

Online Survey for Foodborne Outbreak Investigations

2013 Epi Rapid Response Team Conference

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KCTCS Conference Center, Versailles, KY

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What's the scoop on the poop?

March 13, 2013 (11:21 A.M)

- E-mail from Sandy Kelly:
 - voice mail received from Mr. _____ from the Ohio State Department advising of a suspect Norovirus outbreak involving a Bowling Green, KY soccer team during the period of March 8-9, 2013.
 - The team Sky Youth Soccer was part of a tournament and had traveled to NK and Southern Ohio.
 - The contact for the team is _____. According to the voice mail, _____ (parent coach) 270-____-_____ called in to health department.
 - The local Ohio health department is going out to inspect a restaurant the youth ate at in Ohio.
 - The name of the health department is not known.
 - It was also related that the youth ate and stayed at other places but the names of those places and the restaurant were not given.
 - **He just wanted us to be aware.**
 - The # of cases was not provided and it is not known if any of the KY youth had s/s.
 - This is all I have, it looks like Ohio is doing the investigation, however I **recommend you contact _____ and get more information, as well as _____ and _____.**
 - Please let me know if there is anything we need to do on this end. Thank you

March 13, 2013 (12:24 P.M)

- Do you know if Ohio State Health Department is taking the lead on this investigation?
- What is Ohio State Health Department's expectation?
- Do they have any form that we need to utilize to interview the SKY Youth Soccer Team from Bowling Green (B.G)?
- Have they received complaints of GI illness only from the B.G team?
- Do we (KY DPH and BRDHD) need to do a conference call with ODH?
- What is their contact information?

March 13, 2013 (1:34 P.M)

- Do you know if Ohio State Health Department is taking the lead on this investigation? **No, they were only going to check out the restaurant that the team ate at in Ohio.**
- What is Ohio State Health Department's expectation? **That we take the lead.**
- Do they have any form that we need to utilize to interview the SKY Youth Soccer Team from Bowling Green (B.G)? **no**
- Have they received complaints of GI illness only from the B.G team? **yes**

March 13, 2013 (1:34 P.M)

Additional Information

- The parent coach and the team manager, claimed that they had approximately 25 c/o of GI illnesses from team members that started after they had a lunch break and ate at a restaurant A in Clermont County, Ohio.
- This is where they played their games.
- The team members apparently stayed in Northern Kentucky in Newport at the Comfort Suites on 3/8 and 3/9 and returned home on 3/10.
- This Sky Youth Soccer team is a travel team.
- They crossed over into Ohio to play their tournament games.
- The only meal they ate in Ohio was at restaurant A.
- According to the parent and the coach it wasn't until after eating there that complaints of GI illness began.
- KY residents were the only ones who complained of GI s/s (N/V/D).
- The Clermont County LHD is inspecting the restaurant today.



Nurse's Day: May 6th

A Nurse is:

- Someone who cares for patients they've never met before
- Someone who witnesses life and death before their eyes every day
- Someone who gets yelled at daily, simply for doing their job
- Someone who arrives at work early and leaves late
- Someone who rarely receives a "thank you"

Thank the nurses in **YOUR** life

Conversation with Parent Coach

March 13, 2013 around 4 P.M

- Most players and family traveled in separate vehicles on Friday March 8
- Stayed at Comfort Suites, Newport (not everyone stayed or ate there). Breakfast at Comfort Suites is also in the equation.
- Common meal at restaurant A, Clermont County, Ohio on Sunday March 9, 2013 from noon to 1 p.m.
- Returned to their homes on Sunday night (people are from Bowling Green area and Owensboro area- **Parent Coach is from Daviess Co.**)
- Ill individual onset of symptoms was Monday night around 8 P.M (March 11, 2013). Initial symptom was predominantly vomiting (duration of approximately 8 hours) followed by diarrhea.
- Does not know of anyone who went to see a doctor (so no specimen collection yet)
- Total of 24 individuals got sick: 18 players (age group of 15 yrs) and rest of them are parents/family/siblings

Bottom line parent coach expressed that he was concerned about the restaurant in Ohio and did not want anyone else to get sick from eating there.

**Outbreak Number Assigned
on March 13, 2013 at 5:23 P.M**

E-mails from my fellow Regional Epi's

March 14, 2013

- Northern Kentucky (9:34 A.M): One of our Sanitarians went to Comfort Suites today. There have not had any employee sick with GI symptoms. He found nothing out of order during the inspection. Breakfast was served from 7AM to 10 Am on Saturday and Sunday.
- Green River District: Willing to investigate Daviess County Cases.

