



DEC. 12, 2006

HEALTH ADVISORY

E. coli infections reported in Southern Minnesota

The Minnesota Department of Health has identified an outbreak of E. coli O157 infections associated with eating at Taco John's Restaurant in Albert Lea, Minnesota. Currently, there are three culture confirmed cases and two probable cases associated with this outbreak. The cases reside in Freeborn County Minnesota. Two of the cases ate at Taco John's in Albert Lea on Nov. 30 and one case ate at the restaurant on Dec. 2. Illness onset dates are Dec. 4, 5 and 8. The cases are ages 17, 35, and 57. One case is currently hospitalized with probable hemolytic uremic syndrome (HUS). Currently, no cases have been reported in North Dakota.

The investigation is ongoing and the exact food source of the illnesses is currently unknown. It is unknown if the problem involves other Taco John's restaurants in Minnesota. Environmental health offices throughout Minnesota will be notified as information becomes available. Currently, there is no indication that this outbreak is related to the Taco Bell E. coli O157:H7 outbreak in the Northeastern states.

The Minnesota Department of Health will have personnel available to interview persons who have experienced bloody diarrhea after eating at a Taco John's in Minnesota since Thanksgiving, and to answer questions from the public. Health-care providers should report cases of confirmed or suspected E. coli O157 cases to the Minnesota Department of Health at 651.201.5414 (phone) or 651.201.5082 (fax).

Health-care providers in North Dakota who would like more information or who have cases to report should contact the North Dakota Department of Health Division of Disease Control at 701.328.2378.

Gastroenteritis due to E. coli O157 typically begins as watery diarrhea with prominent abdominal cramping; diarrhea frequently turns bloody after one to two days. The typical incubation period for E. coli O157 is two to five days (range one to eight days). Of special concern is the development of hemolytic uremic syndrome (HUS), which occurs in five to 10 percent of children with culture-confirmed E. coli O157 gastroenteritis. State of the art recommendations for the management of E. coli O157 infections and HUS are available in the references cited below.

Antimicrobials have not been shown to be beneficial in treating E. coli O157 gastroenteritis, and may actually increase the risk of HUS development. In addition, parenteral rehydration is recommended for children possibly infected with E. coli O157, at the time of presentation of bloody diarrhea and in advance of culture results.

1. Tarr et al. 2005. Shiga-toxin-producing *Escherichia coli* and haemolytic uremic syndrome. *Lancet*. 365:1073-1086.
2. Ake et al. 2005. Relative nephroprotection during *Escherichia coli* O157:H7 infections: association with intravenous volume expansion. *Pediatrics*. Accessed December 11 at <http://www.pediatrics.org/cgi/content/full/115/6/e673>

Categories of Health Alert messages:

- *Health Alert conveys the highest level of importance; warrants immediate action or attention.*
- *Health Advisory provides important information for a specific incident or situation; may not require immediate action.*
- *Health Update provides updated information regarding an incident or situation; no immediate action necessary.*
- *Health Information provides general information that is not necessarily considered to be of an emergent nature.*

This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, North Dakota EMS Association and hospital public information officers.