



www.kdheks.gov

Outbreak of Gastroenteritis Among Attendees of a University Sorority Father-Daughter Lunch – Douglas County, Kansas, October, 2007*

Kansas Department of Health and Environment
Office of Surveillance and Epidemiology

Outbreak Investigators

Lawrence-Douglas County Health Department:

Kim Ens

Kansas Department of Health and Environment:

Leah Lambart

D. Charles Hunt

Jennifer Schwartz

Cheryl Bañez Ocfemia

Reported By

Leah Lambart

**Note to readers: This report was amended and republished on January 14, 2008 to include additional laboratory results and interpretation that were not available at the time of the original publication.*

Introduction

On September 24, 2007, a member of the Lawrence-Douglas County Health Department (LDCHD) notified the Kansas Department of Health and Environment (KDHE) of illness among members of Pi Beta Phi sorority and their fathers following a father daughter lunch on September 22, 2007. Approximately 41 (26%) of the daughters and 30 (35%) of the fathers were reported ill with predominant symptoms of vomiting and diarrhea.

Staff at the KDHE and the LDCHD initiated an outbreak investigation to determine the source and etiologic agent of illness and implement appropriate control and prevention measures.

Background

Pi Beta Phi Sorority hosted a father-daughter lunch on Saturday, September 22, 2007 for members and their fathers. A few mothers also participated in the event. The lunch was held at Abe and Jake's Landing in Lawrence, KS and was catered by Vermont Street BBQ from Lawrence, KS. The group of sorority members ranged in age from 18 to 22. The parents ranged in age from 34 to 69. The lunch was at noon on Saturday.

Methods

Epidemiologic Investigation

A retrospective cohort study was conducted. A list of all who participated in the event along with contact information and a menu of items served was obtained from the sorority and Vermont Street BBQ, respectively. A survey was developed to collect information about foods eaten at the lunch and illness history. The survey was distributed via email to the sorority members who passed the survey along to their fathers. The survey was World Wide Web-based. For the complete survey, see Appendix A.

Inspectors from the KDHE Bureau of Consumer Health distributed a work and food history survey to workers at Abe and Jake's Landing and Vermont Street BBQ. All employees, both people who had become ill and those who did not, were asked to complete the work and food history survey.

Cases were defined as people who became ill from September 23 through 25 and had symptoms of vomiting or diarrhea.

Laboratory and Clinical Investigation

Staff from LDCHD contacted people who had been ill after the event and asked them to submit a stool specimen. Three specimens from three individuals were submitted to the Kansas Department of Health and Environment Laboratories (KDHEL). Two specimens were then forwarded on to the Minnesota Department of Health Public Health Laboratory, which is the regional laboratory for the KDHEL.

Environmental Investigation

On September 24, investigators from the KDHE Bureau of Consumer Health investigated the Pi Beta Phi sorority. On September 25, investigators from the KDHE inspected Abe and Jake's Landing and Vermont Street BBQ.

Results

Epidemiological Investigation

From a combination of the line list and surveys returned, the investigators determined that 157 sorority members and 90 parents attended the lunch. Questionnaires were completed by 67 (43%) of the sorority members and 49 (58%) of the parents.

From the two restaurants, investigators received 23 food worker surveys. Three workers reported becoming ill from September 23 to 25 and met the case definition. Due to the difference in survey questions, and lack of complete information, the food worker responses were removed from the majority of the analysis.

Table 1 shows the characteristics of the 116 parents and sorority members who filled out the survey only. One hundred thirty-one people who did not fill out the survey are not included in the table.

