

# NATIONAL OUTBREAK REPORTING SYSTEM

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**STATE ID:** 27112416

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**FINAL TIME STAMP:** 2/21/2017

@ - Indicates the full text or additional list/table items can be found in the appendix.

@@ - Indicates additional list/table items can be found in the NORS Interface.

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General

# National Outbreak Reporting System



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

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

CDC USE ONLY

CDC Report ID 270824	State Report ID 27112416
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Form Approved  
OMB No. 0920-0004

### General Section – complete for all modes of transmission except Water

#### Primary Mode of Transmission (check one)

- Food (complete General, Etiology, and Food tabs)
- Water (complete CDC 52.12)
- Animal contact (complete General, Etiology, and Animal Contact tabs)
- Person-to-person (complete General, Etiology, and Settings tabs)
- Environmental contamination other than food/water (complete General, Etiology, and Settings tabs)
- Other/Unknown (complete General, Etiology, and Settings tabs)

#### Investigation Methods (check all that apply)

- Interviews only of ill persons
- Case-control study
- Cohort study
- Food preparation review
- Water system assessment: Drinking water
- Water system assessment: Nonpotable water
- Treated or untreated recreational water venue assessment
- Investigation at factory/production/treatment plant
- Investigation at original source (e.g., farm, water source, etc.)
- Food product or bottled water traceback
- Environment/food/water sample testing
- Other

#### Comments

Not a significant number of well people were interviewed.

#### Dates (mm/dd/yyyy)

Date first case became ill (required)	_____/_____/2016	Date last case became ill	_____/_____/2016
Date of initial exposure	_____/_____/2016	Date of last exposure	_____/_____/2016
Date of report to CDC (other than this form)	_____/_____/_____		
Date of notification to State/Territory or Local/Tribal Health Authorities	11 / 26 / 2016		

#### Geographic Location

Exposure state: New York

- Exposure occurred in multiple states
  - Exposure occurred in a single state, but cases resided in another state or multiple states
- Other states: Indiana, Massachusetts, Virginia  
(For multistate exposure or multistate residency outbreaks, enter the case count for each state)

Exposure county: Monroe

- Exposure occurred in multiple counties in exposure state
  - Exposure occurred in a single county, but cases resided in another county or multiple counties
- Other counties: Wayne

City/Town/Place of exposure: Greece

(Do not include proprietary or private facility names)

#### Primary Cases

Number of primary cases	Sex (number or percent of the primary cases)					
	#	%	#	%		
Lab-confirmed primary cases	1		# Male 39	# 46.43 %		
Probable primary cases	83		# Female 45	# 53.57 %		
Estimated total primary cases	84		# Unknown 0	# 0.00 %		
Primary Case Outcomes	# Cases	Total # of cases for whom info is available	Age (number or percent of the primary cases)			
			#	%	#	%
Died	0	# 84	# <1 year 0	# 0.00 %	20–49 years 24	# 28.57 %
Hospitalized	4	# 84	# 1–4 years 0	# 0.00 %	50–74 years 46	# 54.76 %
Visited Emergency Room	4	# 84	# 5–9 years 0	# 0.00 %	≥ 75 years 10	# 11.90 %
Visited health care provider (excluding ER visits)	5	# 84	# 10–19 years 4	# 4.76 %	Unknown 0	# 0.00 %

**General**

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

Incubation Period (circle appropriate units)			Duration of Illness (among recovered cases-circle appropriate units)		
Shortest	3	Hours	Shortest	1	Hours
Median	12	Hours	Median	24	Hours
Longest	21	Hours	Longest	100	Hours
Total # of cases for whom info is available	83		Total # of cases for whom info is available	70	
<input type="checkbox"/> Unknown incubation period			<input type="checkbox"/> Unknown duration of illness		

**Signs or Symptoms (\*Refer to terms from appendix, if appropriate, to describe other common characteristics of cases.)**

Feature	# Cases with signs or symptoms	Total # of cases for whom info is available
Vomiting	16	84
Diarrhea	84	84
Bloody stools	2	84
Fever	2	84
Abdominal cramps	53	84
HUS	0	84
Asymptomatic	0	84
* Body ache	8	84
* Headache	4	84
* Nausea	25	84

