

Foodborne Illness Outbreak Investigation Summary

Society of Professional Journalists Awards Banquet, Bali Hai Restaurant, July 29, 2015

On Friday, July 31, 2015, the County of San Diego Epidemiology Program was notified of an outbreak of gastrointestinal illness following a buffet style dinner served to 172 attendees of the San Diego Society of Professional Journalists awards banquet, held at the Bali Hai Restaurant in Shelter Island on July 29, 2015. An investigation was initiated to identify the cause and scope of illnesses among the banquet attendees and recommend appropriate prevention and control measures.

Epidemiological Investigation

Illness and food histories were collected for 84 (49%) out of 172 attendees; of these, 50 (59.5%) met the outbreak case definition, indicating that they presented with vomiting and/or diarrhea (≥ 3 loose stools in a 24-hour period) within ≈ 72 hours of exposure at the event. Eight individuals reported illness, but did not meet the outbreak case definition (i.e., vomiting and/or ≥ 3 loose stools in a 24-hour period), and were therefore excluded from the analysis.

Of the 84 individuals who responded, 14 (16.7%) reported a total of 17 household or other close contacts with similar illness. Of these 17, ten were among the banquet attendees; as for the remaining seven ill contacts, it was unclear whether they were at the event or were possibly secondary cases with person-to-person transmission.

Of 50 individuals who met the outbreak case definition, 44 (88.0%) presented with vomiting, 48 (96.0%) had diarrhea; 44 (88.0%) and 39 (78.0%) complained of abdominal cramps and body aches, respectively (Table 1). Illness onset dates ranged from July 30 to August 1, 2015 (Figure 1). Three individuals sought medical care, including one patient who was hospitalized for ≥ 24 hours. Median incubation period was 32 hours (range: 5.5-72.5 hours). Duration of illness ranged from 2 to 96 hours with a median of 24 hours. For patients with available information, ages ranged from 19 to 92 years, with a median age of 48 years; 30 (60.0%) were female.

The self-serve buffet menu included 3 main entrées (Jerk-spiced and pineapple-rum glaze pork loin, Teriyaki-roasted chicken, and Blackened salmon with roasted corn relish), 2 sides (vegetable fried rice and garlic mashed potatoes), 4 salads (House blend local greens with ginger plum vinaigrette, Island-style potato salad, Thai Caesar salad and Asian chopped salad), dessert (carrot cake), and various beverage items with or without ice.

A case-control analysis was performed to identify possible food exposures associated with illness (Table 2). A statistically significant association was found between illness and exposure to ice (Odds Ratio = 4.06, 95% Confidence Interval: 1.31-12.62; P value = 0.01); odds of exposure to ice was 4 times greater among cases than among controls. Statistically speaking, no other food or beverage items were significantly associated with illness.

Microbiological Investigation

Of 8 ill individuals who submitted stool samples for testing, 7 (87.5%) were positive for Norovirus genogroup I (GI) RNA by Polymerase Chain Reaction (PCR) testing performed at the San Diego County Public Health Laboratory (SDCPHL). Of these, 5 were genotype 1 by sequence analysis performed at the California Department of Public Health Viral and Rickettsial Disease Laboratory.

Environmental Health Investigation

Environmental health investigation at the restaurant included a detailed assessment of food preparation methods, food safety and hygiene practices, and food employees' health status. Recommendations for Norovirus cleaning were made to prevent additional cases.

Of 56 food employees who worked on July 29, only 6 were identified as specifically working at the event: 1 bartender, 3 servers and 2 cooks; none reported gastrointestinal illness during the week prior to the event. Two ill food workers (a line cook and a bartender) who did not work at the event were interviewed in detail regarding their job duties, work schedules, and illness onset dates/times and durations; none reported working while symptomatic. The line cook was out sick from July 27 to July 30; he returned to work on July 31. The bartender became ill one day after the event on July 30. None submitted stool samples to SDCPHL for Norovirus testing.

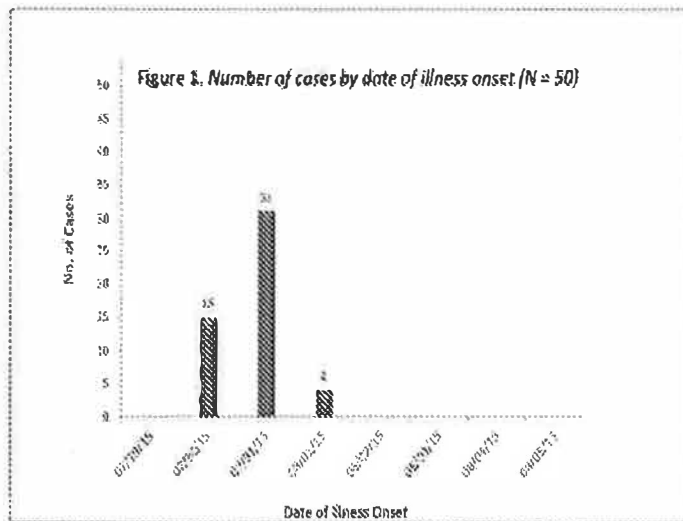


Table 1. Symptoms reported among cases (N = 50)

Symptoms	No. of Cases (%)
Nausea	47 (94%)
Vomiting	44 (88%)
Diarrhea	48 (96%)
Abdominal cramps	44 (88%)
Fever	24 (48%)
Chills	30 (60%)
Headache	33 (66%)
Body aches	39 (78%)
Weakness	45 (90%)
Fatigue	46 (92%)

Table 2. Food-specific analysis

Society of Professional Journalists Award Banquet, Bali Hai Restaurant, July 29, 2015													
Food	Cases				Controls				Odds Ratio	Lower 95% CI†	Upper 95% CI†	Chi-square	
	Ate	Did Not Eat	Total	%Ate	Ate	Did Not Eat	Total	%Ate				Value	P-Value*
Jerk-Spiced Pork Loin	28	22	50	56.00	12	14	26	46.15	1.49	.57	3.85	.67	.41
Teriyaki-Roasted Chicken	26	24	50	52.00	12	14	26	46.15	1.26	.49	3.27	.23	.63
Blackened Salmon	31	19	50	62.00	21	5	26	80.77	.39	.13	1.20	2.79	.09
Roasted Corn Relish	4	44	48	8.33	3	23	26	11.54	.70	.14	3.38	.20	.65
Vegetable Fried Rice	31	17	48	64.58	12	13	25	48.00	1.98	.74	5.28	1.87	.17
Grilled Mashed Potatoes	31	19	50	62.00	13	13	26	50.00	1.63	.63	4.25	1.01	.31
House Blend Local Greens	28	22	50	56.00	15	11	26	57.69	.93	.36	2.43	.02	.89
Ginger Plum Vinaigrette	9	35	44	20.45	3	18	21	14.29	1.54	.37	6.42	.36	.55
Island-Style Potato Salad	26	23	49	53.06	10	16	26	38.46	1.81	.69	4.77	1.45	.23
Thai Caesar Salad	33	13	46	71.74	17	9	26	65.38	1.34	.48	3.77	.32	.57
Asian Chopped Salad	21	27	48	43.75	8	18	26	30.77	1.75	.64	4.80	1.19	.27
Carrot Cake	30	20	50	60.00	19	7	26	73.08	.55	.20	1.56	1.28	.26
Coffee	7	43	50	14.00	8	18	26	30.77	.37	.12	1.16	3.04	.08
Tea (hot)	0	50	50	0.00	0	26	26	0.00	NC‡	NC‡	NC‡	NC‡	NC‡
Iced Tea	1	49	50	2.00	0	26	26	0.00	NC‡	NC‡	NC‡	.53	.47
Beer	2	48	50	4.00	5	21	26	19.23	.18	.03	.98	4.75	.03
Wine	16	34	50	32.00	12	14	26	46.15	.55	.21	1.45	1.47	.22
Soda	8	42	50	16.00	1	25	26	3.85	4.76	.56	40.35	2.42	.12
Water	37	12	49	75.51	17	9	26	65.38	1.63	.58	4.61	.86	.35
Ice	26	16	42	61.90	6	15	21	28.57	4.06	1.31	12.62	6.22	.01

† CI, Confidence interval for the odds ratio
‡ NC, not calculable or undefined
* Statistically significant at P < 0.05

California Department of Public Health
 Center for Infectious Diseases
 Division of Communicable Disease Control
 Infectious Diseases Branch
 Surveillance and Statistics Section
 MS 7306, P.O. Box 997377
 Sacramento, CA 95899-7377

Local ID Number (Please use the same ID number on preliminary and final reports to allow linkage to the same outbreak.)		Report Status	
15-219		<input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Final	
STATE USE ONLY	State ID		CDC ID
	SSS Rec	Entry Date	File Date

FOODBORNE DISEASE OUTBREAK REPORT

INSTRUCTIONS

Please use this form to report:

- Two or more cases of similar illness from separate households resulting from the ingestion of a common food, OR
- Two or more cases of illness resulting from ingestion of food confirmed or suspected to be contaminated with botulism, marine toxins, or other chemicals.