	Total	Surveys Completed	Percent participating in survey	Cases from survey	Percent (%) ill among those completing the survey
Male	87	46	52.9	25	54.4
Female	160	70	43.8	39	55.7
Parents	90	49	54.4	26	53.1
Sorority Members	157	67	42.7	38	56.7
Medial Age (years)	n/a	21	n/a	20	n/a
Age Range (years)	n/a	(18, 69)	n/a	(18, 69)	n/a

Figure 1 is an epidemiologic curve showing the number of cases and their onset of symptoms, of those who completed the survey. The most common date of onset was September 23, 2007. Of the people who became ill, 33% (n=20) became ill between 6:00 pm and midnight on September 23, 2007. The median incubation period was 34.5 hours with a range of 12-60. The overall median duration of illness, of the 46 people who had completed the survey and were not still at the time of the survey, was 39 hours with a range of seven to 73.5 hours.

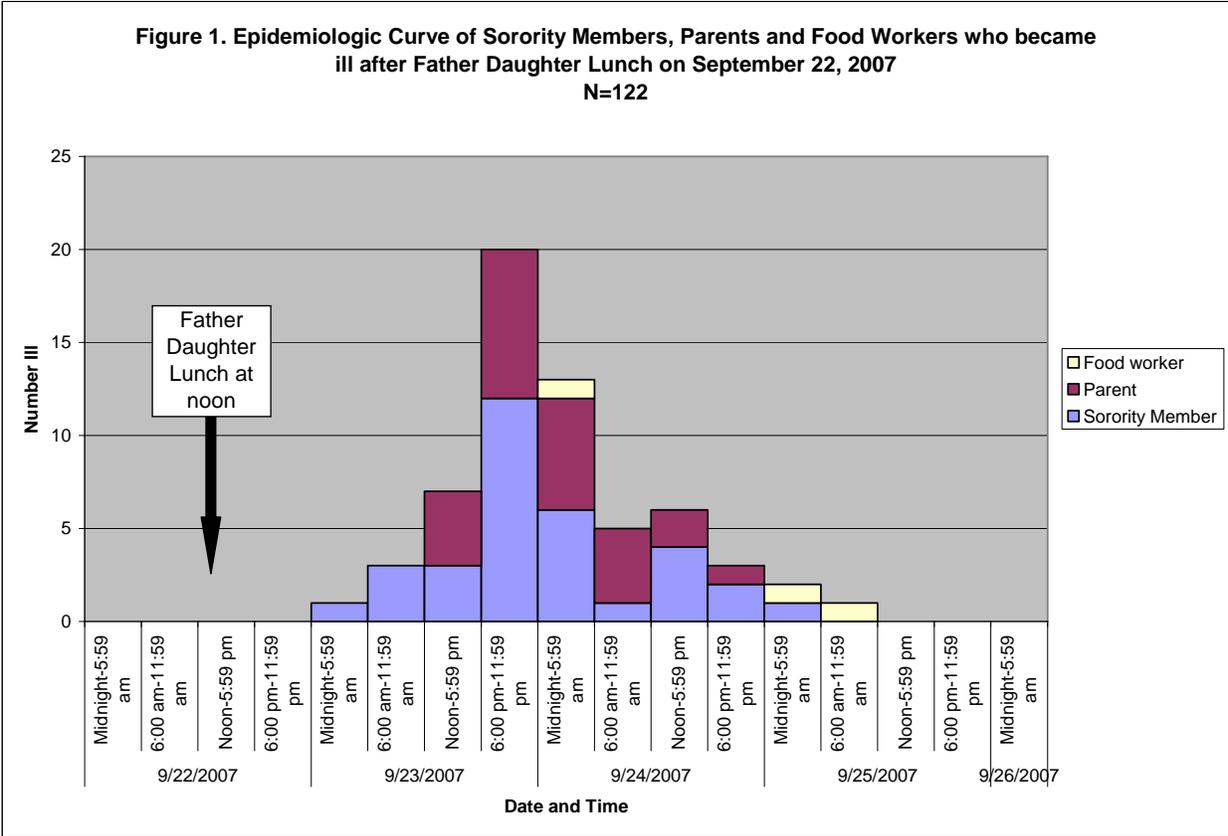


Table 2 shows the numbers and percentages of symptoms reported among sorority members and parents who were ill and completed surveys. The most common symptoms were nausea, stomach cramps and vomiting.