**Secondary Cases**

Mode of secondary transmission (check all that apply)	Number of secondary cases	
<input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Animal contact <input type="checkbox"/> Person-to-person <input type="checkbox"/> Environmental contamination other than food/water <input type="checkbox"/> Other/Unknown	Lab-confirmed secondary cases	0 #
	Probable secondary cases	0 #
	Estimated total secondary cases	0 #
	Estimated total cases (Primary + Secondary)	84 #

**Environmental Health Specialists Network (if applicable)**

EHS-Net Evaluation ID: 1.) 8455 2.) \_\_\_\_\_ 3.) \_\_\_\_\_ 4.) \_\_\_\_\_

**Traceback (for food and bottled water only, not public water)**

Please check if traceback conducted

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

**Recall**

Please check if any food or bottled water product was recalled

Type of item recalled:

Comments:

**Reporting Agency**

Reporting state: New York E-mail: dcn01@health.state.ny.us  
 Agency name: New York State Department of Health Phone no.: 518-402-7600  
 Contact name: David Nicholas Fax no.: 518-402-7609  
 Contact title: Epidemiologist

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

@ There was 1 lab confirmed case and 83 probable cases, totaling 84 based on ability to interview sick persons. An additional 220 persons reported illness but no additional information was able to be obtained. While excluded from probable cases, the reports of illness suggest there may have been as many as 304 cases in total. Of the stool specimens collected: 1 stool specimen collected on \_\_\_\_\_ 16 had greater than \_\_\_\_\_ 4 of the remainin

**Etiology Section** – complete for all modes of transmission except Water

1. Were any specimens collected and tested?  Yes  No  Unknown (If no or unknown, skip to Q5.)
2. How many specimens of each type were tested?

Type of sample	Tested? (Yes/No/Unknown)	No. specimens tested
Human specimen	Yes	6
Animal specimen		
Food	Yes	9
Water		
Other environmental, specify in general remarks		

3. What were they tested for? (check all that apply)
- Bacteria (or bacterial toxins)
- Viruses
- Parasites
- Chemicals/Toxins
- Unknown
4. Test types (select all test types used for clinical specimens)
- Culture
- DNA or RNA Amplification/Detection (e.g. PCR, RT-PCR)
- Microscopy (e.g. Fluorescent, EM)
- Serological/immunological test (e.g., EIA, ELISA)
- Chemical testing
- Tissue culture infectivity assay
- Other (describe in general remarks)
- Unknown

5. Is there at least one confirmed\* or suspected outbreak etiology(s)?
- Yes  No (unknown etiology) (If no, skip to next section.)

\*See [http://www.cdc.gov/foodsafety/outbreaks/investigating-outbreaks/confirming\\_diagnosis.html](http://www.cdc.gov/foodsafety/outbreaks/investigating-outbreaks/confirming_diagnosis.html)

**Etiology**

(Name the bacterium, chemical/toxin, virus, or parasite. If available, include the serotype and other characteristics such as phage type, virulence factors, and metabolic profile.)

Genus	Species	Serotype/Genotype	Other characteristics	# Of Lab-Confirmed cases	Detected in~	Etiology confirmed or suspected
Clostridium	perfringens		Found in food but below threshold for	1	1, 2	Suspected

~Detected in (choose all that apply): 1 – patient specimen; 2 – food specimen; 3 – environmental specimen; 4 – food-worker specimen; 5 – water sample; 6 – animal specimen;

**Isolates/Strains**

(For bacterial pathogens, provide a representative for each distinct pattern. For viral pathogens, provide CaliciNet key, outbreak number, sequenced region, and genotype for each distinct strain.)