Detailed instructions for completing this form can be found on the California Department of Public Health website at: <http://www.cdph.ca.gov/pubsforms/forms/Documents/CDPH8567-Instructions.pdf>.

1. FOODHANDLER

Was a foodhandler implicated as the source of contamination? (required)	If Yes, specify (check only one)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Laboratory evidence <input type="checkbox"/> Laboratory and epidemiologic evidence <input type="checkbox"/> Epidemiologic evidence <input type="checkbox"/> Prior experience makes this the likely source

Please note: The purpose of this report is to capture information about the actual outbreak itself. If a FOODHANDLER was implicated as the source of contamination, do NOT include the foodhandler's information in any section of this report that asks about case information; that is, do NOT include the foodhandler in the case count, demographic data, any date fields, etc. Additional information about an implicated foodhandler may be included in the "Remarks" section at the end of this report. If any foodhandlers are involved in the outbreak as cases (not the source), they SHOULD be included in case information.

2. INVESTIGATION METHODS

Investigation Methods (check all that apply)

<input type="checkbox"/> Interviews only of ill persons <input checked="" type="checkbox"/> Case-control study (please attach report and / or tables) <input type="checkbox"/> Cohort study (please attach report and / or tables) <input checked="" type="checkbox"/> Food preparation review <input type="checkbox"/> Investigation at factory or production plant	<input type="checkbox"/> Investigation at original source (e.g., farm, marine estuary, etc.) <input type="checkbox"/> Food product traceback <input type="checkbox"/> Environmental or food sample testing <input type="checkbox"/> Other (describe):
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Comments

3. DATES (PRIMARY CASES ONLY)

Date First Case Became Ill (required, mm/dd/yyyy)	Date Last Case Became Ill (mm/dd/yyyy)	Date of Initial Exposure (mm/dd/yyyy)	Date of Last Exposure (mm/dd/yyyy)
07/30/2015	08/01/2015	07/29/2015	07/29/2015
Date LHD or State First Notified of This Outbreak (mm/dd/yyyy)	Time LHD or State First Notified of This Outbreak (hh:mm)	Specify AM / PM	
07/31/2015	12:23	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Date Investigation Initiated (mm/dd/yyyy)	Time Investigation Initiated (hh:mm)	Specify AM / PM	
07/31/2015	12:39	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

4. GEOGRAPHIC LOCATION

Reporting State	If Multiple States Involved
<input checked="" type="checkbox"/> California <input type="checkbox"/> Other: _____	<input type="checkbox"/> Exposure occurred in multiple states <input type="checkbox"/> Exposure occurred in a single state, but cases resided in multiple states

If Multiple States Involved, List Additional States

Reporting Local Health Jurisdiction	If Multiple Local Health Jurisdictions Involved
San Diego	<input type="checkbox"/> Exposure occurred in multiple jurisdictions <input type="checkbox"/> Exposure occurred in a single jurisdiction, but cases resided in multiple jurisdictions

If Multiple Local Health Jurisdictions Involved, List Additional Local Health Jurisdictions

Name of Facility Where Exposure Occurred (If publicly available)	City / Town of Exposure
Bali Hai Restaurant	Shelter Island

Local ID Number: 15-219

5. PRIMARY CASES (DO NOT INCLUDE IMPLICATED FOODHANDLERS IN CASE COUNTS)					
<i>Case Definition (e.g., person, place, time)</i>					
Vomiting and/or diarrhea (≥3 loose stools in a 24-hour period) within approximately 72 hours of exposure at the San Diego Society of Professional Journalists awards banquet held at the Bali Hai Restaurant in Shelter Island on Wednesday, July 29, 2015					
Characteristic	Specify as Noted		Characteristic	Specify as Noted	
Number of Primary Cases	# Lab-confirmed Cases	7	Sex (round %s to total 100)	% Male	40
	# Probable Cases	43		% Female	60
	# Estimated Total Primary Ill (required)	50		% Unknown	
Characteristic	# Cases	Total # Cases for Whom Information is Available	Age Group (round %s to total 100)	% < 1 Year	
Death (required)	0	50		% 1 - 4 Years	
Hospitalized Overnight (required)	1	50		% 5 - 9 Years	
Visited Emergency Room (required)	1	50		% 10 - 19 Years	2
Visited Health Care Provider (including Urgent Care visits but excluding ER visits, required)	1	50		% 20 - 49 Years	46
			% 50 - 74 Years	44	
			% ≥ 75 Years	2	% Unknown 6
6. INCUBATION PERIOD (PRIMARY CASES ONLY)					
<i>Is incubation period known?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<i>Total # Cases for Whom Information is Available</i> 49		<i>Incubation Period</i>	
				Shortest	5.5
				Median	32.0
				Longest	72.5
				<i>Specify Units</i> <input type="checkbox"/> Min <input checked="" type="checkbox"/> Hours <input type="checkbox"/> Days	
				<input type="checkbox"/> Min <input checked="" type="checkbox"/> Hours <input type="checkbox"/> Days	
				<input type="checkbox"/> Min <input checked="" type="checkbox"/> Hours <input type="checkbox"/> Days	
7. DURATION OF ILLNESS (AMONG RECOVERED PRIMARY CASES ONLY)					
<i>Is duration of illness known?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<i>Total # Cases for Whom Information is Available</i> 35		<i>Duration of Illness</i>	
				Shortest	2.0
				Median	24.0
				Longest	96.0
				<i>Specify Units</i> <input type="checkbox"/> Min <input checked="" type="checkbox"/> Hours <input type="checkbox"/> Days	
				<input type="checkbox"/> Min <input checked="" type="checkbox"/> Hours <input type="checkbox"/> Days	
				<input type="checkbox"/> Min <input checked="" type="checkbox"/> Hours <input type="checkbox"/> Days	
8. SIGNS OR SYMPTOMS (PRIMARY CASES ONLY)					
Sign / Symptom	# Cases with Sign / Symptom	Total # Cases for Whom Information is Available	Sign / Symptom	# Cases with Sign / Symptom	Total # Cases for Whom Information is Available
Vomiting	44	50	Hemolytic uremic syndrome (for STEC only)		
Diarrhea	48	50	Asymptomatic		
Bloody stools	0	50	Other*: <u>Body aches</u>	39	50
Fever	24	50	Other*: <u>Weakness</u>	45	50
Abdominal cramps	44	50	Other*: <u>Fatigue</u>	46	50
* Please list any additional symptoms that affected a significant proportion of cases. See list on page 8.					
9. SECONDARY CASES					
# Lab-confirmed Secondary Cases	# Probable Secondary Cases	# Estimated Total Secondary Cases	# Total Cases (primary + secondary)		
0	0	0	50		

10. TRACEBACK

Was traceback conducted? <input type="checkbox"/> Yes <input type="checkbox"/> In progress <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, was a source identified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, specify source(s) to which traceback led below.
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11. TRACEBACK - DETAILS

Source Name 1 (e.g., company or facility name, if publicly available)	Source Type (e.g. poultry farm, tomato processing plant)
Location of Source - State	Location of Source - Country <input type="checkbox"/> United States <input type="checkbox"/> Mexico <input type="checkbox"/> Other: _____
Comments	
Source Name 2 (e.g., company or facility name, if publicly available)	Source Type (e.g. poultry farm, tomato processing plant)
Location of Source - State	Location of Source - Country <input type="checkbox"/> United States <input type="checkbox"/> Mexico <input type="checkbox"/> Other: _____
Comments	

12. RECALL AND CONTROL MEASURES

Was any food product recalled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, type of item recalled
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Recall Comments

