



Salmonella Typhimurium Outbreak Linked to Restaurant Salad Dressing

8th Annual OutbreakNet Meeting
August 29th, 2012

Background – Salmonellosis in Vermont

- 80-100 cases of salmonellosis are reported in Vermont each year
 - ▣ 2010 Incidence = 12.9 cases/100,000
 - ▣ 2010 Food Net Average = 17.6 cases/100,000
- Most common serotypes: Enteritidis & Typhimurium
- Few Salmonella PFGE clusters involving 2 or more Vermonters, fewer exclusively in state

Initial Signs of Outbreak

- October 5, 2011
 - ▣ VDH Lab notified epi of a cluster of three matching *Salmonella* Typhimurium isolates
 - Comprised only of Vermont residents
 - Cluster: 1110VTJPX-1
 - Xbal Pattern: JPXX01.3014
 - New to both Vermont and PulseNet databases
- Standard *Salmonella* interviews found:
 - ▣ Onsets were within 3 days of each other
 - ▣ No common exposures

Initial Outbreak Investigation

- October 12th
 - ▣ Two additional PFGE matches identified
 - One adult, one newborn baby
 - Stool sample collected from mom of newborn
- October 13th
 - ▣ Mom tests positive for *S. Typhimurium*
 - PFGE match to cluster on October 17th
 - 5 cases have completed shotgun interviews
 - 3/5 report: crab rangoon, cream cheese, eggs
 - 4/5 report: bananas, block cheese
 - 5/5 report: bagels, local restaurant X

Case Characteristics

- Total of 6 primary cases identified
 - ▣ Newborn treated as secondary case
 - Presumed transmission during water birth
 - Only hospitalized case (5 days in NICU)
- Age
 - ▣ 5 adults (average age = 32; range = 20-41)
 - ▣ 1 child (<10 years)
- Gender
 - ▣ 4 females, 2 males

Formal Investigation Begins

- October 14th
 - ▣ VDH Food & Lodging inspects Restaurant X
 - Passed inspection (score = 84/100)
 - 70 or greater needed to pass
 - Employee questionnaires given to management for distribution to all employees
 - Mid-September work schedule & tasks
 - Recent illness
 - Employment at other local food establishments
 - ▣ Case-control study #1 launched

Case Control Study #1

- Purpose
 - ▣ Identify the responsible food item or dining location
- Design
 - ▣ Interview cases & controls about food items common among shotgun results
 - ▣ Goal: Interview 3 “well” friend controls per case
 - Failed to get the number of controls necessary
 - ▣ Actual: Interview 3 “well” VDH staff per case
 - Matched on sex, age group, county of residence

Case Control Study #1 Results

<u>Exposure</u>	<u>Odds Ratio</u>	<u>95% Confidence Interval</u>	<u># of Cases Exposed</u>
Asian Restaurants	9.00	0.87 - 92.76	3
Bagel Shops	75.00	2.56 - 2196.45	4
Bagels	30.56	1.39 - 670.90	5
Bananas	3.52	0.16 - 79.63	4
Block Cheese	9.00	0.41 - 198.21	4
Crab Rangoon	22.50	1.51 - 335.34	3
Cream Cheese	3.89	0.55 - 27.28	3
Eggs	5.53	0.25 - 124.40	3
Restaurant X	363.00	6.41 - 20656.48	5

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- Five cases ate at four different bagel shops
- No shared food items or employees between bagel shops

Case Control Study #2

- Purpose
 - ▣ Identify the responsible food item at Restaurant X
- Design
 - ▣ Use reservation list from Restaurant X to identify diners on same dates as cases (Sept. 15th-17th)
 - ▣ Interview cases & controls about food items consumed
- Problems
 - ▣ Restaurant demanded changes to questionnaire before releasing reservation list
 - ▣ 10 days elapsed before delivery of reservation list

Case Control Study #2 - Controls

- From Sept. 15th-17th reservation list:
 - ▣ 1732 diners across 567 parties
 - ▣ Contact info provided for 147 parties (689 diners)
 - ▣ Reached 71 diners
 - 52 “well” diners were used as controls for the study
 - 19 diners were excluded from the study
 - Poor meal recall (3)
 - Incorrect dining date (1)
 - Refusal to provide demographic info (1)
 - Self-reported GI illness following meal (9)
 - Interviewer mistakes (7)

Case Control Study #2

- Three questionnaires were deployed on Oct. 26th
 - ▣ Restaurant X contains sub-restaurant w/ shared kitchen & salad bar
 - ▣ Cases dined at both restaurants, lunch & dinner
 1. Restaurant X Lunch menu (118 food items)
 2. Restaurant X Dinner menu (130 food items)
 3. Restaurant X^U – One menu (122 food items)
- Started Oct. 26th, completed Nov. 2nd
- Double-data entry, data reconciliation, analysis using SAS

Case Control Study #2 - Results

<u>Exposure</u>	<u>Odds Ratio</u>	<u>95% Confidence Interval</u>	<u># Cases Exposed</u>
Salad Bar			
Any Salad Bar	2.84	0.15 - 54.83	6
Lettuce	3.60	0.19 - 68.80	6
Broccoli	1.38	0.21 - 9.14	2
Cucumbers	4.23	0.46 - 40.00	5
Carrots	5.43	0.59 - 50.06	5
Beets	1.58	0.26 - 9.75	2
Scallions	2.36	0.35 - 15.97	2
Olives	3.55	0.45 - 28.13	2
Bacon Bits	8.16	0.88 - 75.24	5
Sunflower Seeds	2.22	0.33 - 14.89	2
Sesame Sticks	12.50	1.37 - 113.81	2
Croutons	13.83	0.71 - 270.70	4
Shredded Cheese	14.42	0.76 - 274.61	5
Cottage Cheese	3.17	0.56 - 17.81	3
House Dill Dressing	9.44	1.02 - 87.11	5
Bread	0.57	0.09 - 3.70	2
Butter	0.64	0.10 - 4.17	2
Entrees, Sandwiches & Burgers			
Teriyaki Chicken	8.00	1.02 - 62.74	2

