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**IN THE CIRCUIT COURT OF ROANOKE CITY FOR THE
COMMONWEALTH OF VIRGINIA**

MINDY SUE PERDUE)
PO Box 323)
Wirtz, VA 24184)
)
Plaintiff,)
)
v.)
)
FAMOUS ANTHONY’S, INC.)
PO Box 21707)
Roanoke, Virginia 24018)
)
Serve: Douglas S. Wilson)
Registered Agent)
4725 Garst Mill Road)
Suite 3)
Roanoke, Virginia 24018)
)
Defendant.)
_____)

CASE NO.: _____

JURY TRIAL DEMANDED

COMPLAINT FOR DAMAGES

Plaintiff, Mindy Perdue (“Plaintiff”), by and through undersigned counsel, hereby files this
Complaint against the defendant, Famous Anthony’s, Inc. (“Defendant”), and states as follows:

NATURE OF ACTION

1. This is an action against Defendant for the wrongful manufacture, distribution, and
sale of food products that were contaminated by Hepatitis A. Plaintiff consumed the defective food
products, which caused her to suffer the significant injuries described below.

PARTIES

2. Plaintiff Mindy Perdue is a resident and citizen of Franklin County, Virginia.

1 consumed in Virginia; and (5) caused injury in this Commonwealth by breach of warranty expressly
2 or impliedly made in the sale of goods inside Virginia under circumstances in which they might
3 reasonably have expected the Plaintiff to consume or be affected by the goods in Virginia, and (6)
4 regularly do or solicit business and engage in other persistent conduct and/or derive substantial
5 revenue from goods used or consumed in Virginia.

6 FACTS

7 11. **Hepatitis A.** Exposure to hepatitis A virus or (“HAV”) can cause an acute infection
8 of the liver that is typically mild and resolves on its own. The symptoms and duration of illness vary
9 a great deal, with many persons showing no symptoms at all. Fever and jaundice are two of the
10 symptoms most associated with HAV infection.

11 12. Throughout history, hepatitis infections have plagued humans. The “earliest accounts
12 of contagious jaundice are found in ancient China.”

13 13. According to the CDC: The first descriptions of hepatitis (epidemic jaundice) are
14 generally attributed to Hippocrates. Outbreaks of jaundice, probably hepatitis A, were reported in
15 the 17th and 18th centuries, particularly in association with military campaigns. Hepatitis A was
16 first differentiated epidemiologically from hepatitis B, which has a long incubation period, in the
17 1940s. Development of serologic tests allowed definitive diagnosis of hepatitis B. In the 1970s,
18 identification of the virus, and development of serologic tests helped differentiate hepatitis A from
19 other types of non-B hepatitis.

20 14. Until 2004, HAV was the most frequently reported type of hepatitis in the United
21 States. In the pre-vaccine era, the primary methods used for preventing HAV infections were
hygienic measures and passive protection with immune globulin (IG). Hepatitis A vaccines were
licensed in 1995 and 1999. These vaccines provide long-term protection against HAV infection.

1 15. Hepatitis A is the only common vaccine-preventable foodborne disease in the United
2 States. This virus is one of five human hepatitis viruses that primarily infect the human liver and
3 cause human illness. Unlike hepatitis B and C, hepatitis A does not develop into chronic hepatitis
4 or cirrhosis, which are both potentially fatal conditions. Nonetheless, infection with the hepatitis A
5 virus (HAV) can lead to acute liver failure and death.

6 16. Hepatitis A is a communicable (or contagious) disease that often spreads from person
7 to person. Person-to-person transmission occurs via the “fecal-oral route,” while all other exposure
8 is generally attributable to contaminated food or water. Food-related outbreaks are usually associated
9 with contamination of food during preparation by a HAV-infected food handler. The food handler
10 is generally not ill because the peak time of infectivity—that is, when the most virus is present in the
11 stool of an infected individual—occurs two weeks before illness begins.

12 17. HAV is relatively stable and can survive for several hours on fingertips and hands and
13 up to two months on dry surfaces. The virus can be inactivated by heating to 185°F (85°C) or higher
14 for one minute or disinfecting surfaces with a 1:100 dilution of household bleach in tap water.¹ HAV
15 can still be spread from cooked food if it is contaminated after cooking.