Email to Parent Coach

March 14, 2013 (12:26 P.M)

Dear Parent/Guardian/Coach/ Team Manager ,

Barren River District Health Department is seeking additional information regarding a vomiting and diarrhea illness involving members of Sky 98 Boys Soccer Team and their families who traveled to attend the Adidas Turf Classic between **March 8-10, 2013.**

Please contact a member of Barren River District Health Department Communicable Disease Staff at 270-781-8039 ext 183, 164, or 126 to provide information about player/family activities (e.g. travel, food history, accommodations) during this trip. We are also interested to know if medical care/testing was sought as a result of illness following this trip.

Preparation of Questionnaire

Thursday, March 14, 2013

Afternoon

Help Help Help!

- CCP Inc. formerly known as TSS Forms Inc.
Cut Copy and Paste Inc. formerly known as Tina Sharon and Sri Forms Inc.

SKY BOYS 98 Soccer Team GI Illness Investigation

Name of ill person: _____

Name of ill person: _____

Was the ill person seen by a Healthcare Provider: Yes No If Yes, List Date: ___/___/___

Name of the Provider: _____ Contact Info: _____

Date: ___/___/___ Time: _____ A.M. / P.M. Interviewer Name: _____

Admitted to hospital for illness: Yes No If Yes, Date: ___/___/___ Where: _____

Name of caller: _____ Phone number: (____) _____ - _____

Was a sample collected for testing: Yes No If Yes, Date: ___/___/___

Address: _____

Pertinent lab results: Type of Test: _____ Specimen Source: _____

County of Residence: _____

Collection Date: ___/___/___ Result: Positive Negative

Relationship to the player: _____

Name of Organism isolated: _____ Serotype: _____

Tournament Role: Player Spectator Coach Cheer Leader Family
 Other: _____

Isolate sent to the Division of Laboratory Services (State Lab): Yes No

Name of the player: _____ Age: _____ Sex: _____

Food History:

Player's Number: _____

Day	Time	Where you ate (If restaurant give location)	Foods/drinks consumed
Friday, 3/8/2013			
Saturday, 3/9/2013			
Sunday, 3/10/2013			
Monday, 3/11/2013			

Team Name: _____ School Name: _____

Grade in School/Class Room _____ or Employer Name: _____

Did you or the player or family member/friend get sick during/after returning from the game?

YES NO

If yes, please ask the below questions for each ill person

Name of the ill person: _____ Age/Sex of the ill person: ___/___

Date/Time of illness onset: ___/___/___ _____ AM / PM

Symptoms:

Unknown
 Vomiting Yes No _____
 Nausea Yes No _____
 Fever Yes No _____
 Diarrhea Yes No _____
 Bloody Stool Yes No _____
 Abdominal Cramps Yes No _____
 Headache Yes No _____
 Other: _____

Still ill at time of interview: Yes No Other: _____

If no, duration of illness: _____ hours / days

Limited recall of food/drink history

Did the ill person stay overnight in a hotel? Yes No If Yes, where? : _____

Date ___/___/___ Date ___/___/___ Date ___/___/___

Call from an ATTORNEY !

Thursday, March 14, 2013 at 3:23 P.M

No other calls after that!

Unable to reach the team manager

News from Ohio Dept of Health

FRIDAY March 15, 2013 (2:28 P.M)

- Two more people *not* involved with the soccer tournament who became ill with V/D after eating at the same restaurant A on Sunday 3/10/13.
 - They have consented to provide specimens for testing.

Request for a Conference Call

- Friday 4:30 P.M Conference Call:
 - Ohio Department of Health
 - Clermont County General Health District
 - Kentucky Department for Public Health
 - Northern Kentucky Independent District Health Dept.
 - Green River District Health Department
 - Barren River District Health Department

Monday March 18, 2013 (1:58 P.M)

- An additional party reported eating at the restaurant A on Mar 13, then getting GI illness.
- Clermont County anticipates shipping 3 more sets of stools, if all goes well.

Conversation with the Team Manager

Tuesday, March 19, 2013 - A.M

Can we do the Monkey thing?