Symptom	n	%
Nausea	62	92.5
Vomiting	51	76.1
Stomach Cramps	57	85.1
Diarrhea	46	68.7
Bloody Diarrhea	2	3.0
Dizziness	34	50.8
Fever	25	37.3

Table 3 shows the odds ratio (OR) and 95% confidence interval (CI) associated with each food item served at the father daughter lunch. The odds ratio is defined as the odds of developing illness among those exposed (ate food item) divided by the odds of developing illness among those not exposed (did not eat food item). If the OR is greater than one and the 95% CI does not contain one, the results are significant. Sausage had the highest odds ratio at 4.4 with a significant 95% CI., meaning the odds of getting sick after eating sausage were four times higher than the odds of not eating sausage and getting sick. Since the 95% CI does not contain one, the results are significant. No other foods were significantly associated with becoming ill after the lunch.

Item	Odds Ratio	95% Confidence Interval
Sausage*	4.4	1.9, 10.5
Corn Bread	1.5	0.7, 3.4
Potato Salad	1.4	0.6, 3.2
Turkey	1.4	0.6, 3.3
Pulled Pork	1.2	0.5, 2.6
Bread	0.9	0.4, 2.1
Pickles	0.7	0.3, 1.5
Baked Beans	0.6	0.2, 1.5
Ribs	0.5	0.2, 1.2
BBQ Sauce	0.4	0.1, 2.0

*Statistically significant association

Laboratory and Clinical Investigation

All three stool specimens tested negative for *Salmonella*, *E. coli*, *Shigella* and *Campylobacter* bacteria. One of the specimens was not tested for norovirus before it was discarded. Two of the specimens tested negative for norovirus at KDHEL and were forwarded on to the Minnesota Department of Health Public Health Laboratory. Further testing done at the Minnesota laboratory showed one of the specimens was negative for norovirus and adenovirus. The other sample was positive for genogroup A-2.b norovirus and genogroup AdV41 adenovirus, for which the KDHE laboratory did not test.

Environmental Investigation

During the investigation at Vermont Street BBQ, two critical violations were found. The critical violations did not involve procedures that contributed to the outbreak. The first violation involved water under pressure / fixtures at a hand washing sink. The second violation had to do with how toxic items were labeled or used. During the investigation of Abe and Jake's Landing and the sorority house, no critical violations were observed. All three food inspection reports are attached.

Conclusion

The etiologic agent of this outbreak is unknown. The agent could have been norovirus, adenovirus or a combination of both, as was implicated in one specimen, to cause an outbreak of what appears to be a viral gastroenteritis. The outbreak appears to be common source since all individuals got sick within 12-60 hours of the father-daughter lunch. The implicated food item was sausage, suggesting contamination during food preparation or handling. Among the parents and sorority members who took the survey, the attack rate was 55%. Among the workers who filled out a work and food history, the attack rate was 13%.

In the United States, noroviruses are the leading cause of gastroenteritis; an estimated 23 million people are infected with Norovirus every year.¹⁻³ Onset of diarrhea and vomiting are common 12-48 hours after infection, and may last from 12 to 60 hours. Vomiting is more prevalent in children than adults. The primary route of transmission is through the fecal-oral route.¹⁻² Norovirus particles may be spread through direct contact or through consuming fecally-contaminated food or water. Results from outbreak investigations have also suggested that aerosolized vomitus can spread noroviruses. Because Noroviruses are highly contagious, requiring less than 100 organisms for infection, transmission may occur via hand-to-mouth activities following the handling of materials, fomites, and environmental surfaces contaminated with feces or vomitus³.