16 18. Hepatitis A may cause no symptoms at all when it is contracted, especially in
17 children.² Asymptomatic individuals will only know they were infected (and have become immune,
18 given that you can only get hepatitis A once) by getting a blood test later in life. Approximately 10
19

20 ¹ CDC, “Updated recommendations from Advisory Committee on Immunization Practices (ACIP) for use of
21 hepatitis A vaccine in close contacts of newly arriving international adoptees,” *Morbidity and Mortality Weekly
Report*, Vol. 58, No. 36, (Sept. 18, 2006), <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5836a4.htm>; Fiore,
Anthony, *et al.*, Advisory Committee on Immunization Practices (ACIP), *Prevention of Hepatitis-A Through Active or
Passive Immunization: Recommendations*, *Morbidity & Mortality Weekly Review*, Vol. 55, Report 407, (May 29,
2006) at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm>; Todd, Ewan C.D., *et al.*, “Outbreaks Where
Food Workers Have Been Implicated in the Spread of Foodborne Disease. Part 6. Transmission and Survival of
Pathogens in the Food Processing and Preparation-environment,” *Journal of Food Protection*, Vol. 72, 202-19 (2009).
Full text of the article is available online at
http://courses.washington.edu/eh451/articles/Todd_2009_food%20processing.pdf.

² Fiore, Anthony, Division of Viral Hepatitis, CDC, “Hepatitis A Transmitted by Food,” *supra* note 7

1 to 12 days after exposure, HAV is present in blood and is excreted via the biliary system into the
2 feces. Although the virus is present in the blood, its concentration is much higher in feces. HAV
3 excretion begins to decline at the onset of clinical illness and decreases significantly by 7 to 10 days
4 after onset of symptoms. Most infected persons no longer excrete virus in the feces by the third week
5 of illness. Children may excrete HAV longer than adults.

6 19. Symptoms typically begin about 28 days after contracting HAV but can begin as early
7 as 15 days or as late as 50 days after exposure. The symptoms include muscle aches, headache,
8 anorexia (loss of appetite), abdominal discomfort, fever, and malaise.

9 20. After a few days of typical symptoms, jaundice (also termed “icterus”) sets in.
10 Jaundice is a yellowing of the skin, eyes, and mucous membranes that occurs because bile flows
11 poorly through the liver and backs up into the blood. The urine will also turn dark with bile and the
12 stool light or clay-colored from lack of bile. When jaundice sets in, initial symptoms such as fever
13 and headache begin to subside.

14 21. In general, symptoms usually last less than two months, although 10% to 15% of
15 symptomatic persons have prolonged or relapsing disease for up to 6 months. It is not unusual,
16 however, for blood tests to remain abnormal for six months or more. The jaundice so commonly
17 associated with HAV can also linger for a prolonged period in some infected persons, sometimes
18 eight months or more. Additionally, pruritus, or severe “itchiness” of the skin, can persist for several
19 months after the onset of symptoms. These conditions are frequently accompanied by diarrhea,
20 anorexia, and fatigue.

21 22. Relapse is possible with hepatitis A, typically within three months of the initial onset
of symptoms. Although relapse is more common in children, it does occur with some regularity in

1 adults. Most persons who are infected with hepatitis A fully recover, and do not develop chronic
2 hepatitis. Persons do not carry HAV long-term as with hepatitis B and C.

3 23. Fulminant hepatitis A, or acute liver failure, is a rare but devastating complication of
4 HAV infection. As many as 50% of individuals with acute liver failure may die or require emergency
5 liver transplantation. Elderly patients and patients with chronic liver disease are at higher risk for
6 fulminant hepatitis A. In parallel with a declining incidence of acute HAV infection in the general
7 population, however, the incidence of fulminant HAV appears to be decreasing.

8 24. HAV infects the liver's parenchymal cells (internal liver cells). Once a cell has been
9 penetrated by the viral particles, the hepatitis A releases its own toxins that cause, in essence, a hostile
10 takeover of the host's cellular system. The cell then produces new viral components that are released
11 into the bile capillaries or tubes that run between the liver's parenchymal cells. This process results
12 in the death of liver cells, called hepatic necrosis.

