FINAL REPORT

FOODBORNE ILLNESS INVESTIGATION
HOB NOB RESTAURANT
DECEMBER 2000

Investigation by:
McHenry County Department of Health
2200 North Seminary Ave
Woodstock, Illinois 60098

TABLE OF CONTENTS

INTRODUCTION

On December 21, 2000, at approximately 1 30 p m., the Environmental Division received an individual report of numerous people who were experiencing similar gastrointestinal symptoms. These persons were part of a group from Crystal Lake Seniors, who had attended a luncheon at Hob Nob Restaurant on December 18, 2000. The Department's investigation that ensued identified one-hundred-forty-eight (148) individuals from five (5) separate groups who experienced similar gastrointestinal symptoms including nausea, vomiting, and/or diarrhea, abdominal cramping, chills, and weakness

This report will review the methodology utilized in this investigation, the final findings, and a discussion of those findings. The appendices include graphs and tables depicting data from the epidemiological and environmental investigations and laboratory testing along with the various forms used to conduct and organize the data/information received in the field

METHODS

A foodborne illness investigation includes obtaining case histories of those ill and those who are well, but still potentially at risk because of their exposure to those who became ill It is also necessary to obtain clinical specimens to identify an etiologic agent for the illness. From these preliminary efforts, a case definition is developed to appropriately classify individuals interviewed as either a case or a non-case The statistical significance of testing in this program helps us to determine what food exposures could be related to disease. The most common statistical testing in the outbreak setting is the chi-square test, the definition being a chi-square larger than 3 84 is significant and corresponds to a p-value smaller that 0 05. A relative risk greater than 2 is also statistically significant in determining the foods in question The chi-square test works well if the number of people in the test is greater than or equal to 30. Paralleling this epidemiological investigation is an environmental health investigation that includes the physical and procedural examination of pertinent operations and the

collecting of food samples of implicated food items. The next stage of the investigation includes the development of hypotheses about the contributing factors to the illness and the examination of associations that develop from the data that has accumulated from the environmental, epidemiological and laboratory findings

The epidemiological investigation began on December 21, 2000 after receiving an individual report of numerous individuals who had attended a luncheon at Hob Nob Restaurant and were experiencing similar gastrointestinal illness. A phone conference was held between the Communicable Disease Coordinator and the Field Staff Supervisor. This meeting shared information and established an initial response strategy for the epidemiological and environmental investigations.

On December 21, 22, 26, 27, and January 2, 2001, the Communicable Disease Section staff conducted case history interviews and case finding interviews of the Crystal Lake Seniors group By December 22, 2000, the case definition was established All one-hundred-forty-six (146) attendees were interviewed. Ninety-seven (97) case history interviews were completed. Forty-eight (48) ill and forty-nine (49) well were interviewed utilizing a questionnaire developed by Communicable Disease and Environmental Health staff specifically for this incident Forty-nine (49) additional case finding interviews were completed at which time forty-five (45) ill and four (4) well were identified.

Stool samples were collected from six (6) attendees from the Crystal Lake Seniors Group on December 22, 2000 for analysis

Two Environmental Health Practitioners went to Hob Nob Restaurant on December 21, 2000, to evaluate and review food handling procedures and practices, and to request the retention of any food products that may have been involved in the event that may be onsite. Utilizing a Hazard Analysis and Critical Control Point (HACCP) approach, the Environmental Health Practitioners

reviewed, in detail, the food handling steps associated with preparing the food items served at the Crystal Lake Seniors luncheon A water sample was collected at the pressure tank for analysis The establishment reported that no food items from the event were remaining for analysis

The Environmental Health staff requested and received contact names of other groups who had eaten at Hob Nob from December 18 – 21, 2000 Credit card receipts were requested and received for individual patrons who had eaten at the establishment during that time period. Environmental staff contacted these groups and individuals to determine if other customers were experiencing illness

A second group, the Northwest Pizza Holiday Party, who were experiencing similar gastrointestinal illness, was identified through these phone contacts The group had eaten at Hob Nob Restaurant in the evening on December 18, 2000 On December 22, 26, 27, and 28, 2000 the Communicable Disease Section staff conducted case history interviews By December 22, 2000, the case definition was established Twenty-one (21) of the twenty-three (23) attendees were interviewed utilizing a questionnaire developed specifically for this incident Ten (10) ill and eleven (11) well were identified Two (2) attendees could not be contacted, since phone numbers were not available

Attendees from the Northwest Pizza Holiday Party did not provide stool samples for analysis

A press release was done on December 26, 2000 in response to questions from the media regarding the ongoing investigation (See Appendix L.) Subsequent to the press release, a third group comprised of several restaurant patrons contacted the Department regarding becoming ill after eating at the restaurant on December 19 or 20, 2000 On December 27, 2000 and January 2, 8 and 9, 2001, Communicable Disease Section staff conducted case histories of those restaurant patrons at which time the case definition was established. A total of

twenty-one (21) individuals were interviewed utilizing questionnaires developed specifically for this incident Sixteen (16) ill and five (5) well were identified.

The Department was contacted by the Pioneer Center group on December 27, 2000 regarding numerous individuals experiencing similar gastrointestinal illness. This fourth group had attended a banquet at Hob Nob restaurant on December 21, 2000 On December 27, 28, 29, 2000; and January 4, 2001, the Communicable Disease Section staff conducted case history interviews By December 28, 2000, the case definition was established Twenty-one (21) ill and nineteen (19) well were interviewed using a questionnaire specifically developed for this group. Forty (40) of the forty-five (45) attendees were interviewed

One stool sample was collected on December 28, 2000 from an attendee of the Pioneer Center Group for analysis

On January 2, 2001, the Department was notified that numerous individuals from a fifth group, Immanual Lutheran Club 60, who had eaten at Hob Nob on December 19, 2000, were experiencing similar gastrointestinal illness On January 2 and 3, 2001, Communicable Disease Section staff conducted case history interviews of all twenty-seven (27) attendees, at which time the case definition was established. Eight (8) ill and nineteen (19) well were interviewed using a questionnaire developed specifically for the incident

One (1) stool sample which was collected on December 22, 2000 was from an individual who had attended both the December 18, 2000 Crystal Lake Seniors Group party and the December 19, 2000 Club 60 function.

On January 10, 2001, the Department was notified of a sixth group of individuals who had eaten at the Hob Nob Restaurant on December 24, 2000, who were experiencing illness. Three (3) of the thirty-two (32) attendees in this group were ill Upon further investigation, the onset of symptoms, type of symptoms and

duration of symptoms of these ill individuals was not consistent with the ill in the outbreak investigation. Therefore this group was not considered to be a part of this illness outbreak associated with the Hob Nob Restaurant.

From all of the groups, a total one-hundred-three (103) ill and one-hundred-three (103) well were interviewed using case history questionnaires developed by Communicable Disease and Environmental Health staff specifically for each group of individuals An additional forty-five (45) ill and four (4) well were identified through case finding interviews As groups of case history interviews were completed, clerical staff entered the data directly into the EPI INFO software that was utilized for the development of the questionnaires specific to the investigation (See Appendix J) Periodic analysis of the expanding picture of the outbreak helped to more clearly focus the epidemiological, sample collection and environmental investigations A thorough analysis was conducted of all interview data utilizing the fully relational database aspects of the EPI INFO software This examination included cross tabulations of exposure information versus the well and ill, incubation time between exposure and becoming ill, and the duration of the symptoms. These factors can be examined in more detail in Appendixes A - F

Stool samples were collected on January 3, 2000, from three (3) Hob Nob foodservice personnel for analysis A total of ten (10) stool samples were collected for analysis

In order to make further observations of on site food handling procedures, additional inspections of the food establishment were made on December 22, 26, 28, 29, and 30, 2000, and January 3, 4 and 5, 2001 Issues of critical importance that were identified in Department inspections required immediate correction. The Department requested any available copies of videotape from the kitchen surveillance system, but was told by management that tapes from the surveillance cameras in the kitchen are not kept, so were not available

An additional water sample from the banquet room, ice samples from the ice machine, and ice samples from the ice bins in the main and sports bars were collected for analysis on January 3, 2001

A telephone conference was held between Department staff and individuals from the Center for Disease Control and Prevention (CDC) on January 26, 2001. The meeting shared information regarding the outbreak investigation The CDC agreed to accept the stool samples from the Illinois Department of Public Health (IDPH) laboratory to do further analysis for the Norwalk-like virus and to complete DNA sequencing on positive samples This sequencing was important to determine if ill individuals were infected from Norwalk-like virus from a single source The stool samples were shipped to the CDC the week of January 29 – February 2, 2001 by the IDPH laboratory.

Throughout the investigation, the foodborne illness investigation team met to review the progress of the investigation and to continually refocus staff efforts based upon the most recent information from the ongoing investigation

FINDINGS

There were one-hundred-forty-eight (148) individuals identified from five (5) separate groups, in the outbreak investigation, that developed illness associated with the consumption of the salad and/or fruit cup at the Hob Nob Restaurant.

The epidemiological findings for the five (5) groups of individuals are as follows.

Crystal Lake Seniors Group – Luncheon on December 18, 2000:

There were ninety-three (93) individuals identified in the outbreak investigation that developed illness associated with the consumption of the stuffing and/or salad The **case definition** that was developed for this outbreak specified that a **case would be someone who attended the Crystal Lake Seniors luncheon**

at the Hob Nob Restaurant, on December 18, 2000 and consumed food between 12:00 and 12:30 p.m. and became ill four (4) to fifty-eight (58) hours after eating with symptoms of diarrhea and/or vomiting, nausea, lack of appetite, weakness and abdominal cramping persisting for six (6) to ninety-six (96) hours. Forty-eight (48) ill and forty-nine (49) well were interviewed utilizing the EPI INFO questionnaire The illness was characterized by diarrhea (85%), vomiting (79%), lack of appetite (75%), weakness (75%), nausea (73%) and abdominal cramping (67%) The duration of symptoms averaged forty-nine point five (49.5) hours with a range of six (6) to ninety-six (96) hours The incubation period averaged thirty point six (30 6) hours with a range of four (4) to fifty-eight (58) hours (See epidemiological findings in Appendix A) These symptoms, incubation time and duration are typical to several foodborne pathogens An examination of foodborne pathogens is provided in Appendix G Examination of gender of those ill and not ill did not reveal any association with the development of illness or persistence of symptoms

Statistical analysis of the food items indicated that the stuffing carried a risk ratio of 2 74 of becoming ill. A risk ratio could not be calculated for the salad due to a zero (0) in the 2 X 2 table (no individual who did not eat the salad became ill) To further evaluate the potential association with this outbreak, chi-square and p-values were calculated utilizing EPI INFO This information is included in Appendix A The chi square value for the stuffing was 6 17, and the p-value was 01298733 The chi square value for the salad was 5.16, and the p-value was 02305770 Therefore consumption of the salad and/or stuffing were statistically associated with illness The illness attack rate for the salad was 52.2%, and no individuals who had not eaten the salad became ill The illness attack rate for the stuffing was 54 9%, however 20% of the individuals who had not eaten the stuffing also became ill. Therefore there is a much stronger association between the consumption of the salad and the onset of illness

Northwest Pizza Group Holiday Party – December 18, 2000

There were ten (10) individuals identified in the outbreak investigation that developed illness associated with the consumption of the salad and/or the fruit cup. The **case definition** that was developed for this outbreak specified that **a case would be someone who attended the Northwest Pizza holiday party at Hob Nob Restaurant on December 18, 2000, and consumed food at 8:00 p.m. and became ill twenty (20) to fifty-one point five (51.5) hours after eating with symptoms of nausea, vomiting and/or diarrhea, fever, and chills persisting for twelve (12) to forty-eight (48) hours.** Ten (10) ill and eleven (11) well were interviewed utilizing the EPI INFO questionnaire The illness was characterized by nausea (100%), vomiting (100%), fever (80%), chills (80%) and diarrhea (70%.) The duration of symptoms averaged twenty-six point six (26.6) hours with a range of twelve (12) to forty-eight (48) hours. The incubation period averaged thirty-four point seven (34 7) hours with a range of twenty (20) to fifty-one point five (51 5) hours. (See epidemiological findings in Appendix B.) These symptoms, incubation time and duration are typical to several foodborne pathogens An examination of foodborne pathogens is provided in Appendix G. Examination of gender of those ill and not ill did not reveal any association with the development of illness or persistence of symptoms

Statistical analysis of the food items indicated that the salad carried a risk ratio of 5.00 of becoming ill A relative risk of illness could not be calculated for the fruit cup due to a zero (0) in the 2 X 2 table (no individuals who did not eat the fruit cup became ill.) To further evaluate the potential association with this outbreak, chi-square and p-values were calculated utilizing EPI INFO. This information is included in Appendix B. The chi square value of the salad was 6.11, and the p-value was 0.01344883 The chi-square value of the fruit cup was 9.24, and the p-value was .00236785 The illness attack rate for the salad was 71.4% and 73.3% for the fruit cup One individual who ate the salad (14.3%) did not become ill, while no individuals who did not eat the fruit cup became ill. Therefore consumption of the salad and/or fruit cup was statistically associated with illness.

Restaurant Patrons – Ate at Restaurant from December 19 – 20, 2000

There were sixteen (16) individuals identified in the outbreak investigation that developed illness associated with consumption of food at the Hob Nob The **case definition** that was developed for this outbreak specified that a **case would be someone who ate at the Hob Nob Restaurant on December 19 or December 20, 2000 and became ill eighteen (18) to forty-nine (49) hours after eating, with symptoms of nausea, diarrhea, chills, vomiting and weakness persisting for fifteen (15) to one-hundred-twenty 120 hours.** Sixteen (16) ill and five (5) well were interviewed utilizing the EPI INFO questionnaire. The illness was characterized by nausea (94%), diarrhea (88%), chills (88%), weakness (88%) and loss of appetite (75%) The duration of symptoms averaged forty-two point seven (42.7) hours with a range of fifteen (15) to one-hundred-twenty (120) hours The incubation period averaged thirty-one point three (31 3) hours with a range of eighteen (18) to forty-nine (49) hours (See epidemiological findings in Appendix D) These symptoms, incubation time and duration are typical to several foodborne pathogens An examination of foodborne pathogens is provided in Appendix G Examination of gender of those ill and not ill did not reveal any association with the development of illness or persistence of symptoms.

Statistical analysis of the food items did not identify an implicated food item using relative risk, chi-square and p-values However, the illness attack rate for the salad was eighty percent (80%) meaning eighty percent (80%) of the individuals who consumed the salad became ill No individuals who did not eat the salad became ill Therefore the attack rate data indicates an association between consumption of the salad and the onset of illness

Pioneer Center Group – December 21, 2000

There were 21 individuals identified in the outbreak investigation that developed illness The case definition that was developed for this outbreak specified that a **case would someone who attended the Pioneer Center holiday party at Hob**

Nob Restaurant on December 21, 2000 and ate between 6:30 and 7:00 pm, and became ill eight (8) to fifty-five (55) hours after eating, with symptoms of nausea, diarrhea, abdominal cramping, chills and weakness persisting for 12 to 84 hours. Twenty one (21) ill and nineteen (19) well were interviewed utilizing the EPI INFO questionnaire The illness was characterized by nausea (90%), diarrhea (86%), abdominal cramping (81%), chills (71%) and weakness (71%) (See Appendix E.) The duration of symptoms averaged thirty-nine point nine (39 9) hours with a range of twelve (12) to eighty-four (84) hours The incubation period averaged thirty-four point six (34.6) hours with a range of eight (8) to fifty-five (55) hours. (See epidemiological findings in Appendix E.) These symptoms, incubation time and duration are typical to several foodborne pathogens An examination of foodborne pathogens is provided in Appendix G Examination of gender of those ill and not ill did not reveal any association with the development of illness or persistence of symptoms

Statistical analysis of the food items indicated that a risk ratio for the salad could not be calculated due to a zero in the 2 X 2 table (No individual who did not eat the salad became ill) To further evaluate the potential association with this outbreak, chi-square and p-values were calculated utilizing EPI INFO. This info is included in Appendix E. The chi square value for salad was 5.98, and the p-value was 01447584. Therefore consumption of the salad was statistically associated with illness.

Immanual Lutheran Club 60 Luncheon – December 19, 2000

There were eight (8) individuals identified in the outbreak investigation that developed illness associated with consumption of food at the Hob Nob. The **case definition** that was developed for this outbreak specified that a **case would be someone who attended the Club 60 luncheon at Hob Nob Restaurant on December 19, 2000, and consumed food at noon and became ill twenty-six (26) to forty-four (44) hours after eating, with symptoms of nausea, vomiting and/or diarrhea and weakness persisting for**

thirty-six (36) to seventy-two (72) hours. Eight (8) ill and nineteen (19) well were interviewed utilizing the EPI INFO questionnaire The illness was characterized by diarrhea, (88%), nausea (75%), vomiting (75%) and weakness (63%) The duration of symptoms averaged forty-six point three (46 3) hours with a range of thirty-six (36) to seventy-two (72) hours The incubation period averaged thirty-six point nine (36 9) hours with a range of twenty-six (26) to forty-four (44) hours (See epidemiological findings – Appendix C) These symptoms, incubation time and duration are typical to several foodborne pathogens. An examination of foodborne pathogens is provided in Appendix G Examination of gender of those ill and not ill did not reveal any association with the development of illness or persistence of symptoms.

Statistical analysis of the food items for this group did not indicate a specific implicated food item. However, the illness attack rate for those who consumed the fruit cup (28%) was the highest for any of the food items consumed by this group.

Summary Findings

To further evaluate the statistical significance of the consumption of salad and/or fruit cup with illness, the statistical association was calculated for these foods using all of the data from all groups This analysis indicated a relative risk of 10 67 of becoming ill for the salad, with a 95% confidence limit of 1.58 to 71.96 The chi-square was 18.80, with a p-value of 0000145 A relative risk for the fruit cup could not be calculated due to a zero in the 2 X 2 table (no individual who did not eat the fruit cup, became ill) The chi square for the fruit cup was 5.11 with a p-value of 0238546. This confirms an association between eating the salad and/or fruit cup with the onset of illness

Four (4) out of seven (7) attendee stool samples underwent bacterial analysis. All four (4) of these stool samples were negative for Salmonella, Shigella,

Campylobacter, and E. Coli 0157.H7. The three (3) food personnel stool samples submitted for bacterial analysis were negative for Salmonella, and Shigella

All seven (7) stool samples from attendees, which were submitted for viral analysis, were found to be positive for Norwalk-like virus by both the Illinois Department of Public Health (IDPH) and Centers For Disease Control and Prevention (CDC) laboratories (See Appendix H) Five (5) of the positive stool samples were from attendees of the Crystal Lake Seniors Group; one (1) had attended both the Seniors and Immanual Lutheran Club 60 functions, and one (1) was from an attendee of the Pioneer Center Group. The CDC Laboratory sequenced the DNA products from all seven (7) of the positive reactions, and the sequences were identical.

Of the three foodservice personnel stool samples submitted for viral analysis, two (2) samples were found to be negative for Norwalk-like virus by the IDPH laboratory, and in one (1) employee stool sample, Norwalk-like virus was visually detected by gel electrophoresis, but was unable to be confirmed conclusively by follow up molecular probe detection The CDC laboratory determined that all three (3) foodservice personnel stool samples were negative for Norwalk-like Virus

The water samples collected on December 21, 2000 and January 3, 2001 were negative for coliform bacteria. The ice samples which were collected from the from the ice machine on January 3, 2001 were negative for coliform bacteria The ice samples which were collected from the ice bins in the main and sports bars on January 3, 2001 were positive for coliform bacteria (See Appendix I.)

DISCUSSION

The pathogen identified for this outbreak was the Norwalk-like virus The Norwalk virus is the representative agent of a heterogeneous group of viruses, also called small round structured viruses (SRSVs) or the Norwalk-like family of

agents (MMWR, 1990.) Norwalk-like virus causes an acute infectious nonbacterial gastroenteritis. It is fecal-borne, found in the small intestines of infected persons It is brought into the food chain by people who do not wash their hands properly after using the bathroom Humans are the only known reservoir for these foodborne viruses. Infected persons are believed to be infectious for twenty-four (24) to forty-eight (48) hours after symptoms subside.

The CDC laboratory sequenced the DNA products from all seven positive reactions, the sequences were identical. This indicates that the Norwalk-like virus was from a single source The positive stool samples represent attendees from multiple groups, whose common exposure was the consumption of food at the Hob Nob Restaurant, Crystal Lake

The Environmental investigation suggests that there are two (2) reasonable scenarios for the mode of transmission of the Norwalk-like virus in this outbreak The first scenario is that an infected food handler at Hob Nob Restaurant contaminated the lettuce salad and fruit cup during the preparation and handling processes due to inadequate handwashing practices One foodservice employee is responsible for the preparation of the salad and the fruit cup Norwalk-like virus was visually detected in the stool sample of this individual via gel electrophoresis by the IDPH laboratory, but this was unable to be confirmed conclusively by follow up molecular probe detection The stool sample of this individual was found to be negative for Norwalk-like virus by the CDC laboratory. Therefore the sample is considered negative The negative stool sample should not be considered definitive, however, due to the elapsed time between a likely date of illness (based upon the illness outbreak between December 18 and 21, 2000) and collection of the stool sample Observations by Environmental staff, included failure of foodservice personnel to wash hands thoroughly between glove changes, and failure to consistently minimize hand contact with ready to eat foods The fact that there were two (2) separate statistically implicated food items (lettuce salad and fruit cup,) and that one (1) individual prepared both of those

items, also points to the food handler as a possible source of contamination. Once prepared, the salad was stored in a very large (approximately 32 gallon) container with water. This provided an optimal environment for the entire container of lettuce to become contaminated, once the Norwalk-like virus was introduced into it. Environmental staff also confirmed that the container was not being properly sanitized between uses Studies have documented that the Norwalk-like virus can remain highly infective despite thirty (30) minute exposure to concentrations of chlorine as high as 6.25 mg/L, and levels of 10 mg/L appear necessary to inactivate it (MMWR, 1990.) Therefore, once the Norwalk-like virus was introduced into the container with the product, there was potential to continue to contaminate new product which may have been added to that contaminated container

If the food handler contaminated any type of the fruit upon preparation of the fruit cup, the mixing of the different types of fruit into one (1) large container could essentially disseminate the virus throughout the product. Large quantities of salad and fruit cup are prepared at a single time, since each item is used for banquets and is also offered on the daily menu. It appears from the investigation, that the same batches of lettuce salad and fruit cup were used for most, if not all, of the events in this outbreak

The second potential scenario is that one (1) or more of the food products used in the salad and/or fruit cup was received at the Hob Nob Restaurant already contaminated with Norwalk-like virus If the products were not thoroughly washed prior to use to remove the Norwalk-like virus, the mixing of the contaminated product into the other food items could then contaminate large quantities of finished product (fruit cup and lettuce salad.) Since there were two separate food items involved (fruit cup and lettuce salad,) cross contamination between the lettuce and vegetables and the fruit items would have had to occur. Food service personnel and management of the establishment indicated that the work surfaces (i.e. cutting boards) and utensils are cleaned and sanitized between

uses (i.e after preparing lettuce and vegetables, and between preparation of different types of fruit) If surfaces and utensils were properly cleaned and sanitized as stated, either multiple food items used in both products would have to have been received contaminated, or the foodservice employee could have contaminated subsequent fruits and vegetables if proper handwashing was not done after contact with the contaminated food item The Department could not locate any information regarding any food recalls or other illness outbreaks associated with fruits or vegetables, which had been contaminated with Norwalk-like virus during the investigation.