Adenoviruses most commonly cause respiratory illness; however, 51 serotypes have been identified, and depending on the infecting serotype, they may also cause various other illnesses, such as gastroenteritis^{5,6}. Some types are capable of causing asymptomatic infections and shedding for months or years in hosts. Other types cause sporadic infection and occasional outbreaks. Enteric adenoviruses 40 and 41, which was identified in a stool specimen from one case in this outbreak, cause gastroenteritis, usually in children. Adenovirus particles are spread by direct contact, through the fecal-oral route and occasionally waterborne. Control of adenovirus outbreaks can be challenging because these viruses can be shed in both respiratory secretions and feces and can persist for weeks on environmental surfaces^{5,6,7,8,9}.

Limitations

The limitations of this study include potential sample bias and small sample size. The investigators relied on parents and sorority members to complete the survey and give stool specimens after being asked. With a response rate of 47% for the survey and only three stool specimens, the investigators cannot determine the overall attack rate, the etiology of the outbreak or if the sausage was the true source of illness. The report was also limited by recall bias as information was gathered by surveys, which required sorority members and parents to recall what food they ate and illness information.

Acknowledgements

The investigators of this report thank the staff of the Lawrence-Douglas County Health Department and the staff at Pi Beta Phi Sorority for the assistance provided during this investigation. KDHE is grateful to sorority members, parents, and staff from Vermont Street BBQ and Abe and Jake's Landing for the completion of surveys and collection of stool specimens for testing.

References

1. Mead PS, Slutsker L, Dietz V, et al. Food-related illness and death in the United States. *Emerg Infect Dis* 1999;5:607--25.
2. Fankhauser RL, Monroe SS, Noel JS, et al. Epidemiologic and molecular trends of "Norwalk-like viruses" associated with outbreaks of gastroenteritis in the United States. *J Infect Dis* 2002;186:1--7.
3. Turcios RM, Widdowson MA, Sulka AC, Mead PS, Glass RI. Reevaluation of epidemiological criteria for identifying outbreaks of acute gastroenteritis due to norovirus: United States, 1998--2000. *Clin Infect Dis* 2006;42:964--9.
4. Centers for Disease Control and Prevention. Norovirus in healthcare facilities fact sheet. http://www.cdc.gov/ncidod/dhqp/id_norovirusFS.html
5. CDC. Acute Respiratory Disease Associated with Adenovirus Serotype 14 – Four States, 2006-2007. *MMWR* 2007; 56(45);1181-1184
6. Kajon AE, Moseley JM, Metzgar D, et al. Molecular epidemiology of adenovirus type 4 infections in US military recruits in the postvaccination era (1997--2003). *J Infect Dis* 2007;196:67--75.
7. American Academy of Pediatrics. Adenovirus Infections. In: Peter G, ed. 1997 Red Book: Report of the Committee on Infectious Diseases. 24th ed. Elk Grove Village, IL: American Academy of Pediatrics; 1997: 131.
8. Foy HM. Adenoviruses. In: Evans A, Kaslow R, eds. *Viral Infections in Humans: epidemiology and control*. 4th ed. New York: Plenum; 1997:119-38.
9. Horwitz MS. Adenoviruses. In: Fields BN, Knipe DM, Howley PM, eds. *Fields Virology*. 3rd ed. Philadelphia: Lippincott-Raven; 1995: 2149-71.

Our Vision and Mission

As the state's environmental protection and public health agency, KDHE promotes responsible choices to protect the health and environment for all Kansans.

Through education, direct services, and the assessment of data and trends, coupled with policy development and enforcement, KDHE will improve health and quality of life. We prevent injuries, illness, and foster a safe and sustainable environment for the people of Kansas.

Appendix A
Kansas Department of Health and Environment
Lawrence-Douglas County Health Department
Gastrointestinal Illness Outbreak Survey

The Kansas Department of Health and Environment and the Lawrence-Douglas County Health Department are investigating reports of gastrointestinal illness among sorority members and their fathers after a Father/Daughter luncheon in Lawrence on September 22, 2007. To determine the cause of illness, it is important for us to gather information from those who became ill as well as those who did **not** become ill. The survey will take about 5 to 10 minutes to complete. All information you provide will be strictly confidential.