Other Control Measures

Food facility inspection Food preparation education Other (describe): Norovirus disinfection and infection control

13. ETIOLOGY (PRIMARY CASES ONLY)

Is etiology known or suspected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	Skip to Etiology - Details sections 14.1 and 14.2. Specify details of all confirmed and suspected etiologies. Name the bacterium, chemical / toxin, virus, or parasite. If available, include the species, serotype, and other characteristics such as phage type, virulence factors, and metabolic profile.		
If No:	Were patient specimens collected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	How many patients had specimens collected and tested? <p style="text-align: center; margin: 0;">7</p>	What were they tested for? (check all that apply) <input checked="" type="checkbox"/> Bacteria <input type="checkbox"/> Chemicals / toxins <input checked="" type="checkbox"/> Viruses <input type="checkbox"/> Parasites	

14.1 ETIOLOGY #1 - DETAILS (PRIMARY CASES ONLY)

Etiology 1 <input type="checkbox"/> Bacillus cereus toxin <input type="checkbox"/> Campylobacter* <input type="checkbox"/> Clostridium botulinum toxin <input type="checkbox"/> Clostridium perfringens toxin <input type="checkbox"/> E. coli / STEC <input checked="" type="checkbox"/> Norovirus <input type="checkbox"/> Salmonella <input type="checkbox"/> Scombroid toxin <input type="checkbox"/> Shigella* <input type="checkbox"/> Staphylococcus aureus toxin <input type="checkbox"/> Suspected bacterial toxin, type undetermined <input type="checkbox"/> Vibrio* <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unk *Please indicate species in "Other Characteristics".	If E. coli / STEC, specify serotype <input type="checkbox"/> O157:H7 <input type="checkbox"/> O103 <input type="checkbox"/> O111:NM <input type="checkbox"/> O121 <input type="checkbox"/> O26:H11 <input type="checkbox"/> O45:H2 <input type="checkbox"/> Ound <input type="checkbox"/> Other: _____ <input type="checkbox"/> O157:NM <input type="checkbox"/> O103:H2 <input type="checkbox"/> O118 <input type="checkbox"/> O26 <input type="checkbox"/> O45 <input type="checkbox"/> O69:H11 <input type="checkbox"/> Unk
	If Salmonella, specify serotype <input type="checkbox"/> Agona <input type="checkbox"/> Heidelberg <input type="checkbox"/> Kottbus <input type="checkbox"/> Newport <input type="checkbox"/> Typhi <input type="checkbox"/> Unk <input type="checkbox"/> Braenderup <input type="checkbox"/> I 4,[5],12:i:- <input type="checkbox"/> Mbandaka <input type="checkbox"/> Oranienburg <input type="checkbox"/> Typhimurium <input type="checkbox"/> Enteritidis <input type="checkbox"/> Infantis <input type="checkbox"/> Montevideo <input type="checkbox"/> Saintpaul <input type="checkbox"/> Typhimurium var Copenhagen <input type="checkbox"/> Hadar <input type="checkbox"/> Javiana <input type="checkbox"/> Muenchen <input type="checkbox"/> Thompson <input type="checkbox"/> Other: _____
Other Characteristics (List distinguishing characteristics not already indicated on this form, e.g., species, genotype, etc.) <p style="font-size: 1.2em; margin: 0;">Norovirus genogroup I, genotype 1</p>	
Confirmed outbreak etiology**? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	What was it detected in? (check all that apply) <input checked="" type="checkbox"/> Patient specimen <input type="checkbox"/> Environmental specimen <input type="checkbox"/> Food specimen <input type="checkbox"/> Clinical evidence only <input type="checkbox"/> Foodhandler specimen
# Lab-confirmed Primary Cases <p style="font-size: 1.5em; margin: 0;">7</p>	

**For most etiologic agents, CDC considers an outbreak to have a confirmed etiology if there are two or more lab-confirmed cases. However, because botulism, marine toxin, and other chemical outbreaks have such distinct clinical symptoms, a physician's diagnosis is often sufficient and laboratory confirmation is not necessary to classify an outbreak as having a confirmed etiology. Therefore, for such outbreaks, CDC would consider the etiology confirmed if there are at least 2 cases (lab confirmed and / or probable) with signs and symptoms meeting the confirmation criteria. Please refer to CDC's Guide to Confirming a Diagnosis in Foodborne Disease at: http://www.cdc.gov/outbreaknet/references_resources/guide_confirming_diagnosis.html.

Local ID Number: 15-219

14.2 ETIOLOGY #2 – DETAILS (PRIMARY CASES ONLY)

<p><i>Etiology 2</i></p> <input type="checkbox"/> <i>Bacillus cereus</i> toxin <input type="checkbox"/> <i>Campylobacter</i> * <input type="checkbox"/> <i>Clostridium botulinum</i> toxin <input type="checkbox"/> <i>Clostridium perfringens</i> toxin <input type="checkbox"/> <i>E. coli</i> / STEC <input type="checkbox"/> Norovirus <input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/> Scombroid toxin <input type="checkbox"/> <i>Shigella</i> * <input type="checkbox"/> <i>Staphylococcus aureus</i> toxin <input type="checkbox"/> Suspected bacterial toxin, type undetermined <input type="checkbox"/> <i>Vibrio</i> * <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unk <p><small>*Please indicate species in "Other Characteristics".</small></p>	<p><i>If E. coli / STEC, specify serotype</i></p> <input type="checkbox"/> O157:H7 <input type="checkbox"/> O103 <input type="checkbox"/> O111:NM <input type="checkbox"/> O121 <input type="checkbox"/> O26:H11 <input type="checkbox"/> O45:H2 <input type="checkbox"/> Ound <input type="checkbox"/> Other: <input type="checkbox"/> O157:NM <input type="checkbox"/> O103:H2 <input type="checkbox"/> O118 <input type="checkbox"/> O26 <input type="checkbox"/> O45 <input type="checkbox"/> O69:H11 <input type="checkbox"/> Unk						
	<p><i>If Salmonella, specify serotype</i></p> <input type="checkbox"/> Agona <input type="checkbox"/> Heidelberg <input type="checkbox"/> Kottbus <input type="checkbox"/> Newport <input type="checkbox"/> Typhi <input type="checkbox"/> Unk <input type="checkbox"/> Braenderup <input type="checkbox"/> I 4,[5],12:i:- <input type="checkbox"/> Mbandaka <input type="checkbox"/> Oranienburg <input type="checkbox"/> Typhimurium <input type="checkbox"/> Enteritidis <input type="checkbox"/> Infantis <input type="checkbox"/> Montevideo <input type="checkbox"/> Saintpaul <input type="checkbox"/> Typhimurium var Copenhagen <input type="checkbox"/> Hadar <input type="checkbox"/> Javiana <input type="checkbox"/> Muenchen <input type="checkbox"/> Thompson <input type="checkbox"/> Other:						
	<p><i>Other Characteristics (List distinguishing characteristics not already indicated on this form, e.g., species, genotype, etc.)</i></p> 						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><i>Confirmed outbreak etiology**?</i></td> <td style="width:44%;"><i>What was it detected in? (check all that apply)</i></td> <td style="width:23%;"><i># Lab-confirmed Primary Cases</i></td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td> <input type="checkbox"/> Patient specimen <input type="checkbox"/> Environmental specimen <input type="checkbox"/> Food specimen <input type="checkbox"/> Clinical evidence only <input type="checkbox"/> Foodhandler specimen </td> <td></td> </tr> </table>	<i>Confirmed outbreak etiology**?</i>	<i>What was it detected in? (check all that apply)</i>	<i># Lab-confirmed Primary Cases</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Patient specimen <input type="checkbox"/> Environmental specimen <input type="checkbox"/> Food specimen <input type="checkbox"/> Clinical evidence only <input type="checkbox"/> Foodhandler specimen	
<i>Confirmed outbreak etiology**?</i>	<i>What was it detected in? (check all that apply)</i>	<i># Lab-confirmed Primary Cases</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Patient specimen <input type="checkbox"/> Environmental specimen <input type="checkbox"/> Food specimen <input type="checkbox"/> Clinical evidence only <input type="checkbox"/> Foodhandler specimen						

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15. ISOLATES

For bacterial pathogens, provide representative laboratory data for each distinct PFGE pattern, if available. For viral pathogens (norovirus and sapovirus), provide CaliciNet outbreak code, key, and genotype for each distinct strain identified in the outbreak, if available. If you do not have any isolates, enter "N/A" or "Unavailable" under "State or Local Lab ID" for Isolate 1.