When foods other than shellfish are implicated in viral gastroenteritis outbreaks, the contamination has usually taken place near the point of consumption Foods that require handling and no further cooking (such as lettuce or fruit salads) represent the greatest risk Among Norwalk-confirmed foodborne outbreaks from 1976 – 1980 that were not attributable to shellfish, salad was the most commonly implicated food (MMWR, 1990) Whether the primary foodhandler was working while ill with a Norwalk-like virus infection or whether fruits and/or vegetables were received at the establishment already contaminated with Norwalk-like virus, the resulting illness was caused by poor sanitation practices at the establishment Failure to properly wash raw fruits and vegetables and/or failure to adequately wash hands and/or cross-contamination between contaminated foods, hands, and/or work surfaces allowed the virus to be transmitted to the attendees via the food products.

The Environmental Investigation identified specific deficiencies in food handling or sanitation practices at the Hob Nob Restaurant These deficiencies are detailed under separate cover and have been reviewed with the operators of the Hob Nob Food Facility The Department has required specific actions on the part of the operator to permanently correct the deficiencies listed

Appendix A

Epidemiological Findings

Senior Group

Percent Ill by Group
Crystal Lake Seniors Party - Hob Nob (Crystal Lake, IL)
December 18, 2000

GROUP	KNOWN ATTENDANCE	KNOWN ILL *	PERCENTAGE ILL
Crystal Lake Seniors	146	48	33%

* 97 of 146 interviewed.

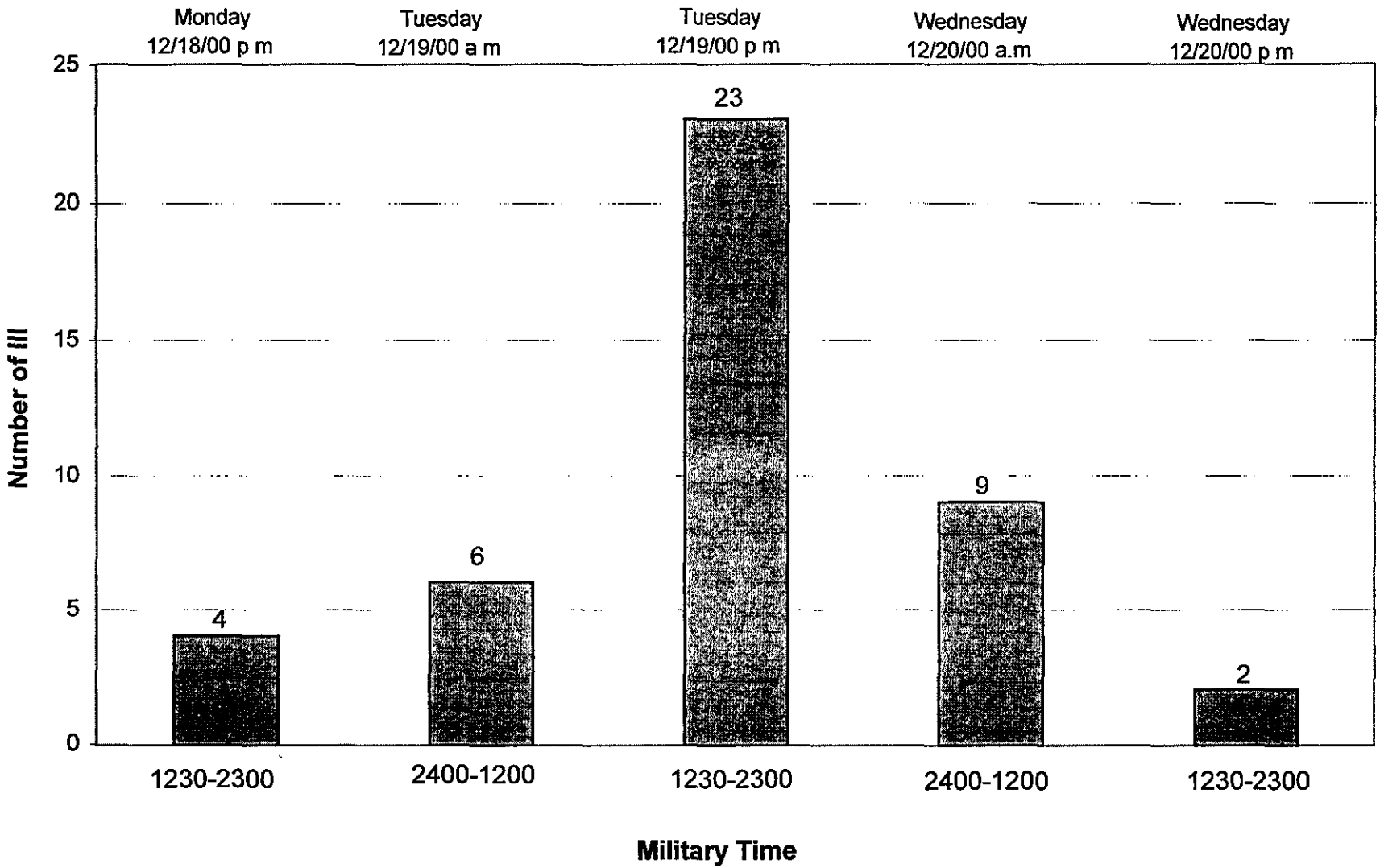
Incubation Period of Ill
Foodborne Illness Investigation
12/18/2000 – Crystal Lake Seniors Party
Hob Nob Restaurant

Mean	30.6 hours
Median	32 hours
Mode	32
Range	4 - 58 hours

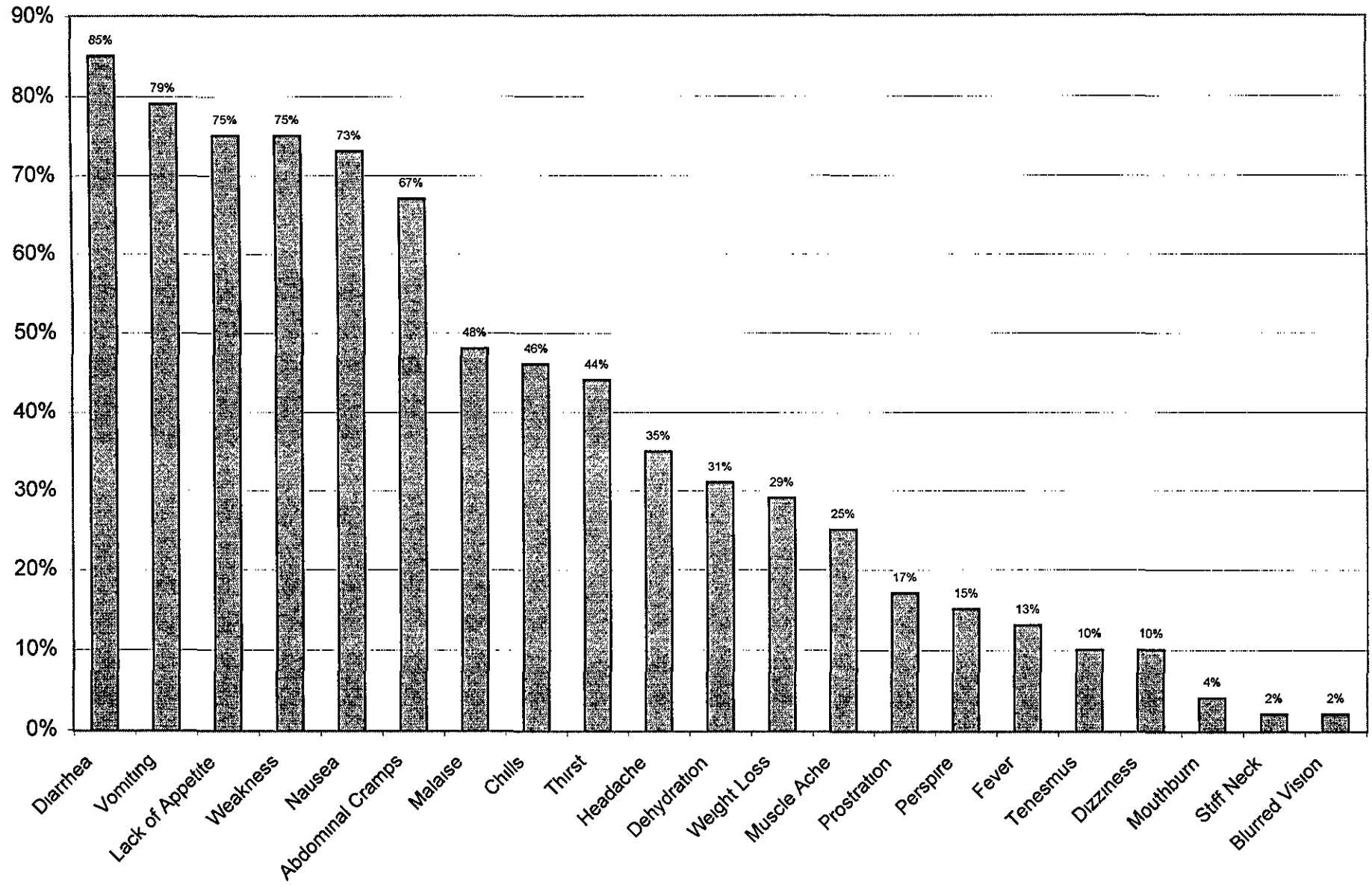
Duration of Symptoms
Foodborne Illness Investigation
12/18/2000 – Crystal Lake Seniors Party
Hob Nob Restaurant

Mean	49.5 hours
Median	48 hours
Mode	48 hours
Range	6 - 96 hours

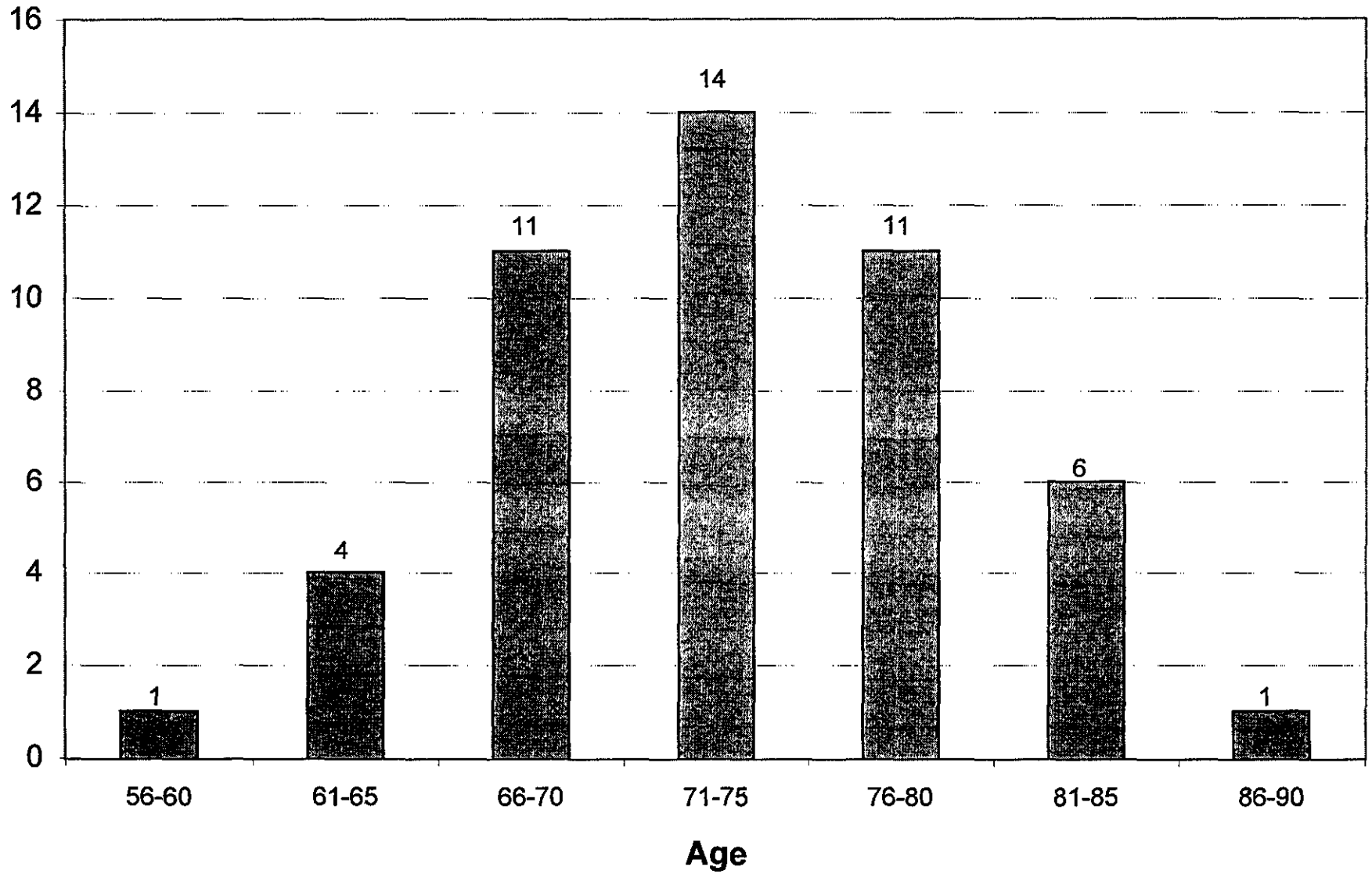
Date and Time of Onset
Foodborne Illness Investigation
12/18/2000 - Crystal Lake Seniors Party
Hob Nob Restaurant



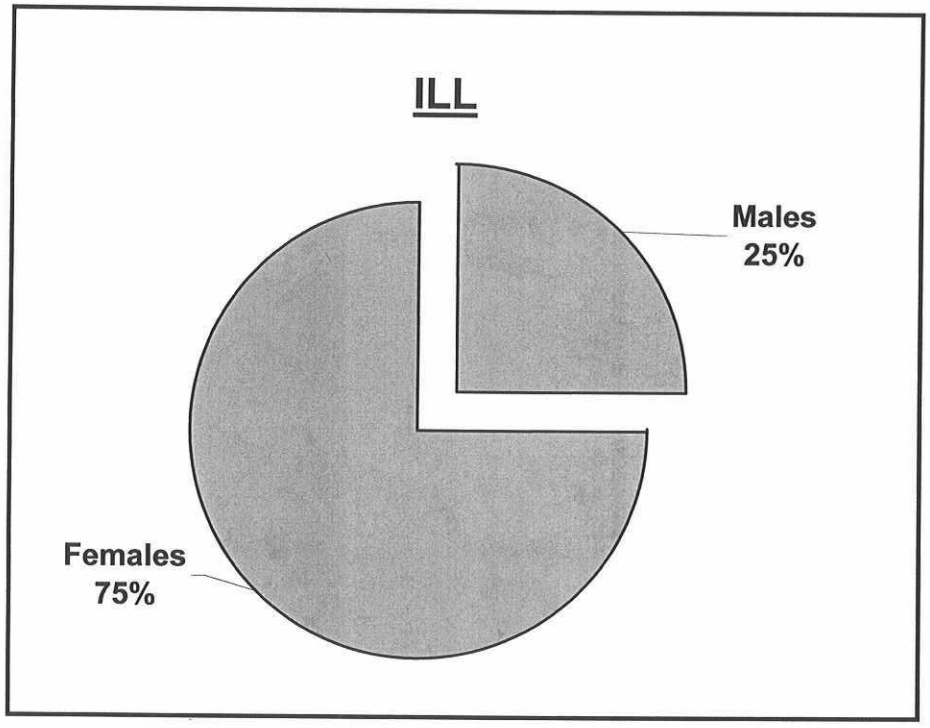
Frequency of Symptoms
Foodborne Illness Investigation
12/18/2000 - Crystal Lake Seniors Party
Hob Nob Restaurant

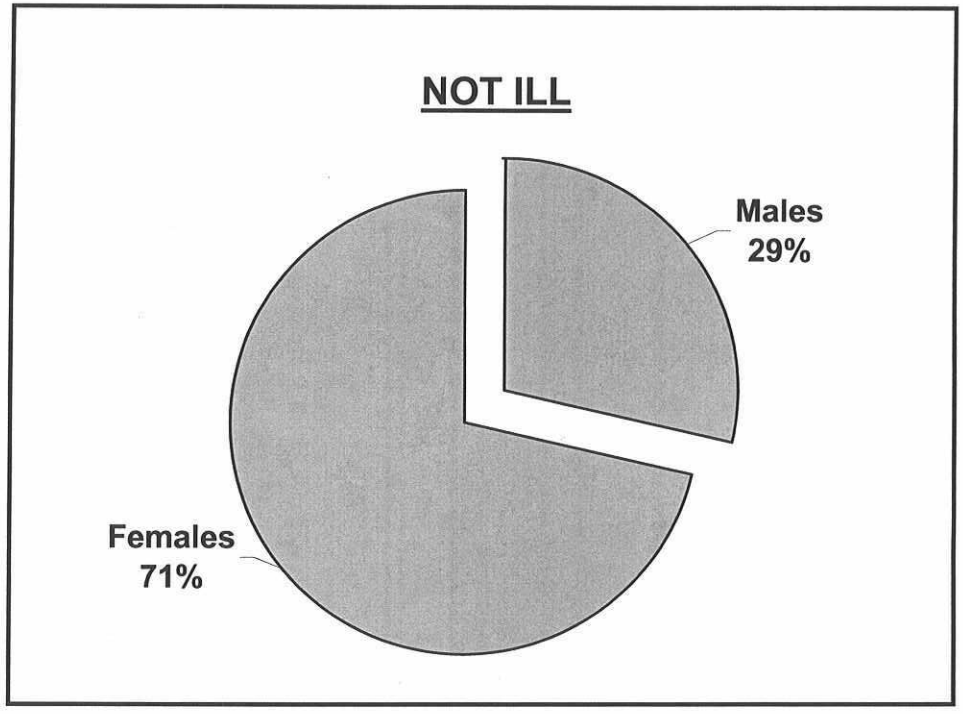


Age Comparison to Illness
Foodborne Illness Investigation
12/18/2000 - Crystal Lake Seniors Party
Hob Nob Restaurant



Gender Ratio
Foodborne Illness Investigation
12/18/2000 - Crystal Lake Seniors Party
Hob Nob Restaurant





Statistically Significant Results of Food Analysis
Foodborne Illness Investigation
December 18, 2000 – Crystal Lake Seniors Party
Hob Nob Restaurant

Food Item	P-Value*	Chi-Square*	Risk Ratio
Salad	.02305770	5.16	NA
Stuffing	.01298733	6.17	2.74

* A chi-square value of >3 84 and a p-value of <0 05 suggests the food item is related to the outbreak

ATTACK RATE
HOB NOB - SENIOR GROUP
FOODBORNE ILLNESS INVESTIGATION - DECEMBER 2000

	ATE FOOD				NOT ATE				
FOOD ITEM	ILL	NOT ILL	TOTAL	%ILL	ILL	NOT ILL	TOTAL	%ILL	DIFFERENCE
Salad	48	44	92	52.2%	0	5	5	0.0%	52.2%
Stuffing	45	37	82	54.9%	3	12	15	20.0%	34.9%
Fried Chicken	46	43	89	51.7%	2	6	8	25.0%	26.7%
Rolls	47	46	93	50.5%	1	3	4	25.0%	25.5%
Pork Roast	45	41	86	52.3%	3	8	11	27.3%	25.1%
Coffee	42	35	77	54 5%	6	14	20	30.0%	24.5%
Italian Pasta	37	28	65	56.9%	11	21	32	34.4%	22.5%
French Dressing	30	21	51	58 8%	18	28	46	39.1%	19 7%
Water with Ice	44	42	86	51.2%	4	7	11	36.4%	14.8%
Gravy	43	41	84	51.2%	5	8	13	38 5%	12.7%
Mixed Vegetables	41	40	81	50.6%	7	9	16	43.8%	6.9%
Ranch Dressing	34	32	66	51 5%	14	17	31	45.2%	6.4%
Peppermint	42	44	86	48 8%	6	5	11	54.5%	-5.7%
Bar Alcohol	7	12	19	36.8%	41	37	78	52.6%	-15.7%
Mashed Potatoes	45	48	93	48.4%	3	1	4	75.0%	-26.6%

Appendix B

Epidemiological Findings

Northwest Pizza Holiday Party

Percent Ill by Group
Northwest Pizza Party - Hob Nob (Crystal Lake, IL)
December 18, 2000

GROUP	KNOWN ATTENDANCE	KNOWN ILL *	PERCENTAGE ILL
Northwest Pizza Party	23	10	43%

* 21 of 23 interviewed.