1.) Last Name: _____ 2.) First Name: _____

3.) Home phone:(_____) _____ 4.) E-mail: _____

5.) Date of Birth: ____/____/____ 6.) Sex: Male Female
MM DD YYYY

7.) Where are you employed? _____

8.) What is your occupation? _____

9.) Did you have lunch with the group on Saturday, September 22?

Yes No Don't know

10.) If you had lunch with the group, did you eat anything from the following list?

Turkey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Pulled Pork	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Sausage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Baby Back Ribs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Potato Salad	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Baked Beans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Cornbread	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bread	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
BBQ Sauce	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Pickles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Drink <u>with</u> ice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Drink <u>without</u> ice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

11.) Did you become ill since the lunch on September 22?

Yes → If yes, please proceed to question 12.

No → If no, please go to question 20.

12.) When did you start feeling ill?

Date _____
_____/_____/_____
MM DD
YYYY

Time ____:____ a.m.
p.m.

13.) What was your first symptom?

14.) Did you have any of the following symptoms?

Nausea? Yes No Don't know

Vomiting? Yes No Don't know

Stomach cramps? Yes No Don't know

Diarrhea? Yes No Don't know

(more than 3 loose stools in a 24 hour
period)

If yes, number of stools in 24 hours? _____

Bloody diarrhea? Yes No Don't know

Dizziness? Yes No Don't know

Fever? Yes No Don't know

If yes, highest temperature? _____°F

Please list any other symptoms:

15.) Were you taking antibiotics for any reason before you became ill? Yes No

16.) Did you see a doctor or other healthcare professional for this illness? Yes No

If yes, provide name and phone number: _____

17.) Were you hospitalized? Yes No

If yes, where? _____

18.) Was a stool specimen collected? Yes No

19.) Are you still ill? Yes No

If no, when did you recover? Date ____/____/____ Time ____:____ a.m.
 p.m.

MM DD YYYY

20.) Has anyone else in your household been ill with nausea, vomiting, or diarrhea?

Yes No If yes, name and relationship: _____

Date illness began: ____/____/____
MM DD YYYY

Yes No If yes, name and relationship: _____

Date illness began: ____/____/____
MM DD YYYY

21.) Do you have other comments or information you would like to share?

Thank you for completing the survey.



COMPLAINT INVESTIGATION REPORT



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF CONSUMER HEALTH
FOOD SAFETY & CONSUMER PROTECTION

Establishment Name: Pi Beta Phi Est ID #: 5511 Type: 200

Date Received: 09-24-07 Received By: Kathrine Robnett Occurrence Date: 09-22-07 Occurrence Time: 12:00

Complainant: Dg. Co. Health Dept. Phone: (785) 843-3060 Email: _____

Please check **one** major complaint type:

- 1 Alleged Foodborne Illness / Outbreak (see below)
- 2 Personal Health / Hygiene
- 3 Food Source (sound condition; spoilage; approved)
- 4 Labeling / Expiration

- 5 Food Protection (temperatures)
- 6 Water / Plumbing Sewage
- 7 General Sanitation
- 8 Insect, Rodent, Animal
- 9 Other

COMPLAINANT'S CONCERN:

This came from Douglas County Health Dept. The sorority house had a father's day outing at Abe and Jake's Landing and had BBQ catered in from Vermont Street BBQ. Several have fallen ill and went to see doctors at Primary Care for treatment. All girls that were ill live in same sorority house. 15 fathers also fell ill after attending the event. See symptoms below.

Alleged Foodborne Illness:

Symptoms (✓ All that Apply): Vomiting Diarrhea Nausea Abdominal Cramps Fever Other _____

Date of Illness Onset: _____ Time: _____ # Persons Ill: 52 # Persons Served: _____ # Households involved: _____

Doctor Visited?: Y Hospitalizations?: Y Stool sample taken?: _____ Food samples available?: U

Food/Beverage Eaten: See complaint form for Vermont Street BBQ for food items served.

