

- Final Report -

**Shiga Toxin *E. coli* (STEC) Outbreak:
Huntley High School
Huntley, Illinois**

September 2023

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INTRODUCTION

On September 17, 2023, the McHenry County Department of Health (MCDH) was notified by a Huntley-Northwestern Medicine Emergency Department physician, via the MCDH on-call service, of three (3) ill high school aged students, all of whom attend Huntley High School (HHS). All three (3) students were experiencing similar symptoms of body aches and chills progressing to abdominal discomfort and fever, followed by watery diarrhea with minimal vomiting that eventually progressed to bloody stool. The notifying physician reported that all three (3) patients were being tested for *Escherichia coli* (*E. coli*) with results pending.

MCDH opened an investigation into the cluster of illnesses associated with HHS on the morning of September 18, 2023. The case-control study conducted for this investigation identified sixteen (16) cases of Shiga Toxin-Producing *E. coli* (STEC) among students and staff of HHS. A case-control study identifies a sample of ill individuals (cases) and those who are well (controls) during a specific timeframe and compares the frequency of the exposure to the causal agent of illness in the case group and the control group. A case-control study does not necessarily identify all individuals who became ill but a sufficient number of cases and controls to collect data to statistically prove a hypothesis of the cause of illness.

This illness investigation was complex as there were multiple potential exposures to students and staff within the school and external to the school that required investigation. This report will review the methodology utilized in this investigation, the final findings, and a discussion of those findings and recommendations to prevent future illness. The appendices include graphs and tables depicting data from the communicable disease, epidemiological and environmental health investigations and laboratory testing, along with various forms used to conduct and organize the data/information received in the field.

METHODOLOGY

An illness cluster investigation consists of communicable disease, epidemiological and environmental health investigations, which are conducted concurrently. The environmental health investigation includes the physical and procedural examination of pertinent operations and the collection of environmental samples.

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The communicable disease investigation includes obtaining case histories of those ill and those who are well (but still potentially at risk of illness because of a shared exposure with the ill). From these preliminary efforts, the Communicable Disease Program and the Epidemiology Program develop a case definition to appropriately classify individuals interviewed as either a case or a non-case. Case history interviews are standard practice in communicable disease investigations and involve the collection of self-reported exposure and symptomology data pertaining to illness experienced (including the symptoms, duration, onset date, and clinical care), any laboratory reports, and potential exposures.

The epidemiology investigation involves the compilation of the illness investigation data collected and uses standard epidemiological processes to analyze the data. The robustness of the multiple statistical analyses used during the illness investigation ensures the validity of the epidemiological investigation.

Statistical analyses are used to determine what exposures could be related to illness. The most common statistical test used in the outbreak setting is the chi-square test for association. It is important to note that the chi-square test for association is more reliable when a large sample size is available. The statistical power of the chi-square test declines as sample size decreases, making it difficult to establish a single exposure as the source of the outbreak. Fisher's Exact Test can be used with smaller sample sizes to better identify associations between exposures and illness. An odds ratio (OR) is also used to identify potentially implicated exposures. Traditionally, an OR greater than or equal to two (2) signifies an exposure requiring further exploration.

In addition to conducting case histories and performing statistical analyses of exposures, it is also necessary to obtain clinical specimens to identify an etiologic agent of the illness, to identify all exposures through which the etiological agent can be transmitted and investigate environmental exposures through the environmental health investigation.

The next stage of this investigation includes the development of hypotheses about the contributing factors to the illness and examination of associations that develop from the data that have accumulated from the environmental health, epidemiological, and laboratory findings. Following this, recommendations and control procedures are developed to prevent future illness.

The afternoon of September 17, 2023, MCDH was notified by a physician from the Huntley-Northwestern Medicine Emergency Department via the MCDH on-call service of three

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(3) ill high school aged students, all of whom attend HHS. All three (3) students were experiencing similar symptoms of body aches and chills progressing to abdominal discomfort and fever, followed by watery diarrhea with minimal vomiting that eventually progressed to bloody stool. The notifying physician reported that all three (3) patients were being tested for *E. coli* bacteria with results pending. Following this notification, the Communicable Disease on call staff notified the Communicable Disease Program Coordinator, who notified the Director of Public Health Nursing. On the morning of September 18, 2023, the Director of Public Health Nursing immediately initiated the Department's investigation into the reported cluster of illness.

The Communicable Disease Program began the case history investigation by interviewing parents/guardians of students reported to be ill on September 18, 2023. Interviews focused on events (both inside and outside the school setting), such as athletics, clubs, and all other congregate settings/events that the ill students attended and/or participated in, over the past 10 days from onset of illness, foods eaten, contact with animals, and bodies of water (swimming pools or surface water). The 10 day food history and potential environmental exposure was used as the suspect pathogen was *E. coli* bacteria and the incubation time for *E. coli* infection is 1 to 10 days².

The Communicable Disease Program contacted the HHS nurse to gather information on school sponsored events, student illnesses through absenteeism reporting, illness reporting among staff, including cafeteria staff, and other potential environmental exposures (school pool and animals). In addition, the class schedules for the initial known ill students were requested and received from the HHS nurse to investigate common exposures in classrooms and extracurricular activities among cases. As additional cases were identified, class schedules were obtained for all ill students and staff members, with the last schedule received on October 3, 2023.

On September 18, 2023, an Environmental Health Practitioner (EHP) was on site at HHS to observe food handling practices and to interview kitchen staff. Complete observation was not possible as the lunch service was already completed for the day; however, the EHP observed school staff completing end of day cleanup and next day preparation. The EHP requested the D158 Director of Food Service to provide lists of all staff, staff assignments, the lunch menu, and information regarding additional foods offered in the cafeteria and how food items are prepared. Ice and water samples were collected for analysis.

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On September 19, 2023, an EHP returned to HHS to observe food handling practices prior to and throughout the lunch service. The HHS Cook/Team Lead provided more detailed information regarding food preparation, food handling procedures, food handling on the service line, the school kitchen's involvement in recent school events, use of food temperature logs, breakfast menu items, lunch menu items, production records, and the contact information for the freshmen football concession stand and varsity football team dinner parent liaisons. Any critical violations observed were required to be corrected immediately. Food samples of the meats and vegetables at the cold sub sandwich station were collected. Samples of tomato, onion and lettuce were also collected from bulk food storage in the walk-in cooler.

From September 18 to September 19, 2023, The Communicable Disease Program received laboratory results for five (5) students from HHS whose stool specimens were positive for STEC via polymerase chain reaction (PCR). An outbreak of STEC was declared at HHS and communicated to HHS on September 19, 2023 (Appendix A, #1).

The MCDH Outbreak Investigation Team met on September 19 and September 20, 2023, to review information collected to date in the investigation by the Communicable Disease Program and the Environmental Health Division and to coordinate next steps. Six (6) likely sources for the illnesses were identified based upon shared potential exposures, the known incubation time of STEC, and onset date for cases identified to date:

1. HHS Cafeteria
2. Freshman football game concessions on September 8, 2023
3. Flyover event on September 8, 2023
4. Varsity football team dinner on September 8, 2023
5. Person-to-person transmission
6. Environmental fomite transmission

From September 19 to September 21, 2023, the Epidemiology Program developed an electronic investigation questionnaire using the online REDCap platform. REDCap allows data to be collected online in real-time and stores that data in a secure, web-based portal. The epidemiological questionnaire (Appendix B) was to be distributed to all school staff, parents/guardians, and students to collect additional data to better examine the potential sources of the outbreak.

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On September 21, 2023, the MCDH Outbreak Investigation Team met via video conference with D158 Superintendent, D158 Director of Food Service, HHS Principal, and D158 Public Information Officer (PIO). The MCDH Community Information Coordinator (CIC) partnered with the D158 PIO to prepare a press release regarding the ongoing outbreak investigation. On September 21, 2023, a joint (MCDH and HHS) press release was sent out to the HHS contact list by the D158 PIO and to media outlets by MCDH CIC (Appendix A, #2a). In addition, the Communicable Disease Program sent a memo to area healthcare providers (Appendix A, #2b) alerting them of the outbreak of STEC, to consider testing anyone with similar symptoms for STEC, and to report all suspect cases to the Communicable Disease Program.

On September 20, 2023, an EHP collected additional food items including cheeses and tuna salad from the HHS cold sub sandwich line. An EHP interviewed the parent liaison for the varsity football team dinner; the HHS principal regarding the flyover event; and a representative of the high school athletic booster club regarding the concession stand. Utilizing a hazard analysis and critical control point (HACCP) approach, an EHP reviewed food items that were provided at each of the events/locations, at which time it was confirmed that outside vendors had provided food at these events.

An EHP conducted an onsite inspection of Parkside Pub, located in Huntley and Bub's Subs, Algonquin, on September 20, 2023, to obtain information regarding the preparation and handling of food items provided for the varsity football team dinner held on September 8, 2023. Onsite inspections of Chick-fil-A, Algonquin were conducted on September 20, 2023, September 21, 2023, and September 22, 2023 to obtain information regarding the food items that were provided to the HHS Flyover event held on September 8, 2023. An EHP contacted Kane County Health Department on September 21, 2023 to request an inspection of Papa Saverio's, Huntley, (Kane County) since the food establishment provided food items to the HHS freshman football food concession stand on September 8, 2023. On September 21, 2023, an EHP conducted an onsite inspection of Bubs Subs, Algonquin, to obtain information regarding the food items provided to the HHS freshman football food concession stand on September 8, 2023. During all of the MCDH inspections, the EHP reviewed employee illness logs, employee illness policies, and food handling procedures, including transportation (delivery), specific to the food items provided to the events. Environmental Health staff provided updated menu items from

these events to the Epidemiology Program for the survey development.

The HHS Cook/Team Lead was notified by Environmental Health staff on September 21, 2023 that a food handler REDCap questionnaire, specific to individual food handler responsibilities would be provided via email to the HHS Cook/Team Lead and that all food staff would need to complete it. The employee questionnaires were developed by the Epidemiology Program and Environmental Health staff for the HHS cafeteria and Chick-fil-A staff (Appendix C) in REDCap. The questionnaire consisted of an employee specific outbreak investigation form used to collect case history interviews from employees, including questions regarding food handling responsibilities, operational procedures, illness history, and work schedule. The employee questionnaire for Chick-fil-A also asked employees about any connection to HHS. The questionnaires were provided to the HHS Cook/Team Lead and the Director of Operations of Chick-fil-A, Algonquin on September 22, 2023. The HHS Cook/Team Lead was also advised that all kitchen/cafeteria food staff would need to provide two (2) self-collected stool specimens, and that the two (2) stool specimens must be collected a minimum of twenty-four (24) hours apart. Two (2) consecutive negative stool specimens are required for food handlers to be cleared to work per [Illinois Administrative Code 690.400.c](#).

The Communicable Disease Program continued to interview parents/guardians of ill students identified by the HHS nurse or through other case interviews until September 21, 2023, at which time the electronic link for the epidemiological questionnaire was provided to school officials with a request to distribute to all students, parents, and staff. School officials distributed the survey link to students and staff on September 22, 2023. The epidemiological questionnaire was completed by students, parents/guardians, and staff of HHS from September 22 to September 23, 2023. The questionnaire link was closed at 1 pm on September 23, 2023, as sufficient responses (1,512 complete questionnaires) were obtained for the case-control study. Communicable Disease Program staff entered the available data into the epidemiological questionnaire for any ill student who previously completed an interview with the Communicable Disease Program but did not complete the epidemiological questionnaire themselves. The Communicable Disease Program prepared self-collection stool specimen kits with instructions for distribution to food handlers by EHPs.

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While onsite at Chick-fil-A, Algonquin, on September 22, 2023, an EHP advised the General Manager of Operations that a food handler survey, specific to individual food handler responsibilities, would be provided by e-mail to be completed by all staff. The General Manager had been advised that food staff would need to provide two (2) self-collected stool specimens, and that the two (2) stool specimens must be collected a minimum of twenty-four (24) hours apart. Stool specimen collection kits with printed instructions were provided.

On September 22, 2023, stool specimen kits, with printed instructions, were also dropped off at the front desk of HHS for all the kitchen/cafeteria food staff.

On September 22, 2023, an EHP collected a water sample from the chopped lettuce storage container at Bubs Subs, Algonquin. On September 23 and 24, 2023, EHPs were onsite at Bubs Subs, Algonquin, Chick-fil-A, Algonquin, and Parkside Pub, Huntley, to further observe food handling procedures and practices.

As of September 25, 2023, no stool specimen samples had been provided to the Communicable Disease Program from food handling staff from HHS or Chick-Fil-A, Algonquin. A meeting was held between Environmental Health and the Communicable Disease Program regarding the lack of submission of specimens. A memorandum from the Director of Public Health Nursing and Director of Environmental Health was sent to the D158 Director of Food Service and the owner of Chick-fil-A (Appendix A: #3a, #3b). The memo reinforced the requirement for all food handler staff to provide self-collected stool specimens for clearance testing and provided a date for compliance or the non-compliant food staff would need to be excluded from food handling responsibilities. A video conference was held with the Director of Public Health Nursing, Director of Environmental Health, D158 Superintendent, HHS Principal, D158 Director of Food Service, and D158 PIO to discuss the ongoing investigation, to encourage cooperation in the investigation, and completion of the food handler survey, and to reiterate that the food handler stool specimens must be submitted.

On September 26, 2023, food handler self-collected specimens were beginning to be provided to the Department. A communication was received from a Chick-Fil-A food handler requesting one (1) additional stool specimen test kit as they had disposed of their kit. The D158 Director of Food Service also requested additional stool specimen kits for the coffee station food handlers not previously identified. Kits were delivered by an EHP to HHS and during that time

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D158 Director of Food Service was present and intervened to assure that the final food handler completed the survey.

Periodic analysis of the expanding picture of the outbreak helped to focus the epidemiological, sample collection, and environmental health investigations. An initial analysis of all interview data obtained from the epidemiological questionnaire was conducted from September 23, 2023 to September 25, 2023. Based on the initial food item analysis, twelve (12) food samples, that had already been collected by the Division of Environmental Health, were identified for testing. Testing of identified food specimens from HHS cafeteria was requested from IDPH. As the initial epidemiological analysis did not identify an association between the varsity football team dinner or freshman football concessions and illness, an employee questionnaire was not created for Parkside Pub, Bubs Subs, or Papa Saverio's

As the epidemiological questionnaire was created to obtain information from cases and controls with onset dates from September 5, 2023 to September 23, 2023, a second version of the epidemiological questionnaire (Appendix B) was created in REDCap on September 28, 2023, to collect information from any new cases identified by the Communicable Disease Program until the outbreak was declared to be over. The second epidemiological questionnaire included events at HHS that occurred after the initial epidemiological questionnaire was closed on September 23, 2023. The second questionnaire was distributed directly to parents/guardians of ill students reported by the school who experienced diarrhea for at least 72 hours.

EHPs conducted onsite inspections at HHS and Chick-Fil-A, Algonquin, on September 27, 2023 and September 28, 2023 to verify that food handlers who had not provided the required clearance stool specimens, were not onsite. An additional onsite inspection of Chik-Fil-A was also conducted on September 29, 2023 to verify that food handlers who had not provided the required clearance stool specimens, were not onsite.

Twelve (12) food samples were shipped to Alliance Analytical Laboratories on September 28, 2023 for testing because the IDPH declined the Department's request made on September 26, 2023 to test the food samples at the IDPH laboratory.

Additional stool specimen collection kits were provided to HHS on September 29, 2023 for the required second stool specimen clearance samples. An EHP conducted an onsite inspection at Chick-fil-A, Algonquin to confirm that food handlers, who had not provided a self-collected stool specimen, were not onsite.

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On October 3, 2023, an EHP was onsite at HHS to obtain photographs of the service lines in the cafeteria.

On October 4, 2023, MCDH was notified by IDPH that a HHS case was linked to a multistate investigation of *E. coli* O157:H7 by whole genome sequencing (WGS). WGS determines the order of bases in the genome of an organism which identifies its unique DNA fingerprint, or pattern. Due to this link, the outbreak investigation at HHS was expanded to include IDPH, the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) partners. A hypothesis generating questionnaire (Appendix B) was provided to the Communicable Disease Program by IDPH from the CDC to perform follow-up questioning with the WGS identified cases.

To further investigate a potential link between the HHS illness outbreak and the national outbreak, Communicable Disease staff obtained information on October 4 and October 5, 2023 about a therapy dog that regularly visits HHS through Partnering for Prevention and had visited HHS on September 12, 2023. HHS staff stated that the dog did not visit specific classes on September 12, 2023, but was available to anyone who visited the hallway where the therapy dog was located. The therapy dog's owner was interviewed and indicated that the therapy dog was never noted to be ill. The owner of the therapy dog indicated using IAMS dog food; this information was provided to IDPH.

In order to evaluate if contact with the school's therapy dog was associated with illness, a follow-up questionnaire (Appendix B) was sent on October 5, 2023 to the previous epidemiological questionnaire respondents who indicated they were willing to receive additional contact from MCDH. The follow-up questionnaire inquired about contact that students or staff had with the school's therapy dog.

The epidemiological analysis was updated from October 6 to October 10, 2023 to include data obtained from the follow-up questionnaire. Additionally, the analysis of cafeteria food was updated based on guidance from the CDC. The results of the analysis were shared with IDPH to provide to the CDC and FDA on October 10, 2023.

On October 6, 2023, the Director of Environmental Health requested copies of invoices for a variety of breads, meats, cheeses and vegetables for the cold sub sandwich station for the period of time between August 27, 2023 and September 17, 2023 from the HHS Cook/Team Lead and D158 Director of Food Services on behalf of IDPH. A follow up request was made on

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October 12, 2023. The requested invoices were received from the D158 Director of Food Services on October 13, 2023 and forwarded to IDPH on October 13, 2023.

On October 9, 2023, MCDH declared the outbreak of STEC at HHS to be over, because no new cases had been identified for 20 days, which is the equivalent of two (2) incubation periods for the pathogen after the last illness onset date that was identified. This was communicated to HHS on October 12, 2023 (Appendix A, #4). The expanded national investigation remained ongoing.

A re-inspection of HHS cafeteria for violations observed during previous onsite inspections was completed by an EHP on October 10, 2023. A second reinspection was scheduled for October 20, 2023.

A reinspection of HHS cafeteria for the remaining violation was completed by an EHP on October 20, 2023. The correction was made, and no outstanding violations remained.

On October 30, 2023, MCDH was notified by IDPH that the FDA would not move forward with traceback analysis using the invoices provided for food products.

When identifying cases in a case-control study a case definition is developed. Many factors are taken into consideration, as not all cases will have comprehensive laboratory results based on different labs, timeframe of illness onset to testing (shedding of pathogen declines over time and can become intermittent), or no testing performed with symptoms. Therefore, laboratory results, symptomology for the identified pathogen, and epidemiological linkage are reviewed. Being epidemiologically linked means that a case has or has had contact with a similar exposure of those that have laboratory confirmation of illness and that the type of exposure to the identified pathogen is plausible for its transmission.

The case definition was refined over the course of the investigation as new information was obtained to best characterize ill persons. The final case definition was defined as:

- A) A student or staff member of HHS who experienced gastrointestinal symptoms with an onset date between September 5, 2023 to September 23, 2023 with:
- A case of STEC with positive laboratory results for Shiga Toxin 2 **OR**
 - A case of STEC with positive laboratory results for *E. coli* O157 DNA but negative laboratory results for Shiga Toxin 1 and Shiga Toxin 2 **OR**
 - No positive laboratory results who experienced 3 or more bouts of diarrhea lasting at least 72 hours

OR

B) A student or staff member of HHS who experienced 3 or more bouts of diarrhea lasting at least 72 hours with an onset date after September 23, 2023 and with:

- A case of STEC with positive laboratory results for Shiga Toxin 2 **OR**
- A case of STEC with positive laboratory results for *E. coli* O157 DNA but negative laboratory results for Shiga Toxin 1 and Shiga Toxin 2

Any ill student or staff member of HHS who experienced gastrointestinal illness but did not meet the case definition above was excluded from the case count. A student or staff member who was excluded from the case count but had a positive laboratory result for Shiga Toxin 2 was considered to have an undetermined case status; however, this individual remained part of the illness investigation. Any student or staff member of HHS who indicated that they did not experience gastrointestinal illness was classified as a control.

Fourteen (14) individuals completed the HHS food handler questionnaire. No employees of HHS met the case definition for this outbreak. Data from the HHS employee questionnaire was reviewed qualitatively by Environmental Health staff.

Five (5) individuals completed the Chick-fil-A employee questionnaire. No employees of Chick-fil-A met the case definition for this outbreak. No association with food served from Chick-fil-A, at the flyover event or freshman football concessions, and illness was identified. Therefore, the results of the Chick-fil-A employee survey were not analyzed as part of this outbreak investigation and are not included in the report.

Complete information from 1,512 individuals was collected in the epidemiological questionnaires. Sixteen (16) individuals were classified as ill (cases), 1,464 individuals were classified as well (controls), and 32 individuals were excluded from the investigation, not meeting case definition, for a total of 1,480 respondents utilized in the analysis.

Of the 1,480 respondents, 166 individuals completed the follow-up questionnaire. Of the 166 individuals who completed the follow-up questionnaire, exposure information was obtained for only 3 cases. Therefore, the association between contact with the therapy dog and illness was not analyzed statistically, but it was reviewed qualitatively.

The case-control study analyzed the seven (7) potential sources of the outbreak mentioned previously (hereafter referred to as “source” or “sources”). The study included a review of stool specimen laboratory results, the calculation of the symptom profile, a comparison of the number

of cases with each source, the creation of source specific epi curves, a review of student and staff schedules, and statistical analyses of the association between food items and illness. As more than half of the cases were still experiencing symptoms at the time of interview, median duration of symptoms was not calculated. The incubation period for this analysis could not be determined as an exact date of exposure could not be identified.

The case-control study included ill and well from the epidemiological questionnaires and HHS cafeteria food handler questionnaire (1,494 respondents). Only the 1,480 respondents from the epidemiological questionnaires were used in the statistical analysis of food items.

The case-control study utilized Tableau, an analytic processing software, for data management, cleaning (data verification), and visualization, and SAS 9.4 software for data analysis.

HHS food service staff provided Environmental Health staff with a breakdown of cafeteria usage including numbers of individuals served for breakfast, lunch, and snacks along with the numbers of individuals served by station for the time period in question.

The statistical analysis included cross tabulations of exposure information (i.e., food items) versus illness status (i.e., well or ill), which is referred to as a bivariate analysis. In a bivariate analysis, the association between exposures with illness is examined for each exposure separately. Food items were analyzed separately for each source, and each analysis only included cases and controls with that source. This is referred to as the “sample” for the food item. The cafeteria is available multiple times throughout the day for breakfast, lunch, or snacks. Certain food items are available at these times. Samples of cafeteria items were selected based on when the items were available. Items available for lunch used anyone who ate lunch from the cafeteria as the sample, items available for breakfast used anyone who ate breakfast from the cafeteria as the sample, and items available as snacks throughout the day used anyone who ate food from the cafeteria as the sample.

Statistically significant associations ($\alpha < 0.05$) were determined via the chi-square test for association or Fisher’s Exact Test based on expected cell counts; and an OR was calculated. A bivariate analysis performed at $\alpha < 0.05$ means that there is 95% confidence that those exposures are associated with illness.

Three bivariate analyses were performed:

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1. An analysis of all food items (from all sources) with illness separated by source (Appendix G, Table 1).
2. A sub-analysis of ingredients from the cold-sandwich station (Appendix G, Table 2).
3. A sub-analysis of ingredients from the cold-sandwich station available at multiple locations (Appendix G, Table 3).

In the first analysis, food items with customization were analyzed as one food item, no matter how they were customized (for example, sandwiches from the cold sandwich station were analyzed as one food item called “cold sandwich station”). If a food item with customization was found to be significantly associated with illness, a sub-analysis was performed looking at the association between ingredients available and illness. As only one (1) case ate at the varsity football team dinner, a bivariate analysis examining the association between food items and illness was not performed.

The initial statistical analysis completed on September 25, 2023 used anyone who ate lunch from the cafeteria as the sample for the second bivariate analysis. On October 10, 2023, the control group for analysis 2 above was updated to only include those who ate a sandwich from the cold sandwich station per the CDC request. The analysis was updated based on the finding that eating a sandwich from the cold sandwich station was associated with illness. As the cold sandwich station is a separate station in the cafeteria and not utilized by all students and staff, a more specific subset of respondents could be used as the sample for ingredients from this station. Using the previous sample may have increased the risk of falsely identifying ingredients associated with illness, which is referred to as a type 1 error.

Ingredients from the cold sandwich station are also available in other food items served in the cafeteria. For example, provolone cheese is available to students at the cold sandwich station and is also used in certain hot sandwiches. A sub-analysis was performed for ingredients available at the cold sandwich station that were available in other food items or at other stations. Ingredients from the cold sandwich station were available at the salad bar and/or used in hot sandwiches and/or pre-made salads (see Appendix G, Table 3). The samples for this sub-analysis were based on where the ingredients were available. For example, the sample for provolone cheese was anyone who ate a cold sandwich or hot sandwich.

Though multiple food items were found to be associated with illness status in the first analysis, multiple logistic regression could not be performed as all ill individuals ate a sandwich

from the cold sandwich station. However, the association between eating cookies and eating from the cold sandwich station (the two food items found to be associated with illness in the first analysis) was tested via a bivariate analysis at $\alpha < 0.05$.

Additionally, multiple logistic regression could not be performed for the cold sandwich station ingredients found to be statistically associated with illness, as all cases with complete information ate lettuce on their sandwich from the cold sandwich station.

FINDINGS

A total of 1,526 students or staff of HHS were interviewed either by Communicable Disease staff or via the outbreak investigation questionnaires (Appendix B). Sixteen (16) cases were identified. All cases were students or non-cafeteria staff. One food handler from the HHS cafeteria tested positive for STEC 2 (Appendix E, Table 1) but reported never experiencing symptoms. As this individual did not report experiencing symptoms and their onset date could not be determined, they are considered undetermined for their case definition (Appendix E, Table 1). Due to the small number of cases between students and staff, cases will not be delineated between the two to be consistent with MCDH and IDPH suppression standards for confidentiality. An exception to these standards is required to share the stool specimen laboratory results of the HHS cafeteria food handler, as the results are necessary for the explanation of how illness was transmitted in this outbreak.

Stool specimens from eight (8) cases were tested (Appendix E, Table 2) via PCR and culture. If an isolate was obtained via culture a WGS was performed.

- Four (4) cases tested positive for STEC O157:H7 via culture and Shiga Toxin 2 via PCR, and matching WGS.
- Two (2) cases tested positive for Shiga Toxin 2 and *E. coli* O157 DNA via PCR, though STEC O157:H7 could not be isolated via culture.
- One (1) case tested positive for *E. coli* O157 DNA and *E. coli* Shiga Toxin 1+2 gene via PCR but was negative for Shiga Toxin 2 and STEC O157:H7 via PCR and culture.
- One (1) case tested negative for Shiga Toxin 2 and STEC O157:H7 via PCR and culture, this stool specimen was collected for testing 3 weeks after their symptoms started.

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The symptoms of the first ill individual identified in the case-control study began on September 10, 2023. Eight (8) of the sixteen (16) cases initially experienced symptoms on September 14 (3 cases) and September 15, 2023 (5 cases) creating an epi-curve that is typical as compared to [standard epi curves](#) during a foodborne outbreak (Appendix D, Figure 1).

Consistent with STEC, the illness was characterized by diarrhea (100.0% of cases) and abdominal cramps (75.0% of cases), and a significant percentage of cases experienced blood in stools (56.25% of cases) (Appendix D, Figure 2). Six (6) cases sought treatment in the emergency department and two (2) cases required hospitalization.

Among the sixteen (16) cases, fifteen (15) cases (93.8%) ate from the HHS cafeteria at some time during the school day. Of the fifteen (15) cases, all fifteen (15) cases (93.8%) ate lunch from the cafeteria, five (5) cases (31.3%) also ate breakfast from the cafeteria, four (4) cases (25.0%) also ate from the freshman football concessions, two (2) cases (12.5%) also ate at the flyover event, and one (1) case (6.3%) also ate at the varsity football team dinner. One (1) case (6.3%) had no reported exposures to food from the HHS cafeteria, the freshman football concession, the flyover event, or the varsity football dinner. No cases had contact with the therapy dog, the therapy dog's food or treats, or the therapy dog's fecal matter (Appendix D, Table 2).

The review of student and staff schedules identified that no classes had more than two (2) cases in a single class. Seven (7) classes had two (2) cases. The review of schedules also identified cases in every lunch period (three (3) cases in period 4, five (5) cases in period 5, and six (6) cases in period 6). No cases were found to be involved in the same extracurriculars. The case with no reported exposure to any food source shared a lunch period and classes with other cases, all of whom were ill earlier than said case.

Epi curves for each potential source are displayed in Appendix D, Figures 3-8. Multiple sources show cases clustering, which means cases occurring on the same day or within a few days of each other. Only the epi curves for the cafeteria (Appendix D, Figure 3) and lunch from the cafeteria (Appendix D, Figure 4) display the distinct shape typical of a point (single source) exposure.

The bivariate analysis of food items for all sources indicated that the cold sandwich station and cookies, both of which are served from the cafeteria, had a statistically significant association with illness at $\alpha < 0.05$ (Appendix G, Table 1). Only the cafeteria had food items

statistically associated with illness, therefore tables for the other sources are not presented in this report. The OR for the cold sandwich station cannot be computed as all cases who ate lunch from the cafeteria ate a cold sandwich from this station. The OR for cookies was 3.62 (95% CI = 1.171, 11.183). This means that people were approximately 3.6 times more likely to be ill after eating cookies compared to those that did not eat cookies.

It is possible that the association between eating cookies and illness could be explained by the association between eating from the cold sandwich station and illness; are people more likely to eat cookies if they ate from the cold sandwich station. The relationship between eating cookies and eating from the cold sandwich station was examined to determine if people were more likely to eat cookies if they ate from the cold sandwich station. No association was found between eating cookies and eating from the cold sandwich station ($p = 0.364$), indicating that individuals were not more likely to eat cookies if they ate from the cold sandwich station and were not less likely to eat cookies if they did not eat from the cold sandwich station.

Further analysis of the individual cold sandwich station ingredients indicated that lettuce and provolone cheese had a statistically significant association with illness at $\alpha < 0.05$ (Appendix G, Table 2). The OR for lettuce cannot be computed as all ill individuals who ate at the cold sandwich station ate lettuce on their sandwich. The OR for provolone cheese was 5.35 (95% CI = 1.393, 20.535). This means that people were approximately 5.4 times more likely to be ill after eating provolone cheese compared to those who did not eat the provolone cheese.

The bivariate analysis of cold sandwich station ingredients that were available at other stations throughout the cafeteria did not identify any ingredients statistically associated with illness at $\alpha < 0.05$ (Appendix G, Table 3).

Ice and water samples from the HHS kitchen were negative for *E. coli* bacteria and total coliform bacteria. The water sample from Bubs Subs was negative for *E. coli* bacteria and positive for total coliform bacteria. All food specimens submitted for laboratory analysis were negative for *E. coli* bacteria via PCR and culture (Appendix E, #1, #2, #3).

The kitchen is organized so that most food handling activities are assigned by station. For example, one staff member was primarily responsible for fruits, one staff member for pasta, one staff member for the salad bar, and one staff member for the cold sub sandwich station. Food handling staff did report receiving assistance with their station with preparation or service as necessary. All food handler staff indicated that their responsibilities include handling ready-to-

eat foods. One food handler indicated not using a utensil or barrier (deli tissue, glove, etc.) when handling ready-to-eat foods.

A large number of students utilize the cafeteria daily with approximately 50–75 student servings for breakfast and approximately 800–900 student servings for lunch over the time period reviewed. During that time period, more than 200 sub sandwiches were typically served daily.

All HHS food staff indicated that there is an illness reporting policy in place, which involves notification of the HHS Cook/Team Lead or D158 Director of Food Services. HHS food handler staff also indicated that they are encouraged to stay home when ill and must be symptom/fever free for a minimum of 24 hours. No employee illnesses were recorded on the Employee Illness Log over an extended period of time. Employees returning to work 24 hours after symptoms resolve is inconsistent with the Illinois Control of Communicable Diseases Code and the HHS Employee Health Policy Agreement, which require 48 hours. Failure to utilize the Employee Illness Log is inconsistent with the HHS Employee Health Policy maintained on site and verified by Environmental Health staff. No food service staff reported any recent illness.