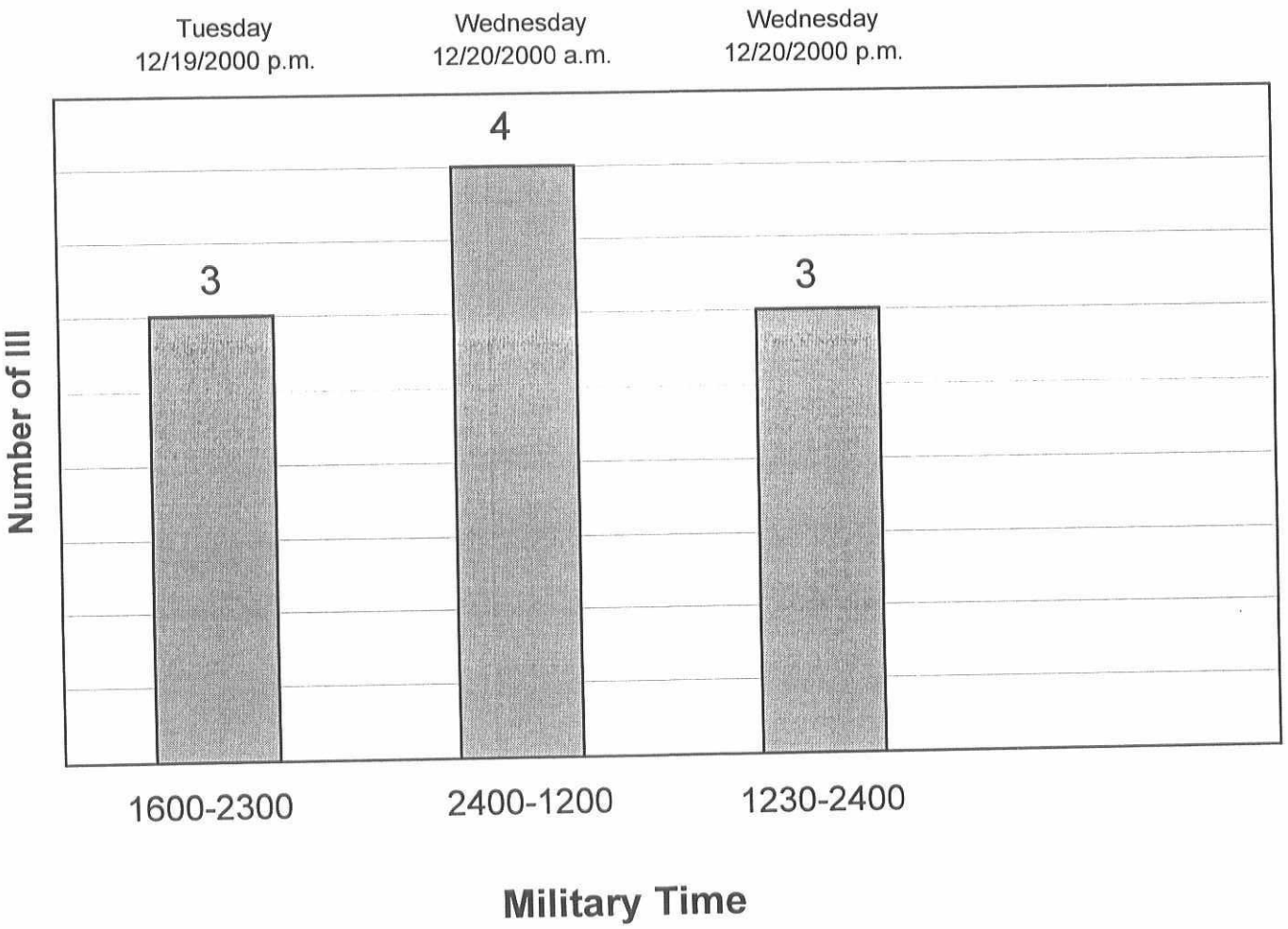
Incubation Period of Ill
Foodborne Illness Investigation
12/18/2000 – Northwest Pizza Party
Hob Nob Restaurant

Mean	34.7 hours
Median	35.25 hours
Mode	NA
Range	20 - 51.5 hours

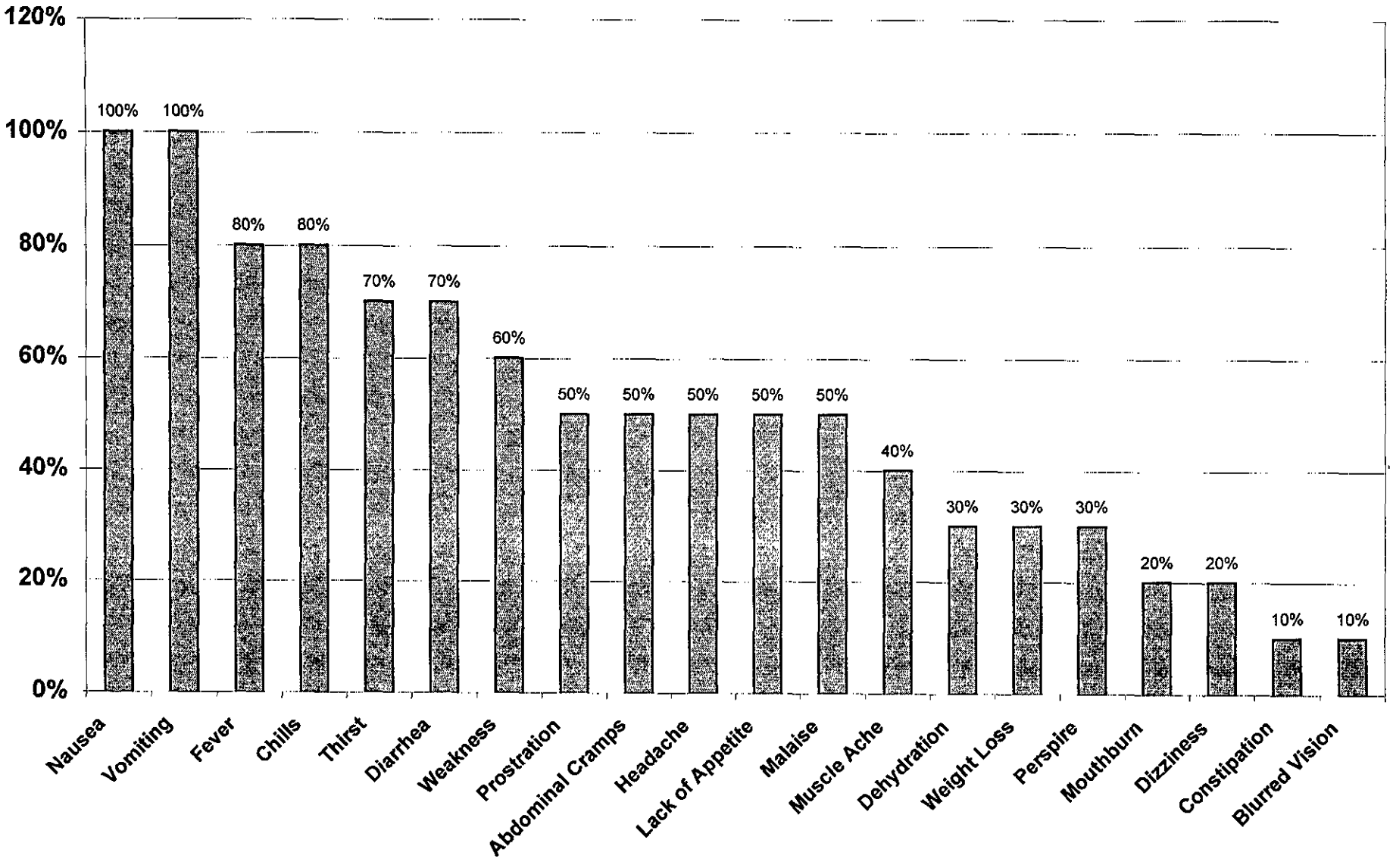
Duration of Symptoms
Foodborne Illness Investigation
12/18/2000 – Northwest Pizza Party
Hob Nob Restaurant

Mean	26.6 hours
Median	24 hours
Mode	24 hours
Range	12 - 48 hours

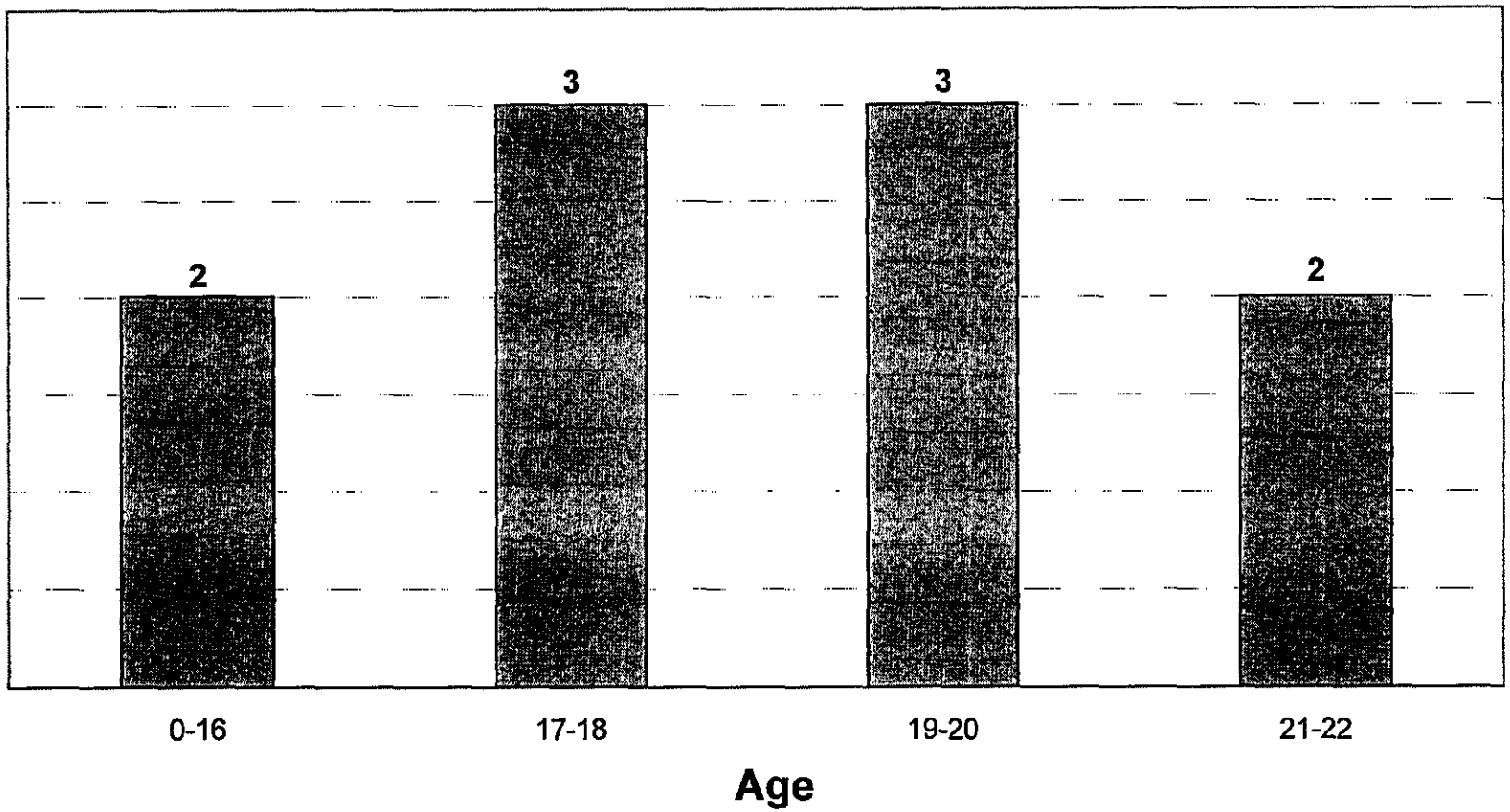
Date and Time of Onset
Foodborne Illness Investigation
12/18/2000 - Northwest Pizza Party
Hob Nob Restaurant



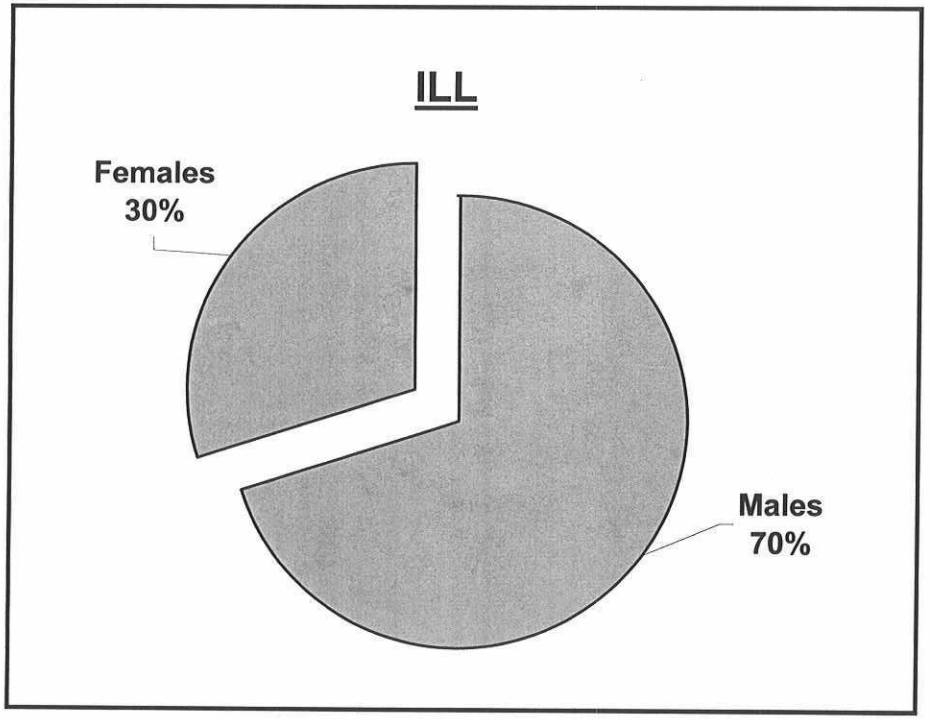
Frequency of Symptoms
Foodborne Illness Investigation
12/18/2000 - Northwest Pizza Party
Hob Nob Restuarant

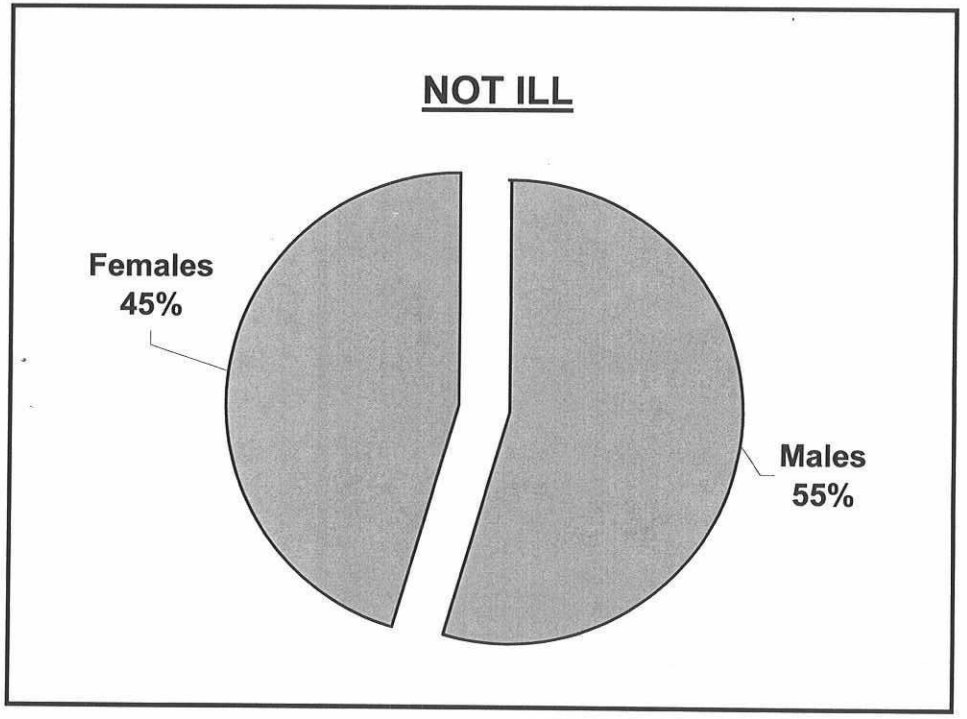


Age Comparision To Illness
Foodborne Illness Investigation
12/18/2000 - Northwest Pizza Party
Hob Nob Restuarant



Gender Ratio
Foodborne Illness Investigation
12/18/2000 - Northwest Pizza Party
Hob Nob Restaurant





o:health/nursing/cd/foodborn/nwpizza-hobnob-dec 2000.xls

Statistically Significant Results of Food Analysis
Foodborne Illness Investigation
December 18, 2000 – Northwest Pizza Party
Hob Nob Restaurant

Food Item	P-Value*	Chi-Square*	Risk Ratio
Salad	.01344883	6.11	5.00
Fruit Cup	.00236785	9.24	NA

* A chi-square value of >3.84 and a p-value of <0 05 suggests the food item is related to the outbreak.

ATTACK RATE
HOB NOB - NORTHWEST PIZZA GROUP
FOODBORNE ILLNESSS INVESTIGATION - DECEMBER 2000

	ATE FOOD				NOT ATE				
FOOD ITEM	ILL	NOT ILL	TOTAL	%ILL	ILL	NOT ILL	TOTAL	%ILL	DIFFERENCE
FRUIT CUP	**11**	**4**	**15**	**73.3%**	**0**	**6**	**6**	**0.0%**	**73.3%**
BUTTER	9	2	11	81 8%	2	8	10	20 0%	61 8%
SALAD	**10**	**4**	**14**	**71.4%**	**1**	**6**	**7**	**14.3%**	**57.1%**
CHICKEN/LINGUINE	11	10	21	52 4%	0	0	0	0 0%	52 4%
ROLLS	9	4	13	69 2%	2	6	8	25 0%	44 2%
RANCH DRESSING	8	3	11	72 7%	3	7	10	30 0%	42 7%
FRENCH DRESSING	2	1	3	66 7%	9	9	18	50 0%	16 7%
COKE	6	5	11	54 5%	5	5	10	50 0%	4 5%
ICE CREAM	8	7	15	53 3%	3	3	6	50 0%	3 3%
SPRITE	5	6	11	45 5%	6	4	10	60 0%	-14 5%
WATER	3	5	8	37 5%	8	5	13	61 5%	-24 0%
CAKE	1	5	6	16 7%	10	5	15	66 7%	-50 0%
TEA	0	0	0	0 0%	11	10	21	52 4%	-52 4%
MILK	0	0	0	0 0%	11	10	21	52 4%	-52 4%
COFFEE	0	1	1	0 0%	11	9	20	55 0%	-55 0%

Appendix C

Epidemiological Findings

Hob Nob Patrons

Percent Ill by Group
Patrons - Hob Nob Restaurant (Crystal Lake, IL)
December 19th and 20th , 2000

GROUP	TOTAL INTERVIEWED	KNOWN ILL	PERCENTAGE ILL.
Hob Nob Restaurant Patrons	21	16	76%

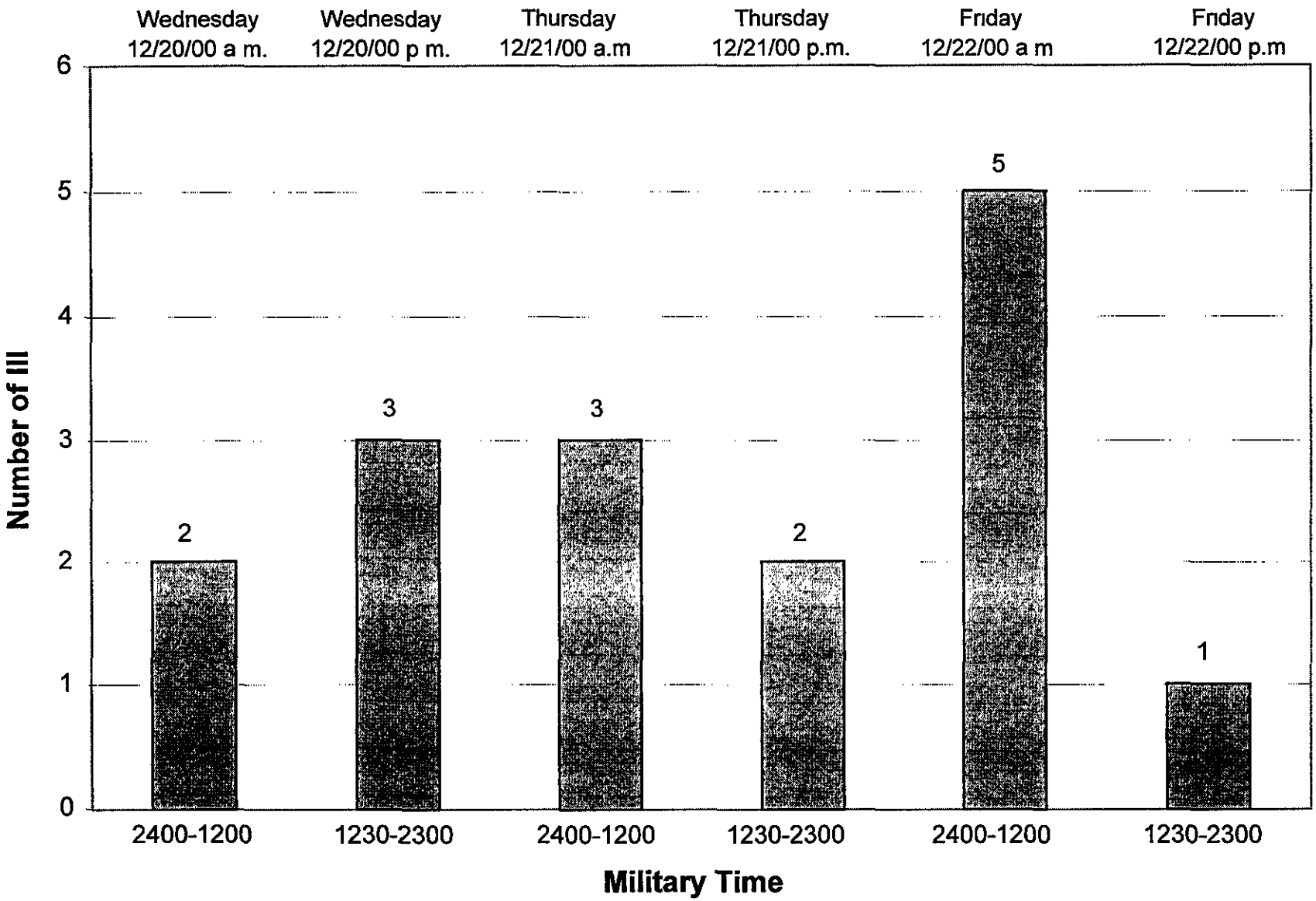
Incubation Period of Ill
Foodborne Illness Investigation
12/19/00 and 12/20/00 – Hob Nob Patrons
Hob Nob Restaurant

Mean	31.3 hours
Median	32.8 hours
Mode	NA
Range	18 - 49 hours

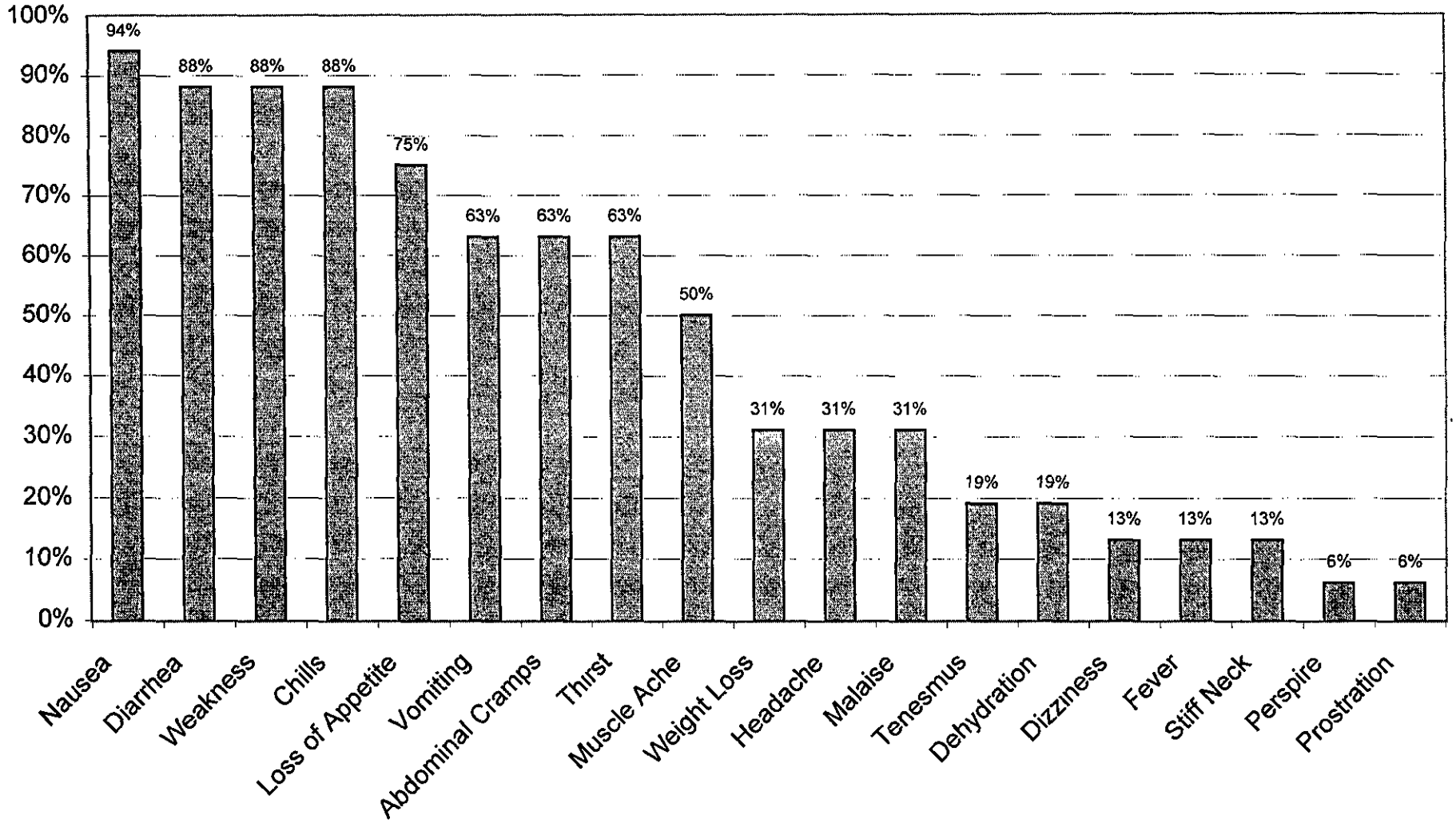
Duration of Symptoms
Foodborne Illness Investigation
12/19/00 and 12/20/00 – Hob Nob Patrons
Hob Nob Restaurant