Online Survey Created and
Disseminated via e-mail by
Tuesday, March 19, 2013 – 4 P.M

**Deadline to complete survey was
March 24, 2013**

Gastrointestinal Illness Survey

1. Demographic and Food History

***1. Player Number (first name and player# e.g. Sam#15)**

2. Relationship to the player

Player Father Mother Sibling Coach Guardian

Other (please specify)

***3. Age**

4. Gender

Male

Female

5. Food History for Friday Morning, March 8, 2013 (If you ate at a restaurant give name and location of the restaurant)

Time

Where you ate

Food/drink consumed

6. Food History for Friday Afternoon, March 8, 2013 (If you ate at a restaurant give name and location of the restaurant)

Time

Where you ate

Food/drink consumed

7. Food History for Friday Night, March 8, 2013 (If you ate at a restaurant give name and location of the restaurant)

Time

Where you ate

Food/drink consumed

Gastrointestinal Illness Survey

8. Food History for Saturday Morning, March 9, 2013 (If you ate at a restaurant give name and location of the restaurant)

Time

Where you ate

Food/drink consumed

9. Food History for Saturday Afternoon, March 9, 2013 (If you ate at a restaurant give name and location of the restaurant)

Time

Where you ate

Food/drink consumed

10. Food History for Saturday Night, March 9, 2013 (If you ate at a restaurant give name and location of the restaurant)

Time

Where you ate

Food/drink consumed

11. Food History for Sunday Morning, March 10, 2013 (If you ate at a restaurant give name and location of the restaurant)

Time

Where you ate

Food/drink consumed

12. Food History for Sunday Afternoon, March 10, 2013 (If you ate at a restaurant give name and location of the restaurant)

Time

Where you ate

Food/drink consumed

13. Food History for Sunday night, March 10, 2013 (If you ate at a restaurant give name and location of the restaurant)

Time

Where you ate

Food/drink consumed

Gastrointestinal Illness Survey

14. Did you stay overnight during the tournament?

- Yes
 No

If yes, where did you stay?

*15. Did you have diarrhea or vomiting before traveling to the tournament?

- Yes
 No

*16. Did you get sick during/after the tournament?

- Yes
 No

This page is skipped based on response to Q.16

Gastrointestinal Illness Survey

2. About your illness

17. Symptoms

	Had the symptoms	Date of Onset of Symptoms	Time of onset
Vomiting	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nausea	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fever	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diarrhea	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bloody Stool	<input type="text"/>	<input type="text"/>	<input type="text"/>
Abdominal Cramps	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chills	<input type="text"/>	<input type="text"/>	<input type="text"/>
Headache	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (please specify)

18. Have you recovered from your symptoms

- Yes
 No

If yes, list the date of recovery

*19. Did you see a Healthcare Provider for your vomiting and diarrhea?

- Yes
 No

Gastrointestinal Illness Survey

3. Healthcare Provider

20. When did you see the Healthcare Provider? (please list the date)

Date MM DD YYYY
 | / | / |

21. What was the diagnosis?
[Text input field]

22. Was a stool or vomitus sample collected for testing?

Yes
 No

23. Were you admitted to the hospital for vomiting and diarrhea?

Yes
 No

This page is skipped based on response to Q.19

Gastrointestinal Illness Survey

4. Comments

24. Comments

[Large text area for comments]

Additional instructions:
You are at the end of the survey, click "Done" you will loop back to the beginning. At that point, please enter the next person's information (e.g. player, parent, sibling), click "Done". Once you have completed all your surveys, close your browser.

Response to Online Survey

- By Tuesday night: 3 responses (info on 3)
- By Wednesday night: 6 responses (info on 8)
- **Reminder sent on Friday, March 22, 2013-noon**
- By Friday night: 8 responses (info on 10)

Data

- Average Incubation Period: 31 hours
- Average Duration of Symptoms: 2 days
- Predominant Symptoms: Vomiting and Diarrhea
- Only one person sought healthcare

Wednesday, March 20, 2013 (5:48 P.M)

- 4 bulks were tested from this outbreak, and all four were positive for **Norovirus GII**.
- There was one from the second group, two from the third group and one from the fourth group.
- Genotyping to follow
 - [Norovirus GII.4_Sydney](#) (3/29/13)

Online Survey

- Advantages
 - Consumes less time
 - Reach out larger pop.
 - Less Data Entry
 - Requires limited manpower
- Disadvantages
 - Can't verify the info
 - Difficult to gather personal info