Isolate 1	<i>State or Local Lab ID</i> 16-004945, 16-005269	<i>CDC PulseNet or CaliciNet Outbreak Code</i>
	<i>CDC PulseNet Pattern Designation for Enzyme 1</i>	<i>CDC PulseNet Pattern Designation for Enzyme 2</i>
	<i>CaliciNet Key / Other Molecular Designation 1</i> Norovirus genogroup I	<i>CaliciNet Genotype / Other Molecular Designation 2</i>
Isolate 2	<i>State or Local Lab ID</i> 16-004901, 16-004991, 16-005085, 16-004899	<i>CDC PulseNet or CaliciNet Outbreak Code</i>
	<i>CDC PulseNet Pattern Designation for Enzyme 1</i>	<i>CDC PulseNet Pattern Designation for Enzyme 2</i>
	<i>CaliciNet Key / Other Molecular Designation 1</i> Norovirus genogroup I, genotype 1	<i>CaliciNet Genotype / Other Molecular Designation 2</i>
Isolate 3	<i>State or Local Lab ID</i> V15T04526-01	<i>CDC PulseNet or CaliciNet Outbreak Code</i>
	<i>CDC PulseNet Pattern Designation for Enzyme 1</i> Norovirus genogroup I, genotype 1	<i>CDC PulseNet Pattern Designation for Enzyme 2</i>
	<i>CaliciNet Key / Other Molecular Designation 1</i>	<i>CaliciNet Genotype / Other Molecular Designation 2</i>

16. IMPLICATED FOODS

<i>Was a food vehicle identified or suspected?</i>	<i>If No or Unk, skip to Section 18.</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	

17.1 IMPLICATED FOOD #1 – DETAILS

<i>Name of Food (e.g., beef lasagna)</i> Ice	<i>Ingredient(s) (e.g., ground beef, tomatoes, pasta, cheese, salt)</i>
<i>Contaminated Ingredient(s) (e.g., ground beef)</i>	<i>Total # Primary Cases Exposed to Implicated Food</i>
<input checked="" type="checkbox"/> Unknown	26

(continued on page 5)

Local ID Number: 15-219

17.1 IMPLICATED FOOD #1 – DETAILS (continued)*Reason(s) Suspected (check all that apply)*

- 1 - Statistical evidence from epidemiological investigation
 2 - Laboratory evidence (e.g., identification of agent in food)
 3 - Compelling supportive information
 4 - Other data (e.g., same phage type found on farm that supplied eggs)
 5 - Specific evidence lacking but previous experience makes it likely source

Method of Processing (prior to point-of service; processor; check all that apply)

- 1 - Pasteurized (e.g., liquid milk, cheese, juice, etc.)
 2 - Unpasteurized (e.g., liquid milk, cheese, juice, etc.)
 3 - Shredded or diced
 4 - Pre-packaged (e.g., bagged lettuce or other produce)
 5 - Irradiation
 6 - Pre-washed
 7 - Frozen
 8 - Canned
 9 - Acid treatment (e.g., commercial potato salad with vinegar, etc.)
 10 - Pressure treated (e.g., oysters, etc.)
 11 - Other or unknown

Method of Preparation (at point-of-service; retail: restaurant, grocery store; select only one)

- 1 - Prepared in the home
 2 - Ready to eat food: no manual preparation, no cook step (e.g., sliced cheese, pre-packaged deli meats; whole raw fruits; pre-shucked raw oysters, etc.)
 3 - Ready to eat food: manual preparation, no cook step (e.g., cut fresh fruits and vegetables, chicken salad made from canned chicken, etc.)
 4 - Cook and serve foods: immediate service (e.g., soft-cooked eggs, hamburgers, etc.)
 5 - Cook and hot hold prior to service (e.g., soups, hot vegetables, mashed potatoes, etc.)
 6 - Advance preparation: cook, cool, serve (e.g., sliced roast beef from a whole cooked roast, etc.)
 7 - Advance preparation: cook, cool, reheat, serve (e.g., casseroles, soups, sauces, chili, etc.)
 8 - Advance preparation: cook, cool, reheat, hot hold, serve (e.g., chili, refried beans, etc.)
 9 - Advance preparation: cook-chill and reduced oxygen packaging (ROP) (e.g., sauces, gravies, cheeses, etc. packaged under ROP)
 10 - Other or unknown

Level of Preparation (check all that apply)

- 1 - Foods eaten raw with minimal or no processing (e.g., washing, cooling)
 2 - Foods eaten raw with some processing (e.g., no cooking, fresh cut and / or packaged raw)
 3 - Foods eaten heat processed (e.g., cooked: a microbiological kill step was involved in processing)

Contaminated food imported to U.S.? (This includes food hand-carried into the U.S.)

- Yes, country known (specify): _____
 Yes, country unknown No Unk

17.2 IMPLICATED FOOD #2 – DETAILS*Name of Food (e.g., beef lasagna)**Ingredient(s) (e.g., ground beef, tomatoes, pasta, cheese, salt)**Contaminated Ingredient(s) (e.g., ground beef)* Unknown*Total # Primary Cases Exposed to Implicated Food**Reason(s) Suspected (check all that apply)*

- 1 - Statistical evidence from epidemiological investigation
 2 - Laboratory evidence (e.g., identification of agent in food)
 3 - Compelling supportive information
 4 - Other data (e.g., same phage type found on farm that supplied eggs)
 5 - Specific evidence lacking but previous experience makes it likely source

Method of Processing (prior to point-of service; processor; check all that apply)

- 1 - Pasteurized (e.g., liquid milk, cheese, juice, etc.)
 2 - Unpasteurized (e.g., liquid milk, cheese, juice, etc.)
 3 - Shredded or diced
 4 - Pre-packaged (e.g., bagged lettuce or other produce)
 5 - Irradiation
 6 - Pre-washed
 7 - Frozen
 8 - Canned
 9 - Acid treatment (e.g., commercial potato salad with vinegar, etc.)
 10 - Pressure treated (e.g., oysters, etc.)
 11 - Other or unknown

Method of Preparation (at point-of-service; retail: restaurant, grocery store; select only one)

- 1 - Prepared in the home
 2 - Ready to eat food: no manual preparation, no cook step (e.g., sliced cheese, pre-packaged deli meats; whole raw fruits; pre-shucked raw oysters, etc.)
 3 - Ready to eat food: manual preparation, no cook step (e.g., cut fresh fruits and vegetables, chicken salad made from canned chicken, etc.)
 4 - Cook and serve foods: immediate service (e.g., soft-cooked eggs, hamburgers, etc.)
 5 - Cook and hot hold prior to service (e.g., soups, hot vegetables, mashed potatoes, etc.)
 6 - Advance preparation: cook, cool, serve (e.g., sliced roast beef from a whole cooked roast, etc.)
 7 - Advance preparation: cook, cool, reheat, serve (e.g., casseroles, soups, sauces, chili, etc.)
 8 - Advance preparation: cook, cool, reheat, hot hold, serve (e.g., chili, refried beans, etc.)
 9 - Advance preparation: cook-chill and reduced oxygen packaging (ROP) (e.g., sauces, gravies, cheeses, etc. packaged under ROP)
 10 - Other or unknown

Level of Preparation (check all that apply)

- 1 - Foods eaten raw with minimal or no processing (e.g., washing, cooling)
 2 - Foods eaten raw with some processing (e.g., no cooking, fresh cut and / or packaged raw)
 3 - Foods eaten heat processed (e.g., cooked: a microbiological kill step was involved in processing)

Contaminated food imported to U.S.? (This includes food hand-carried into the U.S.)