Mean	42.7 hours
Median	42 hours
Mode	48 hours
Range	15 - 120 hours

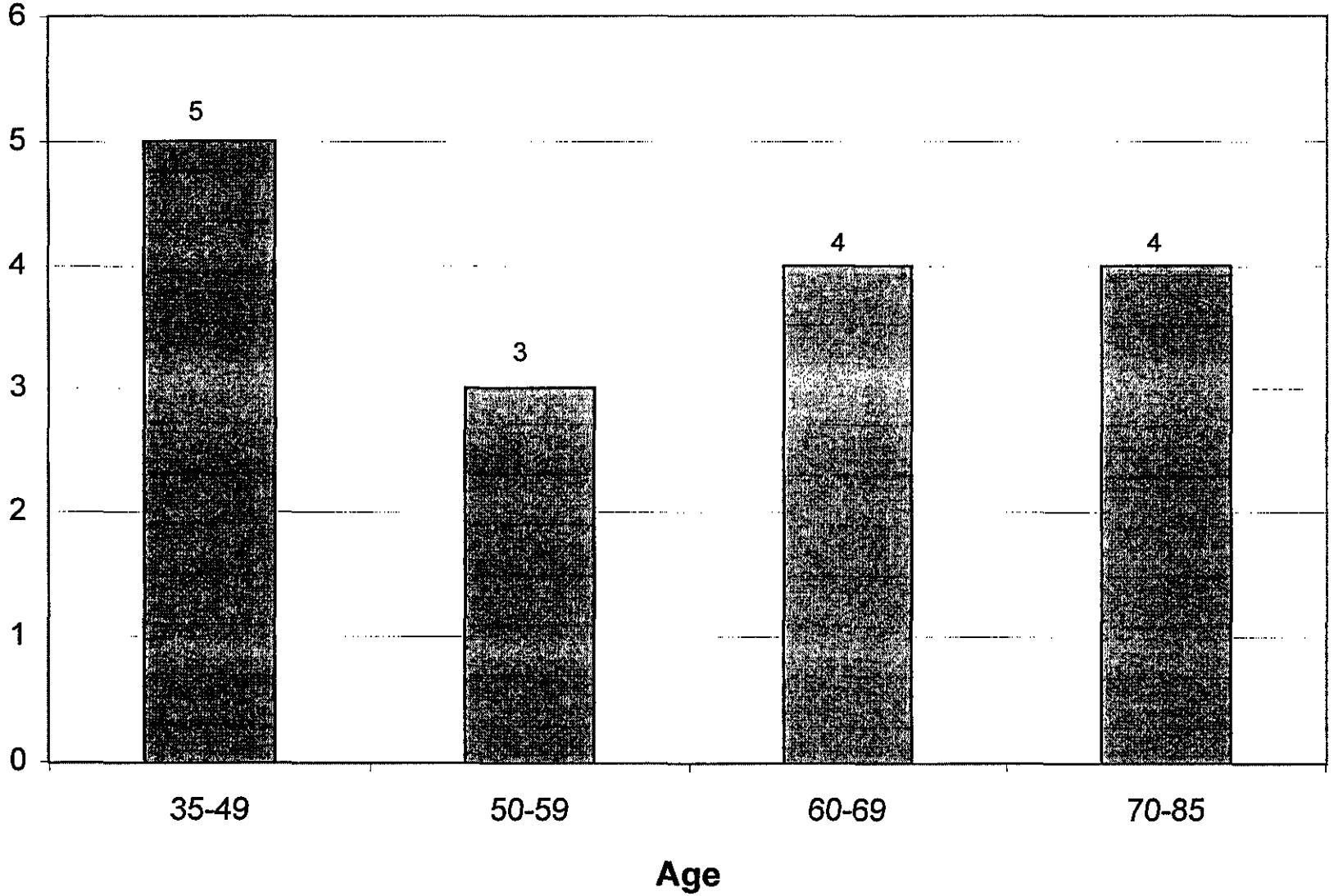
Date and Time of Onset
Foodborne Illness Investigation
12/19/00 and 12/20/00 - Hob Nob Patrons



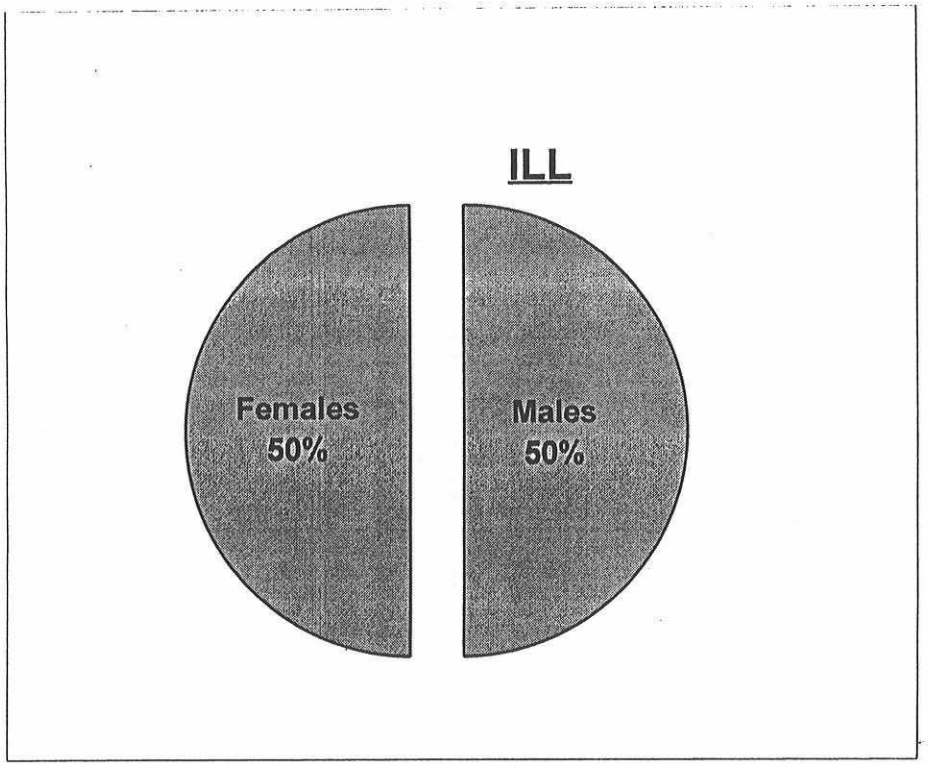
Frequency of Symptoms
Foodborne Illness Investigation
12/19/00 and 12/20/00 - Hob Nob Patrons
Hob Nob Restaurant

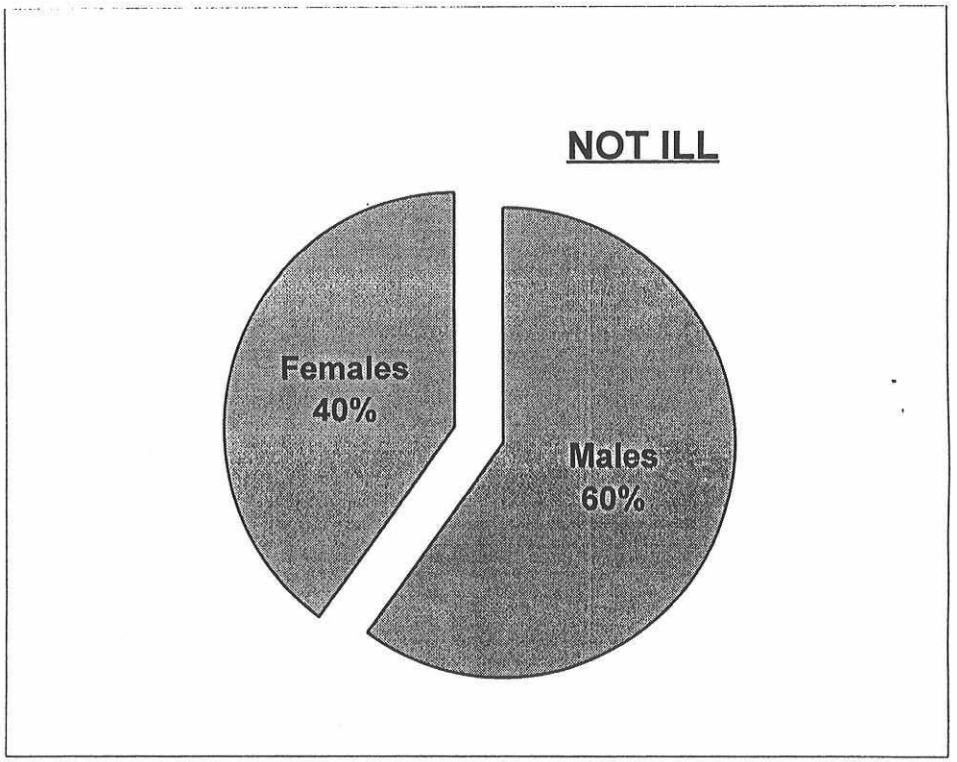


Age Comparison to Illness
Foodborne Illness Investigation
12/19/00 and 12/20/00 - Hob Nob Patrons
Hob Nob Restaurant



Gender Ratio
Foodborne Illness Investigation
12/19/00 and 12/20/00 - Hob Nob Patrons
Hob Nob Restaurant





ATTACK RATE
HOB NOB - PATRONS
FOODBORNE ILLNESS INVESTIGATION - DECEMBER 2000

	ATE FOOD				NOT ATE				
FOOD ITEM	ILL	NOT ILL	TOTAL	%ILL	ILL	NOT ILL	TOTAL	%ILL	DIFFERENCE
Salad	16	4	20	80.0%	0	1	1	0.0%	80.0%
Cream of Broccoli	7	0	7	100 0%	9	5	14	64.3%	35.7%
Baked Trout	4	0	4	100.0%	12	5	17	70 6%	29.4%
Twice Bake Potato	4	0	4	100.0%	12	5	17	70.6%	29.4%
Ranch Dressing	4	0	4	100.0%	12	5	17	70.6%	29.4%
Water with Ice	15	4	19	78.9%	1	1	2	50.0%	28.9%
Creamy Garlic	3	0	3	100.0%	13	5	18	72.2%	27.8%
French Fries	3	0	3	100.0%	13	5	18	72.2%	27.8%
Grecian Chi	2	0	2	100.0%	14	5	19	73.7%	26.3%
Salmon	1	0	1	100.0%	15	5	20	75.0%	25.0%
Scallop Scr	1	0	1	100.0%	15	5	20	75.0%	25.0%
Peppermint	1	0	1	100.0%	15	5	20	75.0%	25.0%
Roast Beef	1	0	1	100.0%	15	5	20	75.0%	25.0%
Grilled Onion	1	0	1	100.0%	15	5	20	75.0%	25.0%
Top Sirloin	1	0	1	100.0%	15	5	20	75.0%	25.0%
Rice Pilaf	1	0	1	100.0%	15	5	20	75.0%	25.0%
Saganaki	1	0	1	100.0%	15	5	20	75.0%	25.0%
Blue Cheese	8	1	9	88.9%	8	4	12	66.7%	22.2%
Green Bean C	8	2	10	80.0%	8	3	11	72.7%	7.3%
Vanilla Ice Cream	7	2	9	77.8%	9	3	12	75.0%	2.8%
Bar Alcohol	12	4	16	75.0%	4	1	5	80.0%	-5.0%
Peas Carrots	2	1	3	66.7%	14	4	18	77.8%	-11.1%
Baked Potato	10	4	14	71.4%	6	1	7	85.7%	-14.3%
Pork Chop	3	2	5	60.0%	13	3	16	81.3%	-21.3%
Butter	7	4	11	63 6%	9	1	10	90.0%	-26.4%
Coffee	4	3	7	57.1%	12	2	14	85.7%	-28.6%
Crab Stuffed	1	1	2	50.0%	15	4	19	78 9%	-28 9%
Ribs	1	1	2	50.0%	15	4	19	78.9%	-28.9%
Rolls	6	4	10	60.0%	10	1	11	90.9%	-30.9%
Sour Cream	2	2	4	50.0%	14	3	17	82.4%	-32 4%
French Dressing	0	0	0	0 0%	16	5	21	76.2%	-76.2%
Mai Mai Fish	0	1	1	0.0%	16	4	20	80 0%	-80.0%
Liver Onion	0	1	1	0.0%	16	4	20	80.0%	-80.0%
Thousand Island	0	1	1	0.0%	16	4	20	80.0%	-80.0%
Mashed Potato	0	1	1	0.0%	16	4	20	80.0%	-80.0%

Appendix D

Epidemiological Findings

Pioneer Center Dinner

Percent Ill by Group
Pioneer Center Dinner - Hob Nob Restaurant (Crystal Lake, IL)
December 21, 2000

GROUP	KNOWN ATTENDANCE	KNOWN ILL *	PERCENTAGE ILL
Pioneer Center Dinner	45	21	47%

* 40 of 45 interviewed.

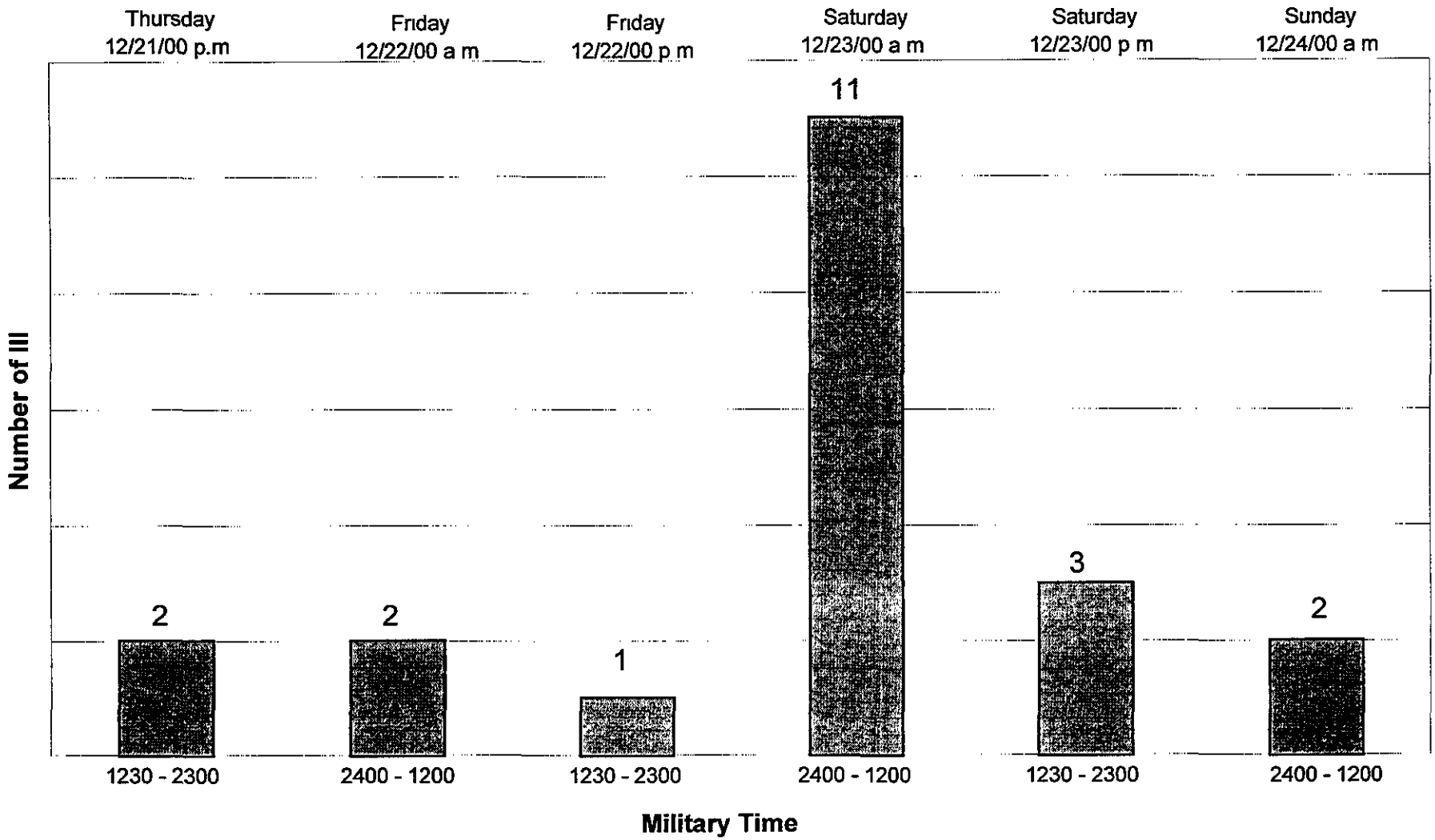
Incubation Period of Ill
Foodborne Illness Investigation
12/21/2000 – Pioneer Center Dinner
Hob Nob Restaurant

Mean	34.6 hours
Median	36 hours
Mode	36 hours
Range	8 – 55 hours

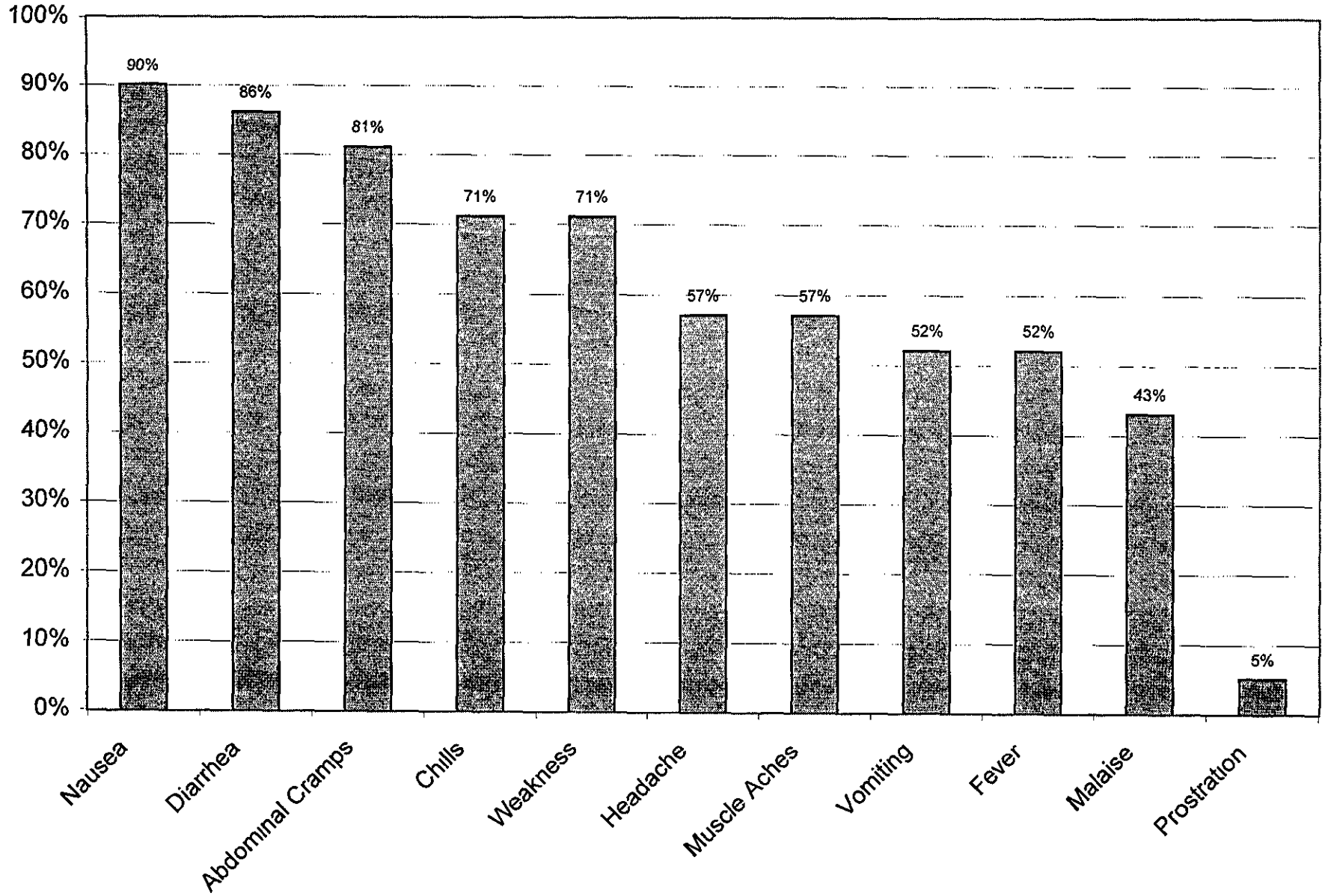
Duration of Symptoms
Foodborne Illness Investigation
12/21/2000 – Pioneer Center Dinner
Hob Nob Restaurant

Mean	39.9 hours
Median	34 hours
Mode	24 hours
Range	12 – 84 hours

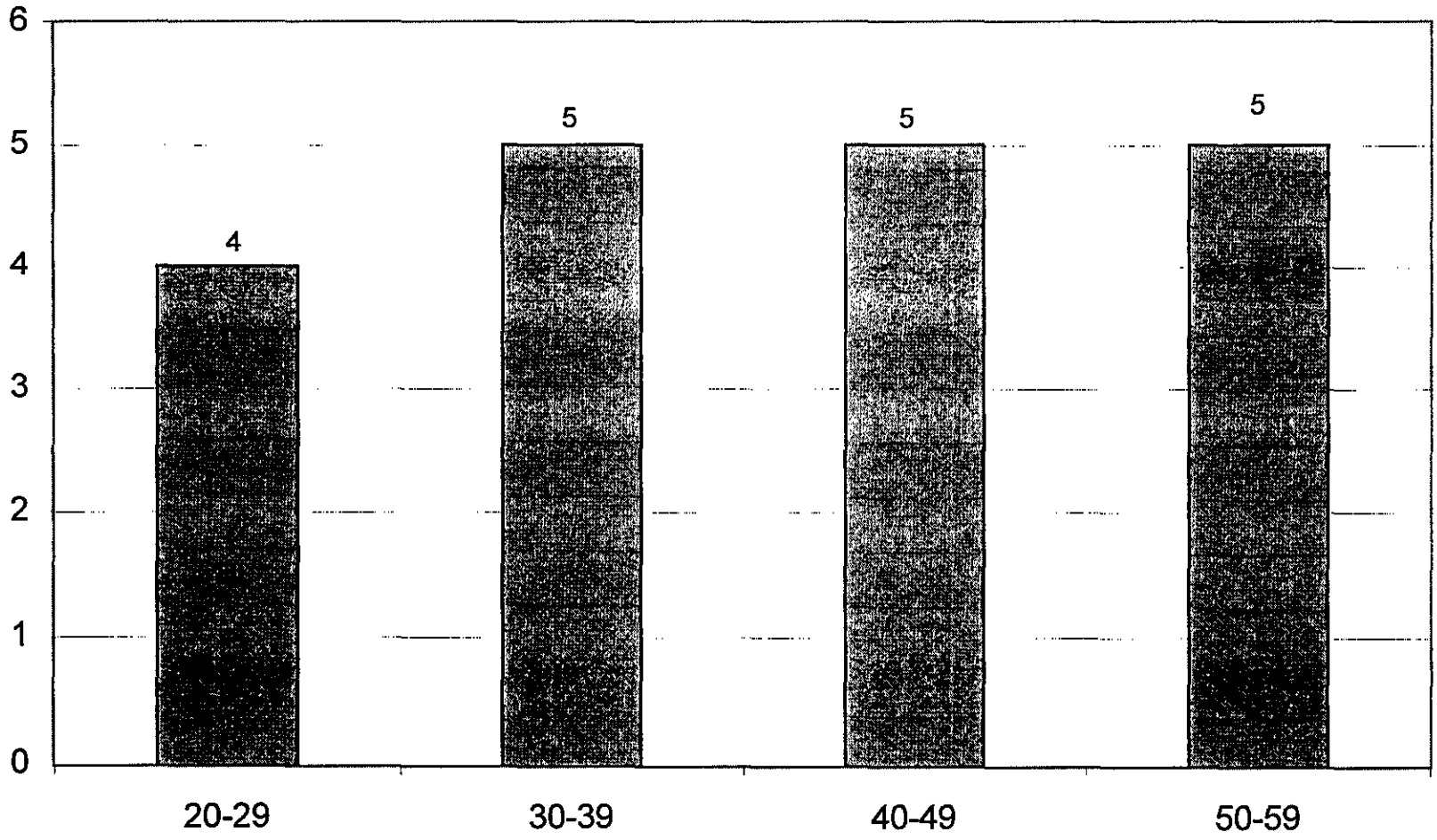
Date and Time of Onset
Foodborne Illness Investigation
12/21/2000 - Pioneer Center Dinner
Hob Nob Restaurant