Info from Foodborne Outbreaks Listserv

4/5/2013

- In SD we investigate outbreaks by giving people access to an online system that helps prompt food recall. We also offer it for our routine/isolated cases to capture the information prospectively before we know if they are linked to an outbreak.
- These use the shotgun model for food the history. These are the static system model, but we've expanded the concept in our SD-NEDSS which has a dynamic Patient Access Portal. In access portal, the questionnaires are customizable and easy to deploy and re-deploy. The Patient Access Portal also offers a second questionnaire (or as many as you'd like to design) that is triggered after the patient submits the first questionnaire, which shows them their "Yes" responses and offers them the opportunity to report additional targeted questions.
- In our experience, we have pretty good success with the online methods. Interestingly, we can log access and see that many who do submit are completing their questionnaires outside of normal business hours. We are hoping to do a study this summer comparing the phone interview with the access portal methods, which seems to be the area of need for more widespread adoption of the latter.
- The technology no longer the barrier anymore.
- Some food for thought. -- Nick

<https://appstest.sd.gov/applications/PH93Morbidity/secure/foodhistory.aspx>

Confidential Food History Questionnaire

Contact Information

Section 1 of 5 [Next >>](#)

We need **your help** to determine if any food items you ate may have caused your illness. The information you provide is compared with others who have similar illnesses - to identify possible sources. The way this works best is if you can obtain grocery and restaurant receipts, as well as any checkbook entries or credit card statements (if available) - for the past 10 days before you became ill. Use these and your best recall to tell us about your activities and what you ate in that period. (Note, if you don't know the answer, please just select "unk" for unknown and go to the next item.) **Please be sure to push the "Submit Questionnaire" button on Section 5 when you are finished.** [Click Here](#) to download a PDF version(Adobe Acrobat required).

PERSON ILL

*First Name: MI: *Last Name:

Home Address:

*City: State: SD Zip:

*Phone: County: -- Select -- Gender: -- Select --

Date of Birth: (mm/dd/yyyy)

Onset date of your first symptoms: (mm/dd/yyyy)

Onset date of vomiting or diarrhea: (mm/dd/yyyy)

Was this lab confirmed?

Physician Diagnosis:

Are you:

If you are not the person ill please enter your name: Phone:

Section 1 of 5 [Next >>](#)

Other Foods (in the last 10 days before you got sick did you eat..)

Were any other foods eaten that are not represented here? (If so, please list or describe in this comments section) (5000 character limit)

Animal Contact (in the last 10 days before you got sick did you have any contact with the following...)

Yes No Unk

- Bird
- Kitten
- Cat
- Chicken
- Baby chicks
- Cow/bull/steer
- Calf
- Puppy (<5 months old)

Yes No Unk

- Dog
- Goat, Sheep, or Lamb
- Horse
- Pig
- Reptile (including snakes, iguanas or other lizards, and turtles)
- Amphibian (such as frogs)
- Turkey
- Tropical fish

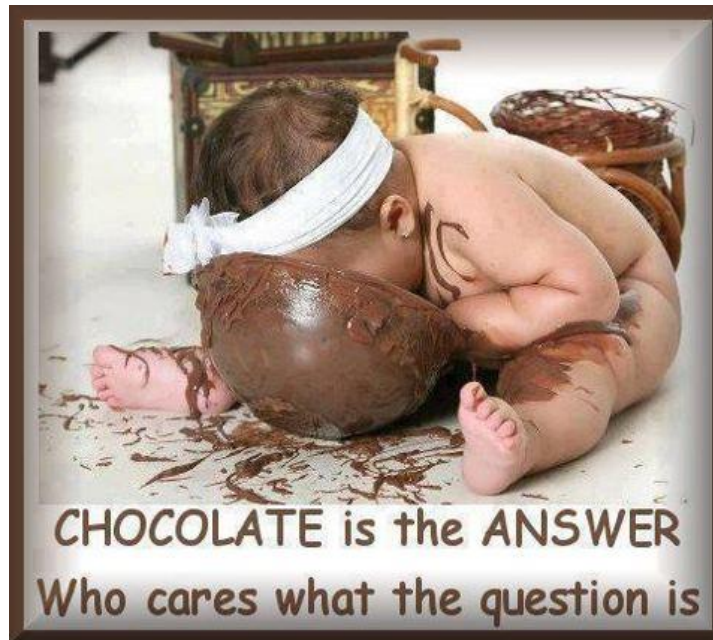
did (you/your child) visit a petting zoo or farm?

did (you/your child) visit a state, county or local fair at which there were animals?

did (you/your child) visit any other events at which there were animals present such as festivals, animal shows, exhibits, swap meets, sales, etc.?

If you answered "Yes" to any of these questions, please describe in this comments section. (5000 character limit)

Questions?



Contact Information

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Thanks for listening!