Stool specimen collection from food handlers confirmed that one HHS food handler was intermittently shedding STEC Shiga toxin 2 (PCR positive) as specimen #1 was negative, specimen #2 positive, specimen #3 negative, specimen #4 positive and specimens #5 and #6 were negative. This staff member was excluded from work immediately upon receipt of the positive result until the two consecutive negative specimens were received.

All HHS food service staff indicated that handwashing is encouraged, and that handwashing is conducted ten (10) or more times per shift. HHS food staff indicated that hands are washed at appropriate times including when changing tasks, after restroom use, when donning gloves, between glove changes, after touching their face, etc. All HHS food staff indicated that hand sinks are supplied with tempered water, soap and paper towels as required. All non-managerial HHS food staff indicated that management monitors hand washing activities. No HHS food service staff provided a response regarding a procedure to follow in the event of a lack of tempered water or soap and paper towels at the hand sinks.

During the food establishment onsite observations at HHS associated with the illness outbreak investigation, several Priority and Priority Foundation violations were documented. Priority and Priority Foundation items are those that most strictly relate to the control of hazards that frequently contribute to foodborne illness. One core item was also identified. Core items

relate to general sanitation, operational controls, sanitation standard operating procedures, facilities or structures, equipment design, or general maintenance (Appendix F). These violations included:

- The high heat sanitizing dish machine did not register the minimum required temperature (160 degrees F) to ensure the dishware and equipment were being sanitized.
- There were no established written procedures, as required, in order to utilize time as a public health control for time/temperature control for safety (TCS) foods (hot subs) that are held for service.
- TCS foods (hot subs) being held utilizing time as a public health control were not marked with the time that is 4 hours past the point in time when food is removed from temperature control. TCS foods past the 4-hour limit must be discarded.
- Two (2) HHS food handlers were observed failing to utilize a barrier to turn off the hand sink.
- One HHS food handler was observed preparing foods while wearing arm jewelry and a wristwatch.

DISCUSSION

Sixteen (16) individuals met the case definition for the case-control study conducted by the Epidemiology and Communicable Disease Programs. A case-control study only identifies a sample of ill individuals during a specific timeframe. It does not necessarily identify all individuals who became ill but only cases and controls to collect sufficient data to statistically prove a hypothesis of the cause of illness. Therefore, the total number of ill individuals identified via this case-control study may not represent the total number of ill individuals associated with this cluster of illness.

The pathogen identified for this outbreak was STEC O157:H7 containing the gene encoding Shiga Toxin 2. *Escherichia coli* (*E.coli*) bacteria normally live in the intestines of humans and animals. Most *E. coli* bacteria are harmless and actually are an important part of a healthy human intestinal tract. However, some *E. coli* bacteria are pathogenic, meaning they can cause illness. Some *E. coli* bacteria cause illness by making a toxin called Shiga toxin which are called Shiga toxin-producing *E. coli*, or STEC. STEC can be shed consistently from an infected human host's stool for up to fifteen (15) to twenty-two (22) days⁴ and intermittently for up to sixty-two (62) days¹.

FINAL REPORT: STEC OUTBREAK – HUNTLEY HIGH SCHOOL, SEPTEMBER 2023

STEC is typically transmitted via a fecal/oral route through food, drinking water or recreational water that is contaminated by human or animal feces. A person can also transmit STEC with poor hand hygiene through direct contact by person-to-person or person to fomite. A fomite is an inanimate object (tables, food, utensils, desks, etc.) that is contaminated by an infected individual and then transmission occurs when a healthy individual touches and/or consumes the fomite. STEC is viable outside of the host on fomite surfaces for one and one-half (1.5) hours to sixteen (16) months⁴. According to the CDC, STEC are estimated to cause more than 265,000 illnesses each year in the United States and therefore is a common source of illness. STEC can cause illness ranging from mild diarrhea to bloody diarrhea and life-threatening hemolytic uremic syndrome (HUS). STEC are categorized into serogroups by their somatic O antigen. *E. coli* O157 is the STEC serogroup most associated with severe illness and hospitalization in the United States. Most infections are not reported to public health departments, as the illness can be self-limiting (illness resolves without treatment), and the individuals do not seek health care and/or are not tested.

Other forms of gastrointestinal illness were found to be circulating at HHS during the outbreak investigation, complicating case finding. Thirty-two (32) respondents to the epidemiological questionnaires experienced either vomiting or diarrhea, but the illness was not characteristic of STEC based on symptoms experienced or symptom duration. Additionally, a student at HHS tested positive for Shiga Toxin 1 but was not considered to be related to this outbreak, as they did not meet the case definition. This confirms that other gastrointestinal illnesses, including different strains of STEC, were circulating at HHS.

The epi curve for all cases (Appendix D, Figure 1) suggests a point source was the most likely source of illness in this outbreak, based on the sharp increase in cases seen on September 14 and September 15, 2023. The long tail at the beginning and end of the epi curve are also consistent with person-to-person transmission or exposure to an environmental fomite.

Person-to-person or fomite transmission is known to have occurred during the outbreak for at least one case. This one case had no contact with any point source but shared classes and a lunch period with other ill cases, all of whom were ill prior to this case. The only possible method for this case to become ill with STEC, Shiga toxin 2 was by person-to-person or fomite transmission. This case became ill on September 19, 2023 (the last onset date identified in the

outbreak), and their symptom onset is consistent with person-to-person or fomite transmission based on exposure and incubation time for STEC.

The HHS cafeteria is the point source(s) location for the transmission of illness in this outbreak. The epidemiological investigation identified that 15 of 16 cases (93.7% of cases) ate food from the HHS Cafeteria, but less than 25% of cases were exposed to the other potential point sources (Appendix D, Table 2). Only the epi curves for cases that ate food from the cafeteria (Appendix D, Figure 3) and cases that ate lunch from the cafeteria (Appendix D, Figure 4) display the distinct shape typical of a single source exposure. The only food items found to be significantly associated with illness were from the cafeteria, and food items from all other sources were not found to be associated with illness. Eating a sandwich from the cold sandwich station and eating cookies from the cafeteria were found to be associated with illness. All 15 cases that ate lunch from the cafeteria ate a sandwich from the cold sandwich station and all cases with information available for lettuce ate lettuce on their sandwich. Students and staff of HHS were approximately 3.6 times more likely to be ill after eating cookies (Appendix G, Table 1) and approximately 5.4 times more likely to be ill after eating provolone cheese on their sandwich from the cold sandwich station (Appendix G, Table 2).

The outbreak of STEC at HHS was linked to a multistate outbreak by WGS. However, this does not imply that the source for the multistate outbreak, which is unidentified to date, is the same as for the outbreak at HHS. It is likely that the multistate outbreak and the outbreak at HHS share a common source by a student or staff member of HHS becoming ill with STEC after exposure to the source of the multistate outbreak at an external location. Once introduced into HHS, STEC was transmitted primarily through the HHS cafeteria.

A large number of students and staff are served in the HHS cafeteria. On a typical day, more than 200 sub sandwiches are served. Therefore, if foods were received at HHS contaminated with STEC and served at the cold sandwich station, it is highly probable that many more individuals than the sixteen (16) cases would have become ill. Provolone cheese is among 13 ingredients available at multiple stations in the cafeteria (cold sandwich station and select hot sandwiches). The sub-analysis of ingredients available at multiple locations did not identify any food items significantly associated with illness, including provolone cheese, indicating the provolone cheese did not likely arrive at the cafeteria contaminated with STEC. Also, Environmental Health staff could not locate any alert or recall related to STEC contaminated food items in Illinois during the investigation period.

FINAL REPORT: STEC OUTBREAK – HUNTLEY HIGH SCHOOL, SEPTEMBER 2023

The twelve (12) food samples all tested negative for *E.coli* bacteria. Although, this does not definitively prove that contaminated food items were not supplied to the school, since the food items tested were not necessarily from the same bulk food stock as the food items served during the incubation period. The FDA determined not to move forward with traceback analysis for these food products due to lack of evidence in the national investigation.

The most likely mode of transmission of STEC in the HHS cafeteria was through an infected food handler. At the time of the investigation a HHS food handler, that worked at both the cold sandwich station, providing garnishes (lettuce and cheese) to the sandwiches, and at the cookie station was confirmed by PCR, to have been intermittently shedding STEC, Shiga toxin 2. The laboratory was unable to perform a culture of the stool specimen, which is indicative of an insufficient amount of the pathogen present at the time of testing to culture. The food handler denied illness. However, since most infections are self-limiting and most individuals do not seek health care and/or are not tested, and since it has been documented that STEC can be shed for up to 62 days, it is likely that the food handler was previously mildly ill and did not associate that illness with this outbreak investigation. Since shedding of the pathogen declines over time it is not unexpected that a culture could not be performed.

The HHS kitchen cafeteria is well organized, with designated food handling responsibilities, and there is a clear culture of hand washing among the food handlers. Unfortunately, even an occasional breakdown in hand washing procedures or technique can result in the transmission of illness. During observations of the food handling procedures at HHS, two (2) food handlers were observed failing to utilize a barrier to turn off the hand sink. This confirms that even in a kitchen with trained staff, where hand washing is encouraged, a breakdown in technique can occur, particularly when staff are extremely busy and/or distracted by multi-tasking.

In this illness outbreak, the likeliest scenario is that the infected food handler failed to wash their hands correctly, or thoroughly enough, or frequently enough, which resulted in contamination of either surfaces (trays, utensils food packaging, etc.) or food items at the cold sub sandwich station and cookie station. This allowed transmission of the pathogen either through contact with contaminated surfaces and/or ready-to-eat food items which acted as fomites. Without a further cooking step after contamination, the pathogen remained viable and resulted in illness following consumption. STEC can be present for up to 16 months on surfaces without proper sanitization.

CONTROL MEASURES

All corrective actions listed in the summary of Inspection, Observations and Surveys (Appendix F) must be implemented by the food establishment. In addition, the Department recommends that a self-inspection system of the kitchen/cafeteria should be developed by HHS. The self-inspection system should focus on procedures and operations that must be controlled in order to prevent transmission of illness including exclusion of ill employees, proper hand washing, proper sanitizing of dishware and equipment, minimum internal cooking temperatures, hot or cold holding of TCS foods at required temperatures and prevention of cross-contamination. The self-inspection system should incorporate necessary, immediate interventions when critical problems are identified. An example self-inspection checklists are available on the Department's website.

Appendix A
Communications



2200 N. Seminary Ave., Building A
Woodstock, IL 60098
815-334-4500
815-334-0191 (Secure Fax)

McHenry County Department of Health

Memo

To: Donna Kunz, RN
Huntley High School, School Nurse

From: Susan Karras, MBA, BSN, RN
Director, Public Health Nursing *SK*

Leslie Schott, MPA, BSN, RN
CD Coordinator *LS*

Date: September 19, 2023

Re: **E. Coli (STEC) Outbreak Declared – Huntley High School (D158)**

This memo is to confirm that the McHenry County Department of Health (MCDH) has received reports of five confirmed cases of Shiga Toxin-Producing E. coli (otherwise known as STEC) who are all Huntley High School students. An outbreak is declared per Illinois Administrative Code 77, Part 690.400 Control of Communicable Disease. An investigation has been initiated to identify common exposures both inside and outside of the school setting to attempt to identify the source.

The main symptoms of STEC include acute onset of typically bloody diarrhea and/or vomiting, sometimes only one or the other, nausea, abdominal cramps, fever, and body aches typically lasting 5-10 days. The incubation period is 2-10 days. STEC is very contagious and can be spread by:

- Eating foods that are contaminated with feces from an infected animal, from environmental contamination, from cross-contamination in a kitchen, or eating foods that were prepared by someone who is sick with STEC.
- Swallowing water while swimming or drinking water contaminated with STEC bacteria.
- Person-to-person transmission where the bacteria passes from the stool or soiled fingers of one person to the mouth of another person either through food handling or direct contact.
- Animal contact by touching or handling animals and/or their environment.


Please instruct parents and staff to seek medical care if the above symptoms are experienced and to also inform their providers about the current outbreak at Huntley High School. Encourage frequent hand washing, practicing food safety, and stay home until symptom free for 48 hours.

Please do not hesitate to call the MCDH Communicable Disease Program with any questions or concerns at 815-334-4500.

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9/19/23



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Page 1 of 1

Nick Kubiak

From: MCDHMedia-MB
Sent: Thursday, September 21, 2023 4:19 PM
To: MCDHMedia-MB
Subject: MCDH News Release: Confirmed E. coli Outbreak at Huntley High School
Attachments: Press Release - E. coli Outbreak Huntley High School.pdf

Media Contacts:

McHenry County Department of Health
Nick Kubiak, Community Information Coordinator
Office: (815) 334-4456
Email: nxkubiak@mchenrycountyil.gov

Huntley Community School District 158
Denise Barr, Director of Communications
Office: (847) 659-6105
Email: dbarr@district158.org

JOINT PRESS RELEASE

Confirmed E. coli Outbreak at Huntley High School

HUNTLEY, IL - The McHenry County Department of Health (MCDH) and Huntley Community School District 158 are working collaboratively to respond to a recent outbreak of Shiga Toxin-Producing E. coli (STEC) at Huntley High School. There are currently six confirmed cases of STEC, all of which involve students. The first case was identified on Sunday, September 17. At this time, there is insufficient evidence to indicate the source of the illness. The MCDH is actively monitoring for potential cases; there are no other known McHenry County STEC cases outside of this outbreak.

In a letter to parents, students, and staff, Huntley Community School District 158 officials reiterated that the situation is being taken seriously and that the safety and well-being of students and staff is of the utmost importance.

Huntley High School officials are fully cooperating with the MCDH as they continue their investigation into potential exposures, both internally and externally, as the source of the outbreak has not yet been identified.

Given the highly contagious nature of E. coli, students are strongly encouraged to practice frequent handwashing. In addition to this, Huntley High School science teachers have been providing students with essential information about E. coli. Furthermore, the school has taken proactive measures to ensure a safe environment, including the posting of handwashing signage throughout the school and the provision of readily accessible hand sanitizer stations in all classrooms and common areas.

STEC is a bacterial infection known to cause gastrointestinal illness in humans. This strain of E. coli bacteria grows and lives in the intestines of people and animals. Transmission of STEC can occur due to contact with contaminated food, contaminated water, people, and animals. Symptoms and characteristics of STEC include:

- Diarrhea (often bloody)
- Fever
- Abdominal cramping and body aches
- Vomiting
- Headaches

Symptoms typically start within 3-4 days of exposure to STEC but may take up to 10 days to develop. Most individuals infected with STEC feel better within 5-10 days from the onset of the illness with rest fluids.

To prevent and stop the spread of infection, the MCDH recommends washing hands with soap and water when preparing and eating food, having contact with animals or their environment, and after bathroom use or changing a diaper; avoiding swallowing water from ponds, lakes, and untreated swimming pools; and washing and cooking foods properly and avoid unpasteurized (raw) dairy products and juices. Those infected should not handle, prepare, or cook food for others until 48 hours after symptoms have resolved.

###

MCDH Media Relations

McHenry County Department of Health

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MCDHMedia@mchenrycountyil.gov

Office: 815-334-4510

Fax: 815-334-4635





2200 N. Seminary Ave., Building A
Woodstock, IL 60098
815-334-4500
815-334-0191 (Secure Fax)

McHenry County Department of Health

Memo

To: McHenry County Providers

From: Susan Karras, MBA, BSN, RN
Director, Public Health Nursing 

Leslie Schott, MPA, BSN, RN
CD Coordinator 

Date: September 21, 2023

Re: **E. Coli (STEC) Outbreak at Huntley High School (D158)**

This memo is being provided to alert McHenry County Healthcare Providers that McHenry County Department of Health (MCDH) has received reports of six confirmed cases of Shiga Toxin-Producing E. coli (STEC) who are all Huntley High School students. An outbreak has been declared at this location as of September 19, 2023.

Should you treat individuals who present with symptoms typical of STEC (diarrhea, often bloody, fever, vomiting, nausea, abdominal cramps, body aches), we ask that you please consider this diagnosis and alert our Communicable Disease team via phone at 815-334-4500 or confidential fax at 815-334-0191 for any suspected cases.

If the individual is determined to be a student, staff, or close contact of someone who works at/attends Huntley High School, we are advising they remain home until such time that 48 hours have passed since symptoms are resolved. We would appreciate the encouragement of this same messaging. Students/parents have been encouraged to share that they attend a school that is experiencing a current E.coli outbreak.

Please do not hesitate to call the MCDH Communicable Disease Program with any questions or concerns at 815-334-4500.



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McHenry County Department of Health

Memo

To: District 158 / Huntley High School
Richard Reed, Director of Food and Nutrition Services

From: Susan Karras, MBA, BSN, RN  Patricia Nomm, BS, LEHP 
Director, Public Health Nursing Director, Environmental Health

Date: September 25, 2023

Re: **Required Food Handler Clinical Specimens**

As a certified local health department, McHenry County Department of Health (MCDH) Communicable Disease Program is responsible for the surveillance and investigation of any reportable contagious illness that occurs in its jurisdiction (Illinois Adm. Code Section 690.1315). As a result of this surveillance, an outbreak of Shiga toxin-producing E.coli (STEC) was identified at Huntley High School. As of this date and the onset of illness, your school's cafeteria is a potential exposure source.

Per Illinois Adm. Code 690.30 a)5), organizations are to cooperate with the public health authorities in the investigation of an outbreak which includes clinical specimens. The McHenry County Department of Health Environmental Division identified food handlers within your organization who must submit clinical specimens for the investigation. A food handler is defined as any person who has the potential to transmit foodborne pathogens to others from working with unpackaged food, food equipment or utensils or food-contact surfaces; any person who has the potential to transmit foodborne pathogens to others by directly or handling food (Illinois Adm. Code, Title 77, Section 690.10).

Your organization was provided the appropriate supplies and instructions for the collection of clinical specimens on September 22,2023 by the Environmental Health Division staff and informed of the requirement for these clinical specimens from the following food handlers within your establishment:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

As of the date of this memo, we have received no clinical specimens from the above identified food handlers. Please be advised any food handler that has not submitted a specimen to MCDH by 4:00pm tomorrow, September 26, 2023, will be immediately excluded from your food establishment until a clinical specimen with a negative STEC result is received. Any further delay of receipt of clinical specimens may



compromise the investigation. One of the key objectives of our public health investigation is to assess ongoing risk and intervene to prevent further risk to the students and staff. Clinical specimens are integral to this process.


Your organization will also be provided with additional supplies for clinical specimen collection for the following substitute food handlers on September 26, 2023. These must be submitted on September 27, 2023 by 4:00pm or these individuals will be excluded

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Your anticipated cooperation with this requirement is appreciated. Please feel free to call 815-334-4500 with any further questions or concerns.



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McHenry County Department of Health

Memo

To: Chick-fil-A, Algonquin
Attn: JD Willis

From: Susan Karras, MBA, BSN, RN
Director, Public Health Nursing

Patricia Nomm, BS, LEHP
Director, Environmental Health

Date: September 25, 2023

Re: **Required Food Handler Clinical Specimens**

As a certified local health department, McHenry County Department of Health (MCDH) Communicable Disease Program is responsible for the surveillance and investigation of any reportable contagious illness that occurs in its jurisdiction (Illinois Adm. Code Section 690.1315). As a result of this surveillance, an outbreak of Shiga toxin-producing E.coli (STEC) was identified at Huntley High School. The investigation identified that food was received at Huntley High School from your establishment on September 8, 2023 for a morning and late afternoon events. Based on this date and the onset of illness, your establishment is a potential exposure source.

Per Illinois Adm. Code 690.30 a)5), businesses are to cooperate with the public health authorities in the investigation of an outbreak which includes clinical specimens. The McHenry County Department of Health Environmental Division identified food handlers who were identified as experiencing illness on or around the date of the event within your establishment. Clinical specimens are therefore required for the investigation. A food handler is defined as any person who has the potential to transmit foodborne pathogens to others from working with unpackaged food, food equipment or utensils or food-contact surfaces; any person who has the potential to transmit foodborne pathogens to others by directly or handling food (Illinois Adm. Code, Title 77, Section 690.10).

Your establishment was provided the appropriate supplies and instructions for the collection of clinical specimens on September 22, 2023 by the Environmental Health Division staff and informed of the requirement for these clinical specimens from the following foodhandlers within your establishment:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

As of the date of this memo, we have received no clinical specimens from the above identified food handlers. Please be advised any food handler that has not submitted a specimen to MCDH by 4:00pm tomorrow, September 26, 2023, will be immediately excluded from your food establishment until a clinical specimens with a negative STEC result is received. Any further delay of receipt of clinical specimens may compromise the investigation. One of the key objectives of our public health investigation is to assess ongoing risk and intervene to prevent further risk to the public. Clinical specimens are integral to this process.

Your anticipated cooperation with this requirement is appreciated. Please feel free to call 815-334-4500 with any further questions or concerns.



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McHenry County Department of Health

Memo

To: Jessica Lombard, Ed.S.
Interim Superintendent
Huntley Community School District 158

Donna Kunz, RN
School Nurse
Huntley High School

From: Susan Karras, MBA, BSN, RN
Director, Public Health Nursing 

Leslie Schott, MPA, BSN, RN
CD Coordinator

Date: October 12, 2023

Re: **E. Coli (STEC) Outbreak**

This memo is to confirm that based on no further confirmed E. Coli (STEC) cases reported to McHenry County Department of Health (MCDH) for the duration of two incubation periods, or 20 days, the E. coli (STEC) outbreak at Huntley High School is determined to be over as of Monday, 10/9/2023.

Even though the outbreak is over within Huntley High School, the investigation of E. Coli (STEC) cases has expanded outside of the school to include state and national involvement with the Illinois Department of Public Health (IDPH) and the Centers of Disease Control and Prevention (CDC). Therefore, the investigation remains ongoing and may require further follow-up information from Huntley High School. A final report will be prepared at the completion of the investigation and will be provided directly to Huntley High School.



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Appendix B
Epidemiological Questionnaires

McHenry County Department of Health Illness Investigation Survey

The McHenry County Department of Health is investigating illnesses associated with Huntley High School students and staff.

We are asking all students and staff of Huntley High School, or anyone who has eaten food from Huntley High School (such as from the concessions or at a school event), to complete this survey whether you became ill or not. The survey will take 10-15 minutes to complete and includes questions about symptoms, illness onset, doctor's visits, and foods eaten at the school or school events. This information will help us to try and understand what happened to cause illnesses.

Once you have started the survey, please complete it and do not start a new survey by clicking on the link again. If you are completing this survey for more than one person, please submit each survey individually. If you need to change an answer, you can contact McHenry County Department of Health at 815-334-4500.

This survey and any collected information is confidential and is in compliance with the standards of the Health Insurance Portability and Accountability Act (HIPAA). Your responses will only be used to investigate potential causes of illness.

We thank you for your time and participation in this important survey.

*Any question with a red asterisk must have an answer in order to submit the survey

Survey Consent
Please complete the below question about if you are you completing this survey yourself or on behalf of someone else. If you are under the age of 18 and are completing this survey yourself, you will be asked to confirm that you have permission from your parent or guardian to complete this survey.

Are you completing this survey for yourself or on behalf of someone else?*

- Self
- On behalf of someone else

For whom are you completing this survey?*

- Child
- Spouse
- Other

Are you under the age of 18?*

- Yes
- No

By checking this box, if I am under the age of 18, I agree that I have received parental permission to complete this survey.*

- Agree

Demographic Information

Please enter your demographic information below. If you are entering information on behalf of someone else, please enter their information.

*Must Provide Answer

First Name*

Last Name*

Date of Birth*

Sex*

- Male
- Female

Phone Number*

E-mail Address

Home Address*

City*

State*

Zip Code*

County*

Are you a student or staff member of Huntley High School?*

- Student
- Staff Member
- Other

Please specify your relation to the school*

- My child goes to Huntley High School
- My sibling goes to Huntley High School
- I attended an event at Huntley High School
- Other

Please specify other*

What grade are you in?*

- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade

Are you employed?*

- Yes
- No

Please answer "yes" even if you are employed only part time.

Do you handle food as part of your job?*

- Yes
- No

Occupation*

What is your place of employment?*

Food Information

Please answer the questions below regarding any food you have eaten that was provided by Huntley High School, either from the cafeteria, from concessions, or at an event. If you are entering information on behalf of someone else, please enter their information. We ask about all possible causes of illness; this does not necessarily mean that something asked about on this survey led to illness.

*Must Provide Answer

Who are you completing this survey for?: [interviewee_1]
Name: [first_name] [last_name]

Did you attend the flyover event for ABC7 on the morning of Friday, 9/8/23?* Yes No

Did you eat any of the breakfast foods served at the Flyover event on Friday, 9/8/23?* Yes No

Did you eat the Chick-fil-A breakfast sandwiches?* Yes No

Did you eat the donuts?* Yes No

Did you eat anything else at the Flyover event?* Yes No

Please specify what you ate*

Did you attend the freshman football game at Huntley High School on Friday, 9/8/2023?* Yes No

Did you eat any food from the concession stand at the home freshman football game on Friday, 9/8/2023?* Yes No

Did you eat a Chick-fil-A sandwich at the football game?* Yes No

Did you eat a regular (not spicy) Chick-fil-A sandwich at the football game?* Yes No

Did you eat a spicy Chick-fil-A sandwich at the football game?* Yes No

Did you eat the walking tacos at the football game?* Yes No

What kind of chips did you get for your walking tacos?* Fritos Doritos
Select all that apply

What types of toppings did you eat on your walking tacos?*

Select all that apply

- Ground beef/chili
- Cheese
- Sour Cream
- Lettuce
- Jalapenos

Did you eat Bubs Subs at the football game?*

- Yes No

What kind of Bubs Subs did you get?*

Select all the sandwiches that you ate or tasted

- Godfather Sub: Mortadella, spicy Italian capicola, Genoa salami and provolone
- Turkey Sub: Turkey, Wisconsin American cheese (toasted)
- Ham Sub: Ham, Wisconsin American cheese (toasted)

Did you eat a cheeseburger at the football game?*

- Yes No

Did you eat a hamburger at the football game?*

- Yes No

Did you eat cheese pizza at the football game?*

- Yes No

Did you eat sausage pizza at the football game?*

- Yes No

Did you eat pepperoni pizza at the football game?*

- Yes No

Did you eat a hot dog at the football game?*

- Yes No

Did you eat a pretzel at the football game?*

- Yes No

Did you eat cheese with your pretzel at the football game?*

- Yes No

Did you eat nachos at the football game?*

- Yes No

Did you eat hot peppers with your nachos at the football game?*

- Yes No

Did you eat candy at the football game?*

- Yes No

What kind of candy did you eat?*

Did you eat ice cream at the football game?*

- Yes No

What kind of ice cream did you eat?*

Did you eat a Clif Bar at the football game?*

- Yes No

Did you eat chips at the football game?*

- Yes No

What kinds of chips did you eat?*

Did you eat popcorn at the football game?*

Yes No

Did you eat a freeze pop at the football game?*

Yes No

Did you eat a pickle at the football game?*

Yes No

Did you eat a rice krispy bar at the football game?*

Yes No

Did you eat a Fruit by the Foot at the football game?*

Yes No

Did you eat a Slim Jim at the football game?*

Yes No

Did you eat a Ring Pop at the football game?*

Yes No

Did you eat a granola bar at the football game?*

Yes No

Did you eat a Nutrigrain Bar at the football game?*

Yes No

Did you eat anything else at the freshman football game?*

Yes No

Please specify what you ate*

Did you attend the varsity football team dinner on Friday, 9/8/23?*

Yes No

Did you eat food at the varsity football team dinner on Friday, 9/8/23?*

Yes No

What food did you eat at the varsity football team dinner on Friday, 9/8/23?*

Did you eat or drink anything from the Huntley High School cafeteria on or after 9/5/2023?*

Yes No

Did you eat or drink anything for breakfast purchased from the Huntley High School cafeteria on or after 9/5/2023?*

Yes No

Did you eat the egg and cheese bagel?*

This was served for breakfast on Tuesday 9/5/23

Yes No

Did you eat the cinnamon mini cream cheese bagel?*

This was served for breakfast on Wednesday, 9/6/23 and Thursday, 9/14/23

Yes No

Did you eat the apple fritter?*

This was served for breakfast on Thursday, 9/7/23

Yes No

Did you eat the turkey sausage and cheese english muffin?*

This was served for breakfast on Friday 9/8/23 and Friday 9/15/23

Yes No

Did you eat the mini maple waffles?*

This was served for breakfast on Monday, 9/11/23 and Monday, 9/18/23

Yes No

Did you eat the glazed donut whole pull-apart?*

This was served for breakfast on Wednesday, 9/13/23

Yes No

Did you eat the egg and bacon breakfast pizza?*

This was served for breakfast on Tuesday, 9/19/23

Yes No

Did you eat the cinni-mini pull-apart?*

This was served for breakfast on Wednesday, 9/20/23

Yes No

Did you eat the buttermilk pancakes?*

This was served for breakfast on Thursday, 9/21/23

Yes No

Did you eat anything else for breakfast from the cafeteria that we did not ask about?*

Yes No

Please specify what you ate*

Did you eat or drink anything for lunch purchased from the Huntley High School cafeteria on or after 9/5/2023?*

Yes No

Did you eat lunch purchased from the Huntley High School cafeteria everyday since 9/5/2023?*

Yes No

What days on or after 9/5/2023 did you eat lunch purchased from the Huntley High School cafeteria?*

- 9/5/2023 (Tuesday)
- 9/6/2023 (Wednesday)
- 9/7/2023 (Thursday)
- 9/8/2023 (Friday)
- 9/11/2023 (Monday)
- 9/12/2023 (Tuesday)
- 9/13/2023 (Wednesday)
- 9/14/2023 (Thursday)
- 9/15/2023 (Friday)
- 9/18/2023 (Monday)
- 9/19/2023 (Tuesday)
- 9/20/2023 (Wednesday)
- 9/21/2023 (Thursday)

What is your lunch period?*

- 4th Period
- 5th Period
- 6th Period

Did you eat a cold sandwich from the make-your-own sandwich station from the Huntley High School cafeteria at any point on or after 9/5/2023?*

Yes No

What type of bread did you have on your customized cold sandwich(es)?*
 If you ate sandwiches more than one day, please click all bread you have eaten from the Huntley High School cafeteria on or after 9/5/2023

	Yes	No
Ciabatta Bread	<input type="radio"/>	<input type="radio"/>
Wheat Bread	<input type="radio"/>	<input type="radio"/>
White Bread	<input type="radio"/>	<input type="radio"/>
Gluten Free Bread	<input type="radio"/>	<input type="radio"/>
Kaiser Roll	<input type="radio"/>	<input type="radio"/>
Onion Roll	<input type="radio"/>	<input type="radio"/>
French Roll	<input type="radio"/>	<input type="radio"/>
Croissant	<input type="radio"/>	<input type="radio"/>
Wheat Wrap	<input type="radio"/>	<input type="radio"/>

What type of meat did you put on your customized sandwich(es)?*
 If you ate sandwiches more than one day, please click all the meats you have eaten from the Huntley High School cafeteria on or after 9/5/2023

	Yes	No
Turkey	<input type="radio"/>	<input type="radio"/>
Ham	<input type="radio"/>	<input type="radio"/>
Pepperoni	<input type="radio"/>	<input type="radio"/>
Salami	<input type="radio"/>	<input type="radio"/>
Roast Beef	<input type="radio"/>	<input type="radio"/>
Tuna	<input type="radio"/>	<input type="radio"/>
Chicken Salad	<input type="radio"/>	<input type="radio"/>

What toppings did you eat on your customized sandwich(es)?*
 If you ate sandwiches more than one day, please click all toppings you have eaten from the Huntley High School cafeteria on or after 9/5/2023

	Yes	No
Red Onion	<input type="radio"/>	<input type="radio"/>
Green Pepper	<input type="radio"/>	<input type="radio"/>
Tomato	<input type="radio"/>	<input type="radio"/>
Cucumber	<input type="radio"/>	<input type="radio"/>
Lettuce	<input type="radio"/>	<input type="radio"/>
Spinach	<input type="radio"/>	<input type="radio"/>
Black Olive	<input type="radio"/>	<input type="radio"/>
Pickle	<input type="radio"/>	<input type="radio"/>
Jalapeno	<input type="radio"/>	<input type="radio"/>
Provolone Cheese	<input type="radio"/>	<input type="radio"/>
Pepper Jack Cheese	<input type="radio"/>	<input type="radio"/>

American Cheese

Did you eat the hot sandwiches for lunch from the Huntley High School cafeteria at any point on or after 9/5/2023?*

Yes No

Did you eat the hot ham and cheese?*

Ham and american cheese on a croissant.