- Yes, country known (specify): _____
 Yes, country unknown No Unk

18. LOCATION WHERE FOOD WAS PREPARED

Location Where Food was Prepared (check all that apply)

<input type="checkbox"/> Restaurant - "Fast-food" (drive-up service or pay at counter)	<input type="checkbox"/> Nursing home (e.g., skilled nursing facility, long-term care facility)
<input checked="" type="checkbox"/> Restaurant - Sit-down dining	<input type="checkbox"/> Assisted living facility, home care
<input type="checkbox"/> Restaurant - Other or unknown type	<input type="checkbox"/> Hospital
<input type="checkbox"/> Private home	<input type="checkbox"/> Child day care center
<input checked="" type="checkbox"/> Banquet facility (food prepared and served on-site)	<input type="checkbox"/> School
<input type="checkbox"/> Caterer (food prepared off-site from where served)	<input type="checkbox"/> Prison, jail
<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Church, temple, religious location
<input type="checkbox"/> Grocery store	<input type="checkbox"/> Camp
<input type="checkbox"/> Workplace, not cafeteria	<input type="checkbox"/> Picnic
<input type="checkbox"/> Workplace cafeteria	<input type="checkbox"/> Other (describe in Remarks)
	<input type="checkbox"/> Unknown

Remarks

19. LOCATION OF EXPOSURE (WHERE FOOD WAS EATEN)

Location of Exposure (check all that apply)

<input type="checkbox"/> Restaurant - "Fast-food" (drive-up service or pay at counter)	<input type="checkbox"/> Nursing home (e.g., skilled nursing facility, long-term care facility)
<input checked="" type="checkbox"/> Restaurant - Sit-down dining	<input type="checkbox"/> Assisted living facility, home care
<input type="checkbox"/> Restaurant - Other or unknown type	<input type="checkbox"/> Hospital
<input type="checkbox"/> Private home	<input type="checkbox"/> Child day care center
<input checked="" type="checkbox"/> Banquet facility (food prepared and served on-site)	<input type="checkbox"/> School
<input type="checkbox"/> Caterer (food prepared off-site from where served)	<input type="checkbox"/> Prison, jail
<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Church, temple, religious location
<input type="checkbox"/> Grocery store	<input type="checkbox"/> Camp
<input type="checkbox"/> Workplace, not cafeteria	<input type="checkbox"/> Picnic
<input type="checkbox"/> Workplace cafeteria	<input type="checkbox"/> Other (describe in Remarks)
	<input type="checkbox"/> Unknown

Remarks

20. CONTRIBUTING FACTORS

<i>Are contributing factors known?</i>	<i>If known, check all that apply in Section 21. If unknown, skip to Section 22.</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. CONTRIBUTING FACTORS – DETAILS

Contamination Factors (check all that apply)

- C1 - Toxic substance part of tissue
- C2 - Poisonous substance intentionally / deliberately added
- C3 - Poisonous substance accidentally / inadvertently added
- C4 - Addition of excessive quantities of ingredients that are toxic in large amounts
- C5 - Toxic container
- C6 - Contaminated raw product - food was intended to be consumed after a kill step
- C7 - Contaminated raw product - food was intended to be consumed raw or undercooked / underprocessed
- C8 - Foods originating from sources shown to be contaminated or polluted (such as a growing field or harvest area)
- C9 - Cross-contamination of ingredients (cross-contamination does not include ill food workers)
- C10 - Bare-hand contact by a food handler / worker / preparer who is suspected to be infectious
- C11 - Glove-hand contact by a food handler / worker / preparer who is suspected to be infectious
- C12 - Other mode of contamination (excluding cross-contamination) by a food handler / worker / preparer who is suspected to be infectious
- C13 - Foods contaminated by non-food handler / worker / preparer who is suspected to be infectious
- C14 - Storage in contaminated environment
- C15 - Other source of contamination (specify): _____
- C-N/A - Contamination factors not applicable

(continued on page 7)

21. CONTRIBUTING FACTORS – DETAILS (continued)

Proliferation / Amplification Factors (bacterial outbreaks only; check all that apply)

- P1 - Food preparation practices that support proliferation of pathogens (during food preparation)
- P2 - No attempt was made to control the temperature of implicated food or the length of time food was out of temperature control (during food service or display of food)
- P3 - Improper adherence of approved plan to use Time as a Public Health Control
- P4 - Improper cold holding due to malfunctioning refrigeration equipment
- P5 - Improper cold holding due to improper procedure or protocol
- P6 - Improper hot holding due to malfunctioning equipment
- P7 - Improper hot holding due to improper procedure or protocol
- P8 - Improper / slow cooling
- P9 - Prolonged cold storage
- P10 - Inadequate modified atmosphere packaging
- P11 - Inadequate processing (acidification, water activity, fermentation)
- P12 - Other situations that promoted or allowed microbial growth or toxic production (specify):
- P-N/A - Proliferation / amplification factors not applicable

Survival Factors (check all that apply)

- S1 - Insufficient time and / or temperature control during initial cooking / heat processing
- S2 - Insufficient time and / or temperature control during reheating
- S3 - Insufficient time and / or temperature control during freezing
- S4 - Insufficient or improper use of chemical processes designed for pathogen destruction
- S5 - Other process failures that permit pathogen survival (specify):
- S-N/A - Survival factors not applicable

22. POINT OF CONTAMINATION (CONFIRMED OR SUSPECTED)

<i>Confirmed or Suspected Point of Contamination</i>	<i>If before preparation, specify</i>	<i>Reason(s) Suspected (check all that apply)</i>
<input type="checkbox"/> Before preparation <input type="checkbox"/> Preparation <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Pre-harvest <input type="checkbox"/> Processing <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Environmental evidence <input type="checkbox"/> Epidemiologic evidence <input type="checkbox"/> Laboratory evidence <input type="checkbox"/> Prior experience makes this a likely source

23. SCHOOL

Complete this section only if "School" is checked in either the "LOCATION WHERE FOOD WAS PREPARED" section or the "LOCATION OF EXPOSURE (WHERE FOOD EATEN)" section.

<i>Did the outbreak involve a single or multiple schools?</i> <input type="checkbox"/> Single <input type="checkbox"/> Multiple (specify number of schools): _____ schools		<i>Total Approximate Enrollment (for all involved students in all involved schools)</i> number of students <input type="checkbox"/> Unknown
<i>Grade Levels for All Involved Students in All Involved Schools</i> <input type="checkbox"/> Preschool <input type="checkbox"/> Grade school <input type="checkbox"/> College / university / technical school <input type="checkbox"/> Unknown or undetermined		<i>If Grade school, check all grades affected</i> <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th
<i>Was the implicated food item <u>provided</u> to the school through the National School Lunch / Breakfast Program?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown or undetermined		<i>If Yes, was the implicated food item donated / purchased by:</i> <input type="checkbox"/> USDA through the Commodity Distribution Program <input type="checkbox"/> The state / school authority <input type="checkbox"/> Unknown or undetermined <input type="checkbox"/> Other (specify): _____

24. REMARKS AND CONCLUSIONS

Please provide a brief summary of the investigation findings and the conclusions drawn, include important aspects not covered elsewhere in the report. Indicate if any persons in sensitive occupations or situations (e.g., foodhandlers, children attending daycare) were involved or if any adverse outcomes occurred in special populations (e.g., pregnant women, immunocompromised persons). Attach any documents that provide additional information.

Remarks and Conclusions

On Friday, July 31, 2015, the County of San Diego Epidemiology Program was notified of an outbreak of gastrointestinal illness following a buffet style food served to 172 attendees of the San Diego Society of Professional Journalists awards banquet held at the Bali Hai Restaurant in Shelter Island on Wednesday, July 29, 2015. An investigation was initiated to identify the cause and scope of illnesses among the banquet attendees and recommend appropriate prevention and control measures. Illness and food histories were collected for 84 (49%) individuals; of these, 50 (59.5%) met the outbreak case definition. Eight individuals reported illness but did not meet the clinical criteria for acute foodborne illness and were therefore excluded from the analysis. A case-control analysis was performed to identify possible food exposures associated with illness (see attached Table). A statistically significant association was found between illness and exposure to ice (OR = 4.06, 95% CI: 1.31-12.62; p-value = 0.013); odds of exposure to ice was 4 times greater among cases than among controls. Statistically speaking, no other food or beverage items were significantly associated with illness.