Any other commonalities/meals shared?: Y If yes, which meal(s): _____

INSPECTOR COMMENTS:

Conducted inspection at sorority house kitchen to determine if cause of illnesses came from kitchen. No ill cook or helpers were seen. All temperatures were good. Kitchen was clean and no pest problems noted. Inspector obtained copy of menu for house kitchen for that week.

Date Worked: 09-24-07 VALID: _____ INVALID: _____ UNDETERMINED: X

Date Complainant Notified: 09-24-07 Via: Letter/email (copy attached) _____ Phone _____ Other X

ORIGINAL INSPECTION REPORT & COMPLAINT REPORT FORMS TO TOPEKA OFFICE



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Food Service Establishment Inspection Report

FPCS Form 806

Insp. Date: 9-24-07
 Time In: 2:00 PM
 Time Out: 3:00 PM
 Travel Time 10 Min.

Inspector # KSS1 ID# 5511 Type ZOU Purpose 03 RAC: 1
 2
 3

of Critical Violations 0
 Re-inspection Required Y N
 Re-inspection Date _____

Establishment: R Beta Phi Owner: R Beta Phi
 Address: 1612 W 15th City: Lawrence KS
 County: Douglas Zip: 66044 Phone: (785) 842-9934

Compliance Status	R	Code Ref	CDS	Potentially Hazardous Food Time & Temp Violations Require Immediate Corrective Action	Observation
Y N <input checked="" type="radio"/> N/A			Y N	1. Cooling	
<input checked="" type="radio"/> N N/O N/A			Y N	2. Cold Hold (41 F / <u>45 F</u>)	<u>Cold hold 41°F</u>
Y N <input checked="" type="radio"/> N/A			Y N	3. Hot Hold (140 F)	
Y N <input checked="" type="radio"/> N/A			Y N	4. Proper Cooking Temp PHF	RECEIVED
Y N <input checked="" type="radio"/> N/A			Y N	5. Reheating for Hot Holding	<u>OCT 02 2007</u>
<input checked="" type="radio"/> N N/O N/A			Y N	6. Date Marking--PHF	<u>BUCKLE UP</u>
<input checked="" type="radio"/> N N/O N/A			Y N	7. Date Marking Disposition	

Food/Location	Temp F	Amb Air	Food/Location	Temp F	Amb Air	Food/Location	Temp F	Amb Air
<u>blue cheese / RIC</u>	<u>47°</u>		<u>milk / silver king</u>	<u>33°</u>				
<u>toon / RIC</u>	<u>46°</u>		<u>quiche / wif</u>	<u>Frozen</u>				
<u>ambient / RIC</u>		<u>37°</u>	<u>ambient / wif</u>		<u><0°</u>			
<u>diced chicken / wic</u>	<u>37°</u>							
<u>potato soup / wic</u>	<u>34°</u>							
<u>ambient / wic</u>		<u>37°</u>						

Compliance Status	R	Code Ref	CDS	Personnel Handling / Sources / Reports Violations Require Immediate Corrective Action (or a directed) /	Observation
<input checked="" type="radio"/> N			Y N	8. Personnel Restricted / Excluded / Reporting	
<input checked="" type="radio"/> N			Y N	9. Discharge from eyes, nose and mouth	
<input checked="" type="radio"/> N N/O			Y N	10. Demonstration of Knowledge	
<input checked="" type="radio"/> N			Y N	11. Handwashing-When	
<input checked="" type="radio"/> N N/O			Y N	12. No Bare hand / RTE Foods	
<input checked="" type="radio"/> N			Y N	13. Personnel Practices (Eating / Drinking / Smoking)	
<input checked="" type="radio"/> N			Y N	14. Adulteration / Sound Condition	
Y N <input checked="" type="radio"/> N/O			Y N	15. Discard Adulterated Foods	
<input checked="" type="radio"/> N			Y N	16. Food Source / Food Law	

