒ Green leaf ☐ Red leaf ☐ Romaine ☐ Other _____

Was lettuce pre-cut/pre-shredded?

Y ☒ N ☐ U ☐

*Was lettuce bagged/pre-packaged?

Y ☒ N ☐ U ☐

Brand: _____

*Fresh spinach

Y ☒ N ☐ U ☐

*Was spinach bagged/pre-packaged?

Y ☒ N ☐ U ☐

Brand: _____

Uncooked green onions (scallions)

Y ☒ N ☐ U ☐

Uncooked cilantro

Y ☒ N ☐ U ☐Other raw vegetables: CucumbersY ☒ N ☐ U ☐

*Any juice or cider that was NOT pasteurized

Y ☒ N ☐ U ☐

Cantaloupe

Y ☒ N ☐ U ☐

Honeydew

Y ☒ N ☐ U ☐Other fruits: StrawberriesY ☒ N ☐ U ☐Other Food Items:

Foods brought from other countries

Y ☒ N ☐ U ☐

Fresh salsa / pico de gallo

Y ☒ N ☐ U ☐

Health food products or supplements

Y ☒ N ☐ U ☐

Infant food or formula

Y ☒ N ☐ U ☐

Does case use the same cutting board to cut meat and vegetables, fruit, etc.? Yes No Unk

If yes, does case wash the cutting board after cutting meat, or before cutting fruits, vegetables, etc.? Yes No Unk

Does case use the same knife to cut meat and vegetables, fruit, etc.? Yes No Unk

If yes, does case wash the knife after cutting meat, or before cutting fruits, vegetables, etc.? Yes No Unk

How often does case wash hands after handling raw meat/poultry? Always Most times Sometimes Never

School/WorkOccupation: Student

Place of Employment: _____

Student? ☒ Yes ☐ NoIf yes, Name of School: Jefferson Academy

Does the case...

*Attend, work or volunteer at a child care center / preschool?

Yes ☒ No ☐ Unk ☐

Have a child(ren) in a child care center?

Yes ☒ No ☐ Unk ☐

*Have direct contact with a child who attends child care?

Yes ☒ No ☐ Unk ☐

*Attend, work or volunteer at a residential facility? (e.g. nsg home, jail)

Yes ☒ No ☐ Unk ☐

If yes to any of the above,

Name and location of facility _____

Are other children/staff/residents ill?

Yes ☐ No ☒ Unk ☐

Provide direct patient care as a health care worker?

Yes ☒ No ☐ Unk ☐

If yes, name and location of facility _____

*Work in food service?

Yes ☒ No ☐ Unk ☐

If yes, name and location of facility _____

Since the case became ill, did case prepare food for any public or private gatherings? Yes ☒ No ☐ Unk ☐

If yes, provide details: _____

December 15, 2008

E. coli O157 / STEC Case Investigation Form, Page 4

MDH / 00072

North Carolina

Date	distributor	lettuce type	description	total
4-Aug	Sysco	spring mix	CLS lettuce spring mix sweet	43 lbs
4-Aug	Sysco	romaine	NAT lettuce romaine fresh w/liner	48 ct
7-Aug	Sysco	spring mix	CLS lettuce spring mix sweet	86 lbs
7-Aug	Sysco	romaine	NAT lettuce romaine fresh w/liner	96 ct
11-Aug	Sysco	spring mix	CLS lettuce spring mix sweet	86 lbs
11-Aug	Sysco	romaine	NAT lettuce romaine fresh w/liner	48 ct
14-Aug	Sysco	spring mix	CLS lettuce spring mix sweet	43 lbs
14-Aug	Sysco	romaine	NAT lettuce romaine fresh w/liner	48 ct
18-Aug	Sysco	spring mix	CLS lettuce spring mix sweet	43 lbs
18-Aug	Sysco	romaine	NAT lettuce romaine fresh w/liner	48 ct
21-Aug	Sysco	spring mix	CLS lettuce spring mix sweet	86 lbs
21-Aug	US Foods	romaine	CVF lettuce romaine	72 ct
25-Aug	Sysco	spring mix	CLS lettuce spring mix sweet	43 lbs
28-Aug	Sysco	spring mix	CLS lettuce spring mix sweet	43 lbs
28-Aug	Sysco	romaine	NAT lettuce romaine fresh w/liner	48 ct
29-Aug	Sysco	spring mix	CLS lettuce spring mix sweet	26 lbs