Yes No

Â

Did you eat the italian sandwich?*

Ham, pepperoni, salami, and provolone on ciabatta bread

Yes No

Â

Did you eat the turkey sandwich?*

Turkey, provolone, and pesto on ciabatta bread

Yes No

Â

Did you eat the mozzarella, tomato, spinach, and pesto sandwich?*

Served on foccacia bread.

Yes No

Â

Did you eat the hot buffalo chicken sandwich?*

Chicken, pepperjack cheese, and buffalo sauce on ciabatta bread.

Yes No

Â

Did you eat daily hot meal for lunch from the Huntley High School cafeteria at any point on or after 9/5/2023?*

Yes No

Did you eat the popcorn chicken?*

This was served for lunch on Tuesday, 9/5/23

Yes No

Â

Did you eat the pizza puff?*

This was served for lunch on Tuesday, 9/5/23, Wednesday, 9/13/23, and Tuesday, 9/19/23

Yes No

Â

Did you eat the dinner roll (bread)?*

This was served for lunch on Tuesday, 9/5/23

Yes No

Â

Did you eat the fries?* Yes No
This was served for lunch on Tuesday, 9/5/23, Monday, 9/11/23, Wednesday, 9/13/23, Monday, 9/18/23

Did you eat the baked beans?* Yes No
This was served for lunch on Tuesday, 9/5/23, Friday, 9/15/23, and Monday, 9/18/23

Â

Did you eat the breaded mozzarella cheese sticks* Yes No
This was served for lunch on Wednesday, 9/6/23 and Wednesday 9/20/23

Â

Did you eat the cheeseburger?* Yes No
This was served for lunch on Wednesday, 9/6/23 and Wednesday, 9/13/23

Â

Did you eat the breaded chicken sandwich/chicken patty?* Yes No
This was served for lunch on Monday, 9/18/23

Â

Did you eat the BBQ rib patty?* Yes No
This was served for lunch on Thursday, 9/7/23

Â

Did you eat the pizza bread?* Yes No
This was served for lunch on Thursday, 9/7/23 and Thursday, 9/21/23

Â

Did you eat the cheese pizza?* Yes No
This was served for lunch on Friday, 9/8/23 and Friday, 9/15/23

Â

Did you eat the cheese bread?* Yes No
This was served for lunch on Wednesday, 9/13/23

Â

Did you eat the pizza rounds?* Yes No
This was served for lunch on Thursday, 9/14/23

Â

Did you eat the chicken nuggets?* Yes No
This was served for lunch on Friday, 9/8/23

Â

Did you eat the bosco sticks?* Yes No
This was served for lunch on Monday, 9/11/23

Â

Did you eat a hot dog?* Yes No
This was served for lunch on Monday, 9/11/23 and
Friday, 9/15/23

Â

Did you eat the corn dogs?* Yes No
This was served for lunch on Tuesday, 9/19/23

Â

Did you eat the soft shell beef tacos?* Yes No
This was served for lunch on Tuesday, 9/19/23

Â

Did you eat the quesadillas?* Yes No
This was served for lunch on Tuesday, 9/12/23

Â

Did you eat the orange chicken and rice?* Yes No
This was served for lunch on Thursday, 9/14/23

Â

Did you eat the chicken tenders?* Yes No
This was served for lunch on Thursday, 9/21/23

Â

Did you eat the broccoli?* Yes No
This was served for lunch on Wednesday, 9/6/23,
Wednesday, 9/13/23, Wednesday, 9/19/23, and Thursday,
9/14/23

Â

Did you eat the baby carrots?* Yes No
This was served for lunch on Wednesday, 9/6/23

Â

Did you eat the mashed potatoes* Yes No
This was served for lunch on Thursday, 9/7/23

Â

Did you eat the corn?* Yes No
This was served for lunch on Wednesday, 9/6/23,
Thursday, 9/7/23, Wednesday, 9/13/23, and Thursday,
9/21/23

Â

Did you eat the pancakes and sausage?* Yes No
This was served for lunch on Wednesday, 9/20/23

Â

Did you eat the beans?* Yes No
This was served for lunch on Friday, 9/8/23 and
Tuesday, 9/19/23

Â

Did you eat the romaine lettuce side salad?* Yes No
This was served for lunch on Friday, 9/8/23

Â

Did you eat the green beans?* Yes No
This was served for lunch on Monday, 9/11/23

Did you eat the refried beans?* Yes No
This was served for lunch on Tuesday, 9/12/23

Did you eat the grape tomatoes?* Yes No
This was served for lunch on Thursday, 9/14/23 and
Tuesday, 9/19/23

Did you eat the sweet potatoes?* Yes No
This was served for lunch on Thursday, 9/21/23

Did you eat a salad for lunch from the Huntley High School cafeteria at any point on or after 9/5/2023?* Yes No

Did you make your own salad from the Huntley High School cafeteria at any point on or after 9/5/2023?* Yes No

What types of vegetables did you put on your customized salad?*
 If you ate customized salads more than one day, please click all vegetables you have eaten from the Huntley High School cafeteria on or after 9/5/2023

	Yes	No
Lettuce	<input type="radio"/>	<input type="radio"/>
Spinach	<input type="radio"/>	<input type="radio"/>
Red Onions	<input type="radio"/>	<input type="radio"/>
Tomatoes	<input type="radio"/>	<input type="radio"/>
Cucumbers	<input type="radio"/>	<input type="radio"/>
Green Pepper	<input type="radio"/>	<input type="radio"/>
Frozen Peas	<input type="radio"/>	<input type="radio"/>
Black Olives	<input type="radio"/>	<input type="radio"/>

What types of dairy and/or meat did you put on your customized salad?*
 If you ate customized salads more than one day, please click all dairy and/or meat you have eaten from the Huntley High School cafeteria on or after 9/5/2023

	Yes	No
Hard Boiled Eggs	<input type="radio"/>	<input type="radio"/>
Cottage Cheese	<input type="radio"/>	<input type="radio"/>
Feta Cheese	<input type="radio"/>	<input type="radio"/>
Cheddar Cheese	<input type="radio"/>	<input type="radio"/>
Ham	<input type="radio"/>	<input type="radio"/>
Grilled Chicken	<input type="radio"/>	<input type="radio"/>
Spicy Chicken Tenders	<input type="radio"/>	<input type="radio"/>

Did you eat a premade/grab-and-go salad from the Huntley High School cafeteria at any point on or after 9/5/2023?* Yes No

Did you eat a premade/grab-and-go salad with ham, lettuce, tomatoes, cucumber, shredded cheese, and bread from the Huntley High School cafeteria at any point on or after 9/5/2023?* Yes No

Did you eat a premade/grab-and-go salad with hard boiled egg, lettuce, tomatoes, cucumber, shredded cheese, and bread from the Huntley High School cafeteria at any point on or after 9/5/2023?* Yes No

Did you eat a premade/grab-and-go salad with grilled chicken, lettuce, tomatoes, cucumber, shredded cheese, and bread from the Huntley High School cafeteria at any point on or after 9/5/2023?* Yes No

Did you eat or taste any type of salad dressing from the Huntley High School cafeteria at any point on or after 9/5/2023?*

Yes No

What kind of salad dressing?*

If you had salad dressing more than one day, please click all the dressings you have eaten from the Huntley High School cafeteria on or after 9/5/2023

French
 Ranch
 Italian
 Raspberry Vinaigrette
 Caesar

Did you eat a soup during lunch from the Huntley High School cafeteria at any point on or after 9/5/2023?*

Yes No

What kind of soup(s) did you eat?*

If you ate soup more than one day, please click all the soups you have eaten from the Huntley High School cafeteria on or after 9/5/2023

	Yes	No
Chicken Dumpling Soup	<input type="radio"/>	<input type="radio"/>
Chili	<input type="radio"/>	<input type="radio"/>
Thai Soup	<input type="radio"/>	<input type="radio"/>
Cheesy Mexicalli Soup	<input type="radio"/>	<input type="radio"/>
Broccoli Cheddar Soup	<input type="radio"/>	<input type="radio"/>
Chicken and Wild Rice Soup	<input type="radio"/>	<input type="radio"/>
Smokey Poblano Soup	<input type="radio"/>	<input type="radio"/>

Did you eat pasta for lunch from the Huntley High School cafeteria at any point on or after 9/5/2023?*

Yes No

Did you eat the mac n cheese?*

Yes No

Did you eat the chicken alfredo?*

Yes No

Did you eat the meatballs in tomato sauce?*

Yes No

Did you eat the spaghetti and meatballs?*

Yes No

Did you eat the meatball sub?*

Yes No

Did you eat the lasagna?*

Yes No

Did you eat the ravioli?*

Yes No

Did you eat fruit for breakfast or lunch from the Huntley High School cafeteria at any point on or after 9/5/2023?*

Yes No

Did you eat a fresh apple?*

Yes No

Did you eat a fresh banana?*

Yes No

Did you eat packaged apple slices?*

Yes No

Did you eat packaged orange slices?* Yes No

Did you eat a fruit cup?* Yes No

Did you eat anything else for lunch from the cafeteria that we did not ask about?* Yes No

Please specify what you ate*

Did you eat a snack or dessert from the Huntley High School cafeteria at any point on or after 9/5/2023?*

Yes No

Did you eat a cookie from the Huntley High School cafeteria at any point on or after 9/5/2023?*

Yes No

Did you eat a parfait (yogurt, blueberries, strawberries, granola) from the Huntley High School cafeteria at any point on or after 9/5/2023?*

Yes No

Did you eat ice cream from the Huntley High School cafeteria at any point on or after 9/5/2023?*

Yes No

What type of ice cream did you eat?*

Did you eat any other snacks or desserts from the Huntley High School cafeteria at any point on or after 9/5/2023 that we didn't ask about?*

Yes No

Please specify what other snacks and desserts you ate*

Illness Information

Please answer the questions below regarding any symptoms you experienced on or after 9/5/2023. If you are entering information on behalf of someone else, please enter their information.

*Must Provide Answer

Who are you completing this survey for?: [interviewee_1]

Name: [first_name] [last_name]

Have you been sick with diarrhea or vomiting on or after 9/5/2023?*

Yes
 No

Which of the following symptoms have you had?*

	Yes	No	Unknown
Nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal (stomach, belly) cramps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaking chills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any diarrhea or loose stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Yes to diarrhea, did you have 3 or more loose stools in any 24-hour period?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any blood in stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What other symptoms did you experience?*

What was your highest temperature?

On what date did you first feel sick?*

_____ ((mm/dd/yyyy))

At what time did you first feel sick?*

Are you still having any vomiting or diarrhea now?*

Yes
 No

How many hours did the vomiting/diarrhea last?*

((hours))

Do you have any known illnesses or conditions that cause you to experience diarrhea (such as Crohn's disease, IBS, etc.)?

- Yes
- No

Did you see a health care provider?

- Yes
- No

If yes, whom?

What was your diagnosis?

Did you give a stool specimen?

- Yes
- No

If yes, what were the results?

Did you visit an ER?

- Yes
- No

If yes, please specify where

What was your diagnosis?

Did you give a stool specimen?

- Yes
- No

If yes, what were the results?

Did you get admitted to the hospital overnight?

- Yes
- No

Where were you admitted?

What was the date of admission?

((mm/dd/year))

What was the date of discharge?

((mm/dd/year))

Additional Information

Please answer the remaining questions below. If you are entering information on behalf of someone else, please enter their information.

*Must Provide Answer

Who are you completing this survey for?: [interviewee_1]
Name: [first_name] [last_name]

Has anyone in your household who is not a student or staff member of Huntley High School been sick with diarrhea or vomiting in the past month? Yes No

If yes, please enter the names of anyone in your house who was ill, when they became ill, and the symptoms they experienced.

Do you know of anyone else who is a student or staff member of Huntley High School that has been sick with diarrhea or vomiting? Yes No

McHenry County Department of Health would appreciate it if you can send the link to this form to anyone else who is a student or staff member of Huntley High School.

Have you used or shared any blunts, joints, edibles, pipes, cigarettes, or vapes on or after 9/5/2023? Yes No
As a reminder, this survey and any collected information is confidential. Your responses will only be used to investigate potential causes of illness. This is not a required question, we ask that you answer this question truthfully to inform us of any other causes of illness within the school.Â

Do you believe there is any other reason you may have become ill that was not asked in this survey?
Examples: meals you shared with other people, contact with animals (both alive or dead) in class or at home (including any classroom dissections)

Are you willing to provide a stool specimen? Yes No

This marks the end of our survey. Thank you for your time! If we need additional information, may we contact you again? Yes No

McHenry County Department of Health Illness Investigation Survey - Part 2 (Updated)

The McHenry County Department of Health is investigating illnesses associated with Huntley High School students and staff.

Moving forward, MCDH will be using this updated version of the illness investigation survey. This survey is only meant for those identified by MCDH. Please do not share this survey link. MCDH will be sharing this link with anyone they believe needs to complete the survey. The survey will take 10-15 minutes to complete and includes questions about symptoms, illness onset, doctor's visits, school events, and foods eaten at the school. This information will help us to try and understand what happened to cause illnesses.

Once you have started the survey, please complete it and do not start a new survey by clicking on the link again. If you are completing this survey for more than one person, please submit each survey individually. If you need to change an answer, you can contact McHenry County Department of Health at 815-334-4500.

This survey and any collected information is confidential and is in compliance with the standards of the Health Insurance Portability and Accountability Act (HIPAA). Your responses will only be used to investigate potential causes of illness.

We thank you for your time and participation in this important survey.

*Any question with a red asterisk must have an answer in order to submit the survey

Survey Consent
Please complete the below question about if you are you completing this survey yourself or on behalf of someone else. If you are under the age of 18 and are completing this survey yourself, you will be asked to confirm that you have permission from your parent or guardian to complete this survey.

Are you completing this survey for yourself or on behalf of someone else?* Self On behalf of someone else

For whom are you completing this survey?* Child Spouse Other

Are you under the age of 18?* Yes No

By checking this box, if I am under the age of 18, I agree that I have received parental permission to complete this survey.* Agree

Demographic Information

Please enter your demographic information below. If you are entering information on behalf of someone else, please enter their information.

*Must Provide Answer

First Name*

Last Name*

Date of Birth*

Sex*

- Male
- Female

Phone Number*

E-mail Address

Home Address*

City*

State*

Zip Code*

County*

Are you a student or staff member of Huntley High School?*

- Student
- Staff Member
- Other

Please specify your relation to the school*

- My child goes to Huntley High School
- My sibling goes to Huntley High School
- I attended an event at Huntley High School
- Other

Please specify other*

What grade are you in?*

- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade

Are you employed?*

- Yes
- No

Please answer "yes" even if you are employed only part time.

Do you handle food as part of your job?*

- Yes
- No

Occupation*

What is your place of employment?*

Food Information

Please answer the questions below regarding any food you have eaten that was provided by Huntley High School, either from the cafeteria or from concessions. If you are entering information on behalf of someone else, please enter their information. We ask about all possible causes of illness; this does not necessarily mean that something asked about on this survey led to illness.

*Must Provide Answer

Who are you completing this survey for?: [interviewee_1]
Name: [first_name] [last_name]

Did you attend the homecoming dance at Huntley High School on Saturday, 9/23/2023?*

Yes No

Did you meet up with other students before and/or after the homecoming dance on Saturday, 9/23/2023?*

This could be for pictures, dinner, carpooling to/from the dance, etc.

Yes No

Do you know anyone who has been ill in the past 10 days that you encountered before or after the homecoming dance on Saturday, 9/23/2023?*

Yes No

Did you attend the homecoming varsity football game at Huntley High School on Friday, 9/22/2023?*

Yes No

Did you eat any food from the concession stand at the homecoming varsity football game on Friday, 9/22/2023?*

Yes No

What did you eat from the concession stand at the varsity homecoming football game?*

Did you eat or drink anything from the Huntley High School cafeteria in the 10 days before you got sick?*

Yes No

Did you eat or drink anything for breakfast purchased from the Huntley High School cafeteria in the 10 days before you got sick?*

Yes No

Did you eat the egg and cheese bagel?*

Yes No

Did you eat the cinnamon mini cream cheese bagel?*

Yes No

Did you eat the apple fritter?*

Yes No

Did you eat the turkey sausage and cheese english muffin?*

Yes No

Did you eat the mini maple waffles?*

Yes No

Did you eat the glazed donut whole pull-apart?* Yes No

Did you eat the egg and bacon breakfast pizza?* Yes No

Did you eat the cinni-mini pull-apart?* Yes No

Did you eat the buttermilk pancakes?* Yes No

Did you eat the turkey sausage breakfast pizza?* Yes No

Did you eat the egg and turkey sausage bagel?* Yes No

Did you eat anything else for breakfast from the cafeteria that we did not ask about?* Yes No

Please specify what you ate* _____

Did you eat or drink anything for lunch purchased from the Huntley High School cafeteria in the 10 days before you got sick?* Yes No

What is your lunch period?* 4th Period 5th Period 6th Period

Did you eat a cold sandwich from the make-your-own sandwich station from the Huntley High School cafeteria in the 10 days before you got sick?* Yes No

What type of bread did you have on your customized cold sandwich(es)?*
If you ate sandwiches more than once, please click all bread you have eaten from the Huntley High School cafeteria in the 10 days before you got sick

	Yes	No
Ciabatta Bread	<input type="radio"/>	<input type="radio"/>
Gluten Free Bread	<input type="radio"/>	<input type="radio"/>
Wheat Bread	<input type="radio"/>	<input type="radio"/>
Kaiser Roll	<input type="radio"/>	<input type="radio"/>
Onion Roll	<input type="radio"/>	<input type="radio"/>
White Bread	<input type="radio"/>	<input type="radio"/>
French Roll	<input type="radio"/>	<input type="radio"/>
Croissant	<input type="radio"/>	<input type="radio"/>
Wheat Wrap	<input type="radio"/>	<input type="radio"/>

What type of meat did you put on your customized sandwich(es)?*
If you ate sandwiches more than once, please click all the meats you have eaten from the Huntley High School cafeteria in the 10 days before you got sick

	Yes	No
Turkey	<input type="radio"/>	<input type="radio"/>
Ham	<input type="radio"/>	<input type="radio"/>
Pepperoni	<input type="radio"/>	<input type="radio"/>
Salami	<input type="radio"/>	<input type="radio"/>
Roast Beef	<input type="radio"/>	<input type="radio"/>
Tuna	<input type="radio"/>	<input type="radio"/>
Chicken Salad	<input type="radio"/>	<input type="radio"/>

What toppings did you eat on your customized sandwich(es)?*
 If you ate sandwiches more than once, please click all toppings you have eaten from the Huntley High School cafeteria in the 10 days before you got sick

	Yes	No
Red Onion	<input type="radio"/>	<input type="radio"/>
Green Pepper	<input type="radio"/>	<input type="radio"/>
Tomato	<input type="radio"/>	<input type="radio"/>
Cucumber	<input type="radio"/>	<input type="radio"/>
Lettuce	<input type="radio"/>	<input type="radio"/>
Spinach	<input type="radio"/>	<input type="radio"/>
Black Olive	<input type="radio"/>	<input type="radio"/>
Pickle	<input type="radio"/>	<input type="radio"/>
Jalapeno	<input type="radio"/>	<input type="radio"/>
Provolone Cheese	<input type="radio"/>	<input type="radio"/>
Pepper Jack Cheese	<input type="radio"/>	<input type="radio"/>
American Cheese	<input type="radio"/>	<input type="radio"/>

Did you eat the hot sandwiches for lunch from the Huntley High School cafeteria at any point in the 10 days before you got sick?* Yes No

Did you eat the hot ham and cheese?* Yes No
 Ham and american cheese on a croissant.

Â

Did you eat the italian sandwich?* Yes No
 Ham, pepperoni, salami, and provolone on ciabatta bread

Â

Did you eat the turkey sandwich?* Yes No
 Turkey, provolone, and pesto on ciabatta bread

Â

Did you eat the mozzarella, tomato, spinach, and pesto sandwich?* Yes No
 Served on foccacia bread.

Â

Did you eat the hot buffalo chicken sandwich?* Yes No
Chicken, pepperjack cheese, and buffalo sauce on
ciabatta bread.

Â

Did you eat daily hot meal for lunch from the Huntley
High School cafeteria at any point in the 10 days
before you got sick?* Yes No

Did you eat the popcorn chicken?* Yes No

Did you eat the pizza puff?* Yes No

Did you eat the dinner roll (bread)?* Yes No

Did you eat the fries?* Yes No

Did you eat the baked beans?* Yes No

Did you eat the breaded mozzarella cheese sticks* Yes No

Did you eat the cheeseburger?* Yes No

Did you eat the breaded chicken sandwich/chicken
patty?* Yes No

Did you eat the BBQ rib patty?* Yes No

Did you eat the pizza bread?* Yes No

Did you eat the cheese pizza?* Yes No

Did you eat the cheese bread?* Yes No

Did you eat the pizza rounds?* Yes No

Did you eat the chicken nuggets?* Yes No

Did you eat the bosco sticks?* Yes No

Did you eat a hot dog?* Yes No

Did you eat the corn dogs?* Yes No

Did you eat the soft shell beef tacos?* Yes No

Did you eat the quesadillas?* Yes No

Did you eat the orange chicken and rice?* Yes No

Did you eat the chicken tenders?* Yes No

Did you eat the broccoli?*

Yes No

Did you eat the baby carrots?*

Yes No

Did you eat the mashed potatoes?*

Yes No

Did you eat the corn?*

Yes No

Did you eat the pancakes and sausage?*

Yes No

Did you eat the nachos?*

Yes No

Did you eat the tater tots?*

Yes No

Did you eat the beans?*

Yes No

Did you eat the romaine lettuce side salad?*

Yes No

Did you eat the green beans?*

Yes No

Did you eat the refried beans?*

Yes No

Did you eat the grape tomatoes?*

Yes No

Did you eat the sweet potatoes?*

Yes No

Did you eat a salad for lunch from the Huntley High School cafeteria at any point in the 10 days before you got sick?*

Yes No

Did you make your own salad from the Huntley High School cafeteria at any point in the last 10 days before you got sick?*

Yes No

What types of vegetables did you put on your customized salad?*

If you ate customized salads more than once, please click all vegetables you have eaten from the Huntley High School cafeteria in the 10 days before you got sick

	Yes	No
Lettuce	<input type="radio"/>	<input type="radio"/>
Spinach	<input type="radio"/>	<input type="radio"/>
Red Onions	<input type="radio"/>	<input type="radio"/>
Tomatoes	<input type="radio"/>	<input type="radio"/>
Cucumbers	<input type="radio"/>	<input type="radio"/>
Green Pepper	<input type="radio"/>	<input type="radio"/>
Frozen Peas	<input type="radio"/>	<input type="radio"/>
Black Olives	<input type="radio"/>	<input type="radio"/>

What types of dairy and/or meat did you put on your customized salad?*

If you ate customized salads more than once, please click all dairy and/or meat you have eaten from the Huntley High School cafeteria in the 10 days before you got sick

	Yes	No
Hard Boiled Eggs	<input type="radio"/>	<input type="radio"/>
Cottage Cheese	<input type="radio"/>	<input type="radio"/>
Feta Cheese	<input type="radio"/>	<input type="radio"/>
Cheddar Cheese	<input type="radio"/>	<input type="radio"/>
Ham	<input type="radio"/>	<input type="radio"/>
Grilled Chicken	<input type="radio"/>	<input type="radio"/>
Spicy Chicken Tenders	<input type="radio"/>	<input type="radio"/>

Did you eat a premade/grab-and-go salad from the Huntley High School cafeteria at any point in the 10 days before you got sick?* Yes No

Did you eat a premade/grab-and-go salad with ham, lettuce, tomatoes, cucumber, shredded cheese, and bread from the Huntley High School cafeteria at any point in the 10 days before you got sick?* Yes No

Did you eat a premade/grab-and-go salad with hard boiled egg, lettuce, tomatoes, cucumber, shredded cheese, and bread from the Huntley High School cafeteria at any point in the 10 days before you got sick?* Yes No

Did you eat a premade/grab-and-go salad with grilled chicken, lettuce, tomatoes, cucumber, shredded cheese, and bread from the Huntley High School cafeteria at any point in the last 10 days?* Yes No

Did you eat or taste any type of salad dressing from the Huntley High School cafeteria at any point in the 10 days before you got sick?* Yes No

What kind of salad dressing?*
 If you had salad dressing more than once, please click all the dressings you have eaten from the Huntley High School cafeteria in the 10 days before you got sick

French
 Ranch
 Italian
 Raspberry Vinaigrette
 Caesar

Did you eat a soup during lunch from the Huntley High School cafeteria at any point in the 10 days before you got sick last 10 days?* Yes No

What kind of soup(s) did you eat?*
 If you ate soup more than once, please click all the soups you have eaten from the Huntley High School cafeteria in the 10 days before you got sick

	Yes	No
Chicken Dumpling Soup	<input type="radio"/>	<input type="radio"/>
Chili	<input type="radio"/>	<input type="radio"/>
Thai Soup	<input type="radio"/>	<input type="radio"/>

Cheesy Mexicalli Soup	<input type="radio"/>	<input type="radio"/>
Broccoli Cheddar Soup	<input type="radio"/>	<input type="radio"/>
Chicken and Wild Rice Soup	<input type="radio"/>	<input type="radio"/>
Smokey Poblano Soup	<input type="radio"/>	<input type="radio"/>

Did you eat pasta for lunch from the Huntley High School cafeteria at any point in the 10 days before you got sick?* Yes No

Did you eat the mac n cheese?* Yes No

Did you eat the chicken alfredo?* Yes No

Did you eat the meatballs in tomato sauce?* Yes No

Did you eat the spaghetti and meatballs?* Yes No

Did you eat the meatball sub?* Yes No

Did you eat the lasagna?* Yes No

Did you eat the ravioli?* Yes No

Did you eat fruit for breakfast or lunch from the Huntley High School cafeteria at any point in the 10 days before you got sick?* Yes No

Did you eat a fresh apple?* Yes No

Did you eat a fresh banana?* Yes No

Did you eat packaged apple slices?* Yes No

Did you eat packaged orange slices?* Yes No

Did you eat a fruit cup?* Yes No

Did you eat anything else for lunch from the cafeteria that we did not ask about?* Yes No

Please specify what you ate*

Did you eat a snack or dessert from the Huntley High School cafeteria at any point in the 10 days before you got sick?* Yes No

Did you eat a cookie from the Huntley High School cafeteria at any point in the 10 days before you got sick?* Yes No

Did you eat a parfait (yogurt, blueberries, strawberries, granola) from the Huntley High School cafeteria at any point in the 10 days before you got sick?*

Yes No

Did you eat ice cream from the Huntley High School cafeteria at any point in the 10 days before you got sick?*

Yes No

What type of ice cream did you eat?*

Did you eat any other snacks or desserts from the Huntley High School cafeteria at any point on in the 10 days before you got sick that we didn't ask about?*

Yes No

Please specify what other snacks and desserts you ate*

Illness Information

Please answer the questions below regarding any symptoms you experienced in the 10 days before you got sick. If you are entering information on behalf of someone else, please enter their information.

*Must Provide Answer

Who are you completing this survey for?: [interviewee_1]

Name: [first_name] [last_name]

Have you been sick with diarrhea or vomiting?*

Yes

No

Which of the following symptoms have you had?*

	Yes	No	Unknown
Nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal (stomach, belly) cramps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaking chills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any diarrhea or loose stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Yes to diarrhea, did you have 3 or more loose stools in any 24-hour period?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any blood in stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What other symptoms did you experience?*

What was your highest temperature?

On what date did you first feel sick?*

_____ ((mm/dd/yyyy))

At what time did you first feel sick?*

Are you still having any vomiting or diarrhea now?*

Yes

No

How many hours did the vomiting/diarrhea last?*

((hours))

Do you have any known illnesses or conditions that cause you to experience diarrhea (such as Crohn's disease, IBS, etc.)?

- Yes
- No

Did you see a health care provider?

- Yes
- No

If yes, whom?

What was your diagnosis?

Did you give a stool specimen?

- Yes
- No

If yes, what were the results?

Did you visit an ER?

- Yes
- No

If yes, please specify where

What was your diagnosis?

Did you give a stool specimen?

- Yes
- No

If yes, what were the results?

Did you get admitted to the hospital overnight?

- Yes
- No

Where were you admitted?

What was the date of admission?

((mm/dd/year))

What was the date of discharge?

((mm/dd/year))

Additional Information

Please answer the remaining questions below. If you are entering information on behalf of someone else, please enter their information.

*Must Provide Answer

Who are you completing this survey for?: [interviewee_1]

Name: [first_name] [last_name]

Has anyone in your household who is not a student or staff member of Huntley High School been sick with diarrhea or vomiting in the past month?

- Yes
 No

If yes, please enter the names of anyone in your house who was ill, when they became ill, and the symptoms they experienced.

Do you know of anyone else who is a student or staff member of Huntley High School that has been sick with diarrhea or vomiting?

- Yes
 No

Please list the name(s) and grade(s) of the ill individual(s)

We use this information to help us determine how illness is being spread and to identify anyone else with similar symptoms.Â

Have you used or shared any blunts, joints, edibles, pipes, cigarettes, or vapes in the last 10 days?

- Yes
 No

As a reminder, this survey and any collected information is confidential. Your responses will only be used to investigate potential causes of illness. This is not a required question, we ask that you answer this question truthfully to inform us of any other causes of illness within the school.Â

Do you believe there is any other reason you may have become ill that was not asked in this survey?

Examples: meals you shared with other people, contact with animals (both alive or dead) in class or at home (including any classroom dissections)

Are you willing to provide a stool specimen?*

- Yes
 No

This marks the end of our survey. Thank you for your time! If we need additional information, may we contact you again?

- Yes
 No

McHenry County Department of Health Illness Investigation Follow-Up Survey

In our continuing investigation of illnesses associated with Huntley High School students and staff, the McHenry County Department of Health is sending this follow-up survey to students and staff who completed our original investigation survey.

We ask that you complete this quick 1-3 minute questionnaire regarding any contact you've had with the school's therapy dog. The school's therapy dog has not been identified as a source of illness; we are asking about contact with the school's therapy dog as contact with animals can be a potential source of illness.

Once you have started the survey, please complete it and do not start a new survey by clicking on the link again. If you are completing this survey for more than one person, please submit each survey individually. If you need to change an answer, you can contact McHenry County Department of Health at 815-334-4500.

This survey and any collected information is confidential and is in compliance with the standards of the Health Insurance Portability and Accountability Act (HIPAA) and the Illinois Administrative Code, Section 690.200, d) Confidentiality. Your responses will only be used to investigate potential causes of illness.

We thank you for your time and participation in this important survey.

*Any question with a red asterisk must have an answer in order to submit the survey

Survey Consent

Please complete the below question about if you are you completing this survey yourself or on behalf of someone else. If you are under the age of 18 and are completing this survey yourself, you will be asked to confirm that you have permission from your parent or guardian to complete this survey.

Are you completing this survey for yourself or on behalf of someone else?*

- Self
- On behalf of someone else

For whom are you completing this survey?*

- Child
- Spouse
- Other

Are you under the age of 18?*

- Yes
- No

By checking this box, if I am under the age of 18, I agree that I have received parental permission to complete this survey.*

- Agree

Demographic Information

Please enter your demographic information below. If you are entering information on behalf of someone else, please enter their information.