25. REPORTING AGENCY AND OTHER KEY INVESTIGATORS

<i>Local Health Jurisdiction</i> San Diego		<i>Lead Investigator Name</i> Azi Maroufi		<i>Investigator Title</i> Epidemiologist II	
<i>Telephone Number</i> 619-692-8499	<i>Fax Number</i> 858-715-6458	<i>E-mail</i> azarnoush.maroufi@sdcounty.ca.gov		<i>Date (mm/dd/yyyy)</i> 09/15/2015	
<i>Other Key Investigators</i> Dr. Eric McDonald, Medical Director Dr. Annie Kao, Senior Epidemiologist					

26. PHEP – SEVEN MINIMAL ELEMENTS CHECKLIST

Below are the seven minimal elements for outbreak investigations as outlined in the *CDC Public Health Emergency Preparedness (PHEP) Cooperative Agreement – Performance Measures Specifications and Implementation Guidance* (pp. 56-60).

All seven minimal elements included in outbreak report

- 1 - Context / background (e.g., population affected, location, geographical area(s) involved, etiology, etc.)
- 2 - Initiation of investigation (e.g., dates and times notification was received by the LHJ and initiation of investigation, etc.)
- 3 - Investigation methods (e.g., data collection and analyses methods, epi curve, case definition, exposure assessment and classification, etc.)
- 4 - Investigation findings / results (e.g., epidemiologic, laboratory, and / or clinical results, other analytic findings, etc.)
- 5 - Discussion and / or conclusions
- 6 - Recommendations for controlling disease and / or preventing / mitigating exposure
- 7 - Key investigators and / or report authors

27. STATE USE ONLY

<i>State ID</i>	<i>CDC ID</i>	<i>NORS Onset Year (yyyy)</i>
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ADDITIONAL SIGNS AND SYMPTOMS

- | | | | | |
|--|--|--|--|--|
| <ul style="list-style-type: none"> • Alopecia (hair loss) • Anaphylaxis • Anorexia • Appendicitis • Arthralgia • Ataxia • Backache • Bedridden • Bloating • Blood pressure flux • Bloody vomitus • Blurred vision • Body ache • Bradycardia • Bullous skin lesions • Burning • Burns in mouth • Chest pain • Chills • Coma • Congestion • Cough • Dark Urine • Dehydration • Descending paralysis • Difficulty breathing | <ul style="list-style-type: none"> • Difficulty swallowing • Dilated pupils • Diplopia (double vision) • Disoriented • Dizziness • Dry mouth • Dysconjugate gaze • Dysesthesia (impairment of a sense, esp. touch) • Ear ache • Ears ringing • Edema • Eosinophil • Erythema • Excess saliva • Eye problems • Facial weakness • Faintness • Fasciculations (bundling nerve / muscle fibers) • Fatigue • Flushing • Gas • Hallucinations • Headache • Heartburn | <ul style="list-style-type: none"> • Hemorrhage • Histamine reaction • Hives • Hoarse • Hot flash / flush • Hypotension • Insomnia • Itching • Jaundice • Joint pain • Lethargy • Light-headed • Liver necrosis • Loss of appetite • Loss of consciousness • Lymphadenopathy • Malaise • Memory loss • Meningitis • Mucus • Mucus in stool • Muscle breakdown • Muscle fatigue • Muscle spasm • Myalgia • Nausea | <ul style="list-style-type: none"> • Neurological symptoms • Nightmares • Numbness • Oral swelling • Pain • Palpitations • Paralysis • Paresthesia • Periorbital edema • Pharyngitis • Photophobia • Prostration • Ptosis • Quadriplegia • Rapid pulse • Rash • Redness • Respiratory arrest • Rhinitis • Seizures • Septicemia • Shakes • Shock • Shortness of breath • Sore throat • Speech difficulty | <ul style="list-style-type: none"> • Stiff neck • Stiffness • Stomach ache • Sweating • Swelling • Swollen glands • Swollen tongue • Tachycardia • Taste disturbance • Temperature reversal • Temperature variant • Thick tongue • Thirst • Thrombocytopenia • Tingling • Trembling • TTP (Thrombotic thrombocytopenic purpura) • Urinary problems • Urticaria • Weak pulse • Weakness • Weight loss • Wheezing |
|--|--|--|--|--|

Case-Control Analysis Table

Society of Professional Journalists Award Banquet, Bali Hail Restaurant, July 29, 2015													
Food	Cases				Controls				Odds Ratio	Lower 95% C.I.	Upper 95% C.I.	Chi-square	
	Ate	Did Not Eat	Total	%Ate	Ate	Did Not Eat	Total	%Ate				Value	P-Value
Spiced Pork Loin	28	22	50	56.00	12	14	26	46.15	1.485	0.573	3.847	0.6652	0.41474
Teriyaki Roasted Chicken	26	24	50	52.00	12	14	26	46.15	1.264	0.489	3.268	0.2338	0.62869
Blackened Salmon	31	19	50	62.00	21	5	26	80.77	0.388	0.125	1.203	2.7889	0.09492
Roasted Corn Relish	4	44	48	8.33	3	23	26	11.54	0.697	0.144	3.383	0.2023	0.65288
Vegetable Fried Rice	31	17	48	64.58	12	13	25	48.00	1.975	0.739	5.277	1.8675	0.17176
Grilled Mashed Potatoes	31	19	50	62.00	13	13	26	50.00	1.632	0.626	4.251	1.0105	0.31479
House Blend Local Greens	28	22	50	56.00	15	11	26	57.69	0.933	0.358	2.432	0.0199	0.88770
Ginger Plum Vinaigrette	9	35	44	20.45	3	18	21	14.29	1.543	0.371	6.415	0.3594	0.54886
Island Style Potato Salad	26	23	49	53.06	10	16	26	38.46	1.809	0.686	4.767	1.4506	0.22843
Thai Caesar Salad	33	13	46	71.74	17	9	26	65.38	1.344	0.479	3.771	0.3161	0.57396
Asian Chopped Salad	21	27	48	43.75	8	18	26	30.77	1.750	0.638	4.802	1.1924	0.27484
Carrot Cake	30	20	50	60.00	19	7	26	73.08	0.553	0.196	1.556	1.2771	0.25845
Coffee	7	43	50	14.00	8	18	26	30.77	0.366	0.116	1.161	3.0364	0.08142
Tea	0	50	50	0.00	0	26	26	0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Iced Tea	1	49	50	2.00	0	26	26	0.00	#DIV/0!	#DIV/0!	#DIV/0!	0.5269	0.46790
Beer	2	48	50	4.00	5	21	26	19.23	0.175	0.031	0.975	4.7452	0.02938
Wine	16	34	50	32.00	12	14	26	46.15	0.549	0.207	1.453	1.4727	0.22492
Soda	8	42	50	16.00	1	25	26	3.85	4.762	0.562	40.354	2.4203	0.11977
Water	37	12	49	75.51	17	9	26	65.38	1.632	0.578	4.608	0.8639	0.35265
Ice	26	16	42	61.90	6	15	21	28.57	4.063	1.308	12.617	6.2238	0.01260

NO	16.	Food Handler Training	<input type="checkbox"/>	<input type="checkbox"/>	2
EMPLOYEE HEALTH & HYGIENE PRACTICES					
NO	2.	Communicable disease - reporting, restrictions & exclusions	<input type="checkbox"/>	<input type="checkbox"/>	4
NO	3.	No discharge from eyes, nose or mouth	<input type="checkbox"/>	<input type="checkbox"/>	2
NO	4.	Proper eating, tasting, drinking or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	2
PREVENTING CONTAMINATION BY HANDS					
NO	5.	Hands clean & properly washed; gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	4
NO	6.	Adequate handwashing facilities supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>	2
TIME AND TEMPERATURE RELATIONSHIPS					
NO	7.	Proper hot & cold holding temperatures <input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/>	<input type="checkbox"/>	4/2
NO	8.	Time as a public health control - procedures & records	<input type="checkbox"/>	<input type="checkbox"/>	4/2
NO	9.	Proper cooling methods	<input type="checkbox"/>	<input type="checkbox"/>	4
NO	10.	Proper cooking time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>	4
NO	11.	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	4
PROTECTION FROM CONTAMINATION					
NO	12.	No returned and re-service of food	<input type="checkbox"/>	<input type="checkbox"/>	2
NO	13.	Food in good condition, safe & unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	4/2

Sanitizer: Chlorine Quat Amine High Temp
 Expiration & Concentration Temp: *Mech/10ppm* 4