13 25. The fulminant form of hepatitis occurs when this necrotic process kills so many liver
14 cells—upwards of three-quarters of the liver's total cell count—that the liver can no longer perform
15 its job. Aside from the loss of liver function, fulminant hepatic failure can lead to encephalopathy
16 and cerebral edema. Encephalopathy is a brain disorder that causes central nervous system depression
17 and abnormal neuromuscular function. Cerebral edema is a swelling of the brain that can result in
18 dangerous intracranial pressure. Intracranial hypertension leading to a brain stem death and sepsis
19 with multiple organ failure are the leading causes of death in individuals with fulminant hepatic
20 failure.

21 26. Hepatitis A is much more common in countries with underdeveloped sanitation
systems and, thus, is a risk in most of the world. An increased transmission rate is seen in all countries
other than the United States, Canada, Japan, Australia, New Zealand, and the countries of Western

1 Europe. Nevertheless, infections continue to occur in the United States, where approximately one-
2 third of the population has been previously infected with HAV.

3 27. Each year, approximately 30,000 to 50,000 cases of hepatitis A occur in the United
4 States. Historically, acute hepatitis A rates have varied cyclically, with nationwide increases every
5 10 to 15 years. The national rate of HAV infections has declined steadily since the last peak in 1995.
6 Although the national incidence—1.0 case per 100,000 population—of hepatitis A was the lowest
7 ever recorded in 2007, it is estimated that asymptomatic infections and underreporting kept the
8 documented incidence-rate lower than it actually is. In fact, it is estimated that there were 25,000
9 new infections in 2007.

10 28. **The HAV Outbreak:** The Virginia Department of Health and the Roanoke City
11 and Alleghany Health Districts (RCAHD) have identified a cluster of hepatitis A cases linked to an
12 employee who worked at three Famous Anthony’s restaurant locations in Virginia. Patrons who
13 visited the famous Anthony’s locations at 4913 Grandin Road, 6499 Williamson Road, or 2221
14 Crystal Spring Avenue between August 10 and August 26 of 2021 may have been exposed. As of
15 September 28, 2021, there were fourteen confirmed infections related to this outbreak, resulting in
16 at least three hospitalizations.

17 29. **Mindy Perdue’s HAV Infection:** Plaintiff ate at the 4913 Grandin Road Famous
18 Anthony’s restaurant on August 21, 2021. She purchased and consumed a gravy biscuit combo. Ms.
19 Perdue began to feel ill on September 17, 2021, which is consistent with a typical symptom onset of
20 approximately 28 days. She suffered from migraines, a severely elevated temperature, vomiting,
21 jaundice, and dark urine. Ultimately Ms. Perdue was hospitalized after developing jaundice. All her
injuries were due to consuming the food products sold to her by Defendant.

30. As a direct and proximate result of consuming Defendants’ tainted food products,

1 Plaintiff contracted Hepatitis A; has suffered, and will continue to suffer, extreme physical and
2 emotional damages; has incurred, and will continue to incur, significant medical expenses, and has
3 suffered wage loss.

4 **COUNT ONE**
5 **(NEGLIGENCE)**

6 31. The allegations in Paragraphs 1 through 30 above are incorporated by reference as if
7 fully set forth herein.

8 32. At the time and place, Plaintiff purchased and was supplied with food products for
9 immediate consumption. One or more of the food products, which manufactured, supplied, and sold
10 by Defendant, was contaminated with Hepatitis A.

11 33. Defendant, directly and through its agents and employees, had a duty to exercise
12 due care in the manufacturing, supplying, selling, and/or preparation of said food products, and had
13 a duty to sell them free from contamination and/or foreign substances and fit for human
14 consumption.

15 34. Notwithstanding these duties, Defendant, directly and through its agents and
16 employees, negligently manufactured, supplied, and sold the contaminated food to Plaintiff, and
17 Defendant negligently allowed said food products to be manufactured, supplied, prepared, and sold
18 contaminated with Hepatitis A, a deadly pathogen.