SPEZIA - CIAJ DIM
3125 S 72ND
OMAHA, NE 68124

USDA TRADING
come from
Sysco

SYSCO LINCOLN
1700 CENTER PARK ROAD
LINCOLN, NEBRASKA 68512
SALES: 402-421-3396
MAIN: 402-423-1031

402-391-2950
SPEZIA - OMAHA
3125 S 72ND ST
OMAHA

NE 68124

DELV. DATE 9/01/09	CUSTOMER 374553	INVOICE 909011106	PG. 4
TRUCK/STOP /008			
ROUTE 0893			
PURCHASE ORDER			
TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE.			
SEMI-MONTHLY, DUE 15TH & 31ST			
MANIFEST# 549007 NORMAL DELIVER			
MA: 516VI RUSSELL BAUER			
DRIVER: CLEMENTS			

QTY.	PACK	SIZE	DESCRIPTION	ITEM CODE	UNIT PRICE	TAX AMOUNT	EXTENDED AMOUNT	INVOICE ADJUSTMENTS A: X	CODE	- QTY.
*** PRODUCE ***										
GROUP TOTAL****										
2	CS	25 LB	SYS IMP TOMATO DICED 3/8" TRAY	0144337	23.37		46.74			
1	PC	125#	PACKER PEPPER YEL BELL FRESH	1580224	33.00		33.00			
1	SCS	43 LB	SYS NAT BROCCOLI FLORET ICELESS	1675859	18.88		18.88			
1	SCS	42.5 LB	SYS NAT SPINACH CLIPPED FRESH	1675925	16.98		16.98			
2	PC	124 CT	SYS NAT LETTUCE ROMAINE FRESH W/LINER	1723816	24.35		48.70			
1	CS	43 LB	SYS CLS LETTUCE SPRING MIX SWEET	7769722	30.45		30.45			
1	CS	110 LB	IOWANA TOMATO ASST HEIRLOOM MEOLY LCL	7863810	32.85		32.85			
1	CS	111 LB	PACKER TOMATO VINE TRICOLOR	9535196	32.25		32.25			
GROUP TOTAL****										
ORDER SUMMARY : 33319										
SUB TOTAL 1445.70										
TAX TOTAL 25.97										
INVOICE TOTAL 1471.67										
LAST PAGE										

MDH 100074

S P E Z I A S P E C I A L T I E S

SEASIDE GROUPE LA SPEZIA

BUTTER AND OLIVE OIL PAN SEARED WITH ROMA TOMATO
AND FRESH HERBS. SERVED WITH BREADCRUMB
TOASTED GNOCCHI AND FRESH ASPARAGUS. \$18.95

EGGPLANT PARMIGIANA

SERVED WITH CAPELLINI AND FRESH ASPARAGUS. \$13.95

FLORIDA SESAME FRIED GROUPE

WITH CHILI MARMALADE, SPEZIA MASHED POTATOES AND
ROASTED VEGETABLES. \$18.95

CIOPPINO SPEZIA

FAMOUS SAN FRANCISCO STEW WITH DUNGENESS CRAB,
SHRIMP, SCALLOPS, MUSSELS AND COD. \$25.95

SEAFOOD RISOTTO

SHRIMP, SCALLOPS, GREEN LIP MUSSELS AND FRESH ASPARAGUS.
\$23.95

GNOCCHI ALLA POLLO

SEARED CHICKEN BREAST, CREMINI MUSHROOMS AND FRESH BABY
SPINACH ~ SERVED OVER GORGONZOLA CREAM. \$16.95

SHRIMP SCAMPI CAPELLINI

JUMBO GULF SHRIMP SAUTÉED WITH A BUTTER,
ROASTED GARLIC WHITE WINE SAUCE WITH SWEET HOT
SPICES AND ITALIAN PARSLEY. \$22.95

ASIAGO CRUSTED WALLEYE

LIGHTLY BREADED, FRIED AND BROILED ~ SPEZIA MASHED POTATOES
AND ROASTED VEGETABLES. \$18.95

CHICKEN PARMIGIANA

IN THE CLASSIC STYLE WITH TOMATO SAUCE AND FINISHED
UNDER THE BROILER WITH FRESH MOZZARELLA
AND PARMESAN CHEESES ~ CAPELLINI PASTA. \$16.95

PROVIMI VEAL STRIP LOIN (8 OZ.)