*Must Provide Answer

First Name* _____

Last Name* _____

Date of Birth* _____

E-mail Address* _____

Are you a student or staff member of Huntley High School?*

- Student
- Staff Member
- Other

What grade are you in?*

- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade

Animal Contact

Please answer the questions below regarding any contact you may have had with the therapy dog at Huntley High School between Tuesday, September 5 - Thursday, September 21.

Did you have any contact with the therapy dog at Huntley High School between 9/5/2023 - 9/21/2023?*

This includes petting the dog, giving treats, or touching any of the dog's toys/blankets

- Yes
- No

Did you come into contact with the therapy dog's treats or food between 9/5/23 - 9/21/23?*

- Yes
- No

Did you come into contact with the therapy dog's poop between 9/5/23 - 9/21/23?*

- Yes
- No

What dates did you have contact with the therapy dog, including contact with their treats, food, or poop?*

Please select all that apply

- Tuesday, 9/5/23
- Wednesday, 9/6/23
- Thursday, 9/7/23
- Friday, 9/8/23
- Monday, 9/11/23
- Tuesday, 9/12/23
- Wednesday, 9/13/23
- Thursday, 9/14/23
- Friday, 9/15/23
- Monday, 9/18/23
- Tuesday, 9/19/23
- Wednesday, 9/20/23
- Thursday, 9/21/23

Section 1: INTERVIEWER & PATIENT INFORMATION – Complete Section 1 prior to interview

1. PulseNet ID #: _____ and/or WGS ID: _____ State/Local/Other ID #: _____

2. Date of Interview: ___/___/_____
MM DD YYYY

3. Interviewer Information Name: _____ Agency or Organization: _____

4. Respondent was: Self Parent Spouse Other (specify): _____

5. State and county of residence? State _____ County _____

6. Age at time of illness _____ Days Months Years Unknown

Section 2: CLINICAL INFORMATION: Now I have a few questions about your (the patient's) illness.

1. What date did you (the patient) first feel sick? ___/___/_____
M M D D Y Y Y Y Unknown

a. If Unknown, please enter specimen collection date: ___/___/_____
M M D D Y Y Y Y Unknown

Yes	Maybe	No	Don't Know	Did you (the patient)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Get admitted overnight to a hospital for this illness? <input type="checkbox"/> Refused
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Develop Hemolytic Uremic Syndrome, or HUS? <input type="checkbox"/> Refused
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have any diarrhea (defined as at least 3 loose stools in 24 hours) <input type="checkbox"/> Refused
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Have any close contact with anyone with diarrhea or vomiting in the week before illness?
				a. When did this person first become ill <input type="checkbox"/> less than 24 hours before you <input type="checkbox"/> ≥ 24 hours before you <input type="checkbox"/> After your (the patient's) illness onset <input type="checkbox"/> Unknown
				<i>For interviewer only:</i> b. If this person is part of the outbreak, what is their PulseNet or WGS ID? _____

Section 3: TRAVEL: Next I have a couple of questions about any travel you (the patient) might have done, either for work or for pleasure. As I read each question, please answer as yes, no, maybe, or can't remember in the 7 days before you (the patient) got sick.

- If the case spent the entire 7 days before illness onset outside the US, please be sure countries, travel dates, and hotel/resort names are noted and skip to the end of the interview.
- If the case spent only part of the 7 days before illness onset outside the US, please complete the remainder of the interview collecting only foods purchased or eaten in the US.

Yes	Maybe	No	Don't Know																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. In the 7 days before illness, did you (the patient) travel to another country outside the U.S.? <i>List all states that you traveled to where you (the patient) might have purchased or eaten foods. This would include foods eaten at airports, bus, or train stations.</i>																
				<table border="1"> <thead> <tr> <th>City and Country</th> <th>Date of Arrival</th> <th>Date of Departure</th> <th>Hotel/Resort Name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	City and Country	Date of Arrival	Date of Departure	Hotel/Resort Name												
City and Country	Date of Arrival	Date of Departure	Hotel/Resort Name																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. In the 7 days before illness, did you (the patient) travel to another state in the U.S.? <i>List all countries outside the United States where you (the patient) might have purchased or eaten foods. This would include foods eaten at airports, bus, or train stations.</i>																
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State	Date of Arrival	Date of Departure	Hotel/Resort Name																	

Section 3: Travel Comments. Please fill in any comments/notes from this section in the space provided below:

Public reporting burden of this collection of information is estimated to average 45 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/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-0997

Section 4: SOURCES OF FOOD PREPARED AT HOME: Now I have a few questions about where the sources of food you (the patient) prepared and ate at home in the 7 days before your illness began. First, I will ask you (the patient) about where any food prepared at home came from. This could include grocery stores, warehouse stores, farmers' markets, home delivery, delis, swap meets, ethnic or specialty markets,

butchers, live animal markets, food or meal subscription services, or groceries that were bought several weeks ago but consumed in the 7 days before you (the patient) got sick. I'm going to ask a few questions about stores you (the patient) may have shopped at, as well as any shopper card numbers or other store membership information you (the patient) may have. This could also include a shopper number from someone else in your household. Store shopper or membership information can help provide detailed information, such as brands, varieties, purchase date, that you may not know or remember. You (the patient) may also be able to access your own shopper history through an online account. Additionally, I'll also ask a few questions about dietary practices and restrictions.

Optional prompt to further explain shopper card/purchase records: when you share your purchase histories with us, we can compare other people's purchase histories to see if the same food is reported or identified. Your (the patient's) purchase history will only be shared on a need-to-know basis with local, state, or federal staff during the investigation. This information could help solve the outbreak and prevent additional illnesses. Remember to collect all store shopper or membership information used for the household. Store shopper or membership information can be a shopper card or loyalty program number, phone number, or other identifier that an individual may use when making purchases that would allow for a record of their purchases to be obtained.

1. Do you (the patient) keep Halal? Yes No Unknown
2. Do you (the patient) keep Kosher? Yes No Unknown
3. Do you (the patient) follow any other type of diet or have other dietary restrictions such as vegan, vegetarian, dairy or gluten free, etc.? Yes No (if yes, specify) _____
4. Did you (the patient) consume groceries purchased online or through an app such as Instacart, Amazon, Whole Foods, etc.? Yes No (if yes, specify in the table below)
5. Did you (the patient) consume food provided by online meal kit or meal delivery services such as Hello Fresh, Blue Apron, etc.? Yes No (if yes, specify in the table below)
6. Please specify all other locations you (the patient) may have shopped or ate food from in the 7 days prior to illness (please list store names, address/location, and shopper card # (if applicable) mentioned by the interviewee below: Remember to collect all shopper cards, online records, or app orders used for the household. Sometimes shopper card numbers can be phone numbers.)

Store/Supermarket/Subscription Services	Address/Location	Purchase/Shopping Method	Store Shopper or Membership Information	Records of Online/App Orders (if applicable)
		<input type="checkbox"/> In-Person <input type="checkbox"/> Online/App & Pick-Up or delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In-Person <input type="checkbox"/> Online/App & Pick-Up or delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In-Person <input type="checkbox"/> Online/App & Pick-Up or delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In-Person <input type="checkbox"/> Online/App & Pick-Up or delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In-Person <input type="checkbox"/> Online/App & Pick-Up or delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In-Person <input type="checkbox"/> Online/App & Pick-Up or delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No

7. May we have permission to retrieve purchase history based on your (the patient's) store shopper or membership information and share with other public health officials to help with this outbreak investigation? Although we will collect your purchase history, we will not release any further information about you (the patient) or your (the patient's) illness. *Please modify wording to fit your state's needs* Yes No

Section 4: Additional Store/Retail Names and Locations.

Section 5: SOURCES OF FOOD PREPARED OUTSIDE THE HOME: Now I have a few questions about the food that you (the patient) ate **outside your (the patient's) home** or that was prepared **outside your home** such as at restaurants, fast food chains, or take out. It could be helpful to check calendars, credit card statements or receipts, or phone photos to refresh your memory. I'm going to ask some specific questions about where food you (the patient) may have eaten was prepared. Please tell me the names of each place you (the patient) would have eaten food during the 7 days before your (the patient's) illness began.

1. Please specify all restaurants/stores you (the patient) may have eaten (sit down and take out) (*please list names, address/location, meal dates, and food ordered/eaten by the interviewee below*)
2. Eat ready-to-eat foods from a grocery store salad bar, hot bar, or deli? Yes No (*if yes, specify in table*)
3. Eat foods from a food truck or food stand Yes No (*if yes, specify in table*)
4. Eat any food from catered events or potlucks such as a parties, conferences, weddings, etc.? Yes No (*if yes, specify in table*)
5. Eat any food items from a school, work, or hospital cafeteria? Yes No (*if yes, specify in table*)
6. For the restaurant and fast food locations identified, did you order from delivery service such as Uber Eats, Grub Hub, or Door Dash? Yes No (*if yes, specify in table*)

Location Name	Address/Location	Meal Date(s)	Food Ordered/Eaten

Section 5: List Additional Restaurant/Retail Names and Locations.

Section 6: POULTRY, MEAT, AND MEAT ALTERNATIVES: Now I have a few questions about meat, poultry, and meat alternatives (like tofu) that you (the patient) might have eaten in the 7 days before your (the patient's) illness began. This does not include canned items, but the meat and poultry could have been fresh, frozen, or could have been eaten as part of dish such as casseroles, soups, burgers, or sandwiches. You (the patient) may have eaten this at home or away from home, such as in a restaurant, takeout, or at a catered event. As I read each food, please answer as yes, no, maybe eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

First, I have questions about CHICKEN & OTHER POULTRY products.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Chicken prepared <u>at home</u> ? If no, skip to question 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Whole chicken? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Chicken cut into parts or pieces, like breasts, drumsticks, thighs, or wings? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Ground chicken? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Frozen, stuffed chicken products like breaded chicken cordon bleu, chicken kiev, chicken broccoli and cheese, or other similar stuffed chicken products? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Frozen, breaded chicken products like chicken nuggets, strips, or tenders? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Chicken prepared <u>outside the home</u> ? a. List name(s) and location(s): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Rotisserie chicken, roasted chicken, or any chicken purchased precooked at a grocery store or deli? a. List name(s) and location(s): _____ <input type="checkbox"/> Unknown
Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Turkey prepared <u>at home</u> . If no, skip to question 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Whole turkey? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Cut turkey pieces or parts like turkey legs or breasts? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Ground turkey? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Other turkey? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Turkey prepared <u>outside the home</u> ? a. List name(s) and location(s): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other poultry, like duck, game hen, or squab? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

Section 6: Chicken/Poultry Comments. Please fill in any comments/notes from this section in the space provided below:

Now I have questions about BEEF products.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Beef prepared <u>at home</u> ? This could include foods like hamburger patties, steaks, casseroles, tacos, soups, or pasta sauces. If no, skip to question 19
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Ground beef? This could include foods like hamburger patties, casseroles, tacos, soups, or pasta sauces a. Was it purchased: <input type="checkbox"/> In a tray <input type="checkbox"/> As a chub <input type="checkbox"/> Pre-formed patties <input type="checkbox"/> Other, specify _____ b. Type, variety, brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown d. How was it consumed? <input type="checkbox"/> Raw <input type="checkbox"/> Pink/red inside <input type="checkbox"/> Well-done, no pink inside <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Beef steak, roasts, carne asada, or other whole cuts of beef? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown c. How was it consumed? <input type="checkbox"/> Raw <input type="checkbox"/> Pink/red inside <input type="checkbox"/> Well-done, no pink inside <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Beef prepared <u>outside the home</u> ? This could include foods like hamburger patties, steaks, casseroles, tacos, soups, or pasta sauces. a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown c. How was it consumed? <input type="checkbox"/> Raw <input type="checkbox"/> Pink/red inside <input type="checkbox"/> Well-done, no pink inside <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Veal? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown c. How was it consumed? <input type="checkbox"/> Raw <input type="checkbox"/> Pink/red inside <input type="checkbox"/> Well-done, no pink inside <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Raw beef dishes such as kitfo or tartare? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown

Section 6: Beef Comments. Please fill in any comments/notes from this section in the space provided below:

Now I have questions about PORK, LAMB, AND OTHER MEAT TYPES

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Pork prepared <u>at home</u> (like whole pig, chops, tenderloin, roast, shoulder, ground, etc.)? a. Type/cut: <input type="checkbox"/> Ground <input type="checkbox"/> Whole pig <input type="checkbox"/> Pork chops <input type="checkbox"/> Pork ribs <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown b. Brand(s): _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Pork prepared <u>outside the home</u> ? This would include pig roasts, sit-down restaurants, fast food restaurants, take-out, food trucks, cafeterias, delivery from restaurants, etc. a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Other meat like lamb, goat, bison, or game meat? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Other meat and/or poultry products, including organ meats (like liver, heart, giblets, tongue, intestines, blood), not mentioned already? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown

Section 6 Pork, Lamb, and Other Meat Type Comments. Please fill in any comments/notes from this section in the space provided below:

Now I have questions about PROCESSED MEAT and POULTRY products.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Bacon? a. Type (beef, pork, turkey, etc.), variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Sausage, like Polish sausage, kielbasa, Bratwurst, breakfast sausage, or other similar product? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Hot dogs or corn dogs? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Pepperoni? Including pepperoni on a sandwich or pizza
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Any Italian-style meats, like salami, prosciutto, or capicola? a. Type: <input type="checkbox"/> Salami <input type="checkbox"/> Prosciutto <input type="checkbox"/> Capicola <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown b. Variety, brand: _____ <input type="checkbox"/> Unknown c. How were these purchased? <input type="checkbox"/> Prepackaged <input type="checkbox"/> At the deli <input type="checkbox"/> In a snack plate/charcuterie board <input type="checkbox"/> Salami sticks <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Store-bought, dried meat strips or jerky such as turkey, chicken, pork, or beef? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Any deli meat or cold cuts? a. Was this sliced at the deli? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Type: <input type="checkbox"/> Turkey <input type="checkbox"/> Ham <input type="checkbox"/> Beef (like pastrami, roast beef) <input type="checkbox"/> Italian meats (like salami, prosciutto) <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown c. Variety, brand: _____ <input type="checkbox"/> Unknown d. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Any liver pâté or foie gras (specify type: chicken, beef, duck, pork, etc.) a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

Section 6 Processed Meat and Poultry Comments. Please fill in any comments/notes from this section in the space provided below:

Now I have a question about MEAT ALTERNATIVES.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Any plant-based meat substitutes like Impossible Meat, Beyond Meat, or Morningstar? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Any tofu, tempeh, seitan, or other meat alternatives? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

Section 6: Meat Alternatives Comments. Please fill in any comments/notes from this section in the space provided below:

Section 7: FISH AND SEAFOOD: Now I have some questions about fish and seafood you (the patient) might have eaten in the 7 days before your (the patient's) illness began. You (the patient) may have eaten this at home or away from home, such as in a restaurant, take-out, or at a catered event. This does not include canned items. The fish and seafood could have been fresh, frozen, or could have been eaten alone or as part of a dish, sauce, or dip. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Raw or undercooked fish or fish products, like sushi, sashimi, ceviche, or poke? a. Raw tuna? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know b. Raw salmon? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know c. Other raw fish, specify: _____ <input type="checkbox"/> Unknown d. Describe the dish: _____ <input type="checkbox"/> Unknown e. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Store-bought fish (not including shellfish) prepared <u>at home</u> ? a. How was it purchased? <input type="checkbox"/> Frozen <input type="checkbox"/> Fresh <input type="checkbox"/> Unknown b. How was it prepared? <input type="checkbox"/> Raw <input type="checkbox"/> Undercooked <input type="checkbox"/> Fully cooked <input type="checkbox"/> Unknown c. Type of fish eaten: _____ <input type="checkbox"/> Unknown d. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Fish (not including shellfish) prepared <u>outside the home</u> ? a. How was it prepared? <input type="checkbox"/> Raw <input type="checkbox"/> Undercooked <input type="checkbox"/> Fully cooked <input type="checkbox"/> Unknown b. Type of fish eaten: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown d. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Smoked or dried fish, like smoked salmon, lox, bonito flakes, fish jerky? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Shrimp or prawns? a. <input type="checkbox"/> Frozen <input type="checkbox"/> Fresh <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Crab, lobster, or crayfish/crawfish? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Oysters? a. Were the oysters raw? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Clams, mussels, scallops, or other shellfish? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Any other fish or seafood? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

Section 7: Fish and Seafood Comments. Please fill in any comments/notes from this section in the space provided below:

Section 8: EGGS, DAIRY, AND CHEESE: Now I have a few questions about eggs, dairy, and cheese products you (the patient) might have eaten in the 7 days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, such as in a restaurant, take-out, or at a catered event. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Eggs or egg-containing dishes prepared <u>at home</u> ? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Eggs or egg-containing dishes prepared <u>outside the home</u> ? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish Eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Egg alternatives or vegan egg substitutions? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Anything made with raw eggs that was not fully cooked (cookie dough, cake batter, sauces, homemade ice cream, homemade mayo, homemade salad dressing etc.)? a. Please describe: _____ <input type="checkbox"/> Unknown
Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Dairy milk from a cow or other animal source? a. Type (cow, goat, etc.), variety, brand: _____ <input type="checkbox"/> Unknown b. Raw or unpasteurized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Dairy milk alternatives, like almond, oat, hemp, coconut, cashew, rice, or soy milk? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Any yogurt or yogurt product like kefir? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Cheese made from unpasteurized or raw milk, including homemade, farm-fresh, and door-to-door cheeses? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Fresh, soft cheeses? a. <input type="checkbox"/> Queso fresco <input type="checkbox"/> Cotija <input type="checkbox"/> Feta <input type="checkbox"/> Goat cheese <input type="checkbox"/> Fresh mozzarella <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Blue-veined cheese like bleu, stilton, or gorgonzola? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Brie or camembert? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Other prepackaged, shredded, sliced, block, gourmet, or artisanal cheese? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Dairy-alternative cheese products, like cashew cheese, vegan cheese? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

Section 8: Eggs, Dairy, and Cheese Comments. Please fill in any comments/notes from this section in the space provided below:

Section 9: VEGETABLES: Now I have some questions about vegetables you (the patient) might have eaten in the 7 days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event. This does not include canned items, but these foods could have been eaten alone or as part of a dish. I am not interested in vegetables grown at home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

First, I have questions about TOMATOES & LEAFY GREENS that are not homegrown.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Tomatoes <u>at home</u> ? a. Type: <input type="checkbox"/> Red Round <input type="checkbox"/> Roma (oval-shaped) <input type="checkbox"/> Small, bite-sized tomato, like grape or cherry <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Tomatoes <u>outside the home</u> , sometimes served as part of a sandwich, burger, or salad? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Salsa or pico de gallo (not from a jar or can) prepared <u>at home</u> ? a. List ingredients included: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Salsa or pico de gallo prepared <u>outside the home</u> ? a. List ingredients included: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Avocado? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Guacamole? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Iceberg lettuce <u>at home</u> ? a. Was it purchased <input type="checkbox"/> Prepackaged <input type="checkbox"/> Whole head/Loose <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations) _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Iceberg lettuce prepared <u>outside the home</u> , sometimes served as part of a sandwich, burger, or salad? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown
Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Romaine lettuce <u>at home</u> ? a. Was it purchased: <input type="checkbox"/> Prepackaged hearts <input type="checkbox"/> Prepackaged chopped <input type="checkbox"/> Whole head/loose <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Romaine lettuce prepared <u>outside the home</u> , sometimes served as part of a sandwich, burger, or salad? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Spinach <u>at home</u> ? a. Was it purchased <input type="checkbox"/> Prepackaged <input type="checkbox"/> Bundled/Loose <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations) _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Spinach prepared <u>outside the home</u> , sometimes served as part of a sandwich, burger, or salad? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Cabbage? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Kale? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Arugula? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Spring mix/mixed greens or other lettuce blend? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Prepackaged salad kits often sold in a bag or clamshell? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Other leafy greens, like Swiss chard, mustard greens, dandelion, watercress? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

Section 9 – Tomatoes/Leafy Greens Comments. Please fill in any comments/notes from this section in the space provided below:

Now I have questions about fresh herbs and sprouts you (the patient) might have eaten in the 7 days before your (the patient's) illness began. Remember, these could have been part of a dish, like pesto, salsa, sauces, etc. We are not interested in dried or bottled herbs or herbs grown at home.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Basil, sometimes in pesto or as a garnish? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Cilantro, sometimes in salsa, Mexican food, Asian food, or as a garnish? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Other fresh herbs (parsley, chives, dill, sage, thyme, mint, etc.)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Bean sprouts, like mung bean or soybean, usually served in stir fries, Asian salads, or soups prepared <u>at home</u> ? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Bean sprouts, like mung bean or soybean, usually served in stir fries, Asian salads, or soups prepared <u>outside the home</u> ? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Other microgreens/sprouts (like alfalfa, clover, daikon radish, microgreens, etc.) prepared <u>at home</u> ? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Other microgreens/sprouts (like alfalfa, clover, daikon radish, microgreens, etc.) prepared <u>outside the home</u> ? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown

Section 9– Herbs/Sprouts Comments. Please fill in any comments/notes from this section in the space provided below:

Next, I have a few questions about other vegetables that you (the patient) may have eaten in the 7 days before your (the patient's) illness.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Cucumbers prepared <u>at home</u> ? a. Type, variety: <input type="checkbox"/> Mini (like Persian) <input type="checkbox"/> Large, wrapped in plastic (like English or European) <input type="checkbox"/> "Regular" sold loose, not wrapped in plastic <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Cucumbers prepared <u>outside the home</u> ? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Specify dish: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Zucchini, summer squash, or other "soft" squash? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Sweet or bell peppers (green, red, orange, or yellow)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Mini or snack-sized sweet peppers, usually sold in a bag or clamshell? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Hot, spicy peppers, like jalapenos or serranos? These could be an ingredient in salsa, pico de gallo, pho, salad, or as a garnish a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Celery? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Carrots or mini carrots? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Pea pods, snap peas, or snow peas? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Broccoli? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Cauliflower? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Onions (white, yellow, or red/purple), including in salads, salsa, pico de gallo, sandwiches, burgers a. What color were the onions? <input type="checkbox"/> White <input type="checkbox"/> Red/Purple <input type="checkbox"/> Yellow <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Green onions/scallions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Mushrooms, including fresh or dried? a. Type: <input type="checkbox"/> Button <input type="checkbox"/> Portobellos <input type="checkbox"/> Shiitake <input type="checkbox"/> Enoki <input type="checkbox"/> Wood ear (kikurage) <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown b. <input type="checkbox"/> Fresh <input type="checkbox"/> Dried
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Prepackaged, precut vegetable mix such as a stir fry or grill kit?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Fermented vegetables (like kimchi, sauerkraut)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Was this homemade? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Other vegetables (Brussels sprouts, radishes, beets, turnips, fennel, etc.)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

Section 9: Other Vegetable Comments. Please fill in any comments/notes from this section in the space provided below:

Section 10: FRUITS & BERRIES: Now I have some questions about fruits, not canned, cooked, or frozen, that you (the patient) might have eaten in the 7 days before your (the patient's) illness began. I will ask you about frozen fruits later. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event. I am not interested in fruits and berries grown at home. As I read each food item, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Apples? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Grapes? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Pears?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Peaches?
Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Nectarines?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Other stone fruit, like apricots, plums, or cherries? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Citrus fruits, like lemons, limes, oranges, tangerines, grapefruit, mandarins, or clementines? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Strawberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Raspberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Blueberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Blackberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Other berries? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Cantaloupe, rock melon, or musk melon? a. Precut <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Watermelon? a. Precut <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other melon, such as honeydew or galia melon? a. Precut <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Pineapple?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Mango?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Papaya?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Other fruit purchased sliced or pre-cut? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Other fruit (banana, kiwi, guava, pomegranate, coconut, dragon fruit, etc.)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Juices or ciders? a. Raw or unpasteurized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Smoothies made with fresh or frozen fruit or produce, prepared at home or outside the home? a. <input type="checkbox"/> Prepared at home <input type="checkbox"/> Prepared outside the home, specify place of purchase _____ b. Ingredients in smoothie: _____ <input type="checkbox"/> Unknown

Section 10: Fruits and Berries Comments. Please fill in any comments/notes from this section in the space provided below:

Section 11: FROZEN FOODS: Now I have a few questions about frozen foods you (the patient) might have eaten in the 7 days before your (the patient's) illness began. You (the patient) may have purchased the food frozen (from a grocery store, restaurant, or specialty market) and prepared it at home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Frozen vegetables? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Frozen fruit or berries, including those used in a smoothie? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Frozen pot pies? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Frozen pizza? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Frozen fish product (fish sticks, nuggets, etc.)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Frozen appetizers or snack foods like mozzarella sticks, jalapeno poppers, burritos, potato skins, or hot pockets? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Frozen breakfast items (waffles, breakfast sandwiches, etc.)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Frozen vegetarian foods like a veggie burger? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Frozen pre-mixed meals in a bag or box (stir fry, pasta meals, etc.)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Frozen dinners or box entrees? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Other frozen, prepackaged product not mentioned previously? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Ice cream, ice cream products, frozen yogurt, or non-dairy frozen desserts? a. Type or brand (bar, tub, carton, etc.): _____ <input type="checkbox"/> Unknown b. Variety or flavor: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown

Section 11: Frozen Foods Comments. Please fill in any comments/notes from this section in the space provided below:

Section 12: NUTS, CEREAL, PROCESSED, AND DRIED FOODS: Now I have some questions about nuts, cereals, and processed foods you (the patient) might have eaten in the 7 days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Peanut butter eaten <u>at home</u> ? a. What was the brand: <input type="checkbox"/> Jif <input type="checkbox"/> Skippy <input type="checkbox"/> Peter Pan <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Peanut butter eaten <u>outside the home</u> ? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Peanut butter containing foods (cookies, crackers, candies, ice cream, etc.)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Ground nut/seed butter or other spreads (like Nutella, cookie butter, almond butter)? a. Type(s): <input type="checkbox"/> Almond <input type="checkbox"/> Hazelnut <input type="checkbox"/> Sunflower <input type="checkbox"/> Cookie/Speculoos <input type="checkbox"/> Unknown <input type="checkbox"/> Cashew <input type="checkbox"/> Nutella <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown b. Brand: _____ <input type="checkbox"/> Unknown
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Next, I have questions about dried fruits, nuts, and seeds you (the patient) might have eaten. Remember that these may be used as toppings or mixed into many foods. If you (the patient) ate any of the nuts below as part of another food, please answer "yes".

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Dried fruit, including dried whole fruit and fruit leathers? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Peanuts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Almonds (whole, sliced, chopped, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Walnuts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Cashews?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Pistachios?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Hazelnuts or filberts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Pecans?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Pine nuts, including in pesto?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Sunflower seeds?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Chia, flaxseed, or hemp? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Sesame seeds or other products made from sesame seeds, like tahini or halva?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Other nuts, mixed nuts, or seeds? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Dips or spreads, like hummus, baba ghanoush, bean dips? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

Section 12: Peanut Butter/Nuts/Seeds Comments. Please fill in any comments/notes from this section in the space provided below:

Now I have questions about uncooked dough or batter, pre-packaged snack foods and cereals you (the patient) might have had in the 7 days before your (the patient's) illness began.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Eat, taste, or lick any uncooked or unbaked dough or batter (such as cookie, cake, biscuit, muffin batter)? a. <input type="checkbox"/> From scratch: type, variety, brand of flour: _____ <input type="checkbox"/> Unknown b. <input type="checkbox"/> Premade dough: type, variety, brand: _____ <input type="checkbox"/> Unknown c. <input type="checkbox"/> Prepackaged dry mix (such as cake): type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Did anyone in your household do any baking with flour, premade dough, or prepackaged dry mix? a. <input type="checkbox"/> From scratch: type, variety, brand of flour: _____ <input type="checkbox"/> Unknown b. <input type="checkbox"/> Premade dough: type, variety, brand: _____ <input type="checkbox"/> Unknown c. <input type="checkbox"/> Prepackaged dry mix (such as cake): type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Granola, breakfast, power, or protein bars? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Trail mix (or similar product)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Salty/savory snacks, like chips, corn puffs, seaweed snacks, or pretzels? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Sweet snacks, like cookies or snack cakes? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Chocolate or chocolate-containing candy? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Cold breakfast cereals? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Breakfast cereals like oatmeal, cream of wheat, overnight oats, etc.? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

Section 12: Snack foods/Cereal Comments. Please fill in any comments/notes from this section in the space provided below:

And finally, I have questions about a few other products you (the patient) might have had in the 7 days before your (the patient's) illness began.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Bottled, pre-made smoothies?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Flavored milk powder (such as chocolate, vanilla, Carnation, or Ovaltine)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Recently purchased or newly opened spices, spice blends, or dried herbs? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Nutritional products, such as whey, protein powders, meal replacement powders, probiotics, vitamin boosters, etc.? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Herbal products, such as powdered greens, kratom, herbal teas, or other natural remedies? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Bottled, pre-made health drinks, like Kombucha or coconut water? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

Section 12: Other foods Comments. Please fill in any comments/notes from this section in the space provided below:

Section 13: We have covered a wide variety of foods, drinks, etc. After answering all these questions are there any other things you (the patient) ate or drank in the 7 days before becoming ill that have not been mentioned?

1. Please describe any other foods, drinks, etc. including as much detail as possible regarding type, variety, or brand.

Section 14: ANIMAL CONTACT AND PET FOOD: Now I have some questions about contact with pets or other animals in the 7 days before your (the patient's) illness began. Contact is defined as: you (the patient) or someone in the household handling, touching, petting, or otherwise interacting with an animal or the areas where the animal lives/rooms. This could have been at your home or another home, at a pet store, petting zoo, retail store, school, daycare, or other location. As I read each exposure, please answer as yes, no, may have had, or can't remember having contact in the 7 days before you (the patient) got sick.

Yes	Maybe	No	Don't Know	Did you (the patient) or anyone in the household have contact with any of the following types of animals or the areas where the animal lives/rooms?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Chickens/chicks, ducks/ducklings, turkeys, or other backyard poultry? a. <input type="checkbox"/> Chickens/Chicks <input type="checkbox"/> Ducks/Ducklings <input type="checkbox"/> Turkeys <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown b. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Turtles or tortoises? a. If yes/maybe, was the shell <4 inches in diameter (<i>smaller than the palm of an adult hand</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Other reptiles (such as snakes, lizards, geckos, bearded dragons), amphibians (frogs, toads, salamanders), fish or other aquatic animals? a. If yes or maybe, please specify the type: _____ <input type="checkbox"/> Unknown b. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: _____ <input type="checkbox"/> Unknown c. Was it fed: <input type="checkbox"/> Live mice/rat <input type="checkbox"/> Frozen mice/rat <input type="checkbox"/> Live chick <input type="checkbox"/> Frozen chick <input type="checkbox"/> Other feeder animal, specify: _____ <input type="checkbox"/> Not fed feeder animal <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Small mammalian household pet, such as hamster, rat, mouse, guinea pig, gerbil, ferret, sugar glider, or hedgehog (excluding feeder rodents used as pet food for reptiles, see #3c)? a. If yes or maybe, please specify the type: _____ <input type="checkbox"/> Unknown b. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Any other type of pets (dogs, cats, birds (not poultry) etc.) a. If yes or maybe, please specify the type: _____ <input type="checkbox"/> Unknown b. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Any other animal (such as farm animals or wildlife)? a. If yes or maybe, please specify the type: _____ <input type="checkbox"/> Unknown b. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: _____ <input type="checkbox"/> Unknown

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>7. Did you (the patient) or anyone in the household have contact with animal food, animal treats, animal feeding bowls or equipment, or the area where animal food/treats are stored or where animals are fed?</p> <p>a. What type of animal food: <input type="checkbox"/> Dry <input type="checkbox"/> Canned <input type="checkbox"/> Fresh <input type="checkbox"/> Raw <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown</p> <p>b. Animal food brand: _____ <input type="checkbox"/> Unknown Purchase location: _____ <input type="checkbox"/> Unknown</p> <p>c. Animal treat type: <input type="checkbox"/> Pig ear <input type="checkbox"/> Pizzle/bully stick <input type="checkbox"/> Raw hide <input type="checkbox"/> Hooves <input type="checkbox"/> Jerky-style treat <input type="checkbox"/> Biscuit-style treats <input type="checkbox"/> Freeze-dried treats <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown</p> <p>d. Animal treat brand: _____ <input type="checkbox"/> Unknown Purchase location: _____ <input type="checkbox"/> Unknown</p>
--------------------------	--------------------------	--------------------------	--------------------------	---

Section 14: Animal Contact and Pet Food Comments. Please fill in any comments/notes from this section in the space provided below:

Section 15: RACE, ETHNICITY, AND GENDER: In this section, we will ask questions about your (the patient's) race, ethnicity, and gender identity. We are collecting this information from all ill people. By knowing more about your (the patient's) race, ethnicity, and gender identity we can get a better idea of health risks you (the patient) may have and foods you might eat, that might help us identify what caused you to become sick. You (the patient) may belong to more than just one race or ethnicity; please check all that apply to you (the patient). These questions are optional, and you may choose not to answer them.