FOOD FROM APPROVED SOURCE					
NO	15.	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	4
NO	16.	Compliance with shell stock tags, condition, display <input type="checkbox"/> Oysters <input type="checkbox"/> Mussels <input type="checkbox"/> Clams <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	2
NO	17.	Compliance with Gull Oyster Regulations	<input type="checkbox"/>	<input type="checkbox"/>	2
CONFORMANCE WITH APPROVED PROCEDURE					
NO	18.	Compliance with: <input type="checkbox"/> Variance <input type="checkbox"/> Specialized Process <input type="checkbox"/> HACCP Plan	<input type="checkbox"/>	<input type="checkbox"/>	2
CONSUMER ADVISORY					
NO	19.	Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	2
HIGHLY SUSCEPTIBLE POPULATIONS					
NO	20.	Licensed health care facilities / public & private schools - prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	4
WATER / HOT WATER					
NO	21.	Hot & cold water available Handink: <i>120</i> Wrewashing sink: <i>120</i>	<input type="checkbox"/>	<input type="checkbox"/>	4/2
LIQUID WASTE DISPOSAL					
NO	22.	Sewage & washwater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	4/2
VERMIN					
NO	23.	No rodents, insects, birds or animals	<input type="checkbox"/>	<input type="checkbox"/>	4/2

ITEM LOCATION	TEMP (°F)	ITEM LOCATION	TEMP (°F)	ITEM LOCATION	TEMP (°F)
<i>FISH / w1</i>	<i>39</i>	<i>BEEF / w12</i>	<i>40</i>		
<i>BEEF / w1</i>	<i>39</i>				
<i>SOFT CHEESE / w12</i>	<i>40</i>				

SUPERVISION	
24. Person in charge present & performs duties	<input type="checkbox"/>
PERSONAL CLEANLINESS	
25. Personal cleanliness & hair restraints	<input type="checkbox"/>
GENERAL FOOD SAFETY REQUIREMENTS	
26. Approved thawing methods used, frozen food	<input type="checkbox"/>
27. Food separated and protected	<input type="checkbox"/>
28. Fruits & vegetables washed	<input type="checkbox"/>
29. Toxic substances - properly identified, stored, used	<input type="checkbox"/>
FOOD STORAGE / DISPLAY / SERVICE	
30. Food storage; food storage containers identified	<input type="checkbox"/>
31. Consumes self-service	<input type="checkbox"/>
32. Food properly labeled & honestly presented	<input type="checkbox"/>

EQUIPMENT / UTENSILS / LINENS	
33. Nonfood contact surfaces clean	<input type="checkbox"/>
34. Warewashing facilities - installed, maintained, used. Test strips available	<input type="checkbox"/>
35. Equipment / Utensils - approved, installed, good repair, capacity	<input type="checkbox"/>
36. Equipment / Utensils / Linens - storage, use	<input type="checkbox"/>
37. Vending machines	<input type="checkbox"/>
38. Adequate ventilation / lighting - designated areas, use	<input type="checkbox"/>
39. Thermometers - provided, accurate	<input type="checkbox"/>
40. Wiping cloths - properly used, stored	<input type="checkbox"/>
PHYSICAL FACILITIES	
41. Flooring - proper backflow devices	<input type="checkbox"/>
42. Garbage & refuse - properly disposed, facilities maintained	<input type="checkbox"/>

PHYSICAL FACILITIES (cont.)	
43. Toilet facilities - properly constructed, supplied, clean	<input type="checkbox"/>
44. Premises, enclosed / cleaning items, vermin-proofing	<input type="checkbox"/>
PERMANENT FOOD FACILITIES	
45. Floor, walls and ceilings - built, maintained, clean	<input type="checkbox"/>
46. No unapproved private homes / living or sleeping quarters	<input type="checkbox"/>
BAR REQUIREMENTS	
47. Grabs card, signs, last inspection report available	<input type="checkbox"/>
COMPLIANCE & ENFORCEMENT	
48. Plan Review	<input type="checkbox"/>
49. Permits Available	<input type="checkbox"/>
50. Improvement	<input type="checkbox"/>
51. Hearing	<input type="checkbox"/>

Inspection Result:
 Ordered Closed Approved to Reopen Yes No None Inactive Directed
 Inspection Score: 100 - %

OBSERVATIONS & CORRECTIVE ACTIONS (see reverse for additional comments)

4. OBSERVED EMPLOYEE ACTIVELY WASHING FOOD UTENSILS WITH INADEQUATE SANITIZER AT MECHANICAL DISH MACHINE, APPROXIMATE 10:00AM. MAINTAIN 500PPM CHLORINE. MACHINE CORRECTED TODAY TO 200PPM FOR DISINFECTION CONTROL. MINOR SANITIZER, NOTICE TO FOLLOW UP WITHIN 7 DAYS

- REVIEWED FOOD PREPARATION & EMPLOYEE HEALTH/HYGIENE
- PROVIDED DISINFECTION & INFECTON CONTROL HANDOUT

Received by (Print): *TOM BAUMANN* Received by (Signature): *[Signature]* Title: *General Manager*
 Specialist (Print): *BARRY McLEANDSON* Specialist (Signature): *[Signature]* Phone: *619 379 0230*
JOANNE SEO

This report is an Official Notice of Violation. Corrections must be completed in the time specified. See reverse side for the general requirements and code sections for each violation listed. A reinspection fee may be charged if violations noted on this report are not corrected by the reinspection date.
 Reinspection Date: (on / about) *8/6/15*

10. Food Handler Training		2
EMPLOYER/OWNER RESPONSIBILITIES		
2. Organizational duties - regulatory, marketing & accessories		4
3. No fishery by-eggs, bone or shells		2
4. Proper eating, eating, drinking or tobacco use		2
OPERATIONAL CODE VIOLATIONS		
5. No display & storage without open access program		1
6. Adequate handwashing facilities to retail & accessible		2
FOOD SAFETY, TEMPERATURE, & QUALITY		
7. Proper hot & cold holding temperatures		4-2
8. Time as a public health control - procedures & records		4-2
9. Proper cooling methods		4
10. Proper cooking time & temperatures		4
11. Proper reheating standards for hot holding		4
DISINFECTION & SANITIZATION		
12. No residues and residues of food		2
13. Food in good condition, safe & unadulterated		4-2

VACUUM PACKED FISH		
15. Fish removed from approach water		4
16. Compliance with shell stock tags - condition, origin		2
17. Compliance with Shell Stock Regulations		2
COMPLIANCE WITH APPROPRIATE REGULATIONS		
18. Compliance with:		2
<input type="checkbox"/> Various	<input type="checkbox"/> Special Use Protections	<input type="checkbox"/> 100% Pass
WATER SUPPLY		
19. On-site water provided for use in restaurant, retail		2
WATER DISTRIBUTION		
20. Labeled water with facilities / public & private schools - prohibited items not offered		4
WATER USE		
21. Hot & cold water available		4-2
WASTE MANAGEMENT		
22. Sewage & wastewater properly disposed		4-2
GENERAL		
23. No rodents, insects, birds or insects		4-2

ITEM DESCRIPTION	TEMP	TEMP LOCATION	TEMP	TEMP LOCATION	TEMP
Eggs / w1	41	SEA BASS / SINK	41		
COOKED MEAT / w1	48				
PASTA / w2	41				

OPERATIONAL	
24. Person in charge present & performs duties	1
PERSONAL HYGIENE	
25. Personal cleanliness & hair restraints	1
WATER SUPPLY & DISTRIBUTION	
26. Proper water treatment used, record kept	1
27. Food requires not critical	1
28. Fruit & vegetable wash	1
29. Toxic substances - properly identified, stored, used	1
WATER STORAGE & DISTRIBUTION	
30. Food storage food storage containers identified	1
31. Consumer advisories	1
32. Food properly labeled & honestly presented	1

OPERATIONAL & SANITIZATION	
33. Protected covered surfaces clean	1
34. No working facilities - installed, maintained, used, Test strips available	1
35. Equipment / Utensils - approved, installed, good repair, correctly	1
36. Equipment / Utensils - stored, use	1
37. Wiping cloths	1
38. Air - clean, recirculated lighting - designated areas use	1
39. Hand sanitizer - stored, accessible	1
40. Wiping cloths - properly used, stored, maintained	1
41. Plumbing - major pipeline failures	1
42. Garbage & refuse - properly disposed, facilities maintained	1