BURGUNDY AU JUS ~ SPEZIA MASHED POTATOES WITH PORCINI SAUCE
AND FRESH ASPARAGUS. \$32.00

P A S T A

SALMON ALA ROSA

FRESH ATLANTIC SALMON, FRESH BASIL AND TOMATO CRÈME
ROSA SAUCE TOSSED WITH FARFALLE. \$16.95

SEAFOOD FRA DIAVOLO

SHRIMP, SCALLOPS, MUSSELS, SPICY TOMATO SAUCE,
ROASTED GARLIC, LEMON AND ITALIAN PARSLEY OVER
CAPELLINI PASTA. \$23.95

GIGLIO WITH CHICKEN AND ASPARAGUS

CHOPPED WOOD GRILLED CHICKEN, ROASTED YELLOW PEPPER,
TOMATO BASIL RELISH AND PESTO CRÈME. \$15.95

FRENCH ACADIAN CHICKEN LINGUINE

CAJUN SPICED CHICKEN BREAST SEARED WITH PEPPERS,
ONION AND TOMATO ~ FINISHED WITH
CAJUN CREAM SAUCE. \$16.95

CHICKEN BROCCOLI FETTUCCINE ALFREDO

\$15.95

PENNE CHICKEN PICCATA

SAUTÉED BORETTANE ONIONS, CREMINI MUSHROOM, FRESH
ROSEMARY, ITALIAN PARSLEY, LEMON AND CAPERS. \$16.95

CHEESE TORTELLINI SPEZIA

PAN SAUTÉED CHICKEN BREAST, BROCCOLI, MUSHROOM, PINE NUTS
AND ROMA TOMATO FINISHED WITH ALFREDO. \$16.95

CHEESE RAVIOLI

OVER TOMATO, BUTTER PARMESAN SAUCE TOPPED WITH
ITALIAN CHEESES AND TOP BROILED. \$15.95

SPAGHETTI

SAN MARZANO TOMATO SAUCE OR BOLOGNESE. \$10.95
~ WITH WOOD GRILLED SPICY ITALIAN SAUSAGE, PORTOBELLO
OR CHICKEN BREAST. \$14.95

SALMON PASTA SPEZIA

PENNE ALFREDO WITH PROSCIUTTO, BABY PEAS AND
WOOD GRILLED SALMON. \$18.95

WOOD GRILLED & OVEN ROASTED

FRESH ATLANTIC SALMON

WOOD GRILLED WITH LEMON PEPPER ~ OR ~ HONEY PEPPERED AND OVEN ROASTED
SERVED WITH CAPELLINI PASTA ALFREDO. \$19.95

PRIME LAMB SIRLOIN

WOOD GRILLED THEN OVEN ROASTED WITH GARLIC AND ROSEMARY.
SERVED WITH HUNTER SAUCE AND A WOOD GRILLED PORTOBELLO ~ SPEZIA MASHED POTATOES. \$24.95

TUSCAN WOOD GRILLED TUNA LOIN

SERVED OVER PENNE TOSSED WITH TUSCAN WHITE BEANS, FRESH HERBS AND BABY SPINACH. \$18.95

WOOD GRILLED JUMBO SHRIMP AND SCALLOPS

LEMON PEPPER AND GARLIC ~ SERVED WITH CAPELLINI PASTA ~ ALFREDO SAUCE. \$23.95

STEAK AU POIVRE (12 oz.)

PEPPER SPICED NEW YORK STRIPLOIN ~ COGNAC CREAM SAUCE ~ SPEZIA MASHED POTATOES. \$36.00

WHITE MARBLE FARMS HUNTER PORK CHOP

WOOD GRILLED WITH GAME SPICES ~ BURGUNDY AU JUS AND BUTTER GRILLED CREMINI MUSHROOMS,
SAUTÉED SPINACH AND SPEZIA MASHED POTATOES. \$19.95

HEART OF ANGUS SIRLOIN STEAK (10 oz.)

WOOD GRILLED SERVED WITH SPEZIA MASHED POTATOES AND PORCINI SAUCE. \$24.00

SPEZIA CHICKEN

WOOD GRILLED ~ ALFREDO SAUCE WITH SAUTÉED CREMINI MUSHROOMS, PROSCUITTO AND BABY PEAS.
~ SERVED WITH SPEZIA MASHED POTATOES AND ROASTED VEGETABLES. \$17.95

HUNTERS NEW YORK STRIPLOIN (12 oz.) \$34.00 HUNTERS TOP SIRLOIN (10 oz.) \$26.00

WOOD GRILLED WITH GAME SPICES ~ BURGUNDY AU JUS AND ROASTED ONION. SPEZIA MASHED POTATOES WITH PORCINI SAUCE.