Frequency of Symptoms
Foodborne Illness Investigation
12/21/2000 - Pioneer Center Dinner
Hob Nob Restaurant

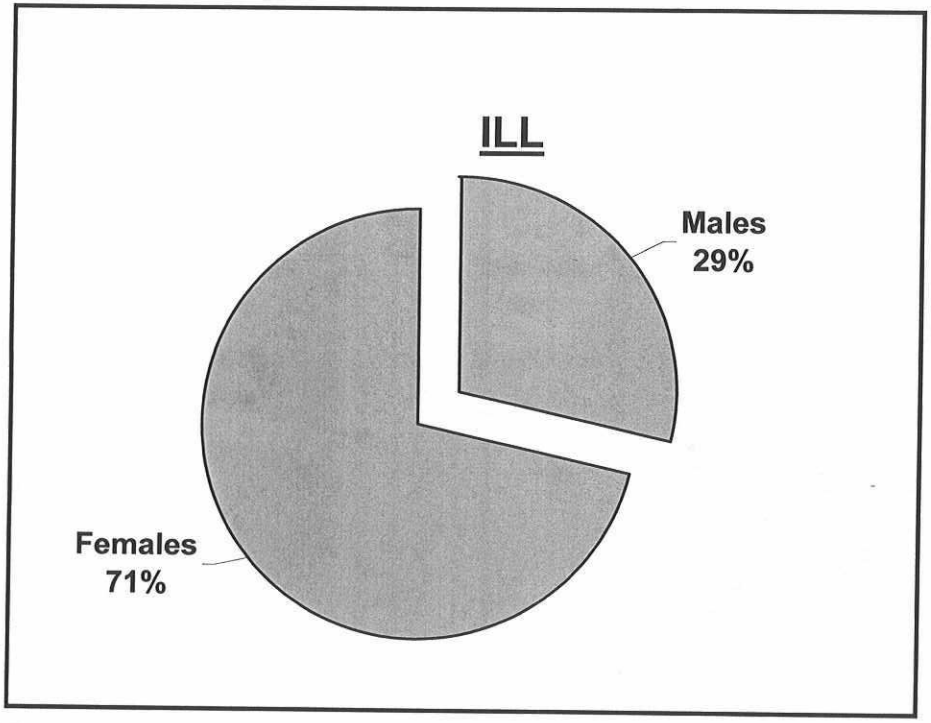


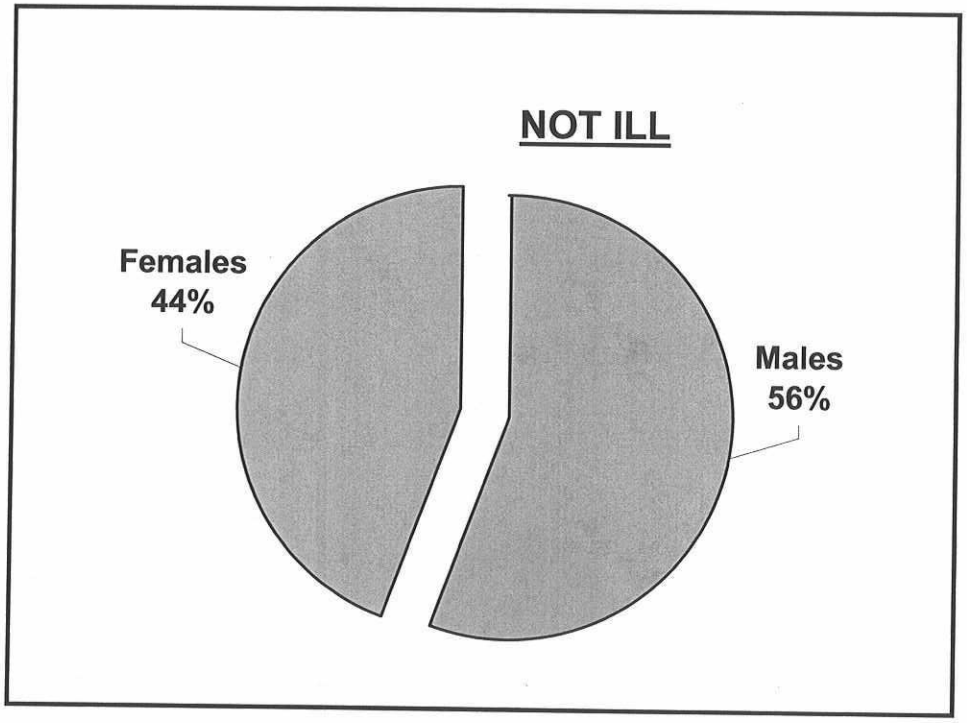
Age Comparison to Illness
Foodborne Illness Investigation
12/21/2000 - Pioneer Center Dinner
Hob Nob Restaurant



* Ages of 2 attendees are unknown

Gender Ratio
Foodborne Illness Investigation
12/21/2000 - Pioneer Center Dinner
Hob Nob Restaurant





o:health/nursing/cd/foodborn/pioneer-hobnob-dec 2000.xls

Statistically Significant Results of Food Analysis
Foodborne Illness Investigation
December 21, 2000 – Pioneer Center Dinner
Hob Nob Restaurant

Food Item	P-Value*	Chi-Square*	Risk Ratio
Salad	.01447584	5.98	NA

* A chi-square value of >3 84 and a p-value of <0.05 suggests the food item is related to the outbreak

ATTACK RATE
HOB NOB - PIONEER CENTER GROUP
FOODBORNE ILLNESS INVESTIGATION - DECEMBER 2000

	ATE FOOD				NOT ATE				
FOOD ITEM	ILL	NOT ILL	TOTAL	%ILL	ILL	NOT ILL	TOTAL	%ILL	DIFFERENCE
SALAD	21	14	35	60 0%	0	5	5	0.0%	60.0%
SHERBET	21	17	38	55.3%	0	2	2	0.0%	55.3%
MILK	2	0	2	100.0%	19	19	38	50.0%	50.0%
TEA	1	0	1	100.0%	20	19	39	51.3%	48.7%
ROLLS	20	16	36	55.6%	1	3	4	25.0%	30.6%
CHICKEN BREAST	20	16	36	55.6%	1	3	4	25 0%	30.6%
GREEN BEANS	20	16	36	55 6%	1	3	4	25.0%	30 6%
RANCH DRESSING	14	7	21	66.7%	7	12	19	36.8%	29.8%
FRENCH DRESSING	7	3	10	70 0%	14	16	30	46.7%	23 3%
GRAVY	20	17	37	54.1%	1	2	3	33.3%	20.7%
BUTTER	17	13	30	56.7%	4	6	10	40.0%	16.7%
WATER	18	15	33	54.5%	3	4	7	42.9%	11.7%
MASHED POTATOES	20	18	38	52.6%	1	1	2	50.0%	2.6%
CREAM	8	7	15	53.3%	13	12	25	52.0%	1.3%
COFFEE	12	11	23	52 2%	9	8	17	52.9%	-0 8%
SUGAR	5	8	13	38 5%	16	11	27	59.3%	-20.8%
SANKA	0	1	1	0.0%	21	18	39	53.8%	-53.8%

Appendix E

Epidemiological Findings

Immanuel Lutheran "Club 60"

Percent Ill by Group
Immanuel Lutheran "Club 60" - Hob Nob Restaurant
(Crystal Lake, IL)
December 19, 2000

GROUP	KNOWN ATTENDANCE	KNOWN ILL *	PERCENTAGE ILL
Immanuel Lutheran "Club 60"	27	8	30%

* 27 of 27 interviewed.

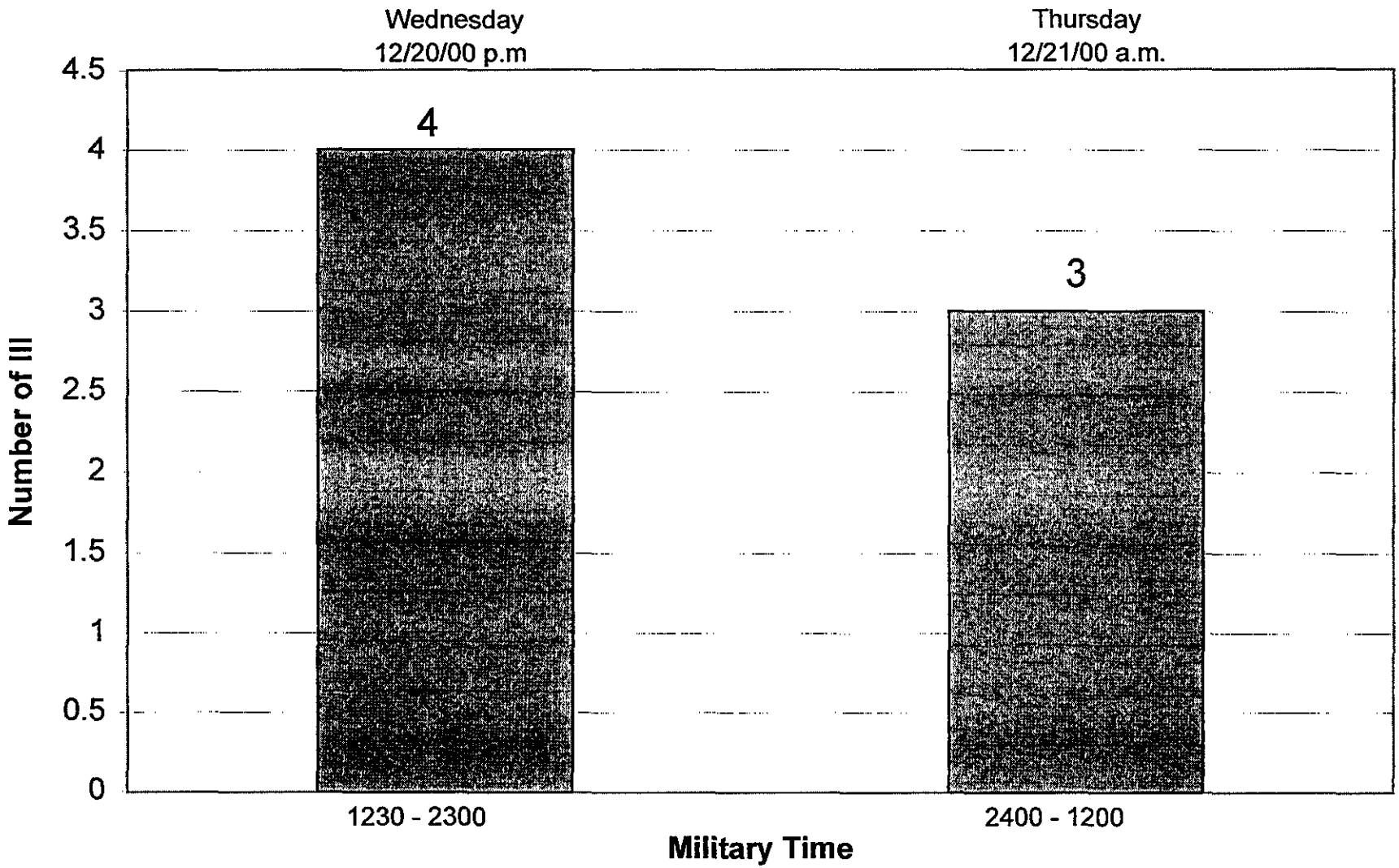
Incubation Period of Ill
Foodborne Illness Investigation
12/19/2000 – Immanuel Lutheran "Club 60"
Hob Nob Restaurant

Mean	36.9 hours
Median	36 hours
Mode	NA
Range	26 - 44 hours

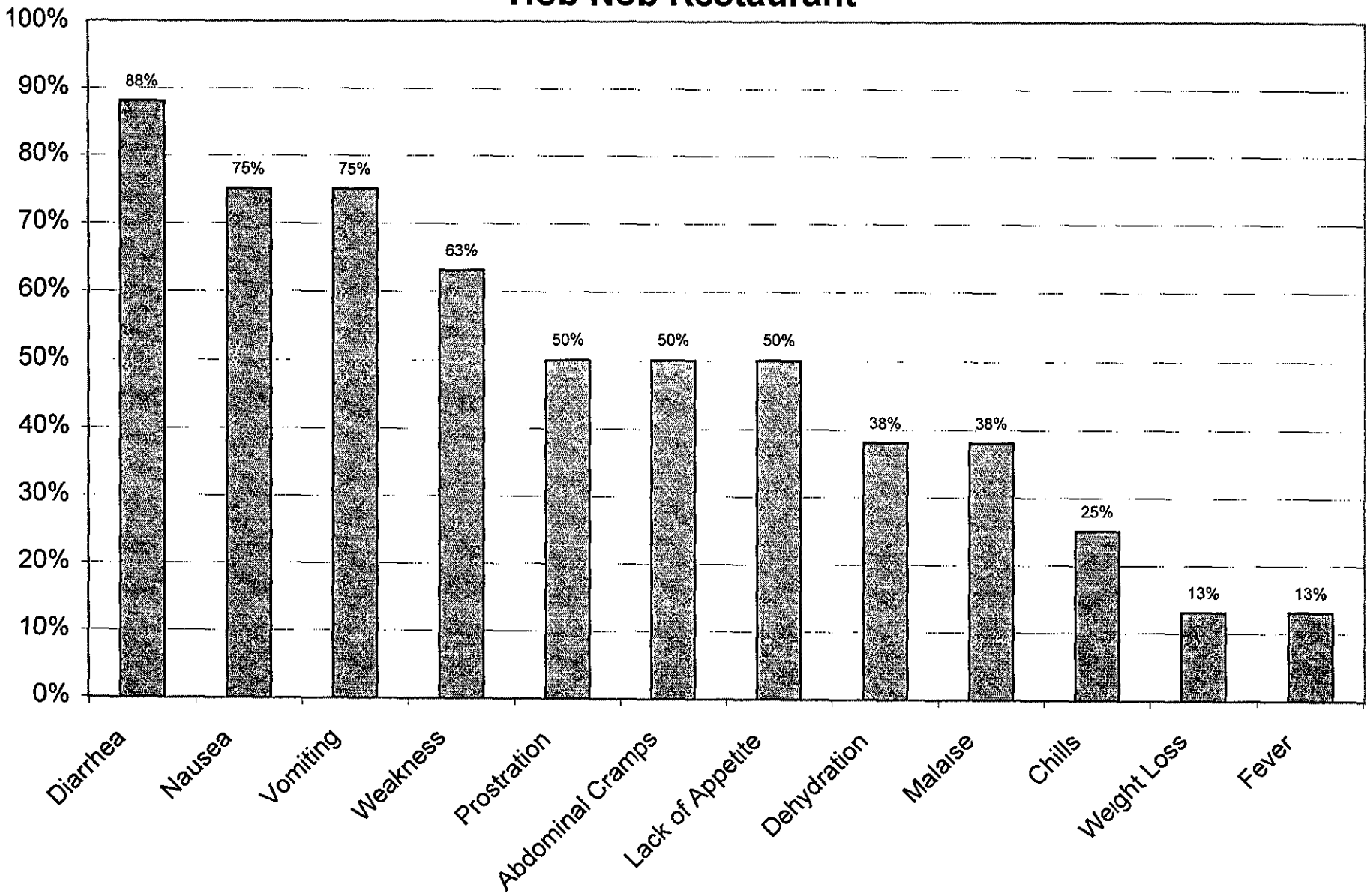
Duration of Symptoms
Foodborne Illness Investigation
12/19/2000 – Immanuel Lutheran "Club 60"
Hob Nob Restaurant

Mean	46.3 hours
Median	48 hours
Mode	36, 48 hours
Range	36 - 72 hours

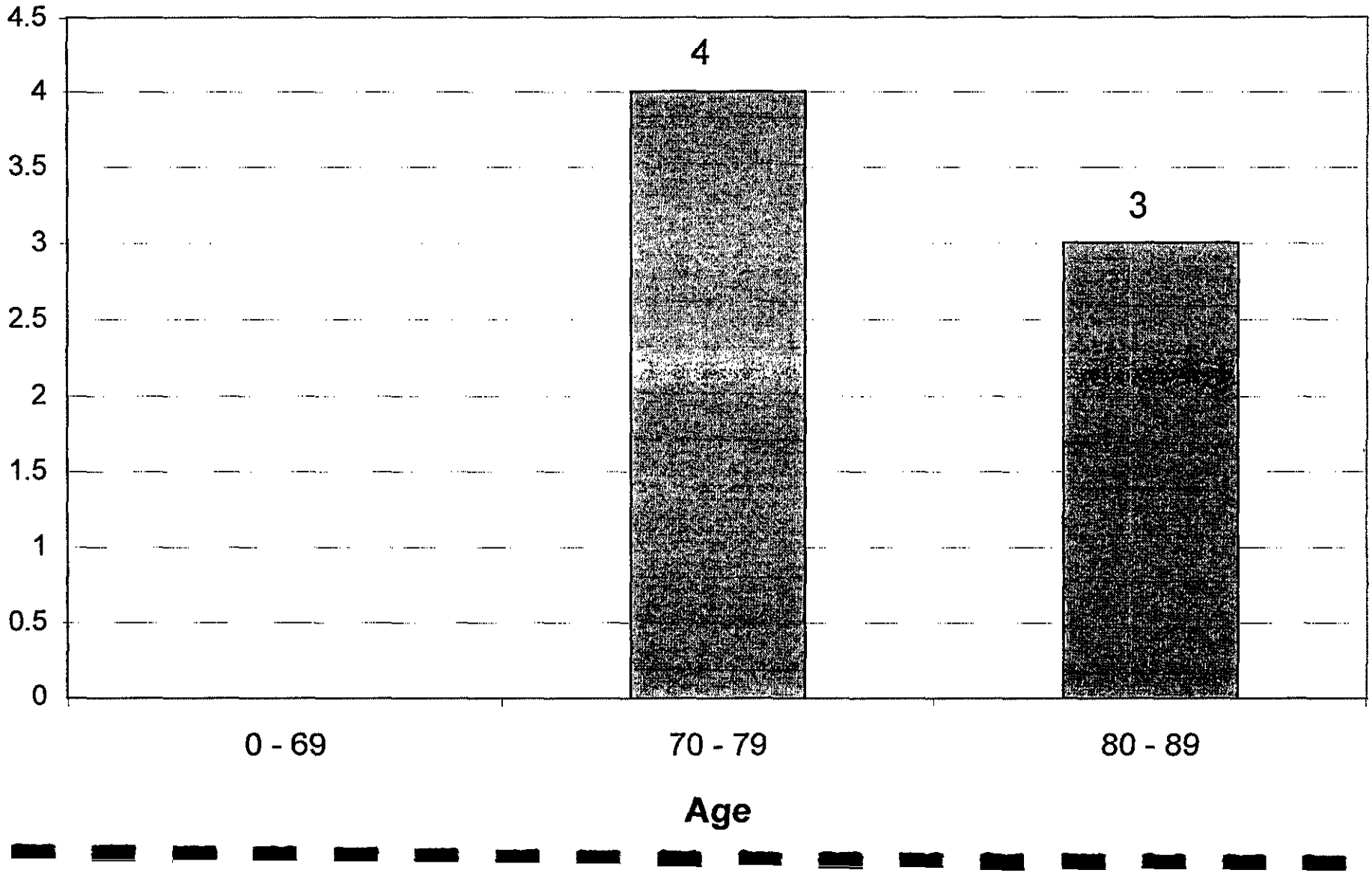
Date and Time of Onset
Foodborne Illness Investigation
12/19/2000 - Immanuel Lutheran "Club 60"
Hob Nob Restaurant



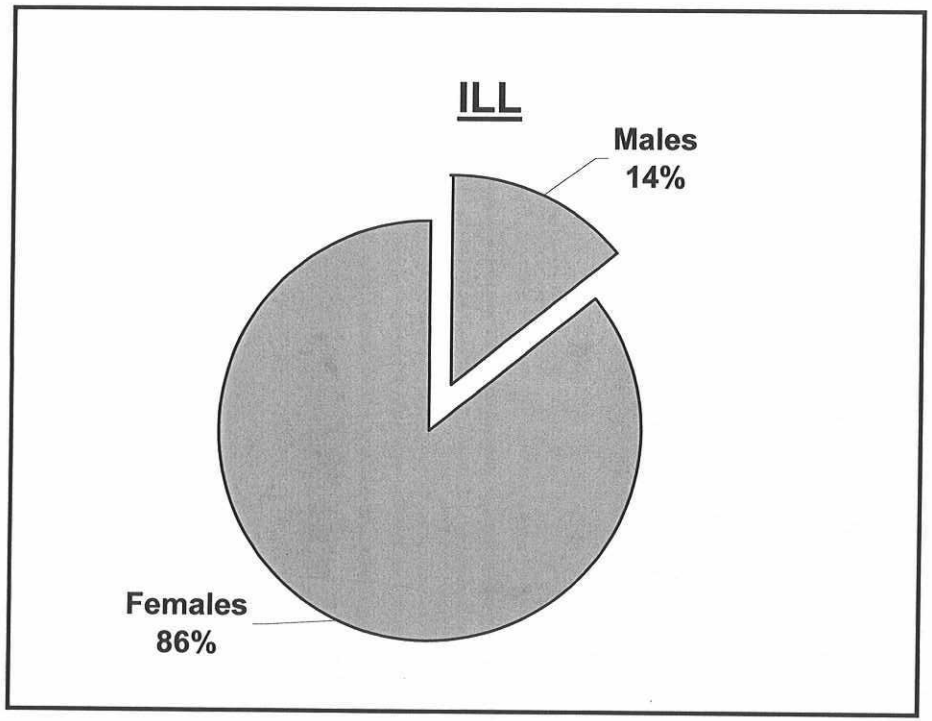
Frequency of Symptoms
Foodborne Illness Investigation
12/19/2000 - Immanuel Lutheran "Club 60"
Hob Nob Restaurant