State Lab ID/ Accession ID/ CaliciNet Key	CDC PulseNet Cluster Code or CaliciNet Outbreak Number	CDC PulseNet Pattern Designation for Enzyme 1	CDC PulseNet Pattern Designation for Enzyme 2	CaliciNet Sequenced Region/Other Molecular Designation 1	CaliciNet Genotype/ Other Molecular Designation 2

**Settings Section** – complete for person-to-person, environmental contamination, and other/unknown primary mode of transmission

**Major setting of exposure (choose one)**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Camp           | <input type="checkbox"/> Hospital   | <input type="checkbox"/> Other healthcare facility | <input type="checkbox"/> Religious facility        |
| <input type="checkbox"/> Child day care | <input type="checkbox"/> Hotel/motel  | <input type="checkbox"/> Other, specify: _____     | <input type="checkbox"/> Restaurant                |
| <input type="checkbox"/> Event space    | <input type="checkbox"/> Long-term care/nursing home/assisted living facility | <input type="checkbox"/> Prison/jail               | <input type="checkbox"/> School/college/university |
| <input type="checkbox"/> Festival/fair  | <input type="checkbox"/> Office/indoor workplace                              | <input type="checkbox"/> Private home/residence    | <input type="checkbox"/> Ship/boat                 |

**Attack rates for major setting of exposure**

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

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

**Other settings of exposure (choose all that apply)**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Camp           | <input type="checkbox"/> Hospital   | <input type="checkbox"/> Other healthcare facility | <input type="checkbox"/> Religious facility        |
| <input type="checkbox"/> Child day care | <input type="checkbox"/> Hotel/motel  | <input type="checkbox"/> Other, specify: _____     | <input type="checkbox"/> Restaurant                |
| <input type="checkbox"/> Event space    | <input type="checkbox"/> Long-term care/nursing home/assisted living facility | <input type="checkbox"/> Prison/jail               | <input type="checkbox"/> School/college/university |
| <input type="checkbox"/> Festival/fair  | <input type="checkbox"/> Office/indoor workplace                              | <input type="checkbox"/> Private home/residence    | <input type="checkbox"/> Ship/boat                 |

**Animal Contact Section** – complete for animal contact primary mode of transmission

Setting of exposure	Type of animal	Animal Contact Remarks

**Food Section** – complete for foodborne primary mode of transmission

Food vehicle undetermined

Food	1	2	3
Name of food (excluding any preparation)	gravy		
Ingredient(s) (enter all that apply)	turkey;		
Contaminated ingredient(s) (enter all that apply)			
Total # of cases exposed to implicated food	68		
Reason(s) suspected (enter all that apply from list in appendix)	3-Compelling supportive information;		
Method of processing (enter all that apply from list in appendix)	11 - None or Unknown;		
Method of preparation (select one from list in appendix)	5 - Cook and hot hold prior to service.;		
Level of preparation (select one from list in appendix)	3 - Foods eaten heat processed.;		
Contaminated food imported to US?	<input type="checkbox"/> Yes, Country _____ <input type="checkbox"/> Yes, Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Country _____ <input type="checkbox"/> Yes, Unknown <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Country _____ <input type="checkbox"/> Yes, Unknown <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was product both produced under domestic regulatory oversight and sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Location where food was prepared <i>(check all that apply)</i>		Location of exposure (where food was eaten) <i>(check all that apply)</i>	
<input type="checkbox"/> Banquet facility <i>(food prepared and served on-site)</i>	<input type="checkbox"/> Other healthcare facility	<input type="checkbox"/> Banquet facility <i>(food prepared and served on-site)</i>	<input type="checkbox"/> Other healthcare facility
<input type="checkbox"/> Camp	<input type="checkbox"/> Prison/jail	<input type="checkbox"/> Camp	<input type="checkbox"/> Prison/jail
<input type="checkbox"/> Caterer <i>(food prepared off-site from where served)</i>	<input type="checkbox"/> Private home/residence	<input type="checkbox"/> Caterer <i>(food prepared off-site from where served)</i>	<input type="checkbox"/> Private home/residence
<input type="checkbox"/> Child day care	<input type="checkbox"/> Religious facility	<input type="checkbox"/> Child day care	<input type="checkbox"/> Religious facility
<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Restaurant- Buffet	<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Restaurant- Buffet
<input type="checkbox"/> Farm/dairy	<input type="checkbox"/> Restaurant – ‘Fast-food’ <i>(drive up service or pay at counter)</i>	<input type="checkbox"/> Farm/dairy	<input type="checkbox"/> Restaurant – ‘Fast-food’ <i>(drive up service or pay at counter)</i>
<input type="checkbox"/> Grocery store	<input type="checkbox"/> Restaurant – Other or unknown type	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Restaurant – Other or unknown type
<input type="checkbox"/> Hospital	<input type="checkbox"/> Restaurant – Sit-down dining	<input type="checkbox"/> Hospital	<input type="checkbox"/> Restaurant – Sit-down dining
<input type="checkbox"/> Hotel/motel	<input type="checkbox"/> School/college/university	<input type="checkbox"/> Hotel/motel	<input type="checkbox"/> School/college/university
<input type="checkbox"/> Long-term care/nursing home/assisted living facility	<input type="checkbox"/> Ship/boat	<input type="checkbox"/> Long-term care/nursing home/assisted living facility	<input type="checkbox"/> Ship/boat
<input type="checkbox"/> Office/indoor workplace	<input type="checkbox"/> Unknown	<input type="checkbox"/> Office/indoor workplace	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other <i>(describe in Where Prepared Remarks)</i>		<input type="checkbox"/> Other <i>(describe in Where Eaten Remarks)</i>	
Where Prepared Remarks:		Where Eaten Remarks:	