19 35. Defendant owed a duty to Plaintiff to manufacture, prepare, and sell supplies and raw
20 materials that complied with federal, state, and local food laws, ordinances, and regulations; that
21 were safe and reliable sources; that were clean, wholesome, and free from adulteration; and that were
safe for human consumption and for their intended purposes. Defendant breached this duty.

36. Defendants owed a duty to Plaintiff to use reasonable care in the selection,
supervision, and monitoring of its employees and agents. Defendant breached this duty.

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COUNT FOUR
**(Negligence *Per Se* – Violations of Sections 3.2-5122 and
3.2-5126 of the Code of Virginia)**

52. The allegations in Paragraphs 1 through 51 are incorporated by reference as if fully set forth herein.

53. At all relevant times, the food products that Defendant manufactured, distributed, processed, prepared, supplied, and sold was adulterated with Hepatitis A and was poisonous to Plaintiff.

54. Pursuant to Section 3.2-5122 of the Code of Virginia, food is adulterated if, *inter alia*:

- i) It bears or contains any poisonous or deleterious substance that may render it injurious to health; and/or
- ii) It consists in whole or in part of a diseased, contaminated, filthy, putrid, or decomposed substance, or if it is otherwise unfit for food; and/or
- iii) It has been produced, prepared, packed, or held under unsanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered diseased, unwholesome, or injurious to health.

55. The food products purchased by Plaintiff at the Restaurant and consumed by Plaintiff was adulterated, as it contained deleterious substances; consisted in whole or in part of a diseased, contaminated, filthy, and putrid substance, and was otherwise unfit for food; and was produced, prepared, packed, or held under unsanitary conditions whereby they became contaminated with filth or whereby they have been rendered diseased, unwholesome, or injurious to health.

56. Code of Virginia § 3.2-5126 prohibits the manufacture, sale, delivery, and holding or offering for sale of adulterated food; the adulteration of any food; the receipt in commerce of any

1 food that is adulterated; the delivery or proffered delivery thereof for pay or otherwise; the
2 dissemination of any false advertisement in connection with food; and the giving of a false guaranty
3 or undertaking concerning a food.

4 57. Defendant manufactured, prepared, processed, distributed, supplied, held or offered
5 for sale, and sold food products that were adulterated; adulterated the food products; and/or
6 received in commerce food products that were adulterated and delivered or proffered delivery
7 thereof for pay or otherwise.

8 58. The actions of Defendant were in violation of Sections 3.2-5122 and 3.2-5126 of the
9 Code of Virginia.

10 59. Defendant's aforesaid violations of these sections of the Code of Virginia constitute
11 negligence *per se*.

12 60. Sections 3.2-5122 and 3.2-5126 were enacted for the safety and benefit of both the
13 public in general, as well as patrons of restaurants in the Commonwealth of Virginia, both classes
14 of which Plaintiff was and is a member.

15 61. Defendant is required pursuant to Sections 3.2-5122 and 3.2-5126 of the Code of
16 Virginia to ensure the manufacture and/or preparation of unadulterated food products and to
17 distribute and sell food products free from contamination and/or disease and fit for human
18 consumption.

19 62. Notwithstanding these laws, Defendant, directly and through their agents or
20 employees, negligently sourced, processed, distributed, supplied, manufactured, held or offered for
21 sale, and sold adulterated food products that were purchased by Plaintiff, and they allowed said
food products to be distributed and sold to Plaintiff in their contaminated state in violation of
Sections 3.2-5122 and 3.2-5126 of the Code of Virginia.

1 of the Virginia Consumer Protection Act to recover actual damages, including treble damages if the
2 Defendant's violation was willful, as well as attorneys' fees and court costs.

3 70. As a direct and proximate result of Defendant's violations of the Virginia Consumer
4 Protection Act, Plaintiff was caused to suffer serious injuries, as described above.

5 WHEREFORE, Plaintiff Mindy Sue Perdue demands judgment against Defendant Famous
6 Anthony's, Inc. for compensatory damages in the amount of Five Hundred Thousand \$500,000 plus
7 pre-judgment interest from the date of injury and costs.

8 TRIAL BY JURY IS DEMANDED.

9 MINDY SUE PERDUE
10 By Counsel

1 Respectfully submitted:

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5 BY: _____

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