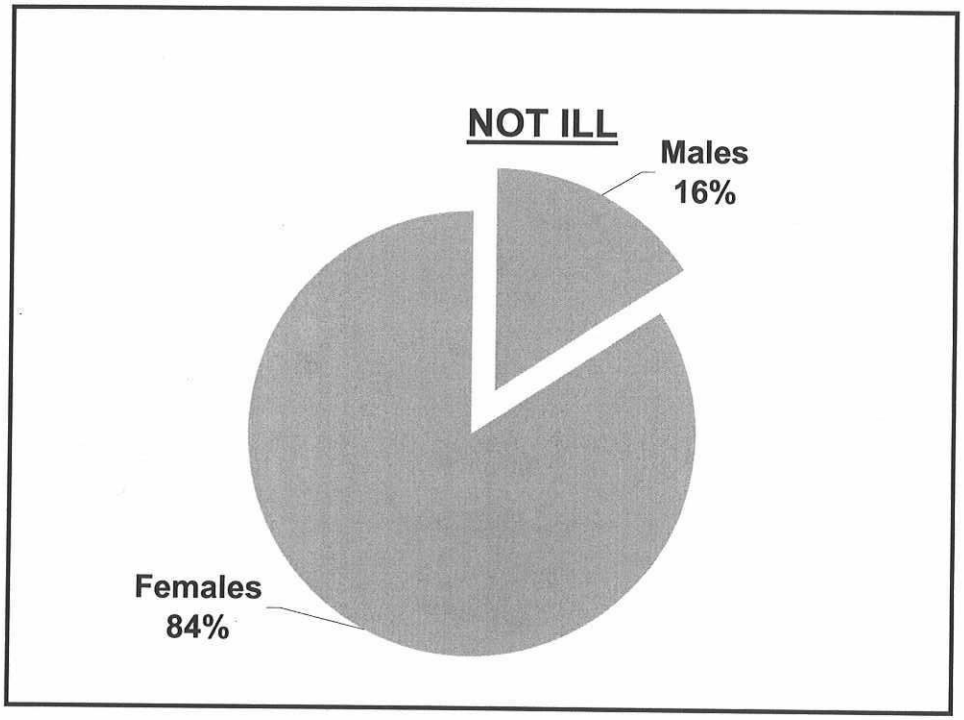


Age Comparison to Illness
Foodborne Illness Investigation
12/19/2000 - Immanuel Lutheran "Club 60"
Hob Nob Restaurant



Gender Ratio
Foodborne Illness Investigation
12/19/2000 - Immanuel Lutheran "Club 60"
Hob Nob Restaurant





o:health/nursing/cd/foodborn/immlutheran-hobnob-dec 2000.xls

ATTACK RATE
HOB NOB - IMMANUEL LUTHERAN "CLUB 60"
FOODBORNE ILLNESS INVESTIGATION - DECEMBER 19, 2000

	ATE FOOD				NOT ATE				
FOOD ITEM	ILL	NOT ILL	TOTAL	%ILL	ILL	NOT ILL	TOTAL	%ILL	DIFFERENCE
Fruit Cup	7	18	25	28.0%	0	1	1	0.0%	28.0%
Green Beans	7	19	26	26 9%	0	0	0	0 0%	26.9%
Ice Cream	7	19	26	26.9%	0	0	0	0.0%	26.9%
Wine	3	5	8	37.5%	4	14	18	22.2%	15.3%
Coffee	6	16	22	27 3%	1	3	4	25.0%	2.3%
Chicken	2	5	7	28.6%	5	14	19	26.3%	2.3%
Rolls	6	17	23	26.1%	1	2	3	33.3%	-7.2%
Chocolates	6	17	23	26.1%	1	2	3	33.3%	-7.2%
Roast Beef	5	15	20	25.0%	2	4	6	33.3%	-8.3%
Water with Ice	5	15	20	25 0%	2	4	6	33.3%	-8.3%
Butter	4	17	21	19.0%	3	2	5	60.0%	-41 0%
Twice Baked Potato	6	19	25	24.0%	1	0	1	100.0%	-76 0%

Appendix F

Epidemiological Findings Summary

Statistically Significant Results of Food Analysis
Foodborne Illness Investigation
12/18/2000 through 12/21/2000 – Hob Nob Restaurant

SUMMARY FINDINGS

Food Item	P-Value*	Chi-Square*	Risk Ratio
Salad	.0000145	18.80	10.67
Fruit Cup	.0238546	5.11	NA

* A chi-square value of >3.84 and a p-value of <0.05 suggests the food item is related to the outbreak

Appendix G

Potential Pathogens

Possible Etiologic Agents
Foodborne Illness Investigation
December 2000
Hob Nob Restaurant

AGENT	INCUBATION PEROID	DURATION	SYMPTOMS	FOOD INVOLVED
Norwalk-like Virus	14 - 48 hours	24 - 48 hours	Nausea, abdominal cramps, diarrhea, vomiting, headache, myalgia, low-grade fever	Could be any food contaminated with feces
E Coli	8 - 24 hours	Variable	Fever, chills, headache, malaise, abdominal cramps, profuse watery diarrhea	Cheese, coffee substitute, and salmon
Salmonella	5 - 72 hours	Several days	Diarrhea, abdominal pain, headache, chills, fever, vomiting, anorexia, and malaise	Meat, poultry, eggs, coconut, yeast, smoked fish, melon and milk
Shigella	7 - 1 days	Variable	Abdominal cramps, fever, chills, diarrhea, watery stools, tenesmus, lassitude, prostration, nausea, vomiting	Moist mixed food, potato, shrimp, tuna, salads, turkey and milk

Appendix H

Epidemiological Laboratory Findings

Stool Sample Analysis
Foodborne Illness Investigation
Outbreak: 12/2000
Hob Nob Restaurant

Patient ID#	Spec Type	Spec Date		Salmonella	Shigella	Campylobacter	E. coli	IDPH Norwalk-like virus	CDC Norwalk-like virus ◆
CV40	Stool	12/22/00	Attendee	Not Analyzed	Not Analyzed	Not Analyzed	Not Analyzed	Detected	Positive
CV41	Stool	12/22/00	Attendee	Negative	Negative	Negative	Negative	Detected	Positive
CV42	Stool	12/22/00	Attendee	Negative	Negative	Negative	Negative	Detected	Positive
CV43	Stool	12/22/00	Attendee	Negative	Negative	Negative	Negative	* Weakly Detected	Positive
CV44	Stool	12/22/00	Attendee	Negative	Negative	Negative	Negative	Detected	Positive
CV45	Stool	12/22/00	Attendee	Not Analyzed	Not Analyzed	Not Analyzed	Not Analyzed	Detected	Positive
CV46	Stool	12/28/00	Attendee	Not Analyzed	Not Analyzed	Not Analyzed	Not Analyzed	* Weakly Detected	Positive
CV49	Stool	1/03/01	Employee	Negative	Negative	Not Analyzed	Not Analyzed	Negative	Negative
CV50	Stool	1/03/01	Employee	Negative	Negative	Not Analyzed	Not Analyzed	Negative	Negative
CV51	Stool	1/03/01	Employee	Negative	Negative	Not Analyzed	Not Analyzed	• Comment	Negative

* Specimen was visually detected (weak), but was unable to be confirmed conclusively by follow-up molecular probe detection. This specimen is likely to be a very weak positive, as the gel pattern exhibits the same characteristics as other specimens in this batch.

• Specimen was visually detected (G2) by gel electrophoresis, but was unable to be confirmed conclusively by follow-up molecular probe detection. The gel pattern and microplate results exhibit the same characteristics as other G2 positive specimens from the same outbreak (i.e. weak probe detection).

◆ The DNA products from all seven positive reactions were sequenced, and the sequences were identical (G2,/1,4,8).

Appendix I

Environmental Laboratory Findings

McHENRY COUNTY DEPARTMENT OF HEALTH
McHENRY COUNTY GOVERNMENT CENTER-
AUXILIARY BUILDING
2200 N SEMINARY AVENUE - ROUTE 47 N
WOODSTOCK, ILLINOIS 60098
TELEPHONE 815-334-4510
FAX 815-338-7661

Source Address
4419 NORTHWEST HWY
CRYSTAL LAKE, IL 60014

Mailing Address.
HOB NOB
4419 NORTHWEST HWY
CRYSTAL LAKE, IL 60014

Date/Time Collected
12/21/00 4 30 PM

Date/Time Received
12/22/00 8 00 AM

LAB NO - 72305

ANALYTICAL REPORT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH NO 17539, ILLINOIS EPA NO IL00083

BACTERIAL ANALYSIS

Parameter	Result	Opinion	Date Analyzed	Method	Sample Volume mL.
TOTAL COLIFORM	NOT PRESENT	SATISFACTORY	12/22/00	Colilert P/A	100
E COLI	NOT PRESENT		12/22/00	Colilert P/A	

CHEMICAL ANALYSIS

Parameter	Result	Unit	OPINION	Date Analyzed	Method

Remarks
SAMPLE TAKEN AT PRESSURE TANK BEFORE SOFTNER

FOR LAB USE ONLY

SR - FB - 63933 - - - (ATY - TYP) - RNPN - RDPN

REPORTED OUT BY Joseph E. Hruzek Date Reported Out 4/23/01

Patricia Nomm, Laboratory Analyst

AN EQUAL OPPORTUNITY EMPLOYER

recycled paper

McHENRY COUNTY DEPARTMENT OF HEALTH
McHENRY COUNTY GOVERNMENT CENTER
AUXILIARY BUILDING
2200 N SEMINARY AVENUE - ROUTE 47 N
WOODSTOCK, ILLINOIS 60098
TELEPHONE 815-334-4510
FAX 815-338-7661

MCDH

Drinking Water Analysis Report

Standard Drinking Water Analysis

Source Address:

4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Mailing Address:

HOB NOB
4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Collected By: **P NOMM/KIM PLATT**

LAB NUMBER 72316

Illinois Department of Public Health Registry Number. 17539 *Illinois EPA Laboratory Number IL00083*

Sample Information:
Date/Time Collected **01/03/01 1:00 PM**

Well Information: **ft.**
Status - Purpose **SANITARIAN REQUEST - FOODBORNE**

NEW WELL NO
NON-COMM FACILITY NO **0063933**

	RESULTS PER 100 mL	OPINION	
TOTAL COLIFORM BACTERIA [ ] Membrane Filter [X] Colilert (MMO-MUG) NN	NOT PRESENT	SATISFACTORY	*Your water sample is satisfactory and is bacteriologically safe for consumption The Department recommends having your well water tested annually for coliform bacteria and nitrate*
FECAL COLIFORM BACTERIA			
E COLI	NOT PRESENT		
HETEROTROPHIC PLATE COUNT	cfu/1 0mL		

	RESULT mg/L	OPINION	
NITRATE [ ] SCREEN, AQUACHECK METHOD [ ] QUANTITATIVE. ORION 601 METHOD MCL = 10 00 mg/L			
NITRITE [ ] SCREEN. AQUACHECK METHOD [ ] QUANTITATIVE SM 4500 NO2-B MCL = 1 00 mg/L			

Residual Chlorine Analysis:	RESULT	Remarks:
[ ] Free Chlorine, SM 4500 CIG		RIGHT REAR COMPARTMENT OF ICE MACHINE
[ ] Total Chlorine, SM4500 CIG		

Date/Time Received	01/03/01 2:30 PM		
Received By	KP		
Date Reported Out	01/04/01	Reported Out By	KW
Run Analyst	KW	Read Analyst	KW

www.co.mchenry.il.us

McHENRY COUNTY DEPARTMENT OF HEALTH
McHENRY COUNTY GOVERNMENT CENTER
AUXILIARY BUILDING
2200 N SEMINARY AVENUE - ROUTE 47 N
WOODSTOCK, ILLINOIS 60098
TELEPHONE 815-334-4510
FAX 815-338-7661

MCDH

Drinking Water Analysis Report

Standard Drinking Water Analysis

Source Address

4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Mailing Address:
HOB NOB
4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Collected By P NOMM/KIM PLATT

LAB NUMBER 72317

Illinois Department of Public Health Registry Number 17539 *Illinois EPA Laboratory Number IL00083*

Sample Information:
Date/Time Collected **01/03/01 1:00 PM**

Well Information: ft.
Status - Purpose **SANITARIAN REQUEST - FOODBORNE**

NEW WELL NO
NON-COMM FACILITY NO **0063933**

	RESULTS PER 100 mL	OPINION	
TOTAL COLIFORM BACTERIA [ ] Membrane Filter [X] Colilert (MMO-MUG) NN	NOT PRESENT	SATISFACTORY	*Your water sample is satisfactory and is bacteriologically safe for consumption The Department recommends having your well water tested annually for coliform bacteria and nitrate*
FECAL COLIFORM BACTERIA			
E COLI	NOT PRESENT		
HETEROTROPHIC PLATE COUNT		cfu/1 0mL	

	RESULT mg/L	OPINION	
NITRATE [ ] SCREEN AQUACHECK METHOD [ ] QUANTITATIVE ORION 601 METHOD MCL = 10 00 mg/L			
NITRITE [ ] SCREEN AQUACHECK METHOD [ ] QUANTITATIVE SM 4500 NO2-B MCL = 1 00 mg/L			

Residual Chlorine Analysis: RESULT
[ ] Free Chlorine, SM 4500 CIG
[ ] Total Chlorine, SM4500 CIG

Remarks:
TWO COMPARTMENT SINK IN SALAD PREP AREA

Date/Time Received **01/03/01 2:30 PM**
Received By **KP**
Date Reported Out **01/04/01** Reported Out By
Run Analyst **KW** Read Analyst **KW**

www.co.mchenry.il.us

AN EQUAL OPPORTUNITY EMPLOYER
recycled paper

McHENRY COUNTY DEPARTMENT OF HEALTH
McHENRY COUNTY GOVERNMENT CENTER
AUXILIARY BUILDING
2200 N SEMINARY AVENUE - ROUTE 47 N
WOODSTOCK, ILLINOIS 60098
TELEPHONE 815-334-4510
FAX 815-338-7661

MCDH

Drinking Water Analysis Report

Standard Drinking Water Analysis

Source Address:

4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Mailing Address:

HOB NOB
4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Collected By: **P NOMM/KIM PLATT**

LAB NUMBER 72318

Illinois Department of Public Health Registry Number 17539 *Illinois EPA Laboratory Number IL00083*

Sample Information:
Date/Time Collected **01/03/01 1:00 PM**

Well Information: **ft.**
Status - Purpose **SANITARIAN REQUEST - FOODBORNE**

NEW WELL NO
NON-COMM FACILITY NO **0063933**

	RESULTS PER 100 mL	OPINION	
TOTAL COLIFORM BACTERIA [ ] Membrane Filter [X] Colilert (MMO-MUG) NN	NOT PRESENT	SATISFACTORY	*Your water sample is satisfactory and is bacteriologically safe for consumption The Department recommends having your well water tested annually for coliform bacteria and nitrate*
FECAL COLIFORM BACTERIA			
E COLI	NOT PRESENT		
HETEROTROPHIC PLATE COUNT	cfu/1 0mL		

	RESULT mg/L	OPINION	
NITRATE [ ] SCREEN, AQUACHECK METHOD [ ] QUANTITATIVE. ORION 601 METHOD MCL = 10 00 mg/L			
NITRITE [ ] SCREEN, AQUACHECK METHOD [ ] QUANTITATIVE SM 4500 NO2-B *MCL = 1 00 mg/L*			

Residual Chlorine Analysis:	RESULT	**Remarks:**
[ ] Free Chlorine, SM 4500 CIG		BRASS ROOM BAR WATER SAMPLE
[ ] Total Chlorine, SM4500 CIG		

Date/Time Received	**01/03/01 2:30 PM**		
Received By	**KP**		
Date Reported Out	**01/04/01**	Reported Out By	
Run Analyst	**KW**	Read Analyst	**KW**

www.co.mchenry.il.us

AN EQUAL OPPORTUNITY EMPLOYER

recycled paper

McHENRY COUNTY DEPARTMENT OF HEALTH
McHENRY COUNTY GOVERNMENT CENTER
AUXILIARY BUILDING
2200 N SEMINARY AVENUE - ROUTE 47 N
WOODSTOCK, ILLINOIS 60098
TELEPHONE 815-334-4510
FAX 815-338-7661

MCDH

Drinking Water Analysis Report

Standard Drinking Water Analysis

Source Address

4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Mailing Address
HOB NOB
4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Collected By **P NOMM/KIM PLATT**

LAB NUMBER 72319

Illinois Department of Public Health Registry Number 17539 *Illinois EPA Laboratory Number IL00083*

Sample Information:
Date/Time Collected **01/03/01 1:00 PM**

Well Information: **ft.**
Status - Purpose **SANITARIAN REQUEST - FOODBORNE**

NEW WELL NO
NON-COMM FACILITY NO **0063933**

	RESULTS PER 100 mL	OPINION	
TOTAL COLIFORM BACTERIA [ ] Membrane Filter - [X] Colilert (MMO-MUG) PN	PRESENT	UNSATISFACTORY	*Your water sample is unsatisfactory This well needs to be disinfected and resampled*
FECAL COLIFORM BACTERIA			
E COLI	NOT PRESENT		
HETEROTROPHIC PLATE COUNT	cfu/1 0mL		

	RESULT mg/L	OPINION	
NITRATE [ ] SCREEN, AQUACHECK METHOD [ ] QUANTITATIVE ORION 601 METHOD MCL = 10 00 mg/L			
NITRITE [ ] SCREEN AQUACHECK METHOD [ ] QUANTITATIVE, SM 4500 NO2-B MCL = 1 00 mg/L			

Residual Chlorine Analysis:	RESULT	Remarks:
[ ] Free Chlorine, SM 4500 CIG		SPORTS BAR ICE SAMPLE (EAST ICE BIN)
[ ] Total Chlorine, SM4500 CIG		

Date/Time Received	01/03/01 2:30 PM		
Received By	KP		
Date Reported Out	01/04/01	Reported Out By	KW
Run Analyst.	KW	Read Analyst.	KW

www.co.mchenry.il.us

McHENRY COUNTY DEPARTMENT OF HEALTH
McHENRY COUNTY GOVERNMENT CENTER
AUXILIARY BUILDING
2200 N SEMINARY AVENUE - ROUTE 47 N
WOODSTOCK, ILLINOIS 60098
TELEPHONE 815-334-4510
FAX 815-338-7661

MCDH

Drinking Water Analysis Report

Standard Drinking Water Analysis

Source Address:

4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Mailing Address:

HOB NOB
4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Collected By **P NOMM/KIM PLATT**

LAB NUMBER 72320

Illinois Department of Public Health Registry Number. 17539 *Illinois EPA Laboratory Number IL00083*

Sample Information:
Date/Time Collected **01/03/01 1:00 PM**

Well Information: **ft.**
Status - Purpose **SANITARIAN REQUEST - FOODBORNE**

NEW WELL NO
NON-COMM FACILITY NO **0063933**

	RESULTS PER 100 mL	OPINION	
TOTAL COLIFORM BACTERIA [ ] Membrane Filter [X] Colilert (MMO MUG) PN	PRESENT	UNSATISFACTORY	*Your water sample is unsatisfactory This well needs to be disinfected and resampled*
FECAL COLIFORM BACTERIA			
E COLI	NOT PRESENT		
HETEROTROPHIC PLATE COUNT	cfu/1 0mL		

	RESULT mg/L	OPINION	
NITRATE [ ] SCREEN, AQUACHECK METHOD [ ] QUANTITATIVE, ORION 601 METHOD MCL = 10 00 mg/L			
NITRITE [ ] SCREEN AQUACHECK METHOD [ ] QUANTITATIVE SM 4500 NO2-B MCL = 1 00 mg/L			

Residual Chlorine Analysis: RESULT
[ ] Free Chlorine, SM 4500 CIG
[ ] Total Chlorine, SM4500 CIG

Remarks:
SPORTS BAR ICE SAMPLE (WEST ICE BIN)

Date/Time Received	**01/03/01**	**2:30 PM**	
Received By	**KP**		
Date Reported Out	**01/04/01**	Reported Out By	
Run Analyst.	**KW**	Read Analyst	**KW**

www.co.mchenry.il.us

AN EQUAL OPPORTUNITY EMPLOYER

recycled paper

McHENRY COUNTY DEPARTMENT OF HEALTH
McHENRY COUNTY GOVERNMENT CENTER
AUXILIARY BUILDING
2200 N SEMINARY AVENUE - ROUTE 47 N
WOODSTOCK, ILLINOIS 60098
TELEPHONE 815-334-4510
FAX 815-338-7661

MCDH

Drinking Water Analysis Report

Standard Drinking Water Analysis

Source Address

4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Mailing Address

HOB NOB
4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Collected By **P NOMM/KIM PLATT**

LAB NUMBER **72321**

Illinois Department of Public Health Registry Number 17539 *Illinois EPA Laboratory Number IL00083*

Sample Information:
Date/Time Collected **01/03/01 1:00 PM**

Well Information: **ft.**
Status - Purpose **SANITARIAN REQUEST - FOODBORNE**

NEW WELL NO
NON-COMM FACILITY NO **0063933**

	RESULTS PER 100 mL	OPINION	
TOTAL COLIFORM BACTERIA [ ] Membrane Filter [X] Colilert (MMO MUG) PN	PRESENT	UNSATISFACTORY	*Your water sample is unsatisfactory This well needs to be disinfected and resampled*
FECAL COLIFORM BACTERIA			
E COLI	NOT PRESENT		
HETEROTROPHIC PLATE COUNT	cfu/1 0mL		

	RESULT mg/L	OPINION	
NITRATE [ ] SCREEN AQUACHECK METHOD [ ] QUANTITATIVE ORION 601 METHOD MCL = 10 00 mg/L			
NITRITE [ ] SCREEN, AQUACHECK METHOD [ ] QUANTITATIVE SM 4500 NO2-B MCL = 1 00 mg/L			

Residual Chlorine Analysis: RESULT
[ ] Free Chlorine, SM 4500 CIG
[ ] Total Chlorine, SM4500 CIG

Remarks:
MAIN BAR BOTTOM OF ICE BIN

Date/Time Received	**01/03/01 2:30 PM**		
Received By	**KP**		
Date Reported Out	**01/04/01**	Reported Out By	
Run Analyst.	**KW**	Read Analyst	**KW**

www.co.mchenry.il.us

McHENRY COUNTY DEPARTMENT OF HEALTH
McHENRY COUNTY GOVERNMENT CENTER
AUXILIARY BUILDING
2200 N SEMINARY AVENUE - ROUTE 47 N
WOODSTOCK, ILLINOIS 60098
TELEPHONE 815-334-4510
FAX 815-338-7661

MCDH

Drinking Water Analysis Report

Standard Drinking Water Analysis

Source Address.