**Contributing Factors** *(check all that contributed to this outbreak)*

Contributing factors unknown

**Contamination Factor**  
 C1  C2  C3  C4  C5  C6  C7  C8  C9  C10  C11  C12  C13  C14  C15  C-N/A

**Proliferation/Amplification Factor** *(bacterial outbreaks only)*  
 P1  P2  P3  P4  P5  P6  P7  P8  P9  P10  P11  P12  P-N/A

**Survival Factor**  
 S1  S2  S3  S4  S5  S-N/A

**The confirmed or suspected point of contamination** *(check one)*

Before preparation     Preparation    If ‘Before Preparation’:     Pre-Harvest     Processing     Unknown

**Reason suspected** *(check all that apply)*

<input checked="" type="checkbox"/> Environmental evidence	<input type="checkbox"/> Laboratory evidence
<input checked="" type="checkbox"/> Epidemiologic evidence	<input checked="" type="checkbox"/> Prior experience makes this a likely source

**Was food-worker implicated as the source of contamination?**     Yes     No  
**If yes, please check only one of the following:**  
 Laboratory *and* epidemiologic evidence     Epidemiologic evidence  
 Laboratory evidence     Prior experience makes this a likely source

**School Questions**  
*(Complete this section only if “school” is checked in either sections “Location where food was prepared” or “Location of exposure (where food was eaten)”.*

**1. Did the outbreak involve a single or multiple schools?**     Single     Multiple (number of schools \_\_\_\_\_)

**2. School characteristics (for all involved students in all involved schools)**

- a. Total approximate enrollment: \_\_\_\_\_ (number of students)  Unknown or undetermined
- b. Grade level(s)  
 Grade school (grades K-12)  
 Please check all grades affected:  K  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th  11th  12th  
 College/university/technical school  
 Unknown or Undetermined
- c. Primary funding of involved schools  
 Public  Private  Unknown

**3. Describe the preparation of the implicated item: (check all that apply)**

- Heat and serve (item mostly prepared or cooked off-site, reheated on-site)  
 Served a-la-carte  
 Serve only (preheated or served cold)  
 Cooked on-site using primary ingredients  
 Provided by a food service management company  
 Provided by a fast-food vendor  
 Provided by a pre-plate company  
 Part of a club or fundraising event  
 Made in the classroom  
 Brought by a student/teacher/parent  
 Other (describe in General Remarks)  
 Unknown or Undetermined

**4. How many times has the state, county or local health department inspected this school cafeteria or kitchen in the 12 months before the outbreak?\***

- Once  
 Twice  
 More than two times  
 Not inspected  
 Unknown or Undetermined

\*If multiple schools are involved, please answer according to the most affected school.

**5. Does the school have a HACCP plan in place for the school feeding program?\***

- Yes  
 No  
 Unknown or Undetermined

\*If multiple schools are involved, please answer according to the most affected school.

