

This is an official

CDC Health Update

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CDCHAN-00256-06-12-14-UPD-N

Corrected: Multistate Outbreak of *E. coli* O157 Infections, November-December 2006

This message is being sent to correct the information within CDC Health Update (CDCHAN-00255-06-12-14-UPD-N).

As of 12:00 PM (EST) Wednesday, December 13, 2006, 71 persons with illness associated with the Taco Bell restaurant *E. coli* O157 outbreak have been reported to CDC from 5 states: New Jersey (33), New York (22), Pennsylvania (13), Delaware (2), and South Carolina (1). States with Taco Bell restaurants where persons confirmed to have the outbreak strain have eaten are New Jersey, New York, Pennsylvania, and Delaware. (The patient from South Carolina ate at a Taco Bell restaurant in Pennsylvania). Other cases of illness are under investigation by state public health officials. Among these 71 ill persons, 53 (75%) were hospitalized and 8 (11%) developed a type of kidney failure called hemolytic-uremic syndrome (HUS). Illness onset dates have ranged from November 20 to December 6. The number of cases peaked in the last week of November. No illnesses were reported with onset within the past week, so the outbreak is over.

Cases in 48 of the 71 patients are confirmed, meaning that the patients' *E. coli* O157 strains have the outbreak "DNA fingerprint." *E. coli* O157 strains are routinely "DNA fingerprinted" at public health laboratories in all states as part of PulseNet (the network of public health laboratories that sub-type bacteria). *E. coli* O157 strains from other cases are being tested by PulseNet. As a result of testing by PulseNet, cases with the outbreak strain "fingerprint" pattern are being re-classified as confirmed cases, and cases with an unrelated "fingerprint" pattern are being dropped from the outbreak case count.

CDC is working with state and local health officials, the Food and Drug Administration (FDA), the Department of Agriculture (USDA), and the restaurant chain to determine what food caused the outbreak. Public health investigators have identified a few ingredients that were consumed more often by ill persons than well persons and were statistically linked with illness: lettuce, cheddar cheese, and ground beef. This analysis also indicates that onions of any type are not linked to this outbreak. Evaluation of additional information about the locations of involved restaurants, the patterns of distribution of food ingredients, and the characteristics and preparation of food ingredients indicates that shredded lettuce consumed at Taco Bell restaurants in the northeastern United States was the most likely source of the outbreak. Because multiple Taco Bell restaurants were involved during the same time period, contamination of lettuce likely occurred before reaching the restaurants. Health officials and the restaurant chain are working collaboratively to learn more about the shredded lettuce to determine how it may have become contaminated.

Health officials in Minnesota and Iowa are investigating a separate outbreak of *E. coli* O157 infections associated with another fast food restaurant chain. They are reporting 27 and 50 associated illnesses, respectively. *E. coli* O157 strains isolated from patients in both states have indistinguishable "DNA fingerprint" patterns, confirming that the Iowa and Minnesota clusters are linked. This pattern is distinct from the Taco Bell restaurant outbreak pattern. A strain that

matches that of patients in this new outbreak has also been isolated from an ill person in Wisconsin. Investigators in Minnesota and Iowa have independently identified lettuce as the contaminated food vehicle. Traceback efforts are underway. The most recent onset of illness from a confirmed case in this outbreak is December 8, and this outbreak is not considered over.

E. coli O157 causes diarrhea that is often bloody and accompanied by severe abdominal cramps, but fever is typically absent or mild. Persons who have developed such symptoms are advised to consult a physician to request that a stool sample be tested for *E. coli*, and to inform their local health department.

As of December 14, 2006, the North Dakota Department of Health has not received any reports of cases that may be related to any of these investigations. Providers are reminded to report possible cases to the North Dakota Department of Health by calling 800.472.2180 or 701.328.2378.

For more information on *E. coli* infection and this outbreak, please refer to the following website: <http://www.cdc.gov/ecoli/>

NOTE: The CDC HAN web site has been relocated. The link to the new site location is: <http://www2a.cdc.gov/HAN/>. If you maintain or contribute to a web site that links to the CDC HAN web site you should update the link. Also, to ensure the widest dissemination of this change, it would be appreciated if you would distribute this notification as appropriate. Thank you!

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##This Message was distributed to State and Local Health Officers, Public Information Officers, Epidemiologists, State Laboratory Directors, Weapons of Mass Destruction Coordinators and HAN Coordinators, as well as Public Health Associations and Clinician organizations##

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