4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Mailing Address:
HOB NOB
4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Collected By: **P NOMM/KIM PLATT**

LAB NUMBER 72322

Illinois Department of Public Health Registry Number. 17539 *Illinois EPA Laboratory Number. IL00083*

Sample Information:
Date/Time Collected **01/03/01 1:00 PM**

Well Information: **ft.**
Status - Purpose **SANITARIAN REQUEST - FOODBORNE**

NEW WELL NO
NON-COMM FACILITY NO **0063933**

	RESULTS PER 100 mL	OPINION	
TOTAL COLIFORM BACTERIA [ ] Membrane Filter [X] Colilert (MMO-MUG) PN	PRESENT	UNSATISFACTORY	*Your water sample is unsatisfactory This well needs to be disinfected and resampled*
FECAL COLIFORM BACTERIA			
E COLI	NOT PRESENT		
HETEROTROPHIC PLATE COUNT	cfu/1 0mL		

	RESULT mg/L	OPINION	
NITRATE [ ] SCREEN, AQUACHECK METHOD [ ] QUANTITATIVE ORION 601 METHOD MCL = 10 00 mg/L			
NITRITE [ ] SCREEN AQUACHECK METHOD [ ] QUANTITATIVE, SM 4500 NO2-B MCL = 1 00 mg/L			

Residual Chlorine Analysis:	RESULT	**Remarks:**
[ ] Free Chlorine, SM 4500 CIG		MAIN BAR TOP OF ICE BIN
[ ] Total Chlorine, SM4500 CIG		

Date/Time Received	01/03/01 2:30 PM		
Received By	KP		
Date Reported Out	01/04/01	Reported Out By	KW
Run Analyst	KW	Read Analyst	KW

www.co.mchenry.il.us

McHENRY COUNTY DEPARTMENT OF HEALTH
McHENRY COUNTY GOVERNMENT CENTER
AUXILIARY BUILDING
2200 N SEMINARY AVENUE - ROUTE 47 N
WOODSTOCK, ILLINOIS 60098
TELEPHONE 815-334-4510
FAX 815-338-7661

MCDH

Drinking Water Analysis Report

Standard Drinking Water Analysis

Source Address

4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Mailing Address

HOB NOB
4419 NORTHWEST HWY
CRYSTAL LAKE IL 60014

Collected By **P NOMM/KIM PLATT**

LAB NUMBER 72323

Illinois Department of Public Health Registry Number 17539 *Illinois EPA Laboratory Number IL00083*

Sample Information:
Date/Time Collected **01/03/01 1:00 PM**

Well Information: **ft.**
Status - Purpose **SANITARIAN REQUEST - FOODBORNE**

NEW WELL NO
NON-COMM FACILITY NO **0063933**

	RESULTS PER 100 mL	OPINION	
TOTAL COLIFORM BACTERIA [ ] Membrane Filter [X] Colilert (MMO-MUG) MV	NOT PRESENT	SATISFACTORY	*Your water sample is satisfactory and is bacteriologically safe for consumption The Department recommends having your well water tested annually for coliform bacteria and nitrate*
FECAL COLIFORM BACTERIA			
E COLI	NOT PRESENT		
HETEROTROPHIC PLATE COUNT		*cfu/1 0mL*	

	RESULT mg/L	OPINION	
NITRATE [ ] SCREEN AQUACHECK METHOD [ ] QUANTITATIVE ORION 601 METHOD MCL = 10 00 mg/L			
NITRITE [ ] SCREEN AQUACHECK METHOD [ ] QUANTITATIVE SM 4500 NO2-B MCL = 1 00 mg/L			

Residual Chlorine Analysis: **RESULT**
[ ] Free Chlorine, SM 4500 CIG
[ ] Total Chlorine, SM4500 CIG

Remarks:
LEFT REAR COMPARTMENT OF ICE MACHINE

Date/Time Received	01/03/01 2:30 PM		
Received By	KP		
Date Reported Out	01/04/01	Reported Out By	KW
Run Analyst	KW	Read Analyst	KW

www.co.mchenry.il.us

Appendix J

Epidemiological Questionnaires

DATE AND TIME OF INTERVIEW. _____ NUMBER _____

INITIAL REPORTER. _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

PHONE _____ WORK PHONE: _____

OCCUPATION _____ DIET _____

ANY UNDERLYING HEALTH CONDITION? _____

D O B _____ AGE _____ IF UNDER 2 ENTER AGE IN MONTHS SEX (M F)

SICK IN THE PAST WEEK? _____ MEDICATIONS? _____ GI SYMPTOMS? _____

REQUIRED MEDICAL AID? YES OR NO

DOCTOR WHO _____ SEE DOCTOR, YES OR NO

HOSPITALIZED YES OR NO, WHERE _____

DIAGNOSIS _____

DATE OF ONSET OF SYMPTOMS _____ <MM/DD/YY>

SENIOR LUNCHEON

HOUR OF ONSET OF SYMPTOMS _____ MILITARY TIME

HOW LONG DID SYMPTOMS PERSIST IN HOURS OR DAYS? _____ HOURS OR _____ DAYS

DATE ATE 1 _____ <MM/DD/YY> TIME ATE 1 _____ MILITARY TIME DATE ATE 2 _____ <MM/DD/YY> TIME ATE 2 _____ MILITARY TIME

ANSWER ALL QUESTIONS WITH A YES OR NO, NUMBER ALL OCCURRANCE QUESTIONS IN ORDER OF APPEARANCE OF SYMPTOMS, OCCUR DATE, OCCUR TIME, DURATION

NAUSEA <Y> _____ NAUSOCCUR ## _____

NAUSDATE _____ MM/DD/YY NAUSTIME _____ MILITARY TIME NAUSDURA _____ HOURS/DAYS

VOMITING <Y> _____ VOMITOCCUR ## _____

VOMIDATE _____ MM/DD/YY VOMITIME _____ MILITARY TIME VOMIDURA _____ HOURS/DAYS

MOUTHBURN <Y> _____ MOUTHOCCUR## _____

MOUTDATE _____ MM/DD/YY MOUTTIME _____ MILITARY TIME MOUTDURA _____ HOURS/DAYS

DEHYDRATE<Y> _____ DEHYOCCUR ## _____

DEHYDATE _____ MM/DD/YY DEHYTIME _____ MILITARY TIME DEHYDURA _____ HOURS/DAYS

PROSTRATION <Y> _____ PROSTOCCUR ## _____

PROSDATE _____ MM/DD/YY PROSTIME _____ MILITARY TIME PROSDURA _____ HOURS/DAYS

THIRST <Y> _____ THIRSOCCUR ## _____

THIRDATE _____ MM/DD/YY THIRTIME _____ MILITARY TIME THIRDURA _____ HOURS/DAYS

WEIGHTLOSS <Y> _____ WEIGHOCCUR## _____

WEIGHDATE _____ MM/DD/YY WEIGTIME _____ MILITARY TIME WEIGDURA _____ HOURS/DAYS

SENIOR LUNCHEON

ABDOCRAMPS <Y>___ ABDOOCCUR## _____

ABDODATE _____ (MM/DD/YY) ABDOTIME## _____ (MILITARY TIME) ABDODURA _____ (HOURS/DAYS)

DIARRHEA <Y>_____ DIAROCCUR## _____

DIARDATE _____ (MM/DD/YY) DIARTIME## _____ (MILITARY TIME) DIARDURA _____ (HOURS/DAYS)

CHILLS <Y> _____ CHILLOCCUR## _____

CHILDATE _____ (MM/DD/YY) CHILTIME## _____ (MILITARY TIME) CHILDURA _____ (HOURS/DAYS)

CONSTIPATE<Y>_____ CONSTOCCUR## _____

CONSDATE _____ (MM/DD/YY) CONSTIME## _____ (MILITARY TIME) CONSDURA _____ (HOURS/DAYS)

FEVER <Y> _____ FEVEROCCUR## _____

FEVEDATE _____ (MM/DD/YY) FEVETIME## _____ (MILITARY TIME) FEVEDURA _____ (HOURS/DAYS)

TENESMUS <Y>_____ TENESOCCUR## _____

TENEDATE _____ (MM/DD/YY) TENETIME## _____ (MILITARY TIME) TENEDURA _____ (HOURS/DAYS)

HEADACHE <Y>_____ HEADOCCUR## _____

HEADDATE _____ (MM/DD/YY) HEADTIME _____ (MILITARY TIME) HEADDURA _____ (HOURS/DAYS)

LACK OF APPET ITE<Y>_____ APPETOCCUR## _____ (MILITARY TIME)

LACKDATE _____ (MM/DD/YY) LACKTIME _____ (MILITARY TIME) LACKDURA _____ (HOURS/DAYS)

MALAISE <Y> _____ MALAOCCUR## _____

MALADATE _____ (MM/DD/YY) MALATIME## _____ (MILITARY TIME) MALADURA _____ (HOURS/DAYS)

MUSCLEACHE <Y>____ MUSCLOCCUR## _____

MUSCDATE _____ (MM/DD/YY) MUSCTIME## _____ (MILITARY TIME) MUSCDURA _____ (HOURS/DAYS)

PERSPIRE <Y>_____ PERSPOCCUR## _____

PERSDATE _____ (MM/DD/YY) PERSTIME## _____ (MILITARY TIME) PERSDURA _____ (HOURS/DAYS)

STIFFNECK<Y>_____ STIFFOCCUR## _____

STIFDATE _____ (MM/DD/YY) STIFTIME## _____ (MILITARY TIME) STIFDURA _____ (HOURS/DAYS)

WEAKNESS <Y>_____ WEAKOCCUR## _____

WEAKDATE _____ (MM/DD/YY) WEAKTIME## _____ (MILITARY TIME) WEAKDURA _____ (HOURS/DAYS)

BLURRED VISION <Y> _____ BLUROCCUR## _____ (MILITARY TIME)

BLURDATE _____ (MM/DD/YY) BLURTIME## _____ (MILITARY TIME) BLURDURA _____ (HOURS/DAYS)

DIZZINESS <Y>_____ DIZZIOCCUR## _____ (MILITARY TIME)

DIZZDATE _____ (MM/DD/YY) DIZZTIME## _____ (MILITARY TIME) DIZZDURA _____ (HOURS/DAYS)

OTHER: _____

SENIOR LUNCHEON

FOOD ITEMS:

DAY 1 DATE _____

BREAKFAST

LUNCH

DINNER

DAY 2 DATE _____

BREAKFAST

LUNCH

DINNER

SENIOR LUNCHEON

DAY 3 DATE _____

BREAKFAST

_____

_____

_____

LUNCH

_____

_____

_____

DINNER

_____

_____

_____

1) DO THEY HAVE ANY LEFTOVER FOOD FROM THE EVENT? _____ YES/NO

2) IF YES, WE WOULD LIKE TO PICK UP FOOD FOR TESTING. _____

3) WILL SUBMIT (STOOL AND/OR VOMITUS) SPECIMEN? _____

4) TIME/DATE CONVENIENT TO DELIVER/PICK-UP SPECIMEN CONTAINERS. _____

5) DIRECTIONS TO HOUSE/APARTMENT: _____

_____

_____

_____

6) OTHER TIMES WHEN THEY MAY HAVE BEEN TOGETHER SOCIALLY AND/OR EATING WITH OTHER INTERVIEWERS:

_____

NAME _____

DATE _____

MEAL _____

NAME _____

DATE _____

MEAL _____

7) NAMES AND PHONE NUMBERS OF PEOPLE WHO ATE WITH YOU AT EVENT.

A) _____
LAST NAME FIRST NAME PHONE NUMBER

B) _____
LAST NAME FIRST NAME PHONE NUMBER

C) _____
LAST NAME FIRST NAME PHONE NUMBER

D) _____
LAST NAME FIRST NAME PHONE NUMBER

Were you at the Hob Nob on Dec. 13 for pinochle?

Were you at the hob Nob on Sunday Dec. 17 for the American Legion Dinner?

If so, what did you have to eat?

Were you at the Hob Nob on Dec. 20 for pinochle?

SENIOR LUNCHEON

MENU LIST

FOOD

Pork roast

Stuffing and raisins

Salad with Ranch dressing
or French dressing

Mashed potatoes

Gravy

Rolls

Fried chicken

Peppermint ice cream

Italian pasteries (homemade with figs and nuts and icing)

Coffee

Water w/ice

Bar (alcohol)

Mixed Vegetables

DATE AND TIME OF INTERVIEW _____ NUMBER _____

INITIAL REPORTER: _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

PHONE _____ WORK PHONE: _____

OCCUPATION _____ DIET _____

ANY UNDERLYING HEALTH CONDITION? _____

D O.B._____ AGE_____ IF UNDER 2 ENTER AGE IN MONTHS SEX (M F)

SICK IN THE PAST WEEK?_____ MEDICATIONS?_____ GI SYMPTOMS?_____

REQUIRED MEDICAL AID? YES OR NO

DOCTOR WHO _____ SEE DOCTOR, YES OR NO

HOSPITALIZED YES OR NO, WHERE _____

DIAGNOSIS _____

DATE OF ONSET OF SYMPTOMS _____ <MM/DD/YY>

HOUR OF ONSET OF SYMPTOMS _____ MILITARY TIME

NORTHWEST PIZZA

HOW LONG DID SYMPTOMS PERSIST IN HOURS OR DAYS? _____ OR _____ HOURS DAYS

DATE ATE 1 _____ <MM/DD/YY> TIME ATE 1 _____ MILITARY TIME DATE ATE 2 _____ <MM/DD/YY> TIME ATE 2_____ MILITARY TIME

ANSWER ALL QUESTIONS WITH A YES OR NO, NUMBER ALL OCCURRANCE QUESTIONS IN ORDER OF APPEARANCE OF SYMPTOMS, OCCUR DATE, OCCUR TIME, DURATION

NAUSEA <Y> _____ NAUSOCCUR ## _____

NAUSDATE _____ MM/DD/YY NAUSTIME _____ MILITARY TIME NAUSDURA _____ HOURS/DAYS

VOMITING <Y>_____ VOMITOCCUR ## _____

VOMIDATE _____ MM/DD/YY VOMITIME _____ MILITARY TIME VOMIDURA _____ HOURS/DAYS

MOUTHBURN <Y>_____ MOUTHOCCUR## _____

MOUTDATE _____ MM/DD/YY MOUTTIME _____ MILITARY TIME MOUTDURA _____ HOURS/DAYS

DEHYDRATE<Y>_____ DEHYOCCUR ## _____

DEHYDATE _____ MM/DD/YY DEHYTIME _____ MILITARY TIME DEHYDURA _____ HOURS/DAYS

PROSTRATION <Y>____ PROSTOCCUR ## _____

PROSDATE _____ MM/DD/YY PROSTIME _____ MILITARY TIME PROSDURA _____ HOURS/DAYS

THIRST <Y> _____ THIRSOCCUR ## _____

THIRDATE _____ MM/DD/YY THIRTIME _____ MILITARY TIME THIRDURA _____ HOURS/DAYS

WEIGHTLOSS <Y>____ WEIGHOCCUR## _____

WEIGHDATE _____ MM/DD/YY WEIGTIME _____ MILITARY TIME WEIGDURA _____ HOURS/DAYS

NORTHWEST PIZZA

ABDOCRAMPS <Y>___ ABDOOCCUR## _____

ABDODATE _____ (MM/DD/YY) ABDOTIME## _____ (MILITARY TIME) ABDODURA _____ (HOURS/DAYS)

DIARRHEA <Y>_____ DIAROCCUR## _____

DIARDATE _____ (MM/DD/YY) DIARTIME## _____ (MILITARY TIME) DIARDURA _____ (HOURS/DAYS)

CHILLS <Y> _____ CHILLOCCUR## _____

CHILDATE _____ (MM/DD/YY) CHILTIME## _____ (MILITARY TIME) CHILDURA _____ (HOURS/DAYS)

CONSTIPATE<Y>_____ CONSTOCCUR## _____

CONSDATE _____ (MM/DD/YY) CONSTIME## _____ (MILITARY TIME) CONSDURA _____ (HOURS/DAYS)

FEVER <Y> _____ FEVEROCCUR## _____

FEVEDATE _____ (MM/DD/YY) FEVETIME## _____ (MILITARY TIME) FEVEDURA _____ (HOURS/DAYS)

TENESMUS <Y>_____ TENESOCCUR## _____

TENEDATE _____ (MM/DD/YY) TENETIME## _____ (MILITARY TIME) TENEDURA _____ (HOURS/DAYS)

HEADACHE <Y>_____ HEADOCCUR## _____

HEADDATE _____ (MM/DD/YY) HEADTIME _____ (MILITARY TIME) HEADDURA _____ (HOURS/DAYS)

LACK OF APPET ITE<Y>_____ APPETOCCUR## _____ (MILITARY TIME)

LACKDATE _____ (MM/DD/YY) LACKTIME _____ (MILITARY TIME) LACKDURA _____ (HOURS/DAYS)

MALAISE <Y> _____ MALAOCCUR## _____

MALADATE _____ (MM/DD/YY) MALATIME## _____ (MILITARY TIME) MALADURA _____ (HOURS/DAYS)

MUSCLEACHE <Y>____ MUSCLOCCUR## _____

MUSCDATE _____ (MM/DD/YY) MUSCTIME## _____ (MILITARY TIME) MUSCDURA _____ (HOURS/DAYS)

PERSPIRE <Y>_____ PERSPOCCUR## _____

PERSDATE _____ (MM/DD/YY) PERSTIME## _____ (MILITARY TIME) PERSDURA _____ (HOURS/DAYS)

STIFFNECK<Y>_____ STIFFOCCUR## _____

STIFDATE _____ (MM/DD/YY) STIFTIME## _____ (MILITARY TIME) STIFDURA _____ (HOURS/DAYS)

WEAKNESS <Y>_____ WEAKOCCUR## _____

WEAKDATE _____ (MM/DD/YY) WEAKTIME## _____ (MILITARY TIME) WEAKDURA _____ (HOURS/DAYS)

BLURRED VISION <Y> _____ BLUROCCUR## _____ (MILITARY TIME)

BLURDATE _____ (MM/DD/YY) BLURTIME## _____ (MILITARY TIME) BLURDURA _____ (HOURS/DAYS)

DIZZINESS <Y>_____ DIZZIOCCUR## _____ (MILITARY TIME)

DIZZDATE _____ (MM/DD/YY) DIZZTIME## _____ (MILITARY TIME) DIZZDURA _____ (HOURS/DAYS)

OTHER: _____

NORTHWEST PIZZA

FOOD ITEMS:

DAY 1 DATE _____

BREAKFAST

LUNCH

DINNER

DAY 2 DATE _____

BREAKFAST

LUNCH

DINNER

NORTHWEST PIZZA

DAY 3 DATE _____

BREAKFAST

_____

_____

_____

LUNCH

_____

_____

_____

DINNER

_____

_____

_____

1) DO THEY HAVE ANY LEFTOVER FOOD FROM THE EVENT? _____ YES/NO

2) IF YES, WE WOULD LIKE TO PICK UP FOOD FOR TESTING. _____

3) WILL SUBMIT (STOOL AND/OR VOMITUS) SPECIMEN? _____

4) TIME/DATE CONVENIENT TO DELIVER/PICK-UP SPECIMEN CONTAINERS. _____

5) DIRECTIONS TO HOUSE/APARTMENT: _____

_____

_____

_____

6) OTHER TIMES WHEN THEY MAY HAVE BEEN TOGETHER SOCIALLY AND/OR EATING WITH OTHER INTERVIEWERS:

_____

NAME _____

DATE _____

MEAL _____

NAME _____

DATE _____

MEAL _____

NORTHWEST PIZZA

7) NAMES AND PHONE NUMBERS OF PEOPLE WHO ATE WITH YOU AT EVENT.

A) _____
LAST NAME FIRST NAME PHONE NUMBER

B) _____
LAST NAME FIRST NAME PHONE NUMBER

C) _____
LAST NAME FIRST NAME PHONE NUMBER

D) _____
LAST NAME FIRST NAME PHONE NUMBER

NORTHWEST PIZZA PARTY

CHICKEN BREAST OVER LINGUINI

FRESH FRUIT CUP

TOSSED SALAD WITH RANCH DRESSING
WITH FRENCH DRESSING

ICE CREAM SUNDAE WITH CHOCOLATE TOPPING

ROLLS

BUTTER

COFFEE

TEA

MILK

WATER

SOFT DRINK COKE

SOFT DRINK SPRITE

CAKE

DATE AND TIME OF INTERVIEW. _____ NUMBER _____

INITIAL REPORTER _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

PHONE _____ WORK PHONE: _____

OCCUPATION _____ DIET _____

ANY UNDERLYING HEALTH CONDITION? _____

D.O.B._____ AGE_____ IF UNDER 2 ENTER AGE IN MONTHS SEX (M F)

SICK IN THE PAST WEEK?_____ MEDICATIONS?_____ GI SYMPTOMS?_____

REQUIRED MEDICAL AID? YES OR NO

DOCTOR WHO _____ SEE DOCTOR, YES OR NO

HOSPITALIZED YES OR NO, WHERE _____

DIAGNOSIS _____

DATE OF ONSET OF SYMPTOMS _____ <MM/DD/YY>

HOUR OF ONSET OF SYMPTOMS _____ MILITARY TIME

PATRONS

HOW LONG DID SYMPTOMS PERSIST IN HOURS OR DAYS? _____ HOURS OR _____ DAYS

DATE ATE 1 _____ <MM/DD/YY> TIME ATE 1 _____ MILITARY TIME DATE ATE 2 _____ <MM/DD/YY> TIME ATE 2 _____ MILITARY TIME

ANSWER ALL QUESTIONS WITH A YES OR NO, NUMBER ALL OCCURRANCE QUESTIONS IN ORDER OF APPEARANCE OF SYMPTOMS, OCCUR DATE, OCCUR TIME, DURATION

NAUSEA <Y> _____ NAUSOCCUR ## _____

NAUSDATE _____ MM/DD/YY NAUSTIME _____ MILITARY TIME NAUSDURA _____ HOURS/DAYS

VOMITING <Y>_____ VOMITOCCUR ## _____

VOMIDATE _____ MM/DD/YY VOMITIME _____ MILITARY TIME VOMIDURA _____ HOURS/DAYS

MOUTHBURN <Y>_____ MOUTHOCCUR## _____

MOUTDATE _____ MM/DD/YY MOUTTIME _____ MILITARY TIME MOUTDURA _____ HOURS/DAYS

DEHYDRATE<Y>_____ DEHYOCCUR ## _____

DEHYDATE _____ MM/DD/YY DEHYTIME _____ MILITARY TIME DEHYDURA _____ HOURS/DAYS

PROSTRATION <Y>____ PROSTOCCUR ## _____

PROSDATE _____ MM/DD/YY PROSTIME _____ MILITARY TIME PROSDURA _____ HOURS/DAYS

THIRST <Y> _____ THIRSOCCUR ## _____

THIRDATE _____ MM/DD/YY THIRTIME _____ MILITARY TIME THIRDURA _____ HOURS/DAYS

WEIGHTLOSS <Y>____ WEIGHOCCUR## _____

WEIGHDATE _____ MM/DD/YY WEIGTIME _____ MILITARY TIME WEIGDURA _____ HOURS/DAYS

PATRONS

ABDOCRAMPS <Y>___ ABDOOCCUR## _____

ABDODATE _____ (MM/DD/YY) ABDOTIME## _____ (MILITARY TIME) ABDODURA _____ (HOURS/DAYS)

DIARRHEA <Y>_____ DIAROCCUR## _____

DIARDATE _____ (MM/DD/YY) DIARTIME## _____ (MILITARY TIME) DIARDURA _____ (HOURS/DAYS)

CHILLS <Y> _____ CHILLOCCUR## _____

CHILDATE _____ (MM/DD/YY) CHILTIME## _____ (MILITARY TIME) CHILDURA _____ (HOURS/DAYS)

CONSTIPATE<Y>_____ CONSTOCCUR## _____

CONSDATE _____ (MM/DD/YY) CONSTIME## _____ (MILITARY TIME) CONSDURA _____ (HOURS/DAYS)

FEVER <Y> _____ FEVEROCCUR## _____

FEVEDATE _____ (MM/DD/YY) FEVETIME## _____ (MILITARY TIME) FEVEDURA _____ (HOURS/DAYS)

TENESMUS <Y>_____ TENESOCCUR## _____

TENEDATE _____ (MM/DD/YY) TENETIME## _____ (MILITARY TIME) TENEDURA _____ (HOURS/DAYS)

HEADACHE <Y>_____ HEADOCCUR## _____

HEADDATE _____ (MM/DD/YY) HEADTIME _____ (MILITARY TIME) HEADDURA _____ (HOURS/DAYS)

LACK OF APPET ITE<Y> _____ APPETOCCUR## _____ (MILITARY TIME)

LACKDATE _____ (MM/DD/YY) LACKTIME _____ (MILITARY TIME) LACKDURA _____ (HOURS/DAYS)

MALAISE <Y> _____ MALAOCCUR## _____

MALADATE _____ (MM/DD/YY) MALATIME## _____ (MILITARY TIME) MALADURA _____ (HOURS/DAYS)

MUSCLEACHE <Y>____ MUSCLOCCUR## _____

MUSCDATE _____ (MM/DD/YY) MUSCTIME## _____ (MILITARY TIME) MUSCDURA _____ (HOURS/DAYS)

PERSPIRE <Y>_____ PERSPOCCUR## _____

PERSDATE _____ (MM/DD/YY) PERSTIME## _____ (MILITARY TIME) PERSDURA _____ (HOURS/DAYS)

STIFFNECK<Y>_____ STIFFOCCUR## _____

STIFDATE _____ (MM/DD/YY) STIFTIME## _____ (MILITARY TIME) STIFDURA _____ (HOURS/DAYS)

WEAKNESS <Y>_____ WEAKOCCUR## _____

WEAKDATE _____ (MM/DD/YY) WEAKTIME## _____ (MILITARY TIME) WEAKDURA _____ (HOURS/DAYS)

BLURRED VISION <Y> _____ BLUROCCUR## _____ (MILITARY TIME)

BLURDATE _____ (MM/DD/YY) BLURTIME## _____ (MILITARY TIME) BLURDURA _____ (HOURS/DAYS)

DIZZINESS <Y>_____ DIZZIOCCUR## _____ (MILITARY TIME)

DIZZDATE _____ (MM/DD/YY) DIZZTIME## _____ (MILITARY TIME) DIZZDURA _____ (HOURS/DAYS)

OTHER: _____

PATRONS

FOOD ITEMS:

DAY 1 DATE _____

BREAKFAST

LUNCH

DINNER

DAY 2 DATE _____

BREAKFAST

LUNCH

DINNER

PATRONS

DAY 3 DATE _____

BREAKFAST

_____

_____

_____

LUNCH

_____

_____

_____

DINNER

_____

_____

_____

1) DO THEY HAVE ANY LEFTOVER FOOD FROM THE EVENT? _____ YES/NO

2) IF YES, WE WOULD LIKE TO PICK UP FOOD FOR TESTING. _____

3) WILL SUBMIT (STOOL AND/OR VOMITUS) SPECIMEN? _____

4) TIME/DATE CONVENIENT TO DELIVER/PICK-UP SPECIMEN CONTAINERS. _____

5) DIRECTIONS TO HOUSE/APARTMENT: _____

_____

_____

_____

6) OTHER TIMES WHEN THEY MAY HAVE BEEN TOGETHER SOCIALLY AND/OR EATING WITH OTHER INTERVIEWERS:

_____

NAME _____

DATE _____

MEAL _____

NAME _____

DATE _____

MEAL _____

7) NAMES AND PHONE NUMBERS OF PEOPLE WHO ATE WITH YOU AT EVENT.