**6. Was implicated food item provided to the school through the National School Lunch/Breakfast Program?**

- Yes  
 No  
 Unknown or Undetermined

If yes, was the implicated food item donated/purchased by:

- USDA through the Commodity Distribution Program  
 The state/school authority  
 Other (describe in General Remarks)  
 Unknown or Undetermined

**Ground Beef**

1. What percentage of ill persons (for whom information is available) ate ground beef raw or undercooked? \_\_\_\_\_ %
2. Was ground beef case-ready?  Yes  No  Unknown  
 (Case-ready ground beef is meat that comes from a manufacturer packaged for sale that is not altered or repackaged by the retailer.)
3. Was the beef ground or reground by the retailer?  
 Yes  No  Unknown  
 If yes, was anything added to the beef during grinding (such as shop trim or any product to alter the fat content)?: \_\_\_\_\_

**Additional Salmonella Questions**

(Complete this section for Salmonella outbreaks)

**1. Phage type(s) of patient isolates:**

\_\_\_\_\_ if RDNC\* then include # \_\_\_\_\_ if RDNC\* then include # \_\_\_\_\_  
 \_\_\_\_\_ if RDNC\* then include # \_\_\_\_\_ if RDNC\* then include # \_\_\_\_\_

\* Reacts, Does Not Conform

**Eggs****1. Were eggs (check all that apply)**

- in shell, unpasteurized?  consumed raw?  
 in shell, pasteurized?  consumed undercooked?  
 packaged liquid or dry?  pooled?  
 stored with inadequate refrigeration during or after sale?

**2. Was Salmonella enteritidis found on the farm?  Yes  No  Unknown****Egg Comment (e.g., eggs and patients isolates matched by phage type):** \_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA, 30333, ATTN: PRA (0920-0004) ←DO NOT MAIL CASE REPORTS TO THIS ADDRESS→

## Appendix

### Truncated General Remarks

There was 1 lab confirmed case and 83 probable cases; totaling 84 based on ability to interview sick persons. An additional 220 persons reported illness, but no additional information was able to be obtained. While excluded from probable cases, the reports of illness suggest there may have been as many as 304 cases in total. Of the stool specimens collected: 1 stool specimen collected on [REDACTED]/16 had [REDACTED] 4 of the remaining 5 samples had *C. perfringens*, but the amount detected was below threshold. 9 food samples were tested: turkey, stuffing, gravy (from a private residence and the restaurant), mashed potatoes, squash, cranberry sauce, peach pie, and au jus. The gravy from the restaurant showed the presence of *C. perfringens* at very low levels, these levels were low enough to not be considered significant. It was noted that the lab had received a very small amount of gravy for testing; this amount was close to the minimum required amount for testing. Notes from the reporting county: "One individual had a [REDACTED] in conjunction with the illness. A [REDACTED] was [REDACTED] for [REDACTED] with [REDACTED]. One individual had [REDACTED] and was unable to [REDACTED]. One person had a [REDACTED] that was [REDACTED]."



**Golden Ponds Restaurant & Party House - GI illness  
OMS 201615431**

**FOODBORNE OUTBREAK INVESTIGATION - SUMMARY REPORT**

Lead Coordinator: Caroline McNamara, Sr. Public Health Sanitarian, Foodborne Disease Surveillance Officer

Lead Investigators: Joseph Zielinski, Public Health Sanitarian

Investigator: Tristan Kasper, Public Health Sanitarian

**EVENT:** [REDACTED] Buffet & Turkey Dinner to Go  
[REDACTED] 2016

**LOCATION:** Golden Ponds Restaurant & Party House  
500 Long Pond Road, Rochester, NY 14623  
GAZ. # 275415401

**PROBLEM:**

On Friday, November 25, 2016, a complaint was received via the on-call emergency pager, reporting illness possibly related to food consumed at the Golden Ponds Restaurant. The caller reported 16 out of 18 people ill within her [REDACTED] and [REDACTED]

Contact with the facility's owner revealed an additional 24 individuals reporting illness from 3 separate parties who ate food on [REDACTED] 2016 at their facility.

**THE FOOD AND SERVICE:**

The outbreak involved a [REDACTED] Buffet. Approximately 800 people were served meals. Take-out orders were provided as well as sit down service.

Suspect meal: Roast beef, ham, turkey, stuffing, gravy, mashed potatoes, butternut squash, pasta, meatballs, Italian sausage, tripe, seafood Newburg, chicken, vegetables along with soups, salads and desserts.