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Conclusions

- Employee Questionnaires
 - ▣ No evidence of employee illness from questionnaires
 - Requested questionnaires from all employees
 - Received only from 61% of staff
 - All kitchen staff completed questionnaire
 - Took 26 days for questionnaires to be returned
- Case Control Study #1
 - ▣ Illness was statistically associated with dining at Restaurant X
 - ▣ No common threads among bagels/bagel shops
 - ▣ Case #6 did not report bagel exposure

Conclusions Continued

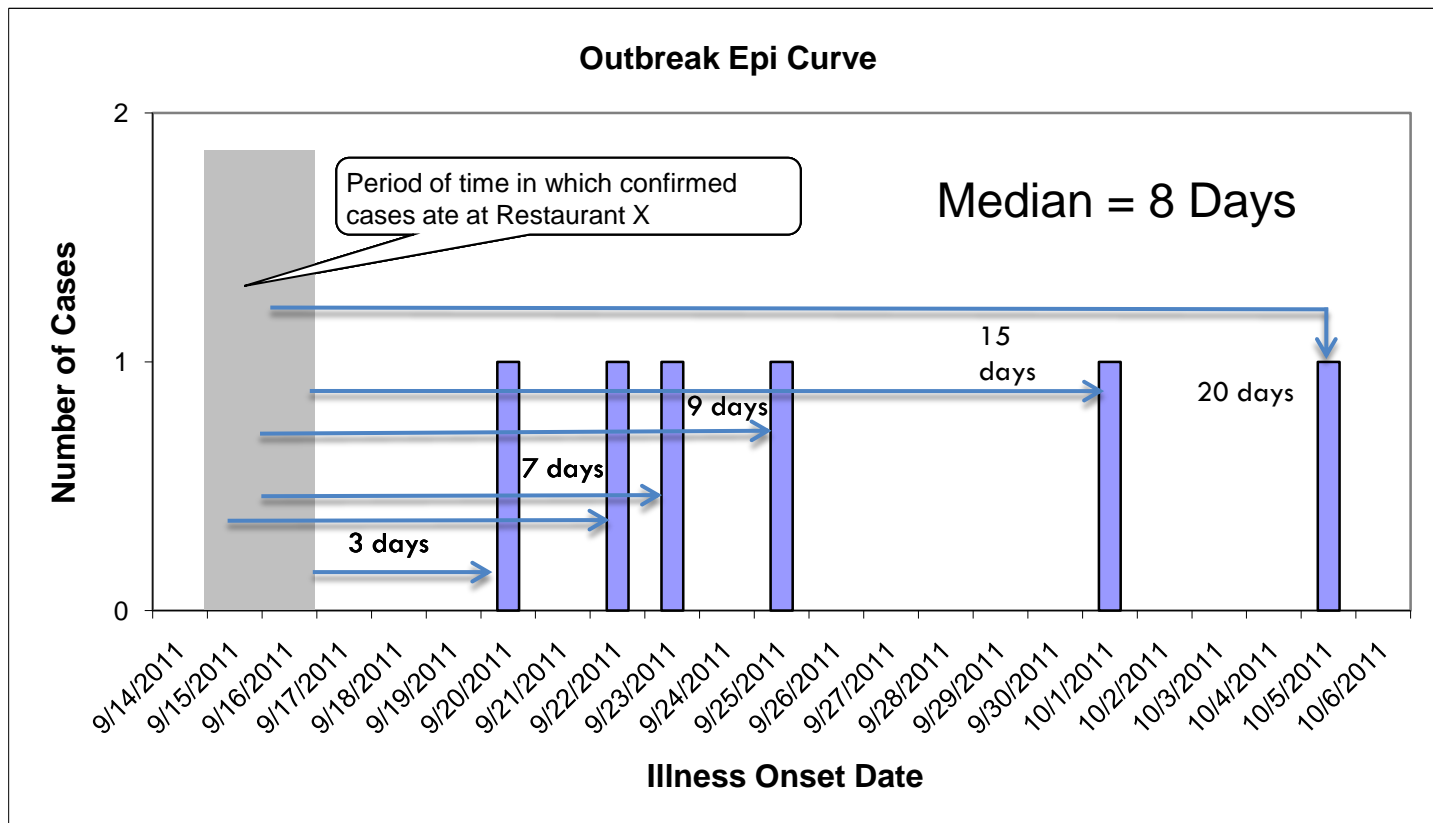
- Case Control Study #2
 - Illnesses were statistically associated with consumption of house made dill salad dressing
- Food & Lodging Inspection
 - No food samples collected for testing
 - ~1 month elapsed between exposures & inspection
 - One batch of dill dressing (~5 gallons) lasts 3 days at restaurant
 - Cases were exposed over 3 days (Sept. 15th – 17th)
 - Dressing was improperly dispensed from its storage container

Improper Dispensing – Contamination?



Wrap Up

- PFGE pattern (JPXX01.3014) has not been seen since outbreak
- Cases reported unusually long incubation periods



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