A) _____
LAST NAME FIRST NAME PHONE NUMBER

B) _____
LAST NAME FIRST NAME PHONE NUMBER

C) _____
LAST NAME FIRST NAME PHONE NUMBER

D) _____
LAST NAME FIRST NAME PHONE NUMBER

DATE AND TIME OF INTERVIEW. _____ NUMBER _____

INITIAL REPORTER _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

PHONE _____ WORK PHONE _____

OCCUPATION _____ DIET _____

ANY UNDERLYING HEALTH CONDITION? _____

D O.B._____ AGE_____ IF UNDER 2 ENTER AGE IN MONTHS SEX (M F)

SICK IN THE PAST WEEK?_____ MEDICATIONS?_____ GI SYMPTOMS?_____

REQUIRED MEDICAL AID? YES OR NO

DOCTOR WHO _____ SEE DOCTOR, YES OR NO

HOSPITALIZED YES OR NO, WHERE _____

DIAGNOSIS _____

DATE OF ONSET OF SYMPTOMS _____ <MM/DD/YY>

PIONEER CENTER

HOUR OF ONSET OF SYMPTOMS _____ MILITARY TIME

HOW LONG DID SYMPTOMS PERSIST IN HOURS OR DAYS? _____ OR _____ HOURS DAYS

DATE ATE 1 _____ <MM/DD/YY> TIME ATE 1 _____ MILITARY TIME DATE ATE 2 _____ <MM/DD/YY> TIME ATE 2 _____ MILITARY TIME

ANSWER ALL QUESTIONS WITH A YES OR NO, NUMBER ALL OCCURRANCE QUESTIONS IN ORDER OF APPEARANCE OF SYMPTOMS, OCCUR DATE, OCCUR TIME, DURATION

NAUSEA <Y> _____ NAUSOCCUR ## _____

NAUSDATE _____ MM/DD/YY NAUSTIME _____ MILITARY TIME NAUSDURA _____ HOURS/DAYS

VOMITING <Y>_____ VOMITOCCUR ## _____

VOMIDATE _____ MM/DD/YY VOMITIME _____ MILITARY TIME VOMIDURA _____ HOURS/DAYS

MOUTHBURN <Y>_____ MOUTHOCCUR## _____

MOUTDATE _____ MM/DD/YY MOUTTIME _____ MILITARY TIME MOUTDURA _____ HOURS/DAYS

DEHYDRATE<Y>_____ DEHYOCCUR ## _____

DEHYDATE _____ MM/DD/YY DEHYTIME _____ MILITARY TIME DEHYDURA _____ HOURS/DAYS

PROSTRATION <Y>____ PROSTOCCUR ## _____

PROSDATE _____ MM/DD/YY PROSTIME _____ MILITARY TIME PROSDURA _____ HOURS/DAYS

THIRST <Y> _____ THIRSOCCUR ## _____

THIRDATE _____ MM/DD/YY THIRTIME _____ MILITARY TIME THIRDURA _____ HOURS/DAYS

WEIGHTLOSS <Y>____ WEIGHOCCUR## _____

WEIGHDATE _____ MM/DD/YY WEIGTIME _____ MILITARY TIME WEIGDURA _____ HOURS/DAYS

PIONEER CENTER

ABDOCRAMPS <Y>___ ABDOOCCUR## _____

ABDODATE _____ (MM/DD/YY) ABDOTIME## _____ (MILITARY TIME) ABDODURA _____ (HOURS/DAYS)

DIARRHEA <Y>_____ DIAROCCUR## _____

DIARDATE _____ (MM/DD/YY) DIARTIME## _____ (MILITARY TIME) DIARDURA _____ (HOURS/DAYS)

CHILLS <Y> _____ CHILLOCCUR## _____

CHILDATE _____ (MM/DD/YY) CHILTIME## _____ (MILITARY TIME) CHILDURA _____ (HOURS/DAYS)

CONSTIPATE<Y>_____ CONSTOCCUR## _____

CONSDATE _____ (MM/DD/YY) CONSTIME## _____ (MILITARY TIME) CONSDURA _____ (HOURS/DAYS)

FEVER <Y> _____ FEVEROCCUR## _____

FEVEDATE _____ (MM/DD/YY) FEVETIME## _____ (MILITARY TIME) FEVEDURA _____ (HOURS/DAYS)

TENESMUS <Y>_____ TENESOCCUR## _____

TENEDATE _____ (MM/DD/YY) TENETIME## _____ (MILITARY TIME) TENEDURA _____ (HOURS/DAYS)

HEADACHE <Y>_____ HEADOCCUR## _____

HEADDATE _____ (MM/DD/YY) HEADTIME _____ (MILITARY TIME) HEADDURA _____ (HOURS/DAYS)

LACK OF APPET ITE<Y> _____ APPETOCCUR## _____ (MILITARY TIME)

LACKDATE _____ (MM/DD/YY) LACKTIME _____ (MILITARY TIME) LACKDURA _____ (HOURS/DAYS)

MALAISE <Y> _____ MALAOCCUR## _____

MALADATE _____ (MM/DD/YY) MALATIME## _____ (MILITARY TIME) MALADURA _____ (HOURS/DAYS)

MUSCLEACHE <Y>____ MUSCLOCCUR## _____

MUSCDATE _____ (MM/DD/YY) MUSCTIME## _____ (MILITARY TIME) MUSCDURA _____ (HOURS/DAYS)

PERSPIRE <Y>_____ PERSPOCCUR## _____

PERSDATE _____ (MM/DD/YY) PERSTIME## _____ (MILITARY TIME) PERSDURA _____ (HOURS/DAYS)

STIFFNECK<Y>_____ STIFFOCCUR## _____

STIFDATE _____ (MM/DD/YY) STIFTIME## _____ (MILITARY TIME) STIFDURA _____ (HOURS/DAYS)

WEAKNESS <Y>_____ WEAKOCCUR## _____

WEAKDATE _____ (MM/DD/YY) WEAKTIME## _____ (MILITARY TIME) WEAKDURA _____ (HOURS/DAYS)

BLURRED VISION <Y> _____ BLUROCCUR## _____ (MILITARY TIME)

BLURDATE _____ (MM/DD/YY) BLURTIME## _____ (MILITARY TIME) BLURDURA _____ (HOURS/DAYS)

DIZZINESS <Y>_____ DIZZIOCCUR## _____ (MILITARY TIME)

DIZZDATE _____ (MM/DD/YY) DIZZTIME## _____ (MILITARY TIME) DIZZDURA _____ (HOURS/DAYS)

OTHER: _____

_____

PIONEER CENTER

FOOD ITEMS:

DAY 1 DATE _____

BREAKFAST

_____

_____

_____

LUNCH

_____

_____

_____

DINNER

_____

_____

_____

DAY 2 DATE _____

BREAKFAST

_____

_____

_____

LUNCH

_____

_____

_____

DINNER

_____

_____

_____

PIONEER CENTER

DAY 3 DATE _____

BREAKFAST

_____

_____

_____

LUNCH

_____

_____

_____

DINNER

_____

_____

_____

1) DO THEY HAVE ANY LEFTOVER FOOD FROM THE EVENT? _____ YES/NO

2) IF YES, WE WOULD LIKE TO PICK UP FOOD FOR TESTING. _____

3) WILL SUBMIT (STOOL AND/OR VOMITUS) SPECIMEN? _____

4) TIME/DATE CONVENIENT TO DELIVER/PICK-UP SPECIMEN CONTAINERS. _____

5) DIRECTIONS TO HOUSE/APARTMENT: _____

_____

_____

_____

6) OTHER TIMES WHEN THEY MAY HAVE BEEN TOGETHER SOCIALLY AND/OR EATING WITH OTHER INTERVIEWERS:

_____

NAME _____

DATE _____

MEAL _____

NAME _____

DATE _____

MEAL _____

7) NAMES AND PHONE NUMBERS OF PEOPLE WHO ATE WITH YOU AT EVENT.

A) _____
LAST NAME FIRST NAME PHONE NUMBER

B) _____
LAST NAME FIRST NAME PHONE NUMBER

C) _____
LAST NAME FIRST NAME PHONE NUMBER

D) _____
LAST NAME FIRST NAME PHONE NUMBER

PIONEER CENTER

HOBNOB FOOD LIST

PLEASE CIRCLE WHAT YOU ATE:

CHICKEN BREAST

TOSSED SALAD

RANCH DRESSING

FRENCH DRESSING

MASHED POTATOES

GRAVY

GREEN BEANS ALMONDINE

SHERBET

ROLLS

BUTTER

COFFEE CREAM SUGAR

SANKA

TEA

MILK

DATE AND TIME OF INTERVIEW. _____ NUMBER _____

INITIAL REPORTER _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

PHONE _____ WORK PHONE _____

OCCUPATION _____ DIET _____

ANY UNDERLYING HEALTH CONDITION? _____

D.O B._____ AGE_____ IF UNDER 2 ENTER AGE IN MONTHS SEX (M F)

SICK IN THE PAST WEEK?_____ MEDICATIONS?_____ GI SYMPTOMS?_____

REQUIRED MEDICAL AID? YES OR NO

DOCTOR WHO _____ SEE DOCTOR, YES OR NO

HOSPITALIZED YES OR NO, WHERE _____

DIAGNOSIS _____

DATE OF ONSET OF SYMPTOMS _____ <MM/DD/YY>

"CLUB 60"

HOUR OF ONSET OF SYMPTOMS _____ MILITARY TIME

HOW LONG DID SYMPTOMS PERSIST IN HOURS OR DAYS? _____ OR _____ HOURS DAYS

DATE ATE 1 _____ <MM/DD/YY> TIME ATE 1 _____ MILITARY TIME DATE ATE 2 _____ <MM/DD/YY> TIME ATE 2 _____ MILITARY TIME

ANSWER ALL QUESTIONS WITH A YES OR NO, NUMBER ALL OCCURRANCE QUESTIONS IN ORDER OF APPEARANCE OF SYMPTOMS, OCCUR DATE, OCCUR TIME, DURATION

NAUSEA <Y> _____ NAUSOCCUR ## _____

NAUSDATE _____ MM/DD/YY NAUSTIME _____ MILITARY TIME NAUSDURA _____ HOURS/DAYS

VOMITING <Y>_____ VOMITOCCUR ## _____

VOMIDATE _____ MM/DD/YY VOMITIME _____ MILITARY TIME VOMIDURA _____ HOURS/DAYS

MOUTHBURN <Y>_____ MOUTHOCCUR## _____

MOUTDATE _____ MM/DD/YY MOUTTIME _____ MILITARY TIME MOUTDURA _____ HOURS/DAYS

DEHYDRATE<Y>_____ DEHYOCCUR ## _____

DEHYDATE _____ MM/DD/YY DEHYTIME _____ MILITARY TIME DEHYDURA _____ HOURS/DAYS

PROSTRATION <Y>____ PROSTOCCUR ## _____

PROSDATE _____ MM/DD/YY PROSTIME _____ MILITARY TIME PROSDURA _____ HOURS/DAYS

THIRST <Y> _____ THIRSOCCUR ## _____

THIRDATE _____ MM/DD/YY THIRTIME _____ MILITARY TIME THIRDURA _____ HOURS/DAYS

WEIGHTLOSS <Y>____ WEIGHOCCUR## _____

WEIGHDATE _____ MM/DD/YY WEIGTIME _____ MILITARY TIME WEIGDURA _____ HOURS/DAYS

"CLUB 60"

ABDOCRAMPS <Y>___ ABDOOCCUR## _____

ABDODATE _____ (MM/DD/YY) ABDOTIME## _____ (MILITARY TIME) ABDODURA _____ (HOURS/DAYS)

DIARRHEA <Y>_____ DIAROCCUR## _____

DIARDATE _____ (MM/DD/YY) DIARTIME## _____ (MILITARY TIME) DIARDURA _____ (HOURS/DAYS)

CHILLS <Y> _____ CHILLOCCUR## _____

CHILDATE _____ (MM/DD/YY) CHILTIME## _____ (MILITARY TIME) CHILDURA _____ (HOURS/DAYS)

CONSTIPATE<Y>_____ CONSTOCCUR## _____

CONSDATE _____ (MM/DD/YY) CONSTIME## _____ (MILITARY TIME) CONSDURA _____ (HOURS/DAYS)

FEVER <Y> _____ FEVEROCCUR## _____

FEVEDATE _____ (MM/DD/YY) FEVETIME## _____ (MILITARY TIME) FEVEDURA _____ (HOURS/DAYS)

TENESMUS <Y>_____ TENESOCCUR## _____

TENEDATE _____ (MM/DD/YY) TENETIME## _____ (MILITARY TIME) TENEDURA _____ (HOURS/DAYS)

HEADACHE <Y>_____ HEADOCCUR## _____

HEADDATE _____ (MM/DD/YY) HEADTIME _____ (MILITARY TIME) HEADDURA _____ (HOURS/DAYS)

LACK OF APPET ITE<Y>_____ APPETOCCUR## _____ (MILITARY TIME)

LACKDATE _____ (MM/DD/YY) LACKTIME _____ (MILITARY TIME) LACKDURA _____ (HOURS/DAYS)

MALAISE <Y> _____ MALAOCCUR## _____

MALADATE _____ (MM/DD/YY) MALATIME## _____ (MILITARY TIME) MALADURA _____ (HOURS/DAYS)

MUSCLEACHE <Y>____ MUSCLOCCUR## _____

MUSCDATE _____ (MM/DD/YY) MUSCTIME## _____ (MILITARY TIME) MUSCDURA _____ (HOURS/DAYS)

PERSPIRE <Y>_____ PERSPOCCUR## _____

PERSDATE _____ (MM/DD/YY) PERSTIME## _____ (MILITARY TIME) PERSDURA _____ (HOURS/DAYS)

STIFFNECK<Y>_____ STIFFOCCUR## _____

STIFDATE _____ (MM/DD/YY) STIFTIME## _____ (MILITARY TIME) STIFDURA _____ (HOURS/DAYS)

WEAKNESS <Y>_____ WEAKOCCUR## _____

WEAKDATE _____ (MM/DD/YY) WEAKTIME## _____ (MILITARY TIME) WEAKDURA _____ (HOURS/DAYS)

BLURRED VISION <Y> _____ BLUROCCUR## _____ (MILITARY TIME)

BLURDATE _____ (MM/DD/YY) BLURTIME## _____ (MILITARY TIME) BLURDURA _____ (HOURS/DAYS)

DIZZINESS <Y>_____ DIZZIOCCUR## _____ (MILITARY TIME)

DIZZDATE _____ (MM/DD/YY) DIZZTIME## _____ (MILITARY TIME) DIZZDURA _____ (HOURS/DAYS)

OTHER _____

"CLUB 60"

FOOD ITEMS:

DAY 1 DATE _____

BREAKFAST

LUNCH

DINNER

DAY 2 DATE _____

BREAKFAST

LUNCH

DINNER

"CLUB 60"

DAY 3 DATE _____

BREAKFAST

_____

_____

_____

LUNCH

_____

_____

_____

DINNER

_____

_____

_____

1) DO THEY HAVE ANY LEFTOVER FOOD FROM THE EVENT? _____ YES/NO

2) IF YES, WE WOULD LIKE TO PICK UP FOOD FOR TESTING. _____

3) WILL SUBMIT (STOOL AND/OR VOMITUS) SPECIMEN? _____

4) TIME/DATE CONVENIENT TO DELIVER/PICK-UP SPECIMEN CONTAINERS. _____

5) DIRECTIONS TO HOUSE/APARTMENT: _____

_____

_____

_____

6) OTHER TIMES WHEN THEY MAY HAVE BEEN TOGETHER SOCIALLY AND/OR EATING WITH OTHER INTERVIEWERS:

_____

NAME _____

DATE _____

MEAL _____

NAME _____

DATE _____

MEAL _____

7) NAMES AND PHONE NUMBERS OF PEOPLE WHO ATE WITH YOU AT EVENT.

A) _____
LAST NAME FIRST NAME PHONE NUMBER

B) _____
LAST NAME FIRST NAME PHONE NUMBER

C) _____
LAST NAME FIRST NAME PHONE NUMBER

D) _____
LAST NAME FIRST NAME PHONE NUMBER

"CLUB 60"

Immanuel Lutheran Food List

FRUIT CUP

ROAST BEEF

CHICKEN

TWICE BAKED POTATOE

GREEN BEANS

ROLLS

BUTTER

ICE CREAM

CHOCOLATE SAUCE

COFFEE

WINE

WATER

Did you attend the Crystal Lake Senior luncheon on Monday at 12.00?

Appendix K

Foodservice Personnel Questionnaire

INTERVIEW OF FOOD PERSONNEL
HOB NOB
(Crystal Lake)

Employee: Date

Job Title:
Job Description:

Usual Hours·
Days worked· (December 15-18)
Days not worked· (December 15-18)

Most recent illness/symptoms
Date(s):

Physician consulted. When:

From knowledge of food operation (irregardless of duties):

-Frequency of raw food receipt
*time of delivery (usual):
*where are products first placed.
*responsibilities for placement until ultimate use:
*usual and extreme time from delivery to placement
*a re-temperature checked from delivery to placement.

How, what type foods, how frequently·

-Ultimate use of food:
*responsiblities for thawings:
*usual procedure for thawing foods that are frozen.
*are temperatures checked during thawing:
*usual time needed to thaw:
roast beef
round beef
poultry
fish
etc.
*cooking responsibilities:
*usual time from cooking to service:
*are temperatures checked of actual food product(s) after cooking and before serving If so, how, what type foods and how frequently.

*are container temperatures taken that hold cooked food (e g. refrigerators, steam tables, hot transport units, etc.)
If so, how and how frequently:

*when are hot-holding untis plugged in:
*responsiblitities for service of food:
utensils used (describe)·
*containers used (single-service or reusable)·
*temperature checks·
- frequency
- how
typical time food on serving line:

method of holding food temperatures:
when are left-overs removed from tables·
- where are they placed.
- are any temperatures taken how are left-overs handled from banquet.

- how soon are they reused:

-Personal Practices:
*do you usually eat a meal at work.
*are breaks allowed: how long:
*where do you take breaks:
*where are hands washed:

*is soap and tempered water available always·
*how are hands dried·
*in general, do you feel hands are washed frequently enough (for fellow empoyees)
*are hands washed, usually after break or before break or neither:
*is a handsink available in food prep or service area
*have you noticed others smoking while working.
*do employees drink or eat while preparing food or serving food·
*are plastic gloves used by any employees·
if so, how frequently.

-Other comments or concerns·

*do you smoke: if so, do you while working:

-Recount your activities as completely as possible:

This information will be kept strictly confidential.

Appendix L

Press Releases

FOR IMMEDIATE RELEASE

DATE: December 26, 2000

CONTACT: Barbara Yurgaitis

PHONE: 815/334-4510

Possible Foodborne Illness

The McHenry County Department of Health is investigating a possible foodborne illness outbreak with gastrointestinal symptoms, which may be associated with a local food establishment in the Crystal Lake area.

The Department initiated an investigation after receiving a phone call from the public December 21st indicating that several people were ill At this time, 54 of 89 people contacted are reporting that they have symptoms associated with a foodborne illness

Both environmental and epidemiological evaluations are on-going The initial investigation indicated that the potential for on-going illness was related to a single event and therefore the establishment remains open. Samples have been taken to determine a causative agent for this illness. However, one has not yet been identified at this early point in the investigation

#####

FOR IMMEDIATE RELEASE **CONTACT:**Barbara Yurgaitis

DATE December 29, 2000 **PHONE:** 815/334-4510

Foodborne Illness

The McHenry County Department of Health continues its investigation of a food borne illness outbreak with gastrointestinal symptoms associated with the Hob Nob restaurant in Crystal Lake

The Department initiated an investigation after receiving a phone call from the public on December 21st indicating that several people were ill Initial reports were from a party, which took place on December 18th. Subsequent reports of illness were received from patrons who had eaten at the establishment as late as December 21st.

Stool specimen analysis has identified a causative agent for the illness. Laboratory testing by Illinois Department of Public Health laboratory determined samples from an initial group were positive for calicivirus, an agent that causes nausea, vomiting, diarrhea, abdominal pain, muscle aches, and low-grade fever Calacivirus is transmitted to food items through improper handling

Of the 180 individuals contacted to date, 114 individuals reported illness, and 66 were well This represents 63% of those contacted reporting illness. The Department has been unable to reach an additional 41 people believed to have eaten at the establishment during the suspect period The investigation is on-going and final numbers may include other individuals

The investigation does not indicate that this is an on-going problem and the establishment remains open

#####

Appendix M

References

References
Hob Nob Foodborne Illness Outbreak Investigation
December 2000

Control of Communicable Diseases Manual
American Public Health Association
17th Edition, 2000
James Chin, M D , Editor

Dean AG, Dean, JA, Coulombier D, Brendel, KA, Smith DC, Burton AH, Dicker RC, Sullivan K, Fagan RF, Arner TG
Epi Info, Version 6. a word processing, database, and statistics program for epidemiology on microcomputers
Centers for Disease Control and Prevention, Atlanta, Georgia, U S.A, 1994

Food Microbiology Fundamentals and Frontiers
American Society of Microbiology, 1997
Michael P. Doyle, Larry R Beuchat, Thomas J Montville, Editors

Mandell, Douglass and Bennett's Principles and Practice of Infectious Diseases
Churchill Livingstone, Inc
5th Edition, 2000
Gerald L Mandell, M D , John E Bennett, M D , Raphael Dolin, M D., Editors

Monroe, Stephen S , Ph D (telephone conference January 26, 2001)
Viral Gastroenteritis Section
Division of Viral & Rickettsial Diseases
Centers for Disease Control & Prevention, Atlanta, GA

Parashar, Umesh D., M D., MPH (telephone conferences January 26, 2001)
Medical Epidemiologist
Centers for Disease Control and Prevention, Atlanta, GA

"Viral Agents of Gastroenteritis Public Health Importance and Outbreak Management," MMWR 39 (RR-5); April 27, 1990. p1-24