HUNTERS GORGONZOLA ROASTED TENDERLOIN (8 oz.)

BURGUNDY AU JUS ~ SPEZIA MASHED POTATOES WITH PORCINI SAUCE. \$37.00

GARLIC AND HERB ROASTED TENDERLOIN (8 oz.)

BURGUNDY AU JUS ~ SPEZIA MASHED POTATOES WITH PORCINI SAUCE. \$37.00

ANGUS BEEF TENDERLOIN (8 oz.)

WOOD GRILLED CENTER CUT WITH SPEZIA MASHED POTATOES WITH PORCINI SAUCE. \$35.00

HUNTERS DUCKLING

STARTED ON THE WOOD GRILL THEN FINISHED IN THE ROASTING OVEN ~ WILD MUSHROOM RISOTTO
AND A SIDE OF BALSAMIC ORANGE SAUCE. \$27.00

ANGUS NEW YORK STEAK (12 oz.)

WOOD GRILLED ~ SPEZIA MASHED POTATOES WITH PORCINI SAUCE. \$34.00

~ SPEZIA STEAKS FROM



CERTIFIED ANGUS BEEF ~

ANTIPASTI

PAN FRIED SPICY CALAMARI

WITH PEPPERONCINI, ROASTED RED AND BANANA PEPPERS,
OLIVE OIL BUTTER GARLIC SAUCE. \$9.95

WOODGRILLED TUNA

SEARED RARE ~ SERVED WITH CONDIMENTS. \$9.95

HOT ARTICHOKE CRAB DIP

CRACKERS AND BREAD. \$9.95

GREEK SHRIMP COCKTAIL

MEDITERRANEAN MARINATED SHELL-ON LARGE SHRIMP TOSSED WITH
FRESH MINT, PARSLEY AND FETA CHEESE \$12.95

ROASTED FLATBREADS

FOUR CHEESE

SUNDRIED TOMATO ~ FRESH HERBS. \$10.50

MARGHERITA

FRESH MOZZARELLA ~ ROMA TOMATO ~ BASIL. \$10.50

ITALIAN SAUSAGE & ROASTED PEPPER

~~SAN MARZANO TOMATO SAUCE, GRILLED ONIONS AND PEPPERS,~~
SPICY SAUSAGE, MOZZARELLA AND GORGONZOLA CHEESE. \$12.95

SPEZIA CAESAR

CAESAR DRESSING, MOZZARELLA, PARMESAN, CHICKEN, DICED TOMATOES, AND
TOPPED WITH CAESAR SALAD. \$11.95

SALADS

CIAO BABY SALAD \$4.95 HOUSE SALAD \$3.95 SPEZIA SALAD \$4.95 CAESAR SALAD \$4.95

MEDITERRANEAN CHICKEN

MIXED GREENS WITH CHOPPED ARTICHOKE, FETA CHEESE, PEPPERONCINI, ROMA TOMATO,
KALAMATA OLIVES AND RED ONIONS ~ MEDITERRANEAN GREEK DRESSING. \$11.95

WOOD GRILLED FRESH SALMON

ROASTED TOMATO, ASPARAGUS, GORGONZOLA, LONG STEM ARTICHOKE, BORETTANE ONIONS ~
BALSAMIC VINAIGRETTE DRESSING. \$16.95

SPEZIA WOOD GRILLED CHICKEN

MIXED GREENS, CRISPY PROSCIUTTO, GORGONZOLA ~ TOSSED WITH BALSAMIC VINAIGRETTE DRESSING. \$12.95

CHOPPED CAESAR

ROMAINE TOSSED WITH ROMA TOMATO, HARD BOILED EGG, PINE NUTS AND ARTICHOKE
~ TOPPED WITH A WOOD GRILLED CHICKEN BREAST. \$12.95

CHICKEN SALAD

WOOD GRILLED CHICKEN BREAST SALAD ON MIXED GREENS SURROUNDED BY
FRESH SEASONAL FRUITS ~ MANGO PINEAPPLE VINAIGRETTE DRESSING. \$10.95