The chef stated that he started his day at 3:45 AM. All foods were cooked that day, except the turkey stock that was made ahead from turkey carcasses that were several days old. The gravy was made with the turkey stock, turkey base, sherry, spices, and rue. It was prepared in a large 80 quart stock pot, cooked on the stove top and held all day on low heat. The gravy was portioned into plastic quart containers for the "To Go" orders and held hot on the buffet line. The gravy was replenished on the buffet line by adding gravy from the kitchen stockpot to the buffet line holding station. The gravy was hot held from 5AM until 4:30PM

The facility can seat 400 customers. First seating was at 11AM, last seating was at 4:30PM.

**ACTION TAKEN:**

Friday evening, November 25, 2016:

An inspection of the facility resulted in 3 red critical violations and 14 blue violations cited.

Saturday, November 26, 2016:

The facility's permit was suspended.

The owner of facility agreed to discard all food and to clean the facility.

Preliminary interviews revealed a very high attack rate.

Stool kits dropped off at the home of ill patrons

Local Hospitals were alerted to collect stool samples related to any ill patient who may have eaten the suspect meal.

## CASE PRESENTATION:

92 individuals were interviewed, their ages ranged from 11 to 92 years old.

84 reported ill. 8 reported that they were well.

220 reporting illness, with no interview completed

Total ill 304

Symptoms reported by the ill respondents: nausea 30%, vomiting 19%, abdominal cramps 63%, diarrhea 100%, weakness 16%, chills 13%, sweats 10%, fever 2%, headache 5%, muscle aches 10%, unintended weight loss 5%  
There were 4 hospitalizations.

Median onset time of illness: 12 hrs. Median duration of illness: 24 hrs.

Three (3) persons voluntarily submitted stool samples for analysis through the MCDPH.

Four (4) hospitalized persons submitted stool samples for analysis through ACM Medical Laboratory Inc.

One stool specimen had greater than [REDACTED]; 4 of the remaining 5 samples had *C. perfringens*, but the amount detected was below the threshold.

Symptoms as reported fit the *C. perfringens* etiology.

### **Clostridium Perfringens:**

*Clostridium perfringens (C. perfringens) is a spore-forming gram-positive bacterium that is found in many environmental sources as well as in the intestines of humans and animals. C. perfringens is commonly found on raw meat and poultry. It prefers to grow in conditions with very little or no oxygen, and under ideal conditions can multiply very rapidly. Some strains of C. perfringens produce a toxin in the intestine that causes illness.*

*Persons infected with C. perfringens develop diarrhea and abdominal cramps within 6 to 24 hours (typically 8-12). The illness usually begins suddenly and lasts for less than 24 hours. Persons infected with C. perfringens usually do not have fever or vomiting. The illness is not passed from one person to another. \*\**

### **DETERMINATIONS:**

The gravy was held for an extended period of time (8+hrs) on the stove top.

The restaurant had no written temperature logs or written policy for monitoring temperatures, therefore there is no way to determine if proper holding temperatures were maintained at the time of the exposure.

*Beef, poultry, gravies, and dried or pre-cooked foods are common sources of C. perfringens infections. C. perfringens infection often occurs when foods are prepared in large quantities and kept warm for a long time before serving. \*\**

Illness symptoms, onset, and duration are consistent with *C. perfringens*.

One stool specimen was [REDACTED] growth for *C. perfringens* with a significant spore count; [REDACTED] for [REDACTED] and [REDACTED]

Based on this information, it is concluded that the source of the illness was most likely the gravy and the outbreak was food related.

\*\* Source: Page last updated: October 8, 2015

Content source: Centers for Disease Control and Prevention  
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

**NOTE:**

Since the outbreak the restaurant has changed its procedures and policies.

- ✓ Re-training of all staff regarding standard operating procedures in the kitchen and on the buffet line.
- ✓ Daily temperature logs will be kept for cooking, cooling, reheating and holding temperatures.
- ✓ An ill food worker policy will be posted and reviewed with staff.
- ✓ The buffet line will be fresh food only, no co-mingling of buffet food with new batches from the kitchen.
- ✓ Smaller portions on buffet line.
- ✓ Smaller batch cooking in the kitchen.
- ✓ Emphasis on excellent sanitation with active managerial controls such as check lists for each employee.