1. Are you (the patient) Hispanic/Latino/a? Yes No Unknown Declined to answer
a. If yes, please specify: Mexican, Mexican American, Chicano/a Puerto Rican Cuban
 Another Hispanic, Latino/a or Spanish Origin (specify) _____

2. How would you describe your race/ethnicity? (check all that apply)

<input type="checkbox"/> African American or Black a. Specify Ethnicity or Nationality (optional): _____	<input type="checkbox"/> American Indian/Alaska Native a. Tribal Affiliation: _____	<input type="checkbox"/> Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian a. Specify Ethnicity or Nationality (optional): _____
<input type="checkbox"/> Middle Eastern or North African a. Specify Ethnicity or Nationality (optional): _____	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander a. Specify Ethnicity or Nationality (optional): _____	<input type="checkbox"/> White a. Specify Ethnicity or Nationality (optional): _____
<input type="checkbox"/> All other race/ethnicities (specify) _____	<input type="checkbox"/> Declined to answer	<input type="checkbox"/> Unknown

3. What languages are spoken at home? _____ Declined to answer

4. Sex assigned at birth: Male Female Sex assigned at birth not otherwise specified Declined to answer Unknown

5. Gender Identity: Male Female Transgender Female (Trans Woman) Transgender Male (Trans Man) Non-binary
 Another gender identity (specify) _____ Declined to answer Unknown

That completes the interview. Thank you for taking the time to answer these questions. Your responses may be helpful in preventing others from becoming sick.

Appendix C
Food Handler Questionnaires

Chick-fil-A Employee Survey

The McHenry County Department of Health is investigating illnesses among employees at Chick-fil-A

We are asking employees at Chick-fil-A to complete this survey. The survey will take 10-15 minutes to complete. This information will help us with our investigation of illness among staff.

Once you have started the survey, please complete it and do not start a new survey by clicking on the link again. If you need to change an answer, you can contact McHenry County Department of Health at 815-334-4500.

This survey and any collected information is confidential and is in compliance with the standards of the Health Insurance Portability and Accountability Act (HIPAA).

We thank you for your time and participation in this important survey.

*Any question with a red asterisk must have an answer in order to submit the survey

Please enter your demographic information below.

First Name*

Last Name*

Date of Birth*

Age*

Sex*

- Male
- Female

Phone Number*

Email Address

Home Address*

City*

State*

Zip Code*

County*

Do you attend high school?*

Yes
 No

What high school do you attend?*

Do you have a child, sibling, or parent who attends or works for Huntley High School?*

Yes
 No

Please explain*

Do you handle food as part of your job?*

Yes
 No

What is your food handling responsibility for Chick-fil-A?*

Please select all that apply. If you do not see your position listed, please select other.

- Hostess
- Server
- Bartender
- Prep line staff
- Cookline staff
- Ware wash staff
- Busser
- Manager
- Other

Please describe your other food handling responsibilities*

Were you assisted at your station by anyone who does not normally perform that role?*

- Yes
- No

Was the assistance for food preparation or service (or both)?*

Please select all that apply

- Preparation
- Service

Has there been a time on or after 9/8/2023 when you assisted with food handling responsibilities outside of your usual role?*

- Yes
- No

What food handling responsibilities have you assisted with on or after 9/8/2023?*

Please select all that apply. If you do not see your position listed, please select other.

- Hostess
- Server
- Bartender
- Prep line staff
- Cookline staff
- Ware wash staff
- Busser
- Manager
- Other

Please describe what role you assisted with*

What are the usual hours that you are scheduled to work?*

What days did you work between September 8th and today?*

What is the illness reporting policy that you are instructed to follow?*

While at work, are you encouraged to wash your hands?*

- Yes
- No

Are handwashing practices monitored by management?*

- Yes
- No

How often do you wash your hands during your shift?*

- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 times
- 7 times
- 8 times
- 9 times
- 10 or more times

When do you wash your hands during your shift?*

Are the hands sinks supplied with soap and paper towels at all times for you to utilize?*

- Yes
- No

If soap and/or paper towels are not available, how do you proceed with washing your hands?*

Are the hand sinks supplied with tempered water during use?*

- Yes
- No

If tempered water is not available, what is the procedure for reporting this to management for correction?*

When eating or drinking on your break or during your shift, where is this done within the facility?*

Do you handle ready-to-eat foods?*

- Yes
- No

Are utensils or barriers (deli tissue, toothpicks, etc.) utilized when handling ready-to-eat foods?*

- Yes
- No

Do you hold certification for a Food Protection Manager?*

- Yes
- No

Do you hold certification for a food handler?*

- Yes
- No

Do you work at any other food establishments or facilities that handle food?*

- Yes
- No

How many other food establishment jobs do you have outside of Chick-fil-A?*

- 1
- 2
- 3

Location 1

What is the name of the business?*

Address*

City*

Zip Code*

State*

What is your food handling responsibility at the other place of employment?*

Please select all that apply. If you do not see your position listed, please select other.

- Hostess
- Server
- Bartender
- Prep line staff
- Cookline staff
- Ware wash staff
- Busser
- Manager
- Other

Please describe your other responsibilities*

Location 2

What is the name of the business?*

Address*

City*

Zip Code*

State*

What is your food handling responsibility at the other place of employment?*

Please select all that apply. If you do not see your position listed, please select other.

- Hostess
- Server
- Bartender
- Prep line staff
- Cookline staff
- Ware wash staff
- Busser
- Manager
- Other

Please describe your other responsibilities*

Location 3

What is the name of the business?*

Address*

City*

Zip Code*

State*

What is your food handling responsibility at the other place of employment?*

Please select all that apply. If you do not see your position listed, please select other.

- Hostess
- Server
- Bartender
- Prep line staff
- Cookline staff
- Ware wash staff
- Busser
- Manager
- Other

Please describe your other responsibilities*

Have you been sick with vomiting or diarrhea?*

- Yes
- No

Which of the following symptoms have you had?

Nausea* Yes No Unknown

Vomiting* Yes No Unknown

Myalgia (muscle aches)* Yes No Unknown

Abdominal (stomach, belly) cramps* Yes No Unknown

Unusual fatigue (feeling tired)* Yes No Unknown

Fever (If Yes, enter temp below)* Yes No Unknown

What was your highest temperature?*

Shaking chills* Yes No Unknown

Any diarrhea or loose stools* Yes No Unknown

If Yes to diarrhea, did you have 3 or more loose stools in any 24-hour period?*

Any blood in stools* Yes No Unknown

Other symptoms* Yes No Unknown

Other symptoms (specify)*

On what date did you first feel sick?*

(mm/dd/year)

At what time did you first feel sick?*

(HH:MM)

Are you still having any vomiting or diarrhea now?*

- Yes
- No

How many hours did the vomiting/diarrhea last?*

(hours)

Did you report your illness to the food manager or other supervisor?*

- Yes
- No

Did you get admitted to the hospital overnight?*

- Yes
- No

Where were you admitted?*

What was the date of admission?*

((mm/dd/year))

What was the date of discharge?*

((mm/dd/year))

Huntley High School Food Handler Survey

The McHenry County Department of Health is investigating illnesses associated with Huntley High School.

We are asking food handlers at Huntley High School to complete this survey. The survey will take 10-15 minutes to complete. This information will help us with our investigation of illness among students and staff.

Once you have started the survey, please complete it and do not start a new survey by clicking on the link again. If you need to change an answer, you can contact McHenry County Department of Health at 815-334-4500.

This survey and any collected information is confidential and is in compliance with the standards of the Health Insurance Portability and Accountability Act (HIPAA).

We thank you for your time and participation in this important survey.

Â

*Any question with a red asterisk must have an answer in order to submit the survey

Please enter your demographic information below.

First Name*

Last Name*

Date of Birth*

Sex*

- Male
- Female

Phone Number*

Email Address

Home Address*

City*

State*

Zip Code*

County*

Do you handle food as part of your job?*

- Yes
- No

What is your food handling responsibility for Huntley High School?*

Please select all that apply

- Breakfast
- Cook
- Drinks
- Food manager
- Fruits
- Layout
- Pasta
- Pasta salad
- Salad bar
- Side-East 2 meal
- Sm. Salads
- Sub line
- West-Side 2 meal
- Other

Please describe your other food handling responsibilities*

Were you assisted at your station by anyone who does not normally perform that role?*

- Yes
- No

Was the assistance for food preparation or service (or both)?*

Please select all that apply

- Preparation
- Service

Has there been a time on or after 9/8/2023 when you assisted with food handling responsibilities outside of your usual role?*

- Yes
- No

What food handling responsibilities have you assisted with on or after 9/8/2023?*

Please select all that apply

- Breakfast
- Cook
- Drinks
- Food manager
- Fruits
- Layout
- Pasta
- Pasta salad
- Salad bar
- Side-East 2 meal
- Sm. Salads
- Sub line
- West-Side 2 meal
- Other

Please describe your other food handling responsibilities*

What are the usual hours that you are scheduled to work?*

What days did you work between September 8th and today?*

What is the illness reporting policy that you are instructed to follow?*

While at work, are you encouraged to wash your hands?*

- Yes
- No

Are handwashing practices monitored by management?*

- Yes
- No

How often do you wash your hands during your shift?*

- 1 time
 - 2 times
 - 3 times
 - 4 times
 - 5 times
 - 6 times
 - 7 times
 - 8 times
 - 9 times
 - 10 or more times
-

When do you wash your hands during your shift?*

Are the hands sinks supplied with soap and paper towels at all times for you to utilize?*

- Yes
 - No
-

If soap and/or paper towels are not available, how do you proceed with washing your hands?*

Are the hand sinks supplied with tempered water during use?*

- Yes
 - No
-

If tempered water is not available, what is the procedure for reporting this to management for correction?*

When eating or drinking on your break or during your shift, where is this done within the facility?*

Do you handle ready-to-eat foods?*

- Yes
 - No
-

Are utensils or barriers (deli tissue, toothpicks, etc.) utilized when handling ready-to-eat foods?*

- Yes
- No

Do you work at any other food establishments or facilities that handle food?*

- Yes
- No

How many other food establishment jobs do you have outside of Huntley High School?*

- 1
- 2
- 3

Location 1

What is the name of the business?*

Address*

City*

Zip Code*

State*

What is your food handling responsibility at the other place of employment?*

Please select all that apply

- Hostess
- Server
- Bartender
- Prep line staff
- Cookline staff
- Ware wash staff
- Busser
- Manager
- Other

Please describe your other responsibilities*

Location 2

What is the name of the business?*

Address*

City*

Zip Code*

State*

What is your food handling responsibility at the other place of employment?*

Please select all that apply

- Hostess
- Server
- Bartender
- Prep line staff
- Cookline staff
- Ware wash staff
- Busser
- Manager
- Other

Please describe your other responsibilities*

Location 3

What is the name of the business?*

Address*

City*

Zip Code*

State*

What is your food handling responsibility at the other place of employment?*

Please select all that apply

- Hostess
- Server
- Bartender
- Prep line staff
- Cookline staff
- Ware wash staff
- Busser
- Manager
- Other

Please describe your other responsibilities*

Have you been sick with vomiting or diarrhea?*

- Yes
- No

Which of the following symptoms have you had?

Nausea* Yes No Unknown

Vomiting* Yes No Unknown

Myalgia (muscle aches)* Yes No Unknown

Abdominal (stomach, belly) cramps* Yes No Unknown

Unusual fatigue (feeling tired)* Yes No Unknown

Fever (If Yes, enter temp below)* Yes No Unknown

What was your highest temperature?*

Shaking chills* Yes No Unknown

Any diarrhea or loose stools* Yes No Unknown

If Yes to diarrhea, did you have 3 or more loose stools in any 24-hour period?* Yes No Unknown

Any blood in stools* Yes No Unknown

Other symptoms* Yes No Unknown

Other symptoms (specify)*

On what date did you first feel sick?*

(mm/dd/year)

At what time did you first feel sick?*

(HH:MM)

Are you still having any vomiting or diarrhea now?*

Yes
 No

How many hours did the vomiting/diarrhea last?*

(hours)

Did you report your illness to the food manager or other supervisor?*

Yes
 No

Did you get admitted to the hospital overnight?*

Yes
 No

Where were you admitted?*

What was the date of admission?*

(mm/dd/year)

What was the date of discharge?*

((mm/dd/year))

Appendix D
Epidemiological Findings

Table 1. Number of People Completing Case History Interview or Huntley High School Cafeteria Employee Questionnaire

Category	Number	Percent
Ill (i.e., case)	16	1.1%
Confirmed Case	4	0.3%
Probable Case	12	0.8%
Well (i.e., non-case)	1477	98.9%
Undetermined ¹	1	-
Excluded ²	32	-

¹One individual had a positive laboratory result for STEC 2 but reported never experiencing symptoms. They were excluded from case statistics and analyses, but are considered undetermined for their case definition

²Any ill student or staff member of Huntley High School who experienced gastrointestinal illness but did not meet the case definition

Figure 1. Date of Symptom Onset Among All Cases

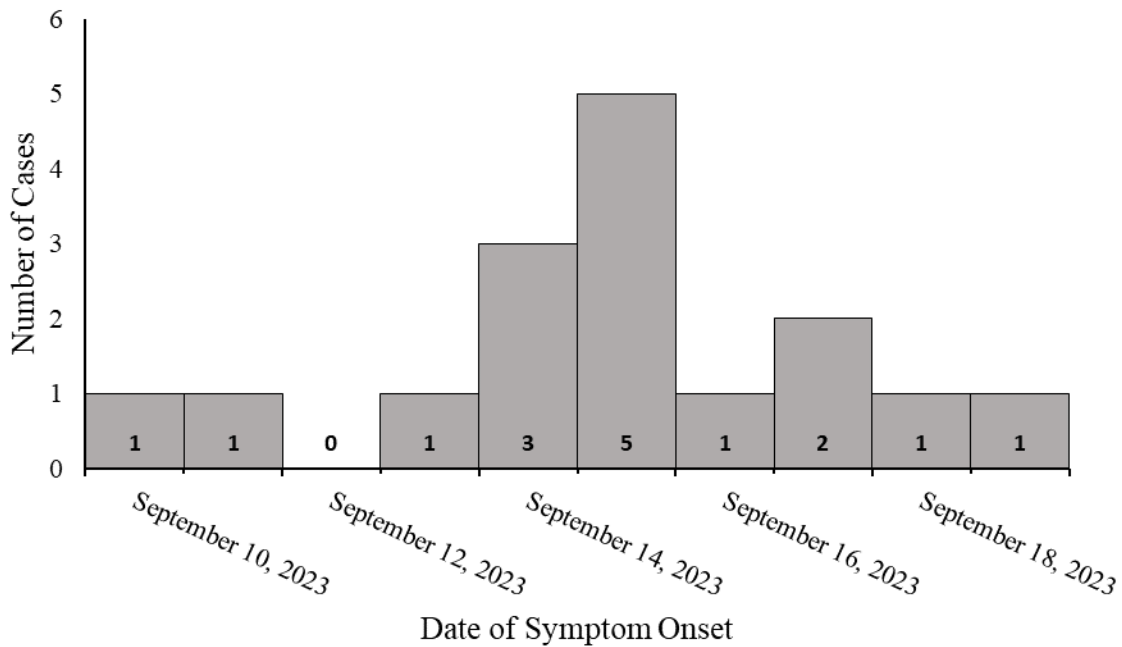


Figure 2. Distribution of Symptoms Experienced by Cases

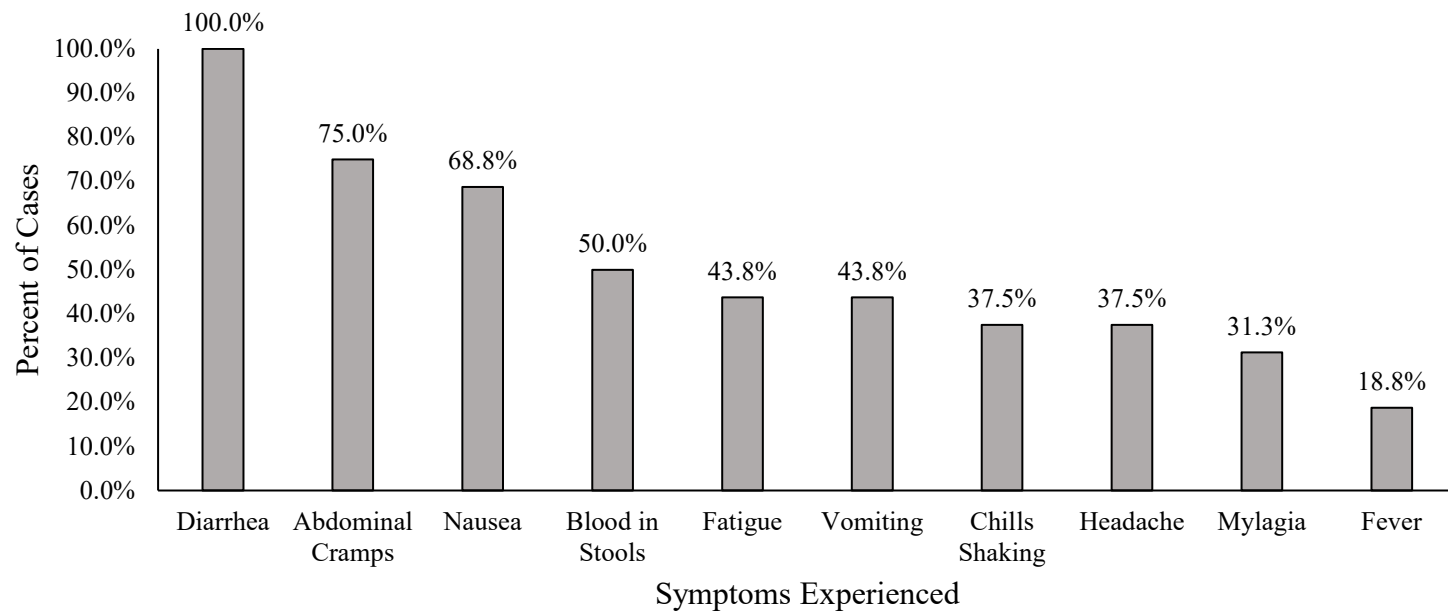


Table 2. Cases and Controls with Exposure to Potential Outbreak Source

Potential Outbreak Source	Cases	Controls	Total
Cafeteria	15	724	739
Breakfast from cafeteria	5	199	204
Lunch from cafeteria	15	587	602
Cold sandwich bar	15	112	127
Cold sandwich bar or hot sandwich station	15	237	255
Cold sandwich bar or salad bar	15	157	172
Cold sandwich bar, hot sandwich station, or salad bar	15	282	300
Cold sandwich bar, salad bar, or pre-made salads	15	179	194
Cold sandwich bar, hot sandwich station, salad bar, or pre-made salads	15	304	322
Freshman football concessions	4	185	189
Flyover event	2	192	194
Varsity football dinner	1	36	37
Contact with Therapy Dog	0	3	3
Contact with Dog Food	0	1	1
Contact with Dog Feces	0	0	0

Figure 3. Date of Symptom Onset Among Cases Who Ate Food From the Huntley HS Cafeteria

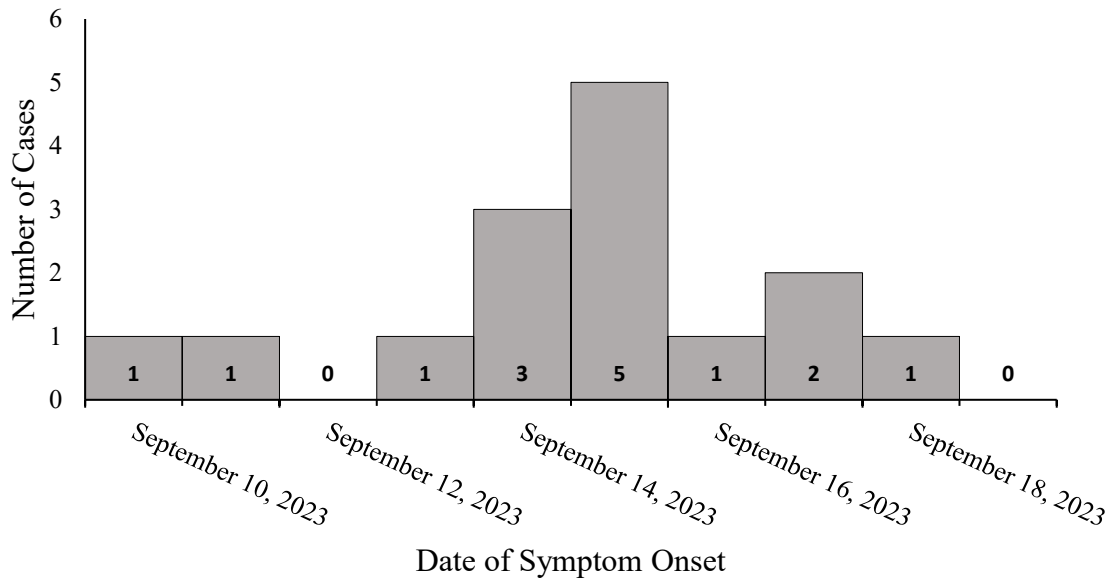


Figure 4. Date of Symptom Onset Among Cases Who Ate Lunch From the Huntley HS Cafeteria

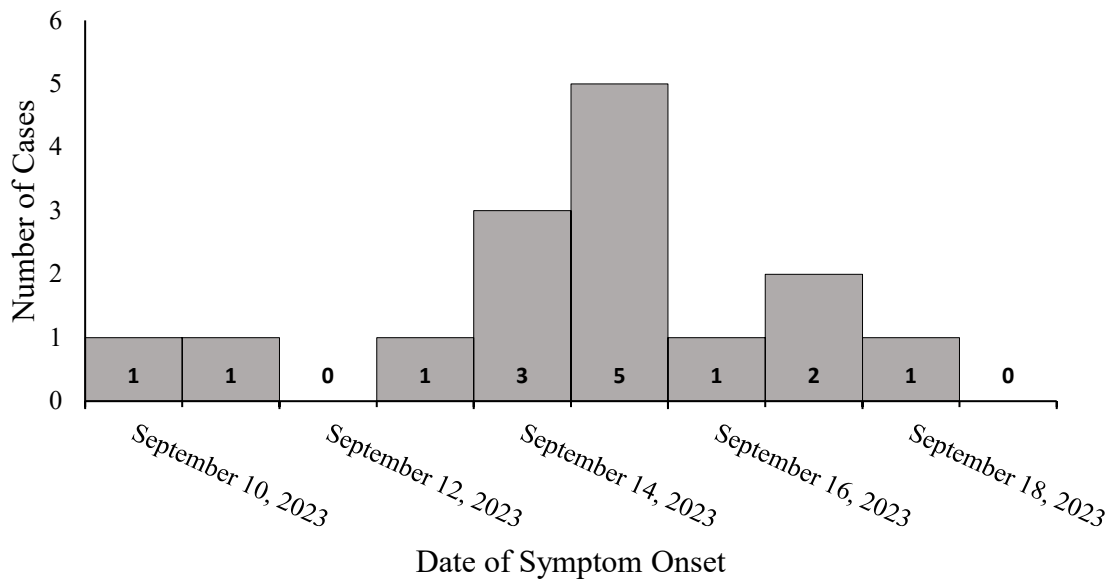


Figure 5. Date of Symptom Onset Among Cases Who Ate Breakfast From the Huntley HS Cafeteria

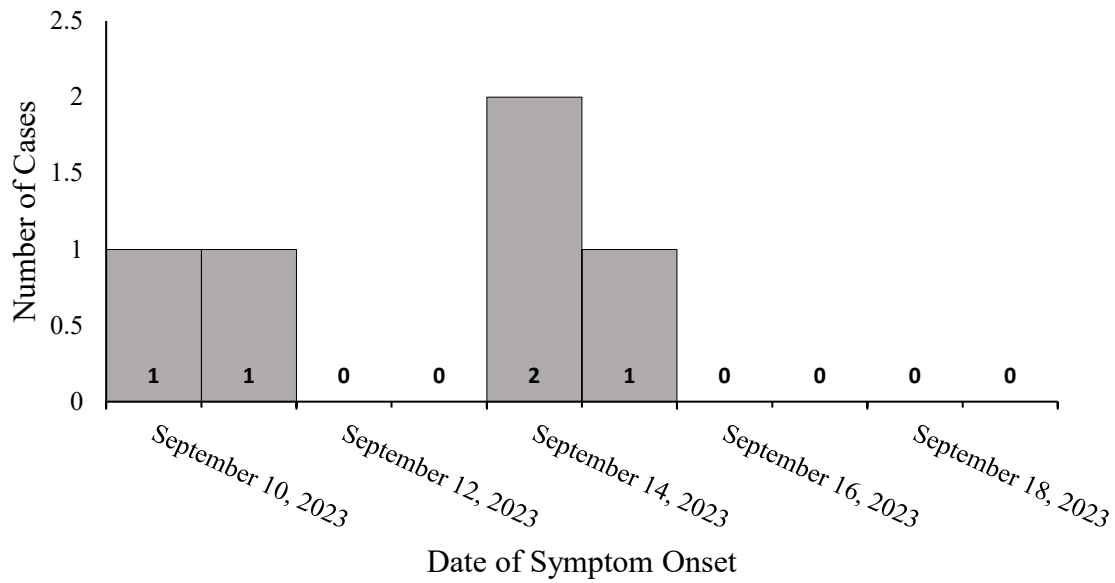


Figure 6. Date of Symptom Onset Among Cases Who Ate Food From Concessions at the Freshman Football Game 9/8/2023

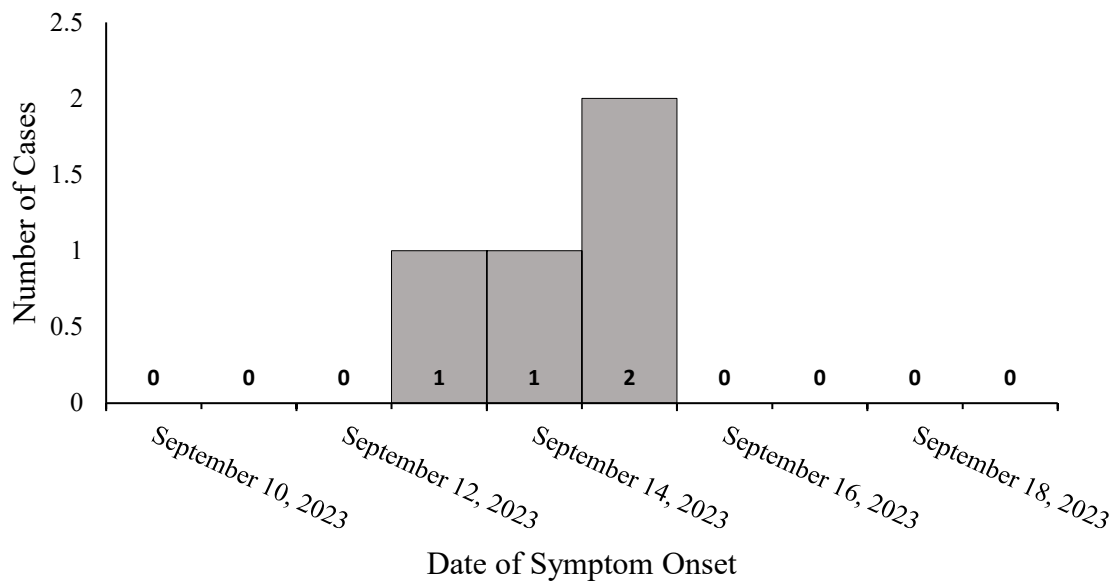


Figure 7. Date of Symptom Onset Among Cases Who Ate Food at the Fly Over Event 9/8/2023

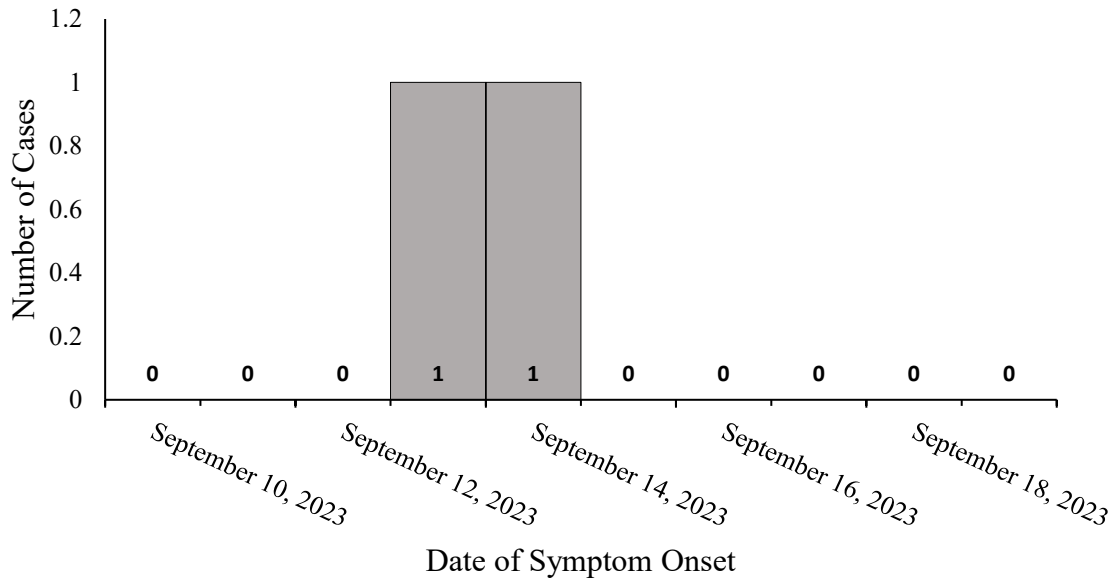
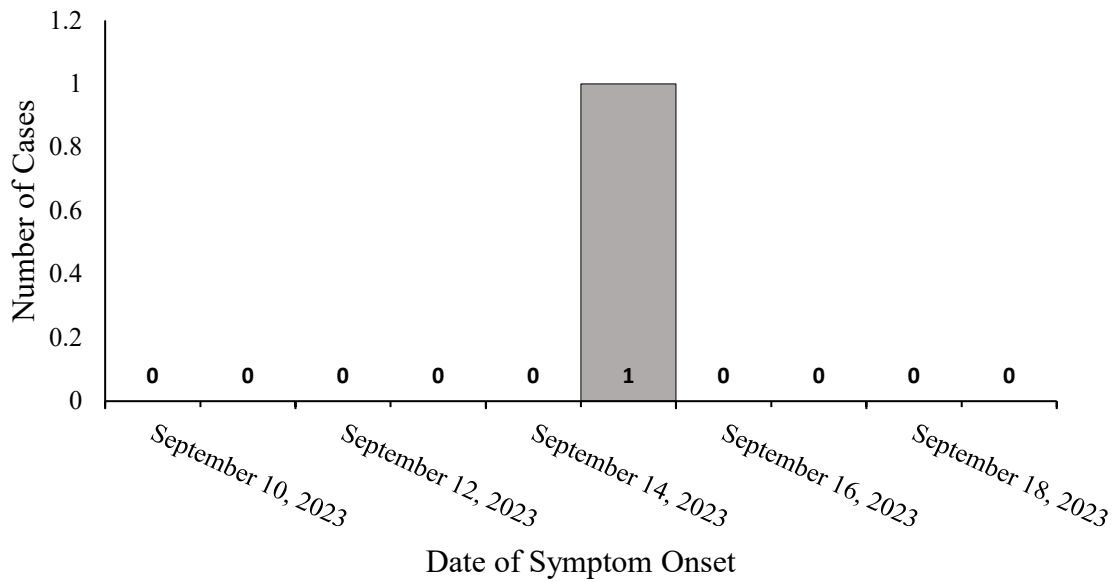