AHI TUNA

GRILLED PORTOBELLO MUSHROOM, ROASTED RED PEPPERS, CAPER BERRIES, RED ONION,
ROASTED TOMATOES AND ZING THAI VINAIGRETTE. \$16.95

~ SPEZIA DRESSINGS: BALSAMIC VINAIGRETTE, CREAMY GORGONZOLA,
PEPPERCORN RANCH, MEDITERRANEAN GREEK, RASPBERRY,
MANGO PINEAPPLE VINAIGRETTE, ZING THAI VINAIGRETTE ~

SPEZIA DRINK LIST

TAP BEERS

~16 or 23 oz. ~

BOULEVARD WHEAT

MORETTI

FAT TIRE

SEASONAL NEW BELGIUM

GUINNESS

BUD LIGHT

IMPORTS/MICROBREWS

MORETTI LA ROSSA

BUCK'S REGULAR

CORONA

AMSTEL LIGHT

HEINEKEN

PERONI

LEINENKUGEL'S RED LAGER

NEWCASTLE BROWN ALE

SEASONAL

SAMUEL ADAMS WINTER

LEINENKUGEL'S APPLE SPICE

SUMMIT WINTER ALE

BEER MIXES

CREAM AND WHEAT ~ Guinness and
Boulevard Wheat

IRISH TIRE ~ Guinness and Fat Tire

ITALIAN IRISH ~ Guinness and Moretti

WINES BY THE GLASS

VINO BIANCO

BERINGER WHITE ZINFANDEL ~ \$5.50

MARCO NEGRI MOSCATO ~ \$8.50

COVEY RUN REISLING ~ \$6.25

FEUDO ARANCIO GRILLO ~ \$6

CAPOLSALDO-PINOT GRIGIO ~ \$7.25

PETER ZEMMER PINOT GRIGIO ~ \$8.25

RUFFINO "LIBAIO" CHARDONNAY ~ \$6

KENDALL-JACKSON CHARDONNAY ~ \$7.25

VINO ROSSO

SPEZIA HOUSE CHIANTI ~ \$5

GABBIANO CHIANTI DOCG ~ \$5.50

ROCCA DELLE MACIE CHIANTI ~ \$7.75

KIM CRAWFORD-PINOT NOIR ~ \$8.25

DE BORTOLI SHIRAZ ~ \$6.25

BANFI CENTINE SANG-CAB-MERLOT ~ \$7

ZONIN MERLOT ~ \$5.25

FIRESTONE MERLOT ~ \$8.25

BLACK OPAL CAB-MERLOT ~ \$6.75

STERLING CABERNET ~ \$8

RENWOOD-ZINFANDEL ~ \$7

RENWOOD-BARBERA ~ \$7

HOT WINTER DRINKS

SPEZIA HOT CIDERS

~with a cinnamon stick~

CIDER SPEZIA

\$3.50

CIDER CRANBERRY

\$3.50

 SPICED RUM CIDER

\$6.00

 RED WINE CIDER

\$4.50

HOT COCOAS \$3.50

~ marshmallows or whipped cream ~

add these flavors ~ ALMOND ROCA, BUTTER RUM, RASPBERRY, PEPPERMINT, VANILLA, HAZELNUT,
SUGAR-FREE VANILLA, SUGAR-FREE HAZELNUT

 HOT ALMOND JOY \$6.00

hot cocoa, coconut rum, amaretto

 IRISH CREAM COCOA \$6.00

nice creamy dessert

 Indicates alcoholic beverages

COUNTY OF STEARNS

Environmental Services Department

Administration Center Rm. 343 • 705 Courthouse Square • St. Cloud, MN 56303
320-656-3613 • Fax 320-656-6484 • 1-800-450-0852

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TO: Trisha Robinson
1-651-201-5082

FROM: HANK SCHREIFELS
STEARNS COUNTY ENVIRONMENTAL SERVICES
320-656-6484 (fax)
320-656-3613 (voice)
e-mail: hank.schreifels@co.stearns.mn.us

COMMENTS:

Here they are



601 North Pinecone Road
Sartell, MN 56377

Phone: 320.656.9000
Fax: 320.656.2198
www.mulligansevents.com

Fax

To: Hank From: Cindee

Business: Stearns County Pages: 3 to follow

Fax: 656-6484 Phone: 320-656-9000

Date: 10/22/2009 RE: Invoices

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