GENERAL & COMPLIANCE	
43. Total facilities - properly constructed, supplied, clean	1
44. Prohibited, personal / cleaning items, water-traiting	1
WATER SUPPLY & DISTRIBUTION	
45. Floor - walls and ceilings - built, maintained, clean	1
46. No construction materials, tools or debris, equipment	1
WATER STORAGE & DISTRIBUTION	
47. Grade, area, slope, adequate, proper, available	1
WATER USE	
48. Hot Water	1
49. Variable Evaluation	1
50. Improvements	1
51. Plumbing	1

Inspection Result: Entered Closed Approved to Reopen Yes No None Inactive Graded Inspection Score: 100 / 100

OBSERVATIONS & CORRECTIVE ACTIONS (see reverse for additional comments)

40: VACUUM PACKED SEA BASS (FROZEN) THAWING UNOPENED IN AMBIENT, SUBMERGED WATER IN SINK. USE PROPER THAWING METHODS FOR VACUUM PACKAGED FISH. FISH THAWING FOR 20 MINUTES, PACKAGING REMOVED AND PLACED IN WALK-IN COOLER FOR COLD HOLDING. 40: WIPING CLOTH SANITIZER INADEQUATE FOR REPEATEDLY USED WIPING CLOTHS. MAINTAIN A MINIMUM OF 100PPM SOLUTION. SOLUTIONS CORRECTED TODAY PER DISINFECTION HANDOUT - FOLLOWED UP IN EMPLOYEE HEALTH AND DISINFECTION PROCEDURES

Inspected by: Tom Gramann
 Special Agent: Brad McArthur
 General Manager: [Signature]
 Phone: 6193790238

15. Food Handler Training	<input type="checkbox"/>	<input type="checkbox"/>	2
EMPLOYEE HEALTH & HYGIENE PRACTICES			
1. Communicable disease - reporting restrictions & exclusions	<input type="checkbox"/>	<input type="checkbox"/>	4
3. No discharge from eyes, nose or mouth	<input type="checkbox"/>	<input type="checkbox"/>	2
4. Proper eating, feeding, drinking or tobacco use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
PREVENTING CONTAMINATION BY HANDS			
5. Hands clean & properly washed; gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	4
6. Adequate handwashing facilities supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>	2
TIME AND TEMPERATURE RELATIONSHIPS			
7. Proper hot & cold holding temperatures Hot <input type="checkbox"/> Cold <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4+2
8. Time as a public health control - procedures & records	<input type="checkbox"/>	<input type="checkbox"/>	4+2
9. Proper cooling methods	<input type="checkbox"/>	<input type="checkbox"/>	4
10. Proper cooking times & temperatures	<input type="checkbox"/>	<input type="checkbox"/>	4
11. Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	4
PROTECTION FROM CONTAMINATION			
12. No returned and reserve of food	<input type="checkbox"/>	<input type="checkbox"/>	2
13. Food in good condition, safe & unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	4+2

FOOD FROM APPROVED SOURCES			
15. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	4
16. Compliance with shell stock tags, condition, display Oysters <input type="checkbox"/> Mussels <input type="checkbox"/> Clams <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
17. Compliance with Gulf Oyster Regulations	<input type="checkbox"/>	<input type="checkbox"/>	2
CONFORMANCE WITH APPROVED PROCEDURES			
18. Compliance with: Variance <input type="checkbox"/> Specialized Process <input type="checkbox"/> HACCP Plan <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
CONSUMER ADVISORY			
19. Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	2
HIGHLY SUSCEPTIBLE POPULATIONS			
20. Licensed health care facilities / public & private schools - prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	4
WATER / HOT WATER			
21. Hot & cold water available Hand sink 120 Warewashing sink 135	<input type="checkbox"/>	<input type="checkbox"/>	4+2
LIQUID WASTE DISPOSAL			
22. Sewage & wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	4+2
VERMIN			
23. No rodents, insects, birds or animals	<input type="checkbox"/>	<input type="checkbox"/>	4+2

TEMP LOCATION	TEMP (°F)	TEMP LOCATION	TEMP (°F)	TEMP LOCATION	TEMP (°F)

SUPERVISION	
24. Person in charge present & performing duties	1
PERSONAL CLEANLINESS	
25. Personal cleanliness & hair restrictions	1
GENERAL FOOD SAFETY REQUIREMENTS	
26. Approved thawing methods used (except sous vide)	1
27. Food separated and protected	1
28. Fruits & vegetables washed	1
29. Toxic substances - properly identified, stored, used	1
FOOD STORAGE / DISPLAY / SERVICE	
30. Food storage; food storage containers identified	1
31. Consumer self-service	1
32. Food properly labeled & honestly presented	1

EQUIPMENT / UTENSILS / LINENS	
33. Nonfood contact surfaces clean	1
34. Warewashing facilities - installed, maintained, used; Test strips available	1
35. Equipment / Linens - approved, installed, good repair, capacity	1
36. Government / License / License - storage, use	1
37. Venting machinery	1
38. Adequate ventilation / Lighting - designated areas, use	1
39. Thermometers - provided, accurate	1
40. Weighing devices - properly used, stored	1
PHYSICAL FACILITIES	
41. Plumbing - proper backflow devices	1
42. Garbage & refuse - properly disposed, facilities maintained	1

PHYSICAL FACILITIES (cont.)	
43. Toilet facilities - properly constructed, supplied, clean	1
44. Premises, persons / cleaning items, vermin proofing	1
PERMANENT FOOD ENCLOSURES	
45. Floors, walls and ceiling - built, maintained, clean	1
46. No unapproved private areas - built or sleeping quarters	1
SIGN REQUIREMENTS	
47. Grade card, signs, last inspection report available	1
COMPLIANCE & ENFORCEMENT	
48. Plan Review	<input type="checkbox"/>
49. Permits available	<input type="checkbox"/>
50. Impoundment	<input type="checkbox"/>
51. Hearing	<input type="checkbox"/>

Inspection Result: Ordered Closed Approved to Reopen Yes No None Inactive Directed Inspection Score: 100 - %

OBSERVATIONS & CORRECTIVE ACTIONS (see reverse for additional comments)

1. OBSERVED EMPLOYEE PREPARING FOOD AND USE BARE HANDS TO EAT FOOD (CHICKEN) BEING PREPARED. EMPLOYEES SHALL NOT EAT FOOD WHILE PREPARING FOOD WITHOUT INTERVENTION TO AVOID CROSS CONTAMINATION. EMPLOYEE WAS EDUCATED ON PROPER EATING IN NON FOOD PREPARATION AREAS. FOODS VOLUNTARILY DISCARDED AS A PRECAUTION.

2. OBSERVED INADEQUATE SANITIZER ON UTENSILS WHILE EMPLOYEE WAS ACTIVELY WASHING UTENSILS AT MECHANICAL DISH MACHINE. MAINTAIN 50 ppm CHLORINE. SANITIZER LOGS AT MACHINE INDICATED 100ppm

Received by (Print) Tom Connerman Received by (Signature) [Signature] Title General Manager
 Specialist (Print) BRAD RYLANDSON Specialist (Signature) [Signature] Phone 619.379.0238
JACKLIN MIKHAIL-FOX [Signature] 858-641-3544

This report is an Official Notice of Violation. Corrections must be completed in the time specified. See reverse side for the general requirements and code sections for each violation listed. A reinspection fee may be charged if violations noted on this report are not corrected by the reinspection date.

OBSERVATIONS AND CORRECTIVE ACTIONS

12 CONT ONE HOUR PRIOR TO OPERATION. MACHINE PRINED DURING INSPECTION, 50 PPM MEASURED. CONTRACTOR ARRIVED DURING INSPECTION TO SERVICE MACHINE AS NEEDED. CONTINUE TO MONITOR SANITIZER CONCENTRATIONS, INCLUDING USE OF LOGS.

- REVIEWED FOOD PREPARATION, INCLUDING ICE. USE BEST BEST MANAGEMENT PRACTICES FOR THE MAINTENANCE OF ICE MACHINES AND CLEANING/SANITIZING OF APPROPRIATE ICE RELATED UTENSILS.

- DISCUSSED EMPLOYEE HEALTH & HYGIENE

- REVIEWED DISINFECTANT CONTROL METHODS & PRACTICES

Received by (Print) Tom Bannan Received by (Signature)

Title General Manager

Specialist (Print) Brent Richardson Specialist (Signature)

Phone 619 379 0278

JACKLIN NIKHAIL-FOX

[Signature]

936-614-3544