Figure 8. Date of Symptom Onset Among Cases Who Ate Food at the Varsity Football Dinner 9/8/2023



Appendix E
Laboratory Results

Table 1. Laboratory Results for Undetermined Case

Lab	Symptom Onset Date	Laboratory Test Date	<i>E. coli</i> O157 DNA	<i>E. coli</i> Shiga Toxin 1+2 Gene	Shiga Toxin 1	Shiga Toxin 2	STEC O157:H7 Culture	WGS
1	N/A	10/17/2023	N/A	N/A	Negative	Positive	Unable to isolate	N/A

Table 2. Laboratory Results for All Cases

Lab	Symptom Onset Date	Laboratory Test Date	<i>E. coli</i> O157 DNA	<i>E. coli</i> Shiga Toxin 1+2 Gene	Shiga Toxin 1	Shiga Toxin 2	STEC O157:H7 Culture	WGS
2	9/14/2023	9/16/2023	Positive	Positive	Negative	Positive	Positive	PNUSAE153680
3	9/15/2023	9/17/2023	Positive	Positive	Negative	Positive	Positive	PNUSAE154662
4	9/15/2023	9/21/2023	N/A	Positive	Negative	Positive	Positive	PNUSAE154579
5	9/15/2023	9/22/2023	N/A	N/A	Negative	Positive	Positive	PNUSAE155124
6	9/11/2023	9/17/2023	Positive	Positive	Negative	Positive	Unable to isolate	N/A
7	9/15/2023	9/17/2023	Positive	Positive	Negative	Positive	Unable to isolate	N/A
8	9/13/2023	9/18/2023	Positive	Positive	Negative	Negative	Not Detected	N/A
9	9/15/2023	10/6/2023	N/A	N/A	Negative	Negative	Unable to isolate	N/A

*A lab result of N/A denotes that the individual was not tested via that method



Source Address:
13719 HARMONY RD
HUNTLEY IL 60142

Mailing Address:

Date/Time Collected:
09/18/23 2:36 PM
Collected By:
G KRETZSCHMAR

HUNTLEY HIGH SCHOOL
13719 HARMONY RD
HUNTLEY IL 60142

Date/Time Received:
09/18/23 3:15 PM

LAB NO - 108744

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

BACTERIAL ANALYSIS

<u>Parameter</u>	<u>Result</u>	<u>Opinion</u>	<u>Date/Time Analyzed</u>	<u>Method</u>	<u>Sample Volume mL</u>
TOTAL COLIFORM	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	Colilert P/A	100
E COLI	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	Colilert P/A	100

CHEMICAL ANALYSIS

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>OPINION</u>	<u>Date Analyzed</u>	<u>Method</u>
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Remarks

FRONT LINE HANDWASH SINK

FOR LAB USE ONLY

SR - FB - - - (TC=, E COLI=) - RNKB - RDKW

REPORTED OUT BY: 
Kathi Walkington, Laboratory Specialist

Date Reported Out: 9/19/2023



Source Address:
13719 HARMONY RD
HUNTLEY IL 60142

Mailing Address:

Date/Time Collected:
09/18/23 2:28 PM
Collected By:
C MILLER

HUNTLEY HIGH SCHOOL
13719 HARMONY RD
HUNTLEY IL 60142

Date/Time Received:
09/18/23 3:15 PM

LAB NO - 108745

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

BACTERIAL ANALYSIS

<u>Parameter</u>	<u>Result</u>	<u>Opinion</u>	<u>Date/Time Analyzed</u>	<u>Method</u>	<u>Sample Volume mL</u>
TOTAL COLIFORM	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	ColiIert P/A	100
E COLI	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	ColiIert P/A	100

CHEMICAL ANALYSIS

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>OPINION</u>	<u>Date Analyzed</u>	<u>Method</u>
------------------	---------------	-------------	----------------	----------------------	---------------

Remarks

PREP SINK (BY STEAMER)

FOR LAB USE ONLY

SR - FB - - - (TC=, E COLI=) - RNKB - RDKW

REPORTED OUT BY: 
Kathi Walkington, Laboratory Specialist

Date Reported Out: 9/19/2023



Source Address:
13719 HARMONY RD
HUNTLEY IL 60142

Mailing Address:

Date/Time Collected:
09/18/23 2:25 PM
Collected By:
C MILLER

HUNTLEY HIGH SCHOOL
13719 HARMONY RD
HUNTLEY IL 60142

Date/Time Received:
09/18/23 3:15 PM

LAB NO - 108746

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

BACTERIAL ANALYSIS

Parameter	Result	Opinion	Date/Time Analyzed	Method	Sample Volume mL
TOTAL COLIFORM	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	Colilert P/A	100
E COLI	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	Colilert P/A	100

CHEMICAL ANALYSIS

Parameter	Result	Unit	OPINION	Date Analyzed	Method
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Remarks

HANDSINK (BY OVENS)

FOR LAB USE ONLY

SR - FB - - - (TC=, E COLI=) - RNKB - RDKW

REPORTED OUT BY:

Kathi Walkington
Kathi Walkington, Laboratory Specialist

Date Reported Out:

9/19/2023



Source Address:
13719 HARMONY RD
HUNTLEY IL 60142

Mailing Address:

Date/Time Collected:
09/18/23 2:21 PM
Collected By:
C MILLER

HUNTLEY HIGH SCHOOL
13719 HARMONY RD
HUNTLEY IL 60142

Date/Time Received:
09/18/23 3:15 PM

LAB NO - 108747

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

BACTERIAL ANALYSIS

<u>Parameter</u>	<u>Result</u>	<u>Opinion</u>	<u>Date/Time Analyzed</u>	<u>Method</u>	<u>Sample Volume mL</u>
TOTAL COLIFORM	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	Coliort P/A	100
E COLI	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	Coliort P/A	100

CHEMICAL ANALYSIS

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>OPINION</u>	<u>Date Analyzed</u>	<u>Method</u>
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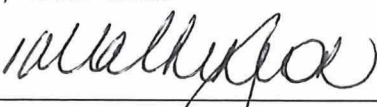
Remarks

THREE COMPARTMENT SINK (WASH BASIN)

FOR LAB USE ONLY

SR - FB - - - (TC=, E COLI=) - RNKB - RDKW

REPORTED OUT BY: _____


Kathi Walkington, Laboratory Specialist

Date Reported Out: _____

9/19/2023



Source Address:
13719 HARMONY RD
HUNTLEY IL 60142

Mailing Address:

Date/Time Collected:
09/18/23 2:30 PM
Collected By:
C MILLER/G KRETZSCHMAR

HUNTLEY HIGH SCHOOL
13719 HARMONY RD
HUNTLEY IL 60142

Date/Time Received:
09/18/23 3:15 PM

LAB NO - 108748

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

BACTERIAL ANALYSIS

<u>Parameter</u>	<u>Result</u>	<u>Opinion</u>	<u>Date/Time Analyzed</u>	<u>Method</u>	<u>Sample Volume mL</u>
TOTAL COLIFORM	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	Colilert P/A	100
E COLI	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	Colilert P/A	100

CHEMICAL ANALYSIS

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>OPINION</u>	<u>Date Analyzed</u>	<u>Method</u>
------------------	---------------	-------------	----------------	----------------------	---------------

Remarks

ICE MACHINE/MAKER (TOP)

FOR LAB USE ONLY

SR - FB - - - (TC=, E COLI=) - RNKB - RDKW

REPORTED OUT BY: _____

Kathi Walkington
Kathi Walkington, Laboratory Specialist

Date Reported Out: _____

9/19/2023



Source Address:
13719 HARMONY RD
HUNTLEY IL 60142

Mailing Address:

Date/Time Collected:
09/18/23 2:30 PM

Collected By:
C MILLER/G KRETZSCHMAR

HUNTLEY HIGH SCHOOL
13719 HARMONY RD
HUNTLEY IL 60142

Date/Time Received:
09/18/23 3:15 PM

LAB NO - 108749

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

BACTERIAL ANALYSIS

<u>Parameter</u>	<u>Result</u>	<u>Opinion</u>	<u>Date/Time Analyzed</u>	<u>Method</u>	<u>Sample Volume mL</u>
TOTAL COLIFORM	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	Colilert P/A	100
E COLI	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	Colilert P/A	100

CHEMICAL ANALYSIS

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>OPINION</u>	<u>Date Analyzed</u>	<u>Method</u>
------------------	---------------	-------------	----------------	----------------------	---------------

Remarks

ICE MACHINE/MAKER (TOP)

FOR LAB USE ONLY

SR - FB - - - (TC=, E COLI=) - RNKB - RDKW

REPORTED OUT BY:  Date Reported Out: 9/19/2023
 Kathi Walkington, Laboratory Specialist



Source Address:
13719 HARMONY RD
HUNTLEY IL 60142

Mailing Address:

Date/Time Collected:
09/18/23 2:35 PM
Collected By:
C MILLER/G KRETZSCHMAR

HUNTLEY HIGH SCHOOL
13719 HARMONY RD
HUNTLEY IL 60142

Date/Time Received:
09/18/23 3:15 PM

LAB NO - 108750

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

BACTERIAL ANALYSIS

<u>Parameter</u>	<u>Result</u>	<u>Opinion</u>	<u>Date/Time Analyzed</u>	<u>Method</u>	<u>Sample Volume mL</u>
TOTAL COLIFORM	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	Colliert P/A	100
E COLI	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	Colliert P/A	100

CHEMICAL ANALYSIS

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>OPINION</u>	<u>Date Analyzed</u>	<u>Method</u>
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Remarks

ICE MACHINE/MAKER (BOTTOM)

FOR LAB USE ONLY

SR - FB - - - (TC=, E COLI=) - RNKB - RDKW

REPORTED OUT BY: *Kathi Walkington*
Kathi Walkington, Laboratory Specialist

Date Reported Out: 9/19/2023



Source Address:
13719 HARMONY RD
HUNTLEY IL 60142

Mailing Address:

Date/Time Collected:
09/18/23 2:35 PM
Collected By:
C MILLER/G KRETZSCHMAR

HUNTLEY HIGH SCHOOL
13719 HARMONY RD
HUNTLEY IL 60142

Date/Time Received:
09/18/23 3:15 PM

LAB NO - 108751

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

BACTERIAL ANALYSIS

<u>Parameter</u>	<u>Result</u>	<u>Opinion</u>	<u>Date/Time Analyzed</u>	<u>Method</u>	<u>Sample Volume mL</u>
TOTAL COLIFORM	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	Colilert P/A	100
E COLI	NOT PRESENT	SATISFACTORY	09/18/23 4:40 PM	Colilert P/A	100

CHEMICAL ANALYSIS

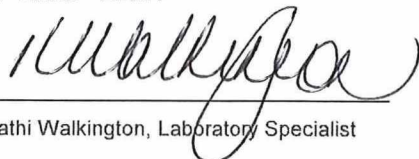
<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>OPINION</u>	<u>Date Analyzed</u>	<u>Method</u>
------------------	---------------	-------------	----------------	----------------------	---------------

Remarks

ICE MACHINE/MAKER (BOTTOM)

FOR LAB USE ONLY

SR - FB - - - (TC=, E COLI=) - RNKB - RDKW

REPORTED OUT BY: 
Kathi Walkington, Laboratory Specialist

Date Reported Out: 9/19/2023



Source Address:
260 S RANDALL RD
ALGONQUIN IL 60102

Mailing Address:

Date/Time Collected:
09/22/23 4:50 PM
Collected By:
A LAWTON

BUBS SUBS
260 S RANDALL RD
ALGONQUIN IL 60102

Date/Time Received:
09/22/23 5:41 PM

LAB NO - 108777

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REGISTRY NUMBER 17539

BACTERIAL ANALYSIS

<u>Parameter</u>	<u>Result</u>	<u>Opinion</u>	<u>Date/Time Analyzed</u>	<u>Method</u>	<u>Sample Volume mL</u>
TOTAL COLIFORM	PRESENT	UNSATISFACTORY	09/23/23 1:20 PM	ColiIert P/A	100
E COLI	NOT PRESENT	SATISFACTORY	09/23/23 1:20 PM	ColiIert P/A	100

CHEMICAL ANALYSIS

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>OPINION</u>	<u>Date Analyzed</u>	<u>Method</u>
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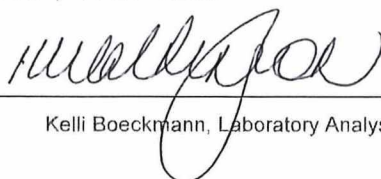
Remarks

LETTUCE CONTAINER IN WALK IN COOLER

FOR LAB USE ONLY

SR - FB - - - (TC=, E COLI=) - RNKB - RDKB

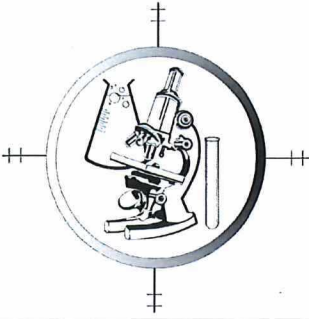
REPORTED OUT BY:



Kelli Boeckmann, Laboratory Analyst

Date Reported Out:

12/15/2023



Alliance Analytical Laboratories, Inc.

179 West Randall Street
Coopersville, MI 49404
Phone: (616) 837-7670
Fax: (616) 837-7701



Test methods marked with ^ are accredited under the laboratory's ISO/IEC 17025:2017 accreditation issued by ANSI National Accreditation Board. Refer to certificate and scope of accreditation AT-2044

TEST RESULTS REPORT

CUSTOMER McHenry County Department of Health
Christie Miller
Woodstock, IL 60098
Phone: 815-334-4585
Email: ctmiller@mchenrycountyil.gov;

SAMPLE DESCRIPTION Spinach
C.H.S. Unit GK/CM
SAMPLE DATE 9/19/2023 10:01 AM
DATE RECEIVED 9/29/2023
REFERENCE NUMBER 2029939: 2350978
TEMPERATURE AT RECEIVING 36 °F

Customer PO



Test Requested	Test Method	Results	Ref Number	Start Date
Confirmation:E.coli 0157-H7	USDA, MLG Ch 5 Analyst: 06	Negative/13g		9/30 1:56 PM
E coli O157-H7	^AOAC 2005.04 Analyst: 54	Negative/13g	Kit Lot Number: GDSEC02022305A	9/29 3:22 PM
MPX Top 7 STEC	AOAC 071301 Analyst: 54	Negative/13g	Kit Lot Number: GDSMPXST02152306A	9/29 3:22 PM

Sample Comment:
Utensil In Bag With Product

It is the customer's responsibility to evaluate the compliance of these results to any regulatory requirement.
Test results apply to the sample as received.

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Reviewed and Approved by: Audrey Monroe
Audrey Monroe - Laboratory Director

Date: 10/4/2023

Date: 10/4/2023

Alliance Analytical Laboratories, Inc.
 179 West Randall Street
 Coopersville, MI 49404
 Phone: 616-837-7670
 Fax: 616-837-7701

SAMPLE SUBMITTAL FORM

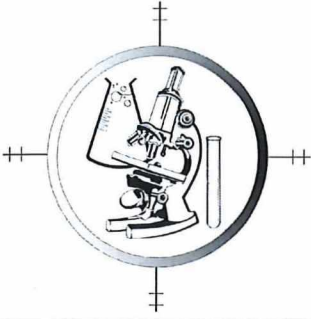
SEP 29 11:39

For Lab Use Only	
Date Received	9/20
Time Received	12:36
Temperature	
Sample Condition	
Initials	SW

Client Name Mchenry County Department of Health: Environmental Division		F.O. Number of Project Identification	Report Data To: Patricia Nanni (PNanni@mchenrycountyil.gov) Susan Karnas (skarnas@mchenrycountyil.gov)
Address 2200 N Seminary Ave		Contact Person Christie Miller	Phone and Fax Number 815-334-4587 (Christie), 815-382-1297 (Susan-Weekend), Fax: 815-334-4637
City Woodstock	State IL	Zip Code 60098	Email ctmiller@mchenrycountyil.gov
For Lab Use ONLY - Lab ID Number	Sample Description (Lot Number, Sample Site Number, etc)	Analysis Requested (Use Sample Key Below)	Special Reporting Requirements
0976	Sliced pepper jack cheese: 9/20, Cold hold service line, 9:38 am, GK	M-7, M-8	PCR & Confirmation
0977	Onion: 9/19, C.H.S. unit, 9:58 am, GK/CM	M-7, M-8	PCR & Confirmation
0978	Spinach: 9/19, C.H.S. unit, 10:01 am, GK/CM	M-7, M-8	PCR & Confirmation
0979	Cucumber: 9/19, C.H.S. unit, 9:59 am, GK/CM	M-7, M-8	PCR & Confirmation
0980	Deli Ham: 9/19, Service line cold hold unit, 9:50 am, GK/CM	M-7, M-8	PCR & Confirmation
0981	Black olive diced: 9/19, C.H.S. unit, 10:34 am, GK/CM	M-7, M-8	PCR & Confirmation
0982	Green pepper: 9/19, C.H.S. unit, 10:00 am, GK/CM	M-7, M-8	PCR & Confirmation
0983	Deli Turkey: 9/19, Service line cold hold unit, 9:51 am, GK/CM	M-7, M-8	PCR & Confirmation
0984	Salami: 9/19, Service cold line, 9:53 am, GK/CM	M-7, M-8	PCR & Confirmation

Analytical Test Request Key		Please call 616-837-7670 if you require a test not listed.	
Microbiology	M-1 Total Aerobic Plate Count	M-5 Enterobacteriaceae	M-9 Listeria monocytogenes*
	M-2 E coli	M-6 Staphylococcus aureus	M-10 Listeria sp*
	M-3 Yeast	M-7 STEC Top Seven Escherichia coli*	M-11 Campylobacter
	M-4 Lactobacillus	M-8 Escherichia coli O157:H7*	M-12 Salmonella sp
Chemistry	C-1 Fat - Soxhlet	C-4 Protein - Combustion	C-7 pH
	C-2 Fat - Acid Hydrolysis	C-5 Moisture	C-8 Water Activity
	C-3 Protein - Kjeldahl	C-6 Gluten	C-9 Fat - Mojonnier
M-13 Coliform			
M-14 Mold			
M-15 DMSCC (Somatic Cell)			
M-16 DMC			
C-10 Solids			
C-11 ABV			

*M-7 and M-8 will be tested at 375 grams. M-9 and M-10 will be tested at 125 grams unless noted differently.



Alliance Analytical Laboratories, Inc.

179 West Randall Street
Coopersville, MI 49404
Phone: (616) 837-7670
Fax: (616) 837-7701



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TEST RESULTS REPORT

CUSTOMER McHenry County Department of Health
Christie Miller
Woodstock, IL 60098
Phone: 815-334-4585
Email: ctmiller@mchenrycountyil.gov;

SAMPLE DESCRIPTION Pre-Packaged Lettuce
C.H.S. Unit GK/CM
SAMPLE DATE 9/19/2023 9:55 AM
DATE RECEIVED 9/29/2023
REFERENCE NUMBER 2029939: 2350986
TEMPERATURE AT RECEIVING 36 °F

Customer PO



Test Requested	Test Method	Results	Ref Number	Start Date
Confirmation:E.coli 0157-H7	USDA, MLG Ch 5 Analyst: 06	Negative/24g		9/30 1:56 PM
E coli O157-H7	^AOAC 2005.04 Analyst: 54	Negative/24g	Kit Lot Number: GDSEC02022305A	9/29 3:24 PM
MPX Top 7 STEC	AOAC 071301 Analyst: 54	Negative/24g	Kit Lot Number: GDSMPXST02152306A	9/29 3:24 PM

Sample Comment:
Utensil In Bag With Product

It is the customer's responsibility to evaluate the compliance of these results to any regulatory requirement.
Test results apply to the sample as received.

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Reviewed and Approved by:

Audrey Monroe - Laboratory Director

Date: 10/3/2023

Date: 10/3/2023

Alliance Analytical Laboratories, Inc.
 179 West Randall Street
 Coopersville, MI 49404
 Phone: 616-837-7670
 Fax: 616-837-7701

SAMPLE SUBMITTAL FORM

SEP 29 PM 11:40

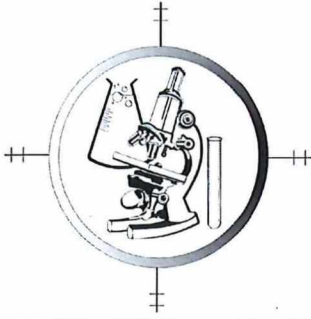
For Lab Use Only	
Date Received	9/29
Time Received	11:40
Temperature	42 30
Sample Condition	
Initials	↓

Client Name McHenry County Department of Health: Environmental Division		P.O. Number or Project Identification	Report Data To: Patricia Nordin (PNordin@mchenrycountyil.gov) Susan Karas (skaras@mchenrycountyil.gov)
Address 2200 N Seminary Ave		Contact Person Christie Miller	Phone and Fax Number 815-334-4587 (Christie), 815-382-1297 (Susan-Weekend), Fax: 815-334-4637
City Woodstock	State IL	Zip Code 60098	Email ctmiller@mchenrycountyil.gov

- For Lab Use ONLY - Lab ID Number	Sample Description (Lot Number, Sample Site Number, etc)	Analysis Requested (Use Sample Key Below)	Special Reporting Requirements
0985	Sliced provolone cheese: 9/20, Cold hold service line, 9:37 am, GK	M-7, M-8	PCR & Confirmation
0986	Pre-packaged lettuce: 9/19, C.H.S. unit, 9:55 am, GK/CM	M-7, M-8	PCR & Confirmation
0987	Shredded lettuce: 9/20, Walk-in cooler, 9:27 am, GK	M-7, M-8	PCR & Confirmation

Analytical Test Request Key		Please call 616-837-7670 if you require a test not listed.		
Microbiology	M-1 Total Aerobic Plate Count	M-5 Enterobacteriaceae	M-9 Listeria monocytogenes*	M-13 Coliform
	M-2 E.coli	M-6 Staphylococcus aureus	M-10 Listeria sp*	M-14 Mold
	M-3 Yeast	M-7 STEC Top Seven Escherichia coli*	M-11 Campylobacter	M-15 DMSCC (Somatic Cell)
	M-4 Lactobacillus	M-8 Escherichia coli O157:H7*	M-12 Salmonella sp	M-16 DMC
Chemistry	C-1 Fat - Soxhlet	C-4 Protein - Combustion	C-7 pH	C-10 Solids
	C-2 Fat - Acid Hydrolysis	C-5 Moisture	C-8 Water Activity	C-11 ABV
	C-3 Protein - Kjeldahl	C-6 Gluten	C-9 Fat - Mojonnier	

*M-7 and M-8 will be tested at 375 grams. M-9 and M-10 will be tested at 125 grams unless noted differently.



Alliance Analytical Laboratories, Inc.

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Coopersville, MI 49404
Phone: (616) 837-7670
Fax: (616) 837-7701



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TEST RESULTS REPORT

CUSTOMER McHenry County Department of Health
Christie Miller
Woodstock, IL 60098
Phone: 815-334-4585
Email: ctmiller@mchenrycountyil.gov;

SAMPLE DESCRIPTION Deli Ham
Service Line Cold Hold Unit GK/CM
SAMPLE DATE 9/19/2023 9:50 AM
DATE RECEIVED 9/29/2023
REFERENCE NUMBER 2029939: 2350980 **Customer PO**
TEMPERATURE AT RECEIVING 36 °F



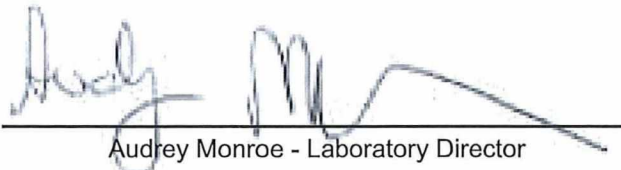
Test Requested	Test Method	Results	Ref Number	Start Date
Confirmation:E.coli 0157-H7	USDA, MLG Ch 5 Analyst: 06	Negative/30g		9/30 1:56 PM
E coli O157-H7	^AOAC 2005.04 Analyst: 54	Negative/30g	Kit Lot Number: GDSEC02022305A	9/29 3:24 PM
MPX Top 7 STEC	AOAC 071301 Analyst: 54	Negative/30g	Kit Lot Number: GDSMPXST02152306A	9/29 3:24 PM

Sample Comment:
Utensil In Bag With Product

It is the customer's responsibility to evaluate the compliance of these results to any regulatory requirement.
Test results apply to the sample as received.

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PURSUANT TO 5 U.S.C.(b)(4)**

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Reviewed and Approved by: 
Audrey Monroe - Laboratory Director

Date: 10/3/2023

Date: 10/3/2023

Alliance Analytical Laboratories, Inc.
 179 West Randall Street
 Coopersville, MI 49404
 Phone: 616-837-7670
 Fax: 616-837-7701

SAMPLE SUBMITTAL FORM

SEP 29 10:11:33

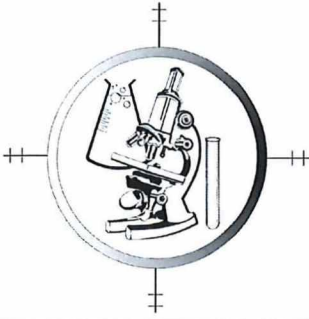
For Lab Use Only	
Date Received	9/23
Time Received	12:36
Temperature	42
Sample Condition	
Initials	JS

Client Name McHenry County Department of Health: Environmental Division		P.O. Number or Project Identification		Report Data To: Patricia Nemej (PNemej@mchenrycountyil.gov) Susan Karas (skaras@mchenrycountyil.gov)	
Address 2200 N Seminary Ave		Contact Person Christie Miller		Phone and Fax Number 815-334-4587 (Christie), 815-382-1297 (Susan-Weekend), Fax: 815-334-4837	
City Woodstock	State IL	Zip Code 60098	Email ctmiller@mchenrycountyil.gov		

- For Lab Use ONLY - Lab ID Number	Sample Description (Lot Number, Sample Site Number, etc)	Analysis Requested (Use Sample Key Below)	Special Reporting Requirements
0976	Sliced pepper jack cheese: 9/20, Cold hold service line, 9:38 am, GK	M-7, M-8	PCR & Confirmation
0977	Onion: 9/19, C.H.S. unit, 9:58 am, GK/CM	M-7, M-8	PCR & Confirmation
0978	Spinach: 9/19, C.H.S. unit, 10:01 am, GK/CM	M-7, M-8	PCR & Confirmation
0979	Cucumber: 9/19, C.H.S. unit, 9:59 am, GK/CM	M-7, M-8	PCR & Confirmation
0980	Deli Ham: 9/19, Service line cold hold unit, 9:50 am, GK/CM	M-7, M-8	PCR & Confirmation
0981	Black olive diced: 9/19, C.H.S. unit, 10:34 am, GK/CM	M-7, M-8	PCR & Confirmation
0982	Green pepper: 9/19, C.H.S. unit, 10:00 am, GK/CM	M-7, M-8	PCR & Confirmation
0983	Deli Turkey: 9/19, Service line cold hold unit, 9:51 am, GK/CM	M-7, M-8	PCR & Confirmation
0984	Salami: 9/19, Service cold line, 9:53 am, GK/CM	M-7, M-8	PCR & Confirmation

Analytical Test Request Key		Please call 616-837-7670 if you require a test not listed.	
Microbiology	M-1 Total Aerobic Plate Count	M-5 Enterobactiaceae	M-9 Listeria monocytogenes*
	M-2 E.coli	M-6 Staphylococcus aureus	M-10 Listeria sp*
	M-3 Yeast	M-7 STEC Top Seven Escherichia coli*	M-11 Campylobacter
	M-4 Lactobacillus	M-8 Escherichia coli O157:H7*	M-12 Salmonella sp
Chemistry	C-1 Fat - Soxhlet	C-4 Protein - Combustion	C-7 pH
	C-2 Fat - Acid Hydrolysis	C-5 Moisture	C-8 Water Activity
	C-3 Protein - Kjeldahl	C-6 Gluten	C-9 Fat - Mojonnier
			C-10 Solids
			C-11 ABV

*M-7 and M-8 will be tested at 375 grams. M-9 and M-10 will be tested at 125 grams unless noted differently.



Alliance Analytical Laboratories, Inc.

179 West Randall Street
Coopersville, MI 49404
Phone: (616) 837-7670
Fax: (616) 837-7701



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TEST RESULTS REPORT

CUSTOMER McHenry County Department of Health
Christie Miller
Woodstock, IL 60098
Phone: 815-334-4585
Email: ctmiller@mchenrycountyil.gov;

SAMPLE DESCRIPTION Black Olive Diced
C.H. S. Unit GK/CM

SAMPLE DATE 9/19/2023

DATE RECEIVED 9/29/2023

REFERENCE NUMBER 2029939: 2350981 **Customer PO**

TEMPERATURE AT RECEIVING 36 °F



Test Requested	Test Method	Results	Ref Number	Start Date
Confirmation:E.coli O157-H7	USDA, MLG Ch 5 Analyst: 06	Negative/27g		9/30 1:56 PM
E coli O157-H7	^AOAC 2005.04 Analyst: 54	Negative/27g	Kit Lot Number: GDSEC02022305A	9/29 3:24 PM
MPX Top 7 STEC	AOAC 071301 Analyst: 54	Negative/27g	Kit Lot Number: GDSMPXST02152306A	9/29 3:24 PM

Sample Comment:
Utensil In Bag With Product

It is the customer's responsibility to evaluate the compliance of these results to any regulatory requirement.
Test results apply to the sample as received.

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Reviewed and Approved by:

Audrey Monroe - Laboratory Director

Date: 10/4/2023

Date: 10/4/2023

Alliance Analytical Laboratories, Inc.
 179 West Randall Street
 Coopersville, MI 49404
 Phone: 616-837-7670
 Fax: 616-837-7701

SAMPLE SUBMITTAL FORM

SEP 29 AM 11:39

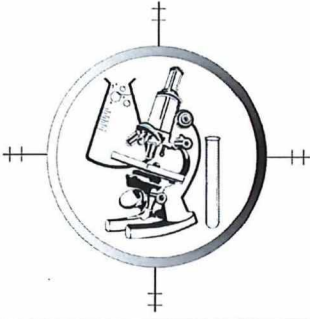
For Lab Use Only	
Date Received	<u>9/20/19</u>
Time Received	<u>11:30</u>
Temperature	<u>42 36</u>
Sample Condition	<u>W</u>
Initials	<u>W</u>

Client Name McHenry County Department of Health: Environmental Division		F.O. Number or Project Identification	Report Data To: Patricia Nemei (PNemei@mchenrycountyil.gov) Susan Kamas (skamas@mchenrycountyil.gov)
Address 2200 N Seminary Ave		Contact Person Christie Miller	Phone and Fax Number 815-334-4587 (Christie), 815-382-1297 (Susan-Weekend), Fax: 815-334-4837
City Woodstock	State IL	Zip Code 60098	Email ctmiller@mchenrycountyil.gov

- For Lab Use ONLY - Lab ID Number	Sample Description (Lot Number, Sample Site Number, etc)	Analysis Requested (Use Sample Key Below)	Special Reporting Requirements
0976	Sliced pepper jack cheese: 9/20, Cold hold service line, 9:38 am, GK	M-7, M-8	PCR & Confirmation
0977	Onion: 9/19, C.H.S. unit, 9:58 am, GK/CM	M-7, M-8	PCR & Confirmation
0978	Spinach: 9/19, C.H.S. unit, 10:01 am, GK/CM	M-7, M-8	PCR & Confirmation
0979	Cucumber: 9/19, C.H.S. unit, 9:59 am, GK/CM	M-7, M-8	PCR & Confirmation
0980	Deli Ham: 9/19, Service line cold hold unit, 9:50 am, GK/CM	M-7, M-8	PCR & Confirmation
0981	Black olive diced: 9/19, C.H.S. unit, 10:34 am, GK/CM	M-7, M-8	PCR & Confirmation
0982	Green pepper: 9/19, C.H.S. unit, 10:00 am, GK/CM	M-7, M-8	PCR & Confirmation
0983	Deli Turkey: 9/19, Service line cold hold unit, 9:51 am, GK/CM	M-7, M-8	PCR & Confirmation
0984	Salami: 9/19, Service cold line, 9:53 am, GK/CM	M-7, M-8	PCR & Confirmation

Analytical Test Request Key		Please call 616-837-7670 if you require a test not listed.	
Microbiology	M-1 Total Aerobic Plate Count M-2 E coli M-3 Yeast M-4 Lactobacillus	M-5 Enterobacterae M-6 Staphylococcus aureus M-7 STEC Top Seven Escherichia coli* M-8 Escherichia coli O157-H7*	M-9 Listeria monocytogenes* M-10 Listeria sp* M-11 Campylobacter M-12 Salmonella sp
Chemistry	C-1 Fat - Soxhlet C-2 Fat - Acid Hydrolysis C-3 Protein - Kjeldahl	C-4 Protein - Combustion C-5 Moisture C-6 Gluten	C-7 pH C-8 Water Activity C-9 Fat - Mojonnier
		M-13 Coliform M-14 Mold M-15 DMSCC (Somatic Cell) M-16 DMC	C-10 Solids C-11 ABV

*M-7 and M-8 will be tested at 375 grams. M-9 and M-10 will be tested at 125 grams unless noted differently.



Alliance Analytical Laboratories, Inc.

179 West Randall Street
Coopersville, MI 49404
Phone: (616) 837-7670
Fax: (616) 837-7701



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TEST RESULTS REPORT

CUSTOMER McHenry County Department of Health
Christie Miller
Woodstock, IL 60098
Phone: 815-334-4585
Email: ctmiller@mchenrycountyil.gov;

SAMPLE DESCRIPTION Salami
Service Cold Line GK/CM
SAMPLE DATE 9/19/2023 9:53 AM
DATE RECEIVED 9/29/2023
REFERENCE NUMBER 2029939: 2350984 **Customer PO**
TEMPERATURE AT RECEIVING 36 °F



Test Requested	Test Method	Results	Ref Number	Start Date
Confirmation:E.coli 0157-H7	USDA, MLG Ch 5 Analyst: 06	Negative/14g		9/30 1:56 PM
E coli O157-H7	^AOAC 2005.04 Analyst: 54	Negative/14g	Kit Lot Number: GDSEC02022305A	9/29 3:24 PM
MPX Top 7 STEC	AOAC 071301 Analyst: 54	Negative/14g	Kit Lot Number: GDSMPXST02152306A	9/29 3:24 PM

Sample Comment:
Utensil In Bag With Product

It is the customer's responsibility to evaluate the compliance of these results to any regulatory requirement.
Test results apply to the sample as received.

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Reviewed and Approved by: Audrey Monroe
Audrey Monroe - Laboratory Director

Date: 10/3/2023

Date: 10/3/2023

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 Coopersville, MI 49404
 Phone: 616-837-7670
 Fax: 616-837-7701

SAMPLE SUBMITTAL FORM

SEP 29 PM 11:39

For Lab Use Only	
Date Received	<u>9/20/19</u>
Time Received	<u>4:36</u>
Temperature	<u>42 36</u>
Sample Condition	<u>✓</u>
Initials	<u>LM</u>

Client Name McHenry County Department of Health: Environmental Division		P.O. Number or Project Identification	Report Data To: Patricia Name (PMName@mchenrycountyil.gov) Susan Kamas (skamas@mchenrycountyil.gov)
Address 2200 N Seminary Ave		Contact Person Christie Miller	Phone and Fax Number 815-334-4567 (Christie), 815-382-1297 (Susan-Weekend), Fax: 815-334-4637
City Woodstock	State IL	Zip Code 60098	Email ctmiller@mchenrycountyil.gov

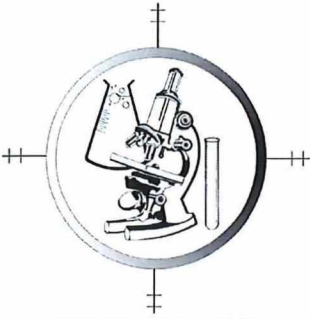
- For Lab Use ONLY - Lab ID Number	Sample Description (Lot Number, Sample Site Number, etc)	Analysis Requested (Use Sample Key Below)	Special Reporting Requirements
0976	Sliced pepper jack cheese: 9/20, Cold hold service line, 9:38 am, GK	M-7, M-8	PCR & Confirmation
0977	Onion: 9/19, C.H.S. unit, 9:58 am, GK/CM	M-7, M-8	PCR & Confirmation
0978	Spinach: 9/19, C.H.S. unit, 10:01 am, GK/CM	M-7, M-8	PCR & Confirmation
0979	Cucumber: 9/19, C.H.S. unit, 9:59 am, GK/CM	M-7, M-8	PCR & Confirmation
0980	Deli Ham: 9/19, Service line cold hold unit, 9:50 am, GK/CM	M-7, M-8	PCR & Confirmation
0981	Black olive diced: 9/19, C.H.S. unit, 10:34 am, GK/CM	M-7, M-8	PCR & Confirmation
0982	Green pepper: 9/19, C.H.S. unit, 10:00 am, GK/CM	M-7, M-8	PCR & Confirmation
0983	Deli Turkey: 9/19, Service line cold hold unit, 9:51 am, GK/CM	M-7, M-8	PCR & Confirmation
0984	Salami: 9/19, Service cold line, 9:53 am, GK/CM	M-7, M-8	PCR & Confirmation

Analytical Test Request Key

Please call 616-837-7670 if you require a test not listed.

Microbiology	M-1 Total Aerobic Plate Count	M-5 Enterobacterae	M-9 Listeria monocytogenes*	M-13 Coliform
	M-2 E.coli	M-6 Staphylococcus aureus	M-10 Listeria sp*	M-14 Mold
	M-3 Yeast	M-7 STEC Top Seven Escherichia coli*	M-11 Campylobacter	M-15 DMSCC (Somatic Cell)
	M-4 Lactobacillus	M-8 Escherichia coli O157-H7*	M-12 Salmonella sp	M-16 DMC
Chemistry	C-1 Fat - Soxhlet	C-4 Protein - Combustion	C-7 pH	C-10 Solids
	C-2 Fat - Acid Hydrolysis	C-5 Moisture	C-8 Water Activity	C-11 ABV
	C-3 Protein - Kjeldahl	C-6 Gluten	C-9 Fat - Mojonnier	

*M-7 and M-8 will be tested at 375 grams. M-9 and M-10 will be tested at 125 grams unless noted differently.



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TEST RESULTS REPORT

CUSTOMER McHenry County Department of Health
Christie Miller
Woodstock, IL 60098
Phone: 815-334-4585
Email: ctmiller@mchenrycountyil.gov;

SAMPLE DESCRIPTION Sliced Provolone Cheese
Cold Hold Service Line GK
SAMPLE DATE 9/20/2023 9:37 AM
DATE RECEIVED 9/29/2023
REFERENCE NUMBER 2029939: 2350985 **Customer PO**
TEMPERATURE AT RECEIVING 36 °F



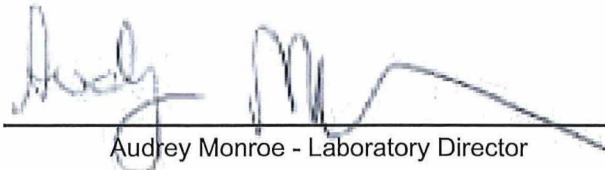
Test Requested	Test Method	Results	Ref Number	Start Date
Confirmation:E.coli O157-H7	USDA, MLG Ch 5 Analyst: 06	Negative/45g		9/30 1:56 PM
E coli O157-H7	^AOAC 2005.04 Analyst: 54	Negative/45g	Kit Lot Number: GDSEC02022305A	9/29 3:24 PM
MPX Top 7 STEC	AOAC 071301 Analyst: 54	Negative/45g	Kit Lot Number: GDSMPXST02152306A	9/29 3:24 PM

Sample Comment:
Utensil In Bag With Product

It is the customer's responsibility to evaluate the compliance of these results to any regulatory requirement.
Test results apply to the sample as received.

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Reviewed and Approved by: 
Audrey Monroe - Laboratory Director

Date: 10/3/2023

Date: 10/3/2023

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 179 West Randall Street
 Coopersville, MI 49404
 Phone: 616-837-7670
 Fax: 616-837-7701

SAMPLE SUBMITTAL FORM

SEP 29 AM 11:40

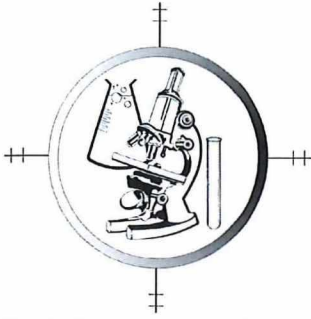
For Lab Use Only	
Date Received	9/20
Time Received	4:30
Temperature	
Sample Condition	
Initials	JS

Client Name McHenry County Department of Health: Environmental Division		P.O. Number or Project Identification	Report Data To: Patricia Noem (PNoem@mchenrycountyil.gov), Susan Karra (skarra@mchenrycountyil.gov)
Address 2200 N Seminary Ave		Contact Person Christie Miller	Phone and Fax Number 815-334-4587 (Christie), 815-382-1297 (Susan-Weekend), Fax: 815-334-4637
City Woodstock	State IL	Zip Code 60098	Email ctmiller@mchenrycountyil.gov

- For Lab Use ONLY - Lab ID Number	Sample Description (Lot Number, Sample Site Number, etc)	Analysis Requested (Use Sample Key Below)	Special Reporting Requirements
0985	Sliced provolone cheese: 9/20, Cold hold service line, 9:37 am, GK	M-7, M-8	PCR & Confirmation
0986	Pre-packaged lettuce: 9/19, C.H.S. unit, 9:55 am, GK/CM	M-7, M-8	PCR & Confirmation
0987	Shredded lettuce: 9/20, Walk-in cooler, 9:27 am, GK	M-7, M-8	PCR & Confirmation

Analytical Test Request Key		Please call 616-837-7670 if you require a test not listed.	
Microbiology	M-1 Total Aerobic Plate Count	M-5 Enterobacteriaceae	M-9 Listeria monocytogenes*
	M-2 E.coli	M-6 Staphylococcus aureus	M-10 Listeria sp*
	M-3 Yeast	M-7 STEC Top Seven Escherichia coli*	M-11 Campylobacter
	M-4 Lactobacillus	M-8 Escherichia coli O157:H7*	M-12 Salmonella sp
Chemistry	C-1 Fat - Soxhlet	C-4 Protein - Combustion	C-7 pH
	C-2 Fat - Acid Hydrolysis	C-5 Moisture	C-8 Water Activity
	C-3 Protein - Kjeldahl	C-6 Gluten	C-9 Fat - Mojonnier

*M-7 and M-8 will be tested at 375 grams. M-9 and M-10 will be tested at 125 grams unless noted differently.



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TEST RESULTS REPORT

CUSTOMER McHenry County Department of Health
Christie Miller
Woodstock, IL 60098
Phone: 815-334-4585
Email: ctmiller@mchenrycountyil.gov;

SAMPLE DESCRIPTION Shredded Lettuce
Walk In Cooler GK
SAMPLE DATE 9/20/2023 9:27 AM
DATE RECEIVED 9/29/2023
REFERENCE NUMBER 2029939: 2350987
TEMPERATURE AT RECEIVING 36 °F

Customer PO



Test Requested	Test Method	Results	Ref Number	Start Date
Confirmation:E.coli O157-H7	USDA, MLG Ch 5 Analyst: 06	Negative/28g		9/30 1:56 PM
E coli O157-H7	^AOAC 2005.04 Analyst: 54	Negative/28g	Kit Lot Number: GDSEC02022305A	9/29 3:24 PM
MPX Top 7 STEC	AOAC 071301 Analyst: 54	Negative/28g	Kit Lot Number: GDSMPXST02152306A	9/29 3:24 PM

Sample Comment:
Utensil In Bag With Product

It is the customer's responsibility to evaluate the compliance of these results to any regulatory requirement.
Test results apply to the sample as received.

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Reviewed and Approved by:

Audrey Monroe - Laboratory Director

Date: 10/3/2023

Date: 10/3/2023

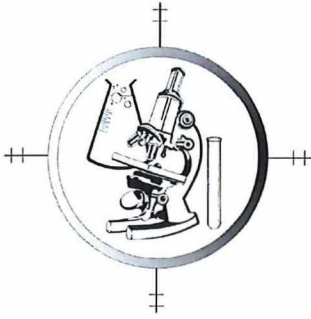
Alliance Analytical Laboratories, Inc.
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 Coopersville, MI 49404
 Phone: 616-837-7670
 Fax: 616-837-7701

SAMPLE SUBMITTAL FORM

SEP 29 AM 11:40

For Lab Use Only	
Date Received	9/29
Time Received	11:40
Temperature	42 30
Sample Condition	
Initials	

Client Name McHenry County Department of Health: Environmental Division		P.O. Number or Project Identification		Report Data To Patricia Nozem (P.Nozem@mchenrycountyil.gov), Susan Karras (skarras@mchenrycountyil.gov)	
Address 2200 N Seminary Ave			Contact Person Christie Miller		Phone and Fax Number 815-334-4587 (Christie), 815-382-1297 (Susan-Weekend), Fax: 815-334-4637
City Woodstock	State IL	Zip Code 60098		Email ctmiller@mchenrycountyil.gov	
- For Lab Use ONLY - Lab ID Number	Sample Description (Lot Number, Sample Site Number, etc)		Analysis Requested (Use Sample Key Below)		Special Reporting Requirements
0985	Sliced provolone cheese: 9/20, Cold hold service line, 9:37 am, GK		M-7, M-8		PCR & Confirmation
0986	Pre-packaged lettuce: 9/19, C.H.S. unit, 9:55 am, GK/CM		M-7, M-8		PCR & Confirmation
0987	Shredded lettuce: 9/20, Walk-in cooler, 9:27 am, GK		M-7, M-8		PCR & Confirmation
Analytical Test Request Key			Please call 616-837-7670 if you require a test not listed.		
Microbiology	M-1 Total Aerobic Plate Count	M-5 Enterobacteriaceae	M-9 Listeria monocytogenes*	M-13 Coliform	
	M-2 E.coli	M-6 Staphylococcus aureus	M-10 Listeria sp*	M-14 Mold	
	M-3 Yeast	M-7 STEC Top Seven Escherichia coli*	M-11 Campylobacter	M-15 DMSCC (Somatic Cell)	
	M-4 Lactobacillus	M-8 Escherichia coli O157:H7*	M-12 Salmonella sp	M-16 DMC	
Chemistry	C-1 Fat - Soxhlet	C-4 Protein - Combustion	C-7 pH	C-10 Solids	
	C-2 Fat - Acid Hydrolysis	C-5 Moisture	C-8 Water Activity	C-11 ABV	
	C-3 Protein - Kjeldahl	C-6 Gluten	C-9 Fat - Mojonnier		
*M-7 and M-8 will be tested at 375 grams. M-9 and M-10 will be tested at 125 grams unless noted differently.					



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TEST RESULTS REPORT

CUSTOMER McHenry County Department of Health
Christie Miller
Woodstock, IL 60098
Phone: 815-334-4585
Email: ctmiller@mchenrycountyil.gov;

SAMPLE DESCRIPTION Green Pepper
C.H.S. Unit GK/CM
SAMPLE DATE 9/19/2023 10:00 AM
DATE RECEIVED 9/29/2023
REFERENCE NUMBER 2029939: 2350982
TEMPERATURE AT RECEIVING 36 °F

Customer PO



Test Requested	Test Method	Results	Ref Number	Start Date
Confirmation:E.coli O157-H7	USDA, MLG Ch 5 Analyst: 06	Negative/44g		9/30 1:56 PM
E coli O157-H7	^AOAC 2005.04 Analyst: 54	Negative/44g	Kit Lot Number: GDSEC02022305A	9/29 3:24 PM
MPX Top 7 STEC	AOAC 071301 Analyst: 54	Negative/44g	Kit Lot Number: GDSMPXST02152306A	9/29 3:24 PM

Sample Comment:
Utensil In Bag With Product

It is the customer's responsibility to evaluate the compliance of these results to any regulatory requirement.
Test results apply to the sample as received.

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Reviewed and Approved by:

Audrey Monroe - Laboratory Director

Date: 10/4/2023

Date: 10/4/2023

Alliance Analytical Laboratories, Inc.
 179 West Randall Street
 Coopersville, MI 49404
 Phone: 616-837-7670
 Fax: 616-837-7702

SAMPLE SUBMITTAL FORM

SEP 29 04:11:39

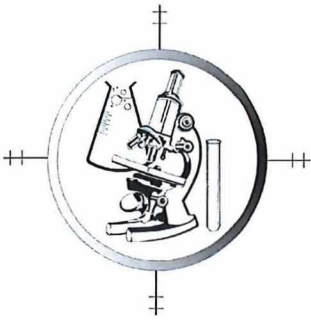
For Lab Use Only	
Date Received	9/29
Time Received	12:36
Temperature	36
Sample Condition	
Initials	SW

Client Name Mchenry County Department of Health: Environmental Division		P.O. Number or Project Identification	Report Data To: Patricia Niemi (P.Niemi@mchenrycountyil.gov) Susan Karas (skaras@mchenrycountyil.gov)
Address 2200 N Seminary Ave		Contact Person Christie Miller	Phone and Fax Number 815-334-4587 (Christie), 815-382-1297 (Susan-Weekend), Fax: 815-334-4637
City Woodstock	State IL	Zip Code 60098	Email ctmiller@mchenrycountyil.gov

For Lab Use ONLY - Lab ID Number	Sample Description (Lot Number, Sample Site Number, etc)	Analysis Requested (Use Sample Key Below)	Special Reporting Requirements
0976	Sliced pepper jack cheese: 9/20, Cold hold service line, 9:38 am, GK	M-7, M-8	PCR & Confirmation
0977	Onion: 9/19, C.H.S. unit, 9:58 am, GK/CM	M-7, M-8	PCR & Confirmation
0978	Spinach: 9/19, C.H.S. unit, 10:01 am, GK/CM	M-7, M-8	PCR & Confirmation
0979	Cucumber: 9/19, C.H.S. unit, 9:59 am, GK/CM	M-7, M-8	PCR & Confirmation
0980	Deli Ham: 9/19, Service line cold hold unit, 9:50 am, GK/CM	M-7, M-8	PCR & Confirmation
0981	Black olive diced: 9/19, C.H.S. unit, 10:34 am, GK/CM	M-7, M-8	PCR & Confirmation
0982	Green pepper: 9/19, C.H.S. unit, 10:00 am, GK/CM	M-7, M-8	PCR & Confirmation
0983	Deli Turkey: 9/19, Service line cold hold unit, 9:51 am, GK/CM	M-7, M-8	PCR & Confirmation
0984	Salami: 9/19, Service cold line, 9:53 am, GK/CM	M-7, M-8	PCR & Confirmation

Analytical Test Request Key		Please call 616-837-7670 if you require a test not listed.	
Microbiology	M-1 Total Aerobic Plate Count	M-5 Enterobacteriaceae	M-9 Listeria monocytogenes*
	M-2 E.coli	M-6 Staphylococcus aureus	M-10 Listeria sp*
	M-3 Yeast	M-7 STEC Top Seven Escherichia coli*	M-11 Campylobacter
	M-4 Lactobacillus	M-8 Escherichia coli O157-H7*	M-12 Salmonella sp
Chemistry	C-1 Fat - Soxhlet	C-4 Protein - Combustion	C-7 pH
	C-2 Fat - Acid Hydrolysis	C-5 Moisture	C-8 Water Activity
	C-3 Protein - Kjeldahl	C-6 Gluten	C-9 Fat - Mojonnier
		M-13 Coliform	M-14 Mold
		M-15 DMSCC (Somatic Cell)	M-16 DMC
		C-10 Solids	C-11 ABV

*M-7 and M-8 will be tested at 375 grams. M-9 and M-10 will be tested at 125 grams unless noted differently.



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TEST RESULTS REPORT

CUSTOMER McHenry County Department of Health
Christie Miller
Woodstock, IL 60098
Phone: 815-334-4585
Email: ctmiller@mchenrycountyil.gov;

SAMPLE DESCRIPTION Onion
C.H.S. Unit GK/CM
SAMPLE DATE 9/19/2023 9:58 AM
DATE RECEIVED 9/29/2023
REFERENCE NUMBER 2029939: 2350977 **Customer PO**
TEMPERATURE AT RECEIVING 36 °F



Test Requested	Test Method	Results	Ref Number	Start Date
Confirmation:E.coli 0157-H7	USDA, MLG Ch 5 Analyst: 06	Negative/55g		9/30 1:56 PM
E coli O157-H7	^AOAC 2005.04 Analyst: 54	Negative/55g	Kit Lot Number: GDSEC02022305A	9/29 3:22 PM
MPX Top 7 STEC	AOAC 071301 Analyst: 54	Negative/55g	Kit Lot Number: GDSMPXST02152306A	9/29 3:22 PM

Sample Comment:
Utensil In Bag With Product

It is the customer's responsibility to evaluate the compliance of these results to any regulatory requirement.
Test results apply to the sample as received.

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Reviewed and Approved by:

Audrey Monroe - Laboratory Director

Date: 10/3/2023

Date: 10/3/2023

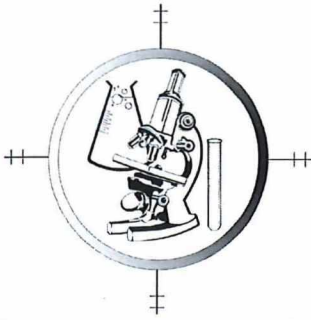
Alliance Analytical Laboratories, Inc.
 179 West Randall Street
 Coopersville, MI 49404
 Phone: 616-837-7670
 Fax: 616-837-7701

SAMPLE SUBMITTAL FORM

SEP 29 04:11:39

For Lab Use Only	
Date Received	<u>9/20/19</u>
Time Received	<u>11:30</u>
Temperature	<u>42 36</u>
Sample Condition	<u>W</u>
Initials	<u>W</u>

Client Name McHenry County Department of Health: Environmental Division		F.O. Number or Project Identification	Report Data To: Patricia Nanni (PNanni@mchenrycountyil.gov) Susan Kamas (skamas@mchenrycountyil.gov)	
Address 2200 N Seminary Ave		Contact Person Christie Miller	Phone and Fax Number 815-334-4587 (Christie), 815-382-1297 (Susan-Weekend), Fax: 815-334-4837	
City Woodstock	State IL	Zip Code 60098	Email ctmiller@mchenrycountyil.gov	
- For Lab Use ONLY - Lab ID Number	Sample Description (Lot Number, Sample Site Number, etc)	Analysis Requested (Use Sample Key Below)	Special Reporting Requirements	
0976	Sliced pepper jack cheese: 9/20, Cold hold service line, 9:38 am, GK	M-7, M-8	PCR & Confirmation	
0977	Onion: 9/19, C.H.S. unit, 9:58 am, GK/CM	M-7, M-8	PCR & Confirmation	
0978	Spinach: 9/19, C.H.S. unit, 10:01 am, GK/CM	M-7, M-8	PCR & Confirmation	
0979	Cucumber: 9/19, C.H.S. unit, 9:59 am, GK/CM	M-7, M-8	PCR & Confirmation	
0980	Deli Ham: 9/19, Service line cold hold unit, 9:50 am, GK/CM	M-7, M-8	PCR & Confirmation	
0981	Black olive diced: 9/19, C.H.S. unit, 10:34 am, GK/CM	M-7, M-8	PCR & Confirmation	
0982	Green pepper: 9/19, C.H.S. unit, 10:00 am, GK/CM	M-7, M-8	PCR & Confirmation	
0983	Deli Turkey: 9/19, Service line cold hold unit, 9:51 am, GK/CM	M-7, M-8	PCR & Confirmation	
0984	Salami: 9/19, Service cold line, 9:53 am, GK/CM	M-7, M-8	PCR & Confirmation	
Analytical Test Request Key		Please call 616-837-7670 if you require a test not listed.		
Microbiology	M-1 Total Aerobic Plate Count M-2 E.coli M-3 Yeast M-4 Lactobacillus	M-5 Enterobacteraeae M-6 Staphylococcus aureus M-7 STEC Top Seven Escherichia coli* M-8 Escherichia coli O157:H7*	M-9 Listeria monocytogenes* M-10 Listeria sp* M-11 Campylobacter M-12 Salmonella sp	M-13 Coliform M-14 Mold M-15 DMSCC (Somatic Cell) M-16 DMC
Chemistry	C-1 Fat - Soxhlet C-2 Fat - Acid Hydrolysis C-3 Protein - Kjeldahl	C-4 Protein - Combustion C-5 Moisture C-6 Gluten	C-7 pH C-8 Water Activity C-9 Fat - Mojonnier	C-10 Solids C-11 ABV
*M-7 and M-8 will be tested at 375 grams. M-9 and M-10 will be tested at 125 grams unless noted differently.				



Alliance Analytical Laboratories, Inc.

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Phone: (616) 837-7670
Fax: (616) 837-7701

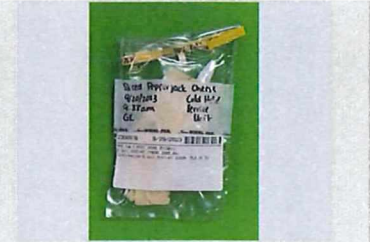


Test methods marked with ^ are accredited under the laboratory's ISO/IEC 17025:2017 accreditation issued by ANSI National Accreditation Board. Refer to certificate and scope of accreditation AT-2044

TEST RESULTS REPORT

CUSTOMER McHenry County Department of Health
Christie Miller
Woodstock, IL 60098
Phone: 815-334-4585
Email: ctmiller@mchenrycountyil.gov;

SAMPLE DESCRIPTION Sliced Pepper Jack Cheese
Cold Hold Service Line GK
SAMPLE DATE 9/20/2023 9:38 AM
DATE RECEIVED 9/29/2023
REFERENCE NUMBER 2029939: 2350976 **Customer PO**
TEMPERATURE AT RECEIVING 36 °F



Test Requested	Test Method	Results	Ref Number	Start Date
Confirmation:E.coli 0157-H7	USDA, MLG Ch 5 Analyst: 06	Negative/33g		9/30 1:56 PM
E coli O157-H7	^AOAC 2005.04 Analyst: 54	Negative/33g	Kit Lot Number: GDSEC02022305A	9/29 3:22 PM
MPX Top 7 STEC	AOAC 071301 Analyst: 54	Negative/33g	Kit Lot Number: GDSMPXST02152306A	9/29 3:22 PM

Sample Comment:
Utensil In Bag With Product

It is the customer's responsibility to evaluate the compliance of these results to any regulatory requirement.
Test results apply to the sample as received.

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Reviewed and Approved by:

Audrey Monroe - Laboratory Director

Date: 10/3/2023

Date: 10/3/2023

Alliance Analytical Laboratories, Inc.
 179 West Randal Street
 Coopersville, MI 49404
 Phone: 616-837-7670
 Fax: 616-837-7701

SAMPLE SUBMITTAL FORM

SEP 29 AM 11:39

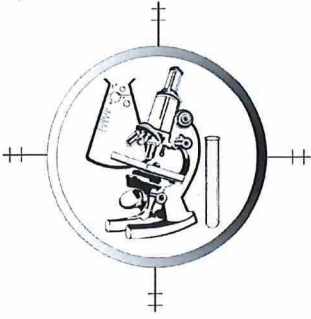
For Lab Use Only	
Date Received	<u>9/23/19</u>
Time Received	<u>12:36</u>
Temperature	<u>42</u>
Sample Condition	<u>tw</u>
Initials	<u>tw</u>

Client Name McHenry County Department of Health, Environmental Division		P.O. Number or Project Identification	Report Data To: Person Name (PMB@mcHenrycountyil.gov) Susan Kamas (skamas@mcHenrycountyil.gov)
Address 2200 N Seminary Ave		Contact Person Christie Miller	Phone and Fax Number 815-334-4587 (Christie), 815-382-1297 (Susan-Weekend), Fax: 815-334-4837
City Woodstock	State IL	Zip Code 60098	Email ctmiller@mcHenrycountyil.gov

For Lab Use ONLY - Lab ID Number	Sample Description (Lot Number, Sample Site Number, etc)	Analysis Requested (Use Sample Key Below)	Special Reporting Requirements
0976	Sliced pepper jack cheese: 9/20, Cold hold service line, 9:38 am, GK	M-7, M-8	PCR & Confirmation
0977	Onion: 9/19, C.H.S. unit, 9:58 am, GK/CM	M-7, M-8	PCR & Confirmation
0978	Spinach: 9/19, C.H.S. unit, 10:01 am, GK/CM	M-7, M-8	PCR & Confirmation
0979	Cucumber: 9/19, C.H.S. unit, 9:59 am, GK/CM	M-7, M-8	PCR & Confirmation
0980	Deli Ham: 9/19, Service line cold hold unit, 9:50 am, GK/CM	M-7, M-8	PCR & Confirmation
0981	Black olive diced: 9/19, C.H.S. unit, 10:34 am, GK/CM	M-7, M-8	PCR & Confirmation
0982	Green pepper: 9/19, C.H.S. unit, 10:00 am, GK/CM	M-7, M-8	PCR & Confirmation
0983	Deli Turkey: 9/19, Service line cold hold unit, 9:51 am, GK/CM	M-7, M-8	PCR & Confirmation
0984	Salami: 9/19, Service cold line, 9:53 am, GK/CM	M-7, M-8	PCR & Confirmation

Analytical Test Request Key		Please call 616-837-7670 if you require a test not listed.	
Microbiology	M-1 Total Aerobic Plate Count M-2 E.coli M-3 Yeast M-4 Lactobacillus	M-5 Enterobactiaceae M-6 Staphylococcus aureus M-7 STEC Top Seven Escherichia coli* M-8 Escherichia coli O157:H7*	M-9 Listeria monocytogenes* M-10 Listeria sp* M-11 Campylobacter M-12 Salmonella sp
Chemistry	C-1 Fat - Soxhlet C-2 Fat - Acid Hydrolysis C-3 Protein - Kjeldahl	C-4 Protein - Combustion C-5 Moisture C-6 Gluten	M-13 Coliform M-14 Mold M-15 DMSCC (Somatic Cell) M-16 DMC C-7 pH C-8 Water Activity C-9 Fat - Mojonnier C-10 Solids C-11 ABV

*M-7 and M-8 will be tested at 375 grams. M-9 and M-10 will be tested at 125 grams unless noted differently.



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Fax: (616) 837-7701



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TEST RESULTS REPORT

CUSTOMER McHenry County Department of Health
Christie Miller
Woodstock, IL 60098
Phone: 815-334-4585
Email: ctmiller@mchenrycountyil.gov;

SAMPLE DESCRIPTION Cucumber
C.H.S. Unit GK/CM
SAMPLE DATE 9/19/2023 9:59 AM
DATE RECEIVED 9/29/2023
REFERENCE NUMBER 2029939: 2350979
TEMPERATURE AT RECEIVING 36 °F

Customer PO



Test Requested	Test Method	Results	Ref Number	Start Date
Confirmation:E.coli O157-H7	USDA, MLG Ch 5 Analyst: 06	Negative/80g		9/30 1:56 PM
E coli O157-H7	^AOAC 2005.04 Analyst: 54	Negative/80g	Kit Lot Number: GDSEC02022305A	9/29 3:24 PM
MPX Top 7 STEC	AOAC 071301 Analyst: 54	Negative/80g	Kit Lot Number: GDSMPXST02152306A	9/29 3:24 PM

Sample Comment:
Utensil In Bag With Product

It is the customer's responsibility to evaluate the compliance of these results to any regulatory requirement.
Test results apply to the sample as received.

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Reviewed and Approved by:

Audrey Monroe - Laboratory Director

Date: 10/3/2023

Date: 10/3/2023

Alliance Analytical Laboratories, Inc.
 179 West Randall Street
 Coopersville, MI 49404
 Phone: 616-837-7670
 Fax: 616-837-7701

SAMPLE SUBMITTAL FORM

SEP 29 09 11:39

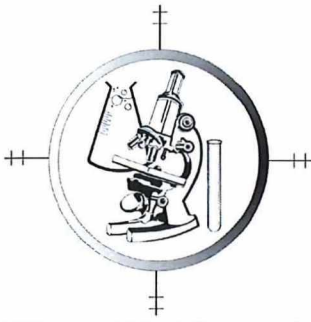
For Lab Use Only	
Date Received	9/23
Time Received	12:36
Temperature	42
Sample Condition	
Initials	SW

Client Name McHenry County Department of Health; Environmental Division		P.O. Number or Project Identification		Report Data To: Patricia Neme (PNeme@mchenrycountyil.gov) Susan Kamas (skamas@mchenrycountyil.gov)	
Address 2200 N Seminary Ave		Contact Person Christie Miller		Phone and Fax Number 815-334-4587 (Christie), 815-382-1297 (Susan-Weekend), Fax: 815-334-4837	
City Woodstock	State IL	Zip Code 60098	Email ctmiller@mchenrycountyil.gov		

For Lab Use ONLY - Lab ID Number	Sample Description (Lot Number, Sample Site Number, etc)	Analysis Requested (Use Sample Key Below)	Special Reporting Requirements
0976	Sliced pepper jack cheese: 9/20, Cold hold service line, 9:38 am, GK	M-7, M-8	PCR & Confirmation
0977	Onion: 9/19, C.H.S. unit, 9:58 am, GK/CM	M-7, M-8	PCR & Confirmation
0978	Spinach: 9/19, C.H.S. unit, 10:01 am, GK/CM	M-7, M-8	PCR & Confirmation
0979	Cucumber: 9/19, C.H.S. unit, 9:59 am, GK/CM	M-7, M-8	PCR & Confirmation
0980	Deli Ham: 9/19, Service line cold hold unit, 9:50 am, GK/CM	M-7, M-8	PCR & Confirmation
0981	Black olive diced: 9/19, C.H.S. unit, 10:34 am, GK/CM	M-7, M-8	PCR & Confirmation
0982	Green pepper: 9/19, C.H.S. unit, 10:00 am, GK/CM	M-7, M-8	PCR & Confirmation
0983	Deli Turkey: 9/19, Service line cold hold unit, 9:51 am, GK/CM	M-7, M-8	PCR & Confirmation
0984	Salami: 9/19, Service cold line, 9:53 am, GK/CM	M-7, M-8	PCR & Confirmation

Analytical Test Request Key		Please call 616-837-7670 if you require a test not listed.			
Microbiology	M-1 Total Aerobic Plate Count	M-5 Enterobactriacae	M-9 Listeria monocytogenes*	M-13 Coliform	
	M-2 E.coli	M-6 Staphylococcus aureus	M-10 Listeria sp*	M-14 Mold	
	M-3 Yeast	M-7 STEC Top Seven Escherichia coli*	M-11 Campylobacter	M-15 DMSCC (Somatic Cell)	
	M-4 Lactobacillus	M-8 Escherichia coli O157-H7*	M-12 Salmonella sp	M-16 DMC	
Chemistry	C-1 Fat - Soxhlet	C-4 Protein - Combustion	C-7 pH	C-10 Solids	
	C-2 Fat - Acid Hydrolysis	C-5 Moisture	C-8 Water Activity	C-11 ABV	
	C-3 Protein - Kjeldahl	C-6 Gluten	C-9 Fat - Mojonnier		

*M-7 and M-8 will be tested at 375 grams. M-9 and M-10 will be tested at 125 grams unless noted differently.



Alliance Analytical Laboratories, Inc.

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Coopersville, MI 49404
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TEST RESULTS REPORT

CUSTOMER McHenry County Department of Health
Christie Miller
Woodstock, IL 60098
Phone: 815-334-4585
Email: ctmiller@mchenrycountyil.gov;

SAMPLE DESCRIPTION Deli Turkey
Service Line Cold Hold Unit GK/CM
SAMPLE DATE 9/19/2023 9:51 AM
DATE RECEIVED 9/29/2023
REFERENCE NUMBER 2029939: 2350983 **Customer PO**
TEMPERATURE AT RECEIVING 36 °F



Test Requested	Test Method	Results	Ref Number	Start Date
Confirmation:E.coli 0157-H7	USDA, MLG Ch 5 Analyst: 06	Negative/32g		9/30 1:56 PM
E coli O157-H7	^AOAC 2005.04 Analyst: 54	Negative/32g	Kit Lot Number: GDSEC02022305A	9/29 3:24 PM
MPX Top 7 STEC	AOAC 071301 Analyst: 54	Negative/32g	Kit Lot Number: GDSMPXST02152306A	9/29 3:24 PM

Sample Comment:
Utensil In Bag With Product

It is the customer's responsibility to evaluate the compliance of these results to any regulatory requirement.
Test results apply to the sample as received.

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Reviewed and Approved by:

Audrey Monroe - Laboratory Director

Date: 10/4/2023

Date: 10/4/2023

Alliance Analytical Laboratories, Inc.
 179 West Randall Street
 Coopersville, MI 49404
 Phone: 616-837-7670
 Fax: 616-837-7701

SAMPLE SUBMITTAL FORM

SEP 29 AM 11:39

For Lab Use Only	
Date Received	<u>9/23/19</u>
Time Received	<u>1:30 PM</u>
Temperature	<u>42 36</u>
Sample Condition	<u> </u>
Initials	<u> </u>

Client Name McHenry County Department of Health, Environmental Division		P.O. Number or Project Identification	Report Data To: Patricia Nanni (PNanni@mchenrycountyil.gov) Susan Kamas (skamas@mchenrycountyil.gov)
Address 2200 N Seminary Ave		Contact Person Christie Miller	Phone and Fax Number 815-334-4587 (Christie), 815-382-1297 (Susan-Weekend), Fax: 815-334-4837
City Woodstock	State IL	Zip Code 60098	Email ctmiller@mchenrycountyil.gov

For Lab Use ONLY - Lab ID Number	Sample Description (Lot Number, Sample Site Number, etc)	Analysis Requested (Use Sample Key Below)	Special Reporting Requirements
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0979	Cucumber: 9/19, C.H.S. unit, 9:59 am, GK/CM	M-7, M-8	PCR & Confirmation
0980	Deli Ham: 9/19, Service line cold hold unit, 9:50 am, GK/CM	M-7, M-8	PCR & Confirmation
0981	Black olive diced: 9/19, C.H.S. unit, 10:34 am, GK/CM	M-7, M-8	PCR & Confirmation
0982	Green pepper: 9/19, C.H.S. unit, 10:00 am, GK/CM	M-7, M-8	PCR & Confirmation
0983	Deli Turkey: 9/19, Service line cold hold unit, 9:51 am, GK/CM	M-7, M-8	PCR & Confirmation
0984	Salami: 9/19, Service cold line, 9:53 am, GK/CM	M-7, M-8	PCR & Confirmation

Analytical Test Request Key		Please call 616-837-7670 if you require a test not listed.	
Microbiology	M-1 Total Aerobic Plate Count M-2 E.coli M-3 Yeast M-4 Lactobacillus	M-5 Enterobacteriaceae M-6 Staphylococcus aureus M-7 STEC Top Seven Escherichia coli* M-8 Escherichia coli O157:H7*	M-9 Listeria monocytogenes* M-10 Listeria sp* M-11 Campylobacter M-12 Salmonella sp
Chemistry	C-1 Fat - Soxhlet C-2 Fat - Acid Hydrolysis C-3 Protein - Kjeldahl	C-4 Protein - Combustion C-5 Moisture C-6 Gluten	M-13 Coliform M-14 Mold M-15 DMSCC (Somatic Cell) M-16 DMC C-7 pH C-8 Water Activity C-9 Fat - Mojonnier C-10 Solids C-11 ABV

*M-7 and M-8 will be tested at 375 grams. M-9 and M-10 will be tested at 125 grams unless noted differently.

Appendix F
Environmental Health Findings

Huntley High School: District 158
Inspection, Observations, and Employee Surveys

Problem 1:

The dish machine did not register the required temperature for high heat sanitization. **This is a Priority Foundation item.**

Corrective Action:

Repair/replace unit so that hot water rinse is maintained between 180°F to 194°F.

Reason:

The temperature of hot water delivered from a ware washer sanitizing rinse manifold must be maintained according to the equipment manufacturer's specifications and temperature limits to ensure surfaces of multiuse utensils such as kitchenware and tableware accumulate enough heat to destroy pathogens that may remain on such surfaces after cleaning. The surface temperature must reach at least 71°C (160°F) as measured by an irreversible registering temperature measuring device to affect sanitization.

Problem 2:

Failure to have written procedures prepared and maintained at the establishment for time as a public health control for time/temperature control for safety (TCS) foods that are held for service. **This is a Priority Foundation item.**

Corrective Action:

Provide a written procedure for TCS foods that are held out of temperature control.

Reason:

Food kept without temperature control allows product to warm or cool as it equilibrates with the environment. Each temperature scenario incurs different risks in regard to the type of foodborne pathogens able to grow and the rate of growth likely to occur. For both cooling and warming conditions, growth depends on the amount of time the food spends in an optimum growth temperature range during its equilibration with its surroundings. Several factors influence the rate of temperature change in a food, such as the type of food, thickness of the food, and temperature differential between the food and its surroundings. When evaluating the safety of a 4-hour limit for food with no temperature control, products and environmental parameters must be selected to create a worst-case scenario for pathogen growth and possible toxin production. With these scenarios, it is important to document the procedure utilized within the establishment so that the particular foods are safely handled in the appropriate manner to be held outside temperature control.

Problem 3:

Failure to identify time that is 4 hours past the point in time when food is removed from temperature control when utilizing time as a public health control. **This is a Priority Foundation item.**

Corrective Action:

All TCS foods that are held under time as a public health control shall have a system of identification to indicate the time of 4 hours past the point of when the TCS foods were removed from temperature control.

Reason:

TCS foods that are held out of temperature after the 4-hour time frame have the ability for exponential pathogen growth or toxin production in sufficient numbers to cause foodborne illness. Labeling of TCS foods that are removed from temperature control with the time it has been taken out of temperature control and the time of disposal is necessary to help aid food employees. The labeling makes it easily discernable when the food is no longer acceptable for consumption and is to be discarded at that specific time.

Problem 4:

Failure of food employees to utilize a barrier when turning off the faucet of the hand washing sink. **This is a Priority item.**

Corrective Action:

Food employees shall properly wash their hands and exposed portion of their arms.

Reason:

Handwashing is a critical factor in reducing fecal-oral pathogens that can be transmitted from hands to RTE food as well as other pathogens that can be transmitted from environmental sources. Many employees fail to wash their hands as often as necessary and even those who do may use flawed techniques. Every stage in handwashing is equally important and has an additive effect in transient microbial reduction. It is important to avoid recontamination hands by avoiding direct hand contact with heavily contaminated environmental sources, such as manually operated handwashing sink faucets, paper towel dispensers, and rest room door handles after the handwashing procedure. This can be accomplished by obtaining a paper towel from its dispenser before the handwashing procedure, then, after handwashing, using the paper towel to operate the hand sink faucet handles and restroom door handles.

Problem 5:

Failure of a food handler to remove arm jewelry while preparing foods. **This is a Core item.**

Corrective Action:

Food employees may not wear jewelry on their arms or hands while preparing food.

Reason:

Items of jewelry such as rings, bracelets, and watches may collect soil and the construction of the jewelry may hinder routine cleaning. As a result, the jewelry may act as a reservoir of pathogenic organisms transmissible through food. An additional hazard associated with jewelry is the possibility that pieces of the item or the whole item itself may fall into the food being prepared. Hard foreign objects in food may cause medical problems for consumers, such as chipped and/or broken teeth and internal cuts and lesions.

Problem 6:

Failure to utilize Employee Illness Log consistent with the Employee Illness Reporting Policy.

Corrective Action:

Maintain the Employee Illness Log as a basis for obtaining information that is utilized continuously for employees reporting illness related to foodborne symptoms.

Reason:

The implementation of an employee health policy may help to prevent foodborne illness associated with contamination of food by ill or infected food employees. It is the responsibility of the Person in Charge of the establishment to make sure employees properly report certain information about their health status

as it relates to diseases that are transmitted by food. In an effort to reinforce dialogue between food employees and the PIC, there must be a way to verify that food employees are informed of their responsibility to report such information, which would include a system of employee notification utilizing a log to convey all the required information.

Problem 7:

Failure to exclude ill employees from the food establishment that are experiencing foodborne illness symptoms for 48 hours after being symptom free. **This is a Priority item.**

Corrective Action:

Exclude ill employees that are experiencing foodborne symptoms (vomiting and/or diarrhea) from work at the food establishment for at least 48 hours after symptoms have resolved.

Reason:

Exclusion of ill employees is required to prevent an ill food handler from contaminating food, equipment, food contact surfaces or other food handlers which could result in foodborne illness.

Appendix G
Bivariate Food Item Analysis

Table 1. Bivariate Food Item Analysis for Huntley High School Cafeteria Items

Item	Test for Association	p-value	Ate Item	# Ill	# Well	Odds Ratio (OR)	95% CI
Cold Sandwich Station	Fisher's Exact Test	<0.0001	Yes	15	112	Cannot Compute	Cannot Compute
			No	0	475		
Cookies	Fisher's Exact Test	0.030	Yes	8	222	3.62	(1.171, 11.183)
			No	5	502		

This table includes cafeteria food items significantly associated with illness at $\alpha < 0.05$. Controls for the cold sandwich station include all those that eat lunch from the cafeteria. Controls for cookies include all those that eat from the cafeteria at any time of day.

Table 2. Bivariate Food Item Analysis for Cold Sandwich Ingredients

Ingredient	Test for Association	p-value	Ate Item	# Ill	# Well	Odds Ratio (OR)	95% CI																																																																																																																																																																																																																																		
Lettuce*	Fisher's Exact Test	0.038	Yes	12	82	Cannot Compute	Cannot Compute																																																																																																																																																																																																																																		
			No	0	30			Provolone*	Chi Square Test for Association	0.008	Yes	10	43	5.35	(1.393, 20.535)	No	3	69	Black Olives	Fisher's Exact Test	0.274	Yes	4	22	2.05	(0.564, 7.413)	No	8	90	Ciabatta Bread	Fisher's Exact Test	0.057	Yes	3	7	5.00	(1.100, 22.728)	No	9	105	Spinach	Fisher's Exact Test	0.111	Yes	4	15	2.87	(0.785, 10.517)	No	9	97	Onion Roll	Fisher's Exact Test	0.114	Yes	3	10	3.40	(0.790, 14.628)	No	9	102	White Bread	Fisher's Exact Test	0.187	Yes	3	13	2.54	(0.608, 10.595)	No	9	99	Ham	Fisher's Exact Test	0.209	Yes	7	40	2.52	(0.751, 8.459)	No	5	72	Pepperoni	Chi Square Test for Association	0.210	Yes	4	55	0.46	(0.134, 1.583)	No	5	57	Pickle	Chi Square Test for Association	0.248	Yes	4	57	0.48	(0.137, 1.694)	No	8	55	Kaiser Bread	Fisher's Exact Test	0.327	Yes	2	10	2.04	(0.391, 10.636)	No	10	102	Turkey	Fisher's Exact Test	0.343	Yes	6	38	1.95	(0.588, 6.448)	No	6	74	French Bread	Chi Square Test for Association	0.419	Yes	8	61	1.67	(0.476, 5.875)	No	4	51	Tomato	Fisher's Exact Test	0.460	Yes	1	26	0.30	(0.037, 2.440)	No	11	86	Red Onion	Fisher's Exact Test	0.473	Yes	4	25	1.74	(0.484, 6.258)	No	8	87	Salami	Chi Square Test for Association	0.544	Yes	5	57	0.69	(0.206, 2.302)	No	7	55	Green Pepper	Fisher's Exact Test	0.625	Yes	2	12	1.67	(0.326, 8.524)	No	10	100	Croissant Bread	Fisher's Exact Test	0.690	Yes	1	17	0.47	(0.057, 3.819)	No	12	95	Cucumber	Fisher's Exact Test	0.723	Yes	3	24	1.22	(0.307, 4.870)	No	9	88	Pepper Jack	Fisher's Exact Test	0.729	Yes	2	28	0.60	(0.124, 2.905)	No	10	84	Jalapeno	Fisher's Exact Test	1.000	Yes	1	14	0.64	(0.076, 5.314)	No	11	98	Wheat Bread	Fisher's Exact Test	1.000	Yes	1	8
Provolone*	Chi Square Test for Association	0.008	Yes	10	43	5.35	(1.393, 20.535)																																																																																																																																																																																																																																		
			No	3	69			Black Olives	Fisher's Exact Test	0.274	Yes	4	22	2.05	(0.564, 7.413)	No	8	90	Ciabatta Bread	Fisher's Exact Test	0.057	Yes	3	7	5.00	(1.100, 22.728)	No	9	105	Spinach	Fisher's Exact Test	0.111	Yes	4	15	2.87	(0.785, 10.517)	No	9	97	Onion Roll	Fisher's Exact Test	0.114	Yes	3	10	3.40	(0.790, 14.628)	No	9	102	White Bread	Fisher's Exact Test	0.187	Yes	3	13	2.54	(0.608, 10.595)	No	9	99	Ham	Fisher's Exact Test	0.209	Yes	7	40	2.52	(0.751, 8.459)	No	5	72	Pepperoni	Chi Square Test for Association	0.210	Yes	4	55	0.46	(0.134, 1.583)	No	5	57	Pickle	Chi Square Test for Association	0.248	Yes	4	57	0.48	(0.137, 1.694)	No	8	55	Kaiser Bread	Fisher's Exact Test	0.327	Yes	2	10	2.04	(0.391, 10.636)	No	10	102	Turkey	Fisher's Exact Test	0.343	Yes	6	38	1.95	(0.588, 6.448)	No	6	74	French Bread	Chi Square Test for Association	0.419	Yes	8	61	1.67	(0.476, 5.875)	No	4	51	Tomato	Fisher's Exact Test	0.460	Yes	1	26	0.30	(0.037, 2.440)	No	11	86	Red Onion	Fisher's Exact Test	0.473	Yes	4	25	1.74	(0.484, 6.258)	No	8	87	Salami	Chi Square Test for Association	0.544	Yes	5	57	0.69	(0.206, 2.302)	No	7	55	Green Pepper	Fisher's Exact Test	0.625	Yes	2	12	1.67	(0.326, 8.524)	No	10	100	Croissant Bread	Fisher's Exact Test	0.690	Yes	1	17	0.47	(0.057, 3.819)	No	12	95	Cucumber	Fisher's Exact Test	0.723	Yes	3	24	1.22	(0.307, 4.870)	No	9	88	Pepper Jack	Fisher's Exact Test	0.729	Yes	2	28	0.60	(0.124, 2.905)	No	10	84	Jalapeno	Fisher's Exact Test	1.000	Yes	1	14	0.64	(0.076, 5.314)	No	11	98	Wheat Bread	Fisher's Exact Test	1.000	Yes	1	8	1.18	(0.135, 10.348)	No	11	104						
Black Olives	Fisher's Exact Test	0.274	Yes	4	22	2.05	(0.564, 7.413)																																																																																																																																																																																																																																		
			No	8	90			Ciabatta Bread	Fisher's Exact Test	0.057	Yes	3	7	5.00	(1.100, 22.728)	No	9	105	Spinach	Fisher's Exact Test	0.111	Yes	4	15	2.87	(0.785, 10.517)	No	9	97	Onion Roll	Fisher's Exact Test	0.114	Yes	3	10	3.40	(0.790, 14.628)	No	9	102	White Bread	Fisher's Exact Test	0.187	Yes	3	13	2.54	(0.608, 10.595)	No	9	99	Ham	Fisher's Exact Test	0.209	Yes	7	40	2.52	(0.751, 8.459)	No	5	72	Pepperoni	Chi Square Test for Association	0.210	Yes	4	55	0.46	(0.134, 1.583)	No	5	57	Pickle	Chi Square Test for Association	0.248	Yes	4	57	0.48	(0.137, 1.694)	No	8	55	Kaiser Bread	Fisher's Exact Test	0.327	Yes	2	10	2.04	(0.391, 10.636)	No	10	102	Turkey	Fisher's Exact Test	0.343	Yes	6	38	1.95	(0.588, 6.448)	No	6	74	French Bread	Chi Square Test for Association	0.419	Yes	8	61	1.67	(0.476, 5.875)	No	4	51	Tomato	Fisher's Exact Test	0.460	Yes	1	26	0.30	(0.037, 2.440)	No	11	86	Red Onion	Fisher's Exact Test	0.473	Yes	4	25	1.74	(0.484, 6.258)	No	8	87	Salami	Chi Square Test for Association	0.544	Yes	5	57	0.69	(0.206, 2.302)	No	7	55	Green Pepper	Fisher's Exact Test	0.625	Yes	2	12	1.67	(0.326, 8.524)	No	10	100	Croissant Bread	Fisher's Exact Test	0.690	Yes	1	17	0.47	(0.057, 3.819)	No	12	95	Cucumber	Fisher's Exact Test	0.723	Yes	3	24	1.22	(0.307, 4.870)	No	9	88	Pepper Jack	Fisher's Exact Test	0.729	Yes	2	28	0.60	(0.124, 2.905)	No	10	84	Jalapeno	Fisher's Exact Test	1.000	Yes	1	14	0.64	(0.076, 5.314)	No	11	98	Wheat Bread	Fisher's Exact Test	1.000	Yes	1	8	1.18	(0.135, 10.348)	No	11	104																	
Ciabatta Bread	Fisher's Exact Test	0.057	Yes	3	7	5.00	(1.100, 22.728)																																																																																																																																																																																																																																		
			No	9	105			Spinach	Fisher's Exact Test	0.111	Yes	4	15	2.87	(0.785, 10.517)	No	9	97	Onion Roll	Fisher's Exact Test	0.114	Yes	3	10	3.40	(0.790, 14.628)	No	9	102	White Bread	Fisher's Exact Test	0.187	Yes	3	13	2.54	(0.608, 10.595)	No	9	99	Ham	Fisher's Exact Test	0.209	Yes	7	40	2.52	(0.751, 8.459)	No	5	72	Pepperoni	Chi Square Test for Association	0.210	Yes	4	55	0.46	(0.134, 1.583)	No	5	57	Pickle	Chi Square Test for Association	0.248	Yes	4	57	0.48	(0.137, 1.694)	No	8	55	Kaiser Bread	Fisher's Exact Test	0.327	Yes	2	10	2.04	(0.391, 10.636)	No	10	102	Turkey	Fisher's Exact Test	0.343	Yes	6	38	1.95	(0.588, 6.448)	No	6	74	French Bread	Chi Square Test for Association	0.419	Yes	8	61	1.67	(0.476, 5.875)	No	4	51	Tomato	Fisher's Exact Test	0.460	Yes	1	26	0.30	(0.037, 2.440)	No	11	86	Red Onion	Fisher's Exact Test	0.473	Yes	4	25	1.74	(0.484, 6.258)	No	8	87	Salami	Chi Square Test for Association	0.544	Yes	5	57	0.69	(0.206, 2.302)	No	7	55	Green Pepper	Fisher's Exact Test	0.625	Yes	2	12	1.67	(0.326, 8.524)	No	10	100	Croissant Bread	Fisher's Exact Test	0.690	Yes	1	17	0.47	(0.057, 3.819)	No	12	95	Cucumber	Fisher's Exact Test	0.723	Yes	3	24	1.22	(0.307, 4.870)	No	9	88	Pepper Jack	Fisher's Exact Test	0.729	Yes	2	28	0.60	(0.124, 2.905)	No	10	84	Jalapeno	Fisher's Exact Test	1.000	Yes	1	14	0.64	(0.076, 5.314)	No	11	98	Wheat Bread	Fisher's Exact Test	1.000	Yes	1	8	1.18	(0.135, 10.348)	No	11	104																												
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			No	9	97			Onion Roll	Fisher's Exact Test	0.114	Yes	3	10	3.40	(0.790, 14.628)	No	9	102	White Bread	Fisher's Exact Test	0.187	Yes	3	13	2.54	(0.608, 10.595)	No	9	99	Ham	Fisher's Exact Test	0.209	Yes	7	40	2.52	(0.751, 8.459)	No	5	72	Pepperoni	Chi Square Test for Association	0.210	Yes	4	55	0.46	(0.134, 1.583)	No	5	57	Pickle	Chi Square Test for Association	0.248	Yes	4	57	0.48	(0.137, 1.694)	No	8	55	Kaiser Bread	Fisher's Exact Test	0.327	Yes	2	10	2.04	(0.391, 10.636)	No	10	102	Turkey	Fisher's Exact Test	0.343	Yes	6	38	1.95	(0.588, 6.448)	No	6	74	French Bread	Chi Square Test for Association	0.419	Yes	8	61	1.67	(0.476, 5.875)	No	4	51	Tomato	Fisher's Exact Test	0.460	Yes	1	26	0.30	(0.037, 2.440)	No	11	86	Red Onion	Fisher's Exact Test	0.473	Yes	4	25	1.74	(0.484, 6.258)	No	8	87	Salami	Chi Square Test for Association	0.544	Yes	5	57	0.69	(0.206, 2.302)	No	7	55	Green Pepper	Fisher's Exact Test	0.625	Yes	2	12	1.67	(0.326, 8.524)	No	10	100	Croissant Bread	Fisher's Exact Test	0.690	Yes	1	17	0.47	(0.057, 3.819)	No	12	95	Cucumber	Fisher's Exact Test	0.723	Yes	3	24	1.22	(0.307, 4.870)	No	9	88	Pepper Jack	Fisher's Exact Test	0.729	Yes	2	28	0.60	(0.124, 2.905)	No	10	84	Jalapeno	Fisher's Exact Test	1.000	Yes	1	14	0.64	(0.076, 5.314)	No	11	98	Wheat Bread	Fisher's Exact Test	1.000	Yes	1	8	1.18	(0.135, 10.348)	No	11	104																																							
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			No	9	99			Ham	Fisher's Exact Test	0.209	Yes	7	40	2.52	(0.751, 8.459)	No	5	72	Pepperoni	Chi Square Test for Association	0.210	Yes	4	55	0.46	(0.134, 1.583)	No	5	57	Pickle	Chi Square Test for Association	0.248	Yes	4	57	0.48	(0.137, 1.694)	No	8	55	Kaiser Bread	Fisher's Exact Test	0.327	Yes	2	10	2.04	(0.391, 10.636)	No	10	102	Turkey	Fisher's Exact Test	0.343	Yes	6	38	1.95	(0.588, 6.448)	No	6	74	French Bread	Chi Square Test for Association	0.419	Yes	8	61	1.67	(0.476, 5.875)	No	4	51	Tomato	Fisher's Exact Test	0.460	Yes	1	26	0.30	(0.037, 2.440)	No	11	86	Red Onion	Fisher's Exact Test	0.473	Yes	4	25	1.74	(0.484, 6.258)	No	8	87	Salami	Chi Square Test for Association	0.544	Yes	5	57	0.69	(0.206, 2.302)	No	7	55	Green Pepper	Fisher's Exact Test	0.625	Yes	2	12	1.67	(0.326, 8.524)	No	10	100	Croissant Bread	Fisher's Exact Test	0.690	Yes	1	17	0.47	(0.057, 3.819)	No	12	95	Cucumber	Fisher's Exact Test	0.723	Yes	3	24	1.22	(0.307, 4.870)	No	9	88	Pepper Jack	Fisher's Exact Test	0.729	Yes	2	28	0.60	(0.124, 2.905)	No	10	84	Jalapeno	Fisher's Exact Test	1.000	Yes	1	14	0.64	(0.076, 5.314)	No	11	98	Wheat Bread	Fisher's Exact Test	1.000	Yes	1	8	1.18	(0.135, 10.348)	No	11	104																																																													
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			No	4	51			Tomato	Fisher's Exact Test	0.460	Yes	1	26	0.30	(0.037, 2.440)	No	11	86	Red Onion	Fisher's Exact Test	0.473	Yes	4	25	1.74	(0.484, 6.258)	No	8	87	Salami	Chi Square Test for Association	0.544	Yes	5	57	0.69	(0.206, 2.302)	No	7	55	Green Pepper	Fisher's Exact Test	0.625	Yes	2	12	1.67	(0.326, 8.524)	No	10	100	Croissant Bread	Fisher's Exact Test	0.690	Yes	1	17	0.47	(0.057, 3.819)	No	12	95	Cucumber	Fisher's Exact Test	0.723	Yes	3	24	1.22	(0.307, 4.870)	No	9	88	Pepper Jack	Fisher's Exact Test	0.729	Yes	2	28	0.60	(0.124, 2.905)	No	10	84	Jalapeno	Fisher's Exact Test	1.000	Yes	1	14	0.64	(0.076, 5.314)	No	11	98	Wheat Bread	Fisher's Exact Test	1.000	Yes	1	8	1.18	(0.135, 10.348)	No	11	104																																																																																																																															
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*Significant at $\alpha < 0.05$

This table includes results from the analysis of ingredients eaten at the cold sandwich station. Controls include those that ate a sandwich from the cold sandwich station.

Table 3. Bivariate Food Item Analysis for Cold Sandwich Ingredients Available at Multiple Stations

Ingredient	Control Group	Test for Association	p-value	Ate Item	# Ill	# Well	Odds Ratio (OR)	95% CI
Provolone	Cold Sandwich Bar, Hot Sandwiches	Chi Square Test for Association	0.084	Yes	10	94	2.58	(0.851, 7.787)
				No	5	121		
Tomato	Cold Sandwich Bar, Hot Sandwiches, Salad Bar, Pre-Made Salads	Fisher's Exact Test	0.154	Yes	2	79	0.30	(0.067, 1.371)
				No	13	155		
Pepperoni	Cold Sandwich Bar, Hot Sandwiches	Chi Square Test for Association	0.291	Yes	4	87	0.54	(0.165, 1.735)
				No	11	128		
Spinach	Cold Sandwich Bar, Hot Sandwiches, Salad Bar	Fisher's Exact Test	0.371	Yes	5	54	1.60	(0.525, 4.891)
				No	10	173		
Turkey	Cold Sandwich Bar, Hot Sandwiches	Fisher's Exact Test	0.398	Yes	6	64	1.57	(0.538, 4.602)
				No	9	151		
Cucumber	Cold Sandwich Bar, Salad Bar, Pre-Made Salads	Fisher's Exact Test	0.556	Yes	3	44	0.55	(0.147, 2.031)
				No	12	96		
Ham	Cold Sandwich Bar, Hot Sandwiches, Salad Bar, Pre-Made Salads	Chi Square Test for Association	0.667	Yes	7	96	1.26	(0.441, 3.585)
				No	8	138		
Black Olives	Cold Sandwich Bar, Salad Bar	Fisher's Exact Test	0.742	Yes	4	28	1.33	(0.392, 4.480)
				No	11	102		
Croissant Bread	Cold Sandwich Bar, Hot Sandwiches	Fisher's Exact Test	0.742	Yes	2	45	0.58	(0.127, 2.669)
				No	13	170		
Red Onion	Cold Sandwich Bar, Salad Bar	Fisher's Exact Test	0.758	Yes	4	31	1.16	(0.345, 3.908)
				No	11	99		
Salami	Cold Sandwich Bar, Hot Sandwiches	Chi Square Test for Association	0.916	Yes	6	89	0.94	(0.324, 2.746)
				No	9	126		
Ciabatta Bread	Cold Sandwich Bar, Hot Sandwiches	Fisher's Exact Test	1.000	Yes	4	61	0.92	(0.918, 2.994)
				No	11	154		
Green Pepper	Cold Sandwich Bar, Salad Bar	Fisher's Exact Test	1.000	Yes	2	18	0.96	(0.199, 4.600)
				No	13	112		

No ingredients significant at $\alpha < 0.05$.

This table includes results from the analysis of ingredients eaten at the cold sandwich station that are also available at other stations in the cafeteria. Controls are based on the group potentially exposed to the ingredient based on where the ingredient was used. For example, provolone cheese is available at the cold sandwich station and is used in hot sandwiches; the control group for provolone cheese includes all those that ate a sandwich from the cold sandwich station or those that ate a hot sandwich.

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