(Y) N N/O N/A			Y N	17. Cross-Contamination Raw & RTE Foods
(Y) N			Y N	18. Water-Capacity / Hot & Cold
(Y) N			Y N	19. Water-Under Pressure / Fixtures
Y N (N/O) N/A			Y N	20. Receiving Temp / Condition
Y N (N/A)			Y N	21. Records-- tags, HACCP plans, processing, labeling

Compliance Status	R	Code Ref	COS	Facility & Equipment Requirements/Good Retail Practices (GRP) Violations Require Immediate Corrective Action (see 2010.010)	Observation
Y N N/O (N/A)			Y N	22. Pasteurized Foods / Susceptible Population	
Y N (N/A)			Y N	23. Additives / Unapproved	
(Y) N			Y N	24. Insect / Rodent-Presence / Infestation	
(Y) N N/O N/A			Y N	25. Potable Water	
(Y) N			Y N	26. Handwash Sink: No. / Loc / Acc	
(Y) N			Y N	27. Food Contact Surfaces Clean	
Y N (N/O) N/A			Y N	28. Food Contact Surfaces Sanitized	
(Y) N			Y N	29. Adequate Warewashing Facilities	
Y N N/A (N/C)			Y N	30. Manual Warewashing / Sanitizing () ppm/temp	
(Y) N N/A			Y N	31. Mechanical Warewashing / Sanitizing (/ S) ppm/temp	
(Y) N			Y N	32. Toxic Items Stored	
(Y) N			Y N	33. Toxic Items Labeled / Used	
(Y) N			Y N	34. Adequate Sewage / Disposal System	
(Y) N			Y N	35. Toilet Facilities	
(Y) N			Y N	36. Backflow / Airgap	
Y N (N/A)			Y N	37. Consumer Advisory	
Y N (N/A)			Y N	38. Approved Systems (HACCP / Time as PHC)	

Good Retail Practices (GRP)									
GRPs are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. See page 1 for comments.									
Compliance Status	R	COS	Code Ref	GRP	Compliance Status	R	COS	Code Ref	GRP
(Y) N			2-304.11	39. Personal Cleanliness	(Y) N			4-602.13	48. Non-Food Contact Surfaces Clean Frequency
(Y) N			3-304.12	40. In-Use / Between-Use Utensils Storage	(Y) N			5-501.15	49. Outside Receptacles
(Y) N N/O N/A			3-304.14	41. Wiping Cloths	Y N N/O (N/A)			6-202.13	50. Insect Control Devices
(Y) N N/O N/A			3-304.15	42. Glove-Use	(Y) N			6-301.11	51. Soap Availability
Y N (N/O) N/A			3-401.13	43. Plant Food Cooking	(Y) N			6-301.12	52. Hand Drying Provisions
Y N (N/O) N/A			3-501.13	44. Thawing	(Y) N			6-501.11	53. Physical Facility Condition
(Y) N			4-302.12	45. Food Temp Measuring Device	Y (N)		N	6-501.12	54. Cleaning Frequency
Y (N) N/A		N	4-302.14	46. Sanitizer Test Strips <i>NO STRIPS</i>	Y N (N/O) N/A			6-501.112	55. Removing Dead Pests
Y (N)		N	4-601.11C	47. Non Food Contact Surfaces Clean	(Y) N			8-304.11	56. Current License Displayed

September 17, 2007 - Monday - Oatmeal

Grilled Cheese/Tomato Soup
Salad Bar
Cookies

Meat Lasagna
Italian Salad
Garlic Bread
Pie

September 18, 2007 - Tuesday - French Toast

Sierin's Chicken Casserole
Salad Bar
S'Mores

Catfish/Chicken
Black beans/Rice
Salad/Cornbread
Jell-O/Cookie

September 19, 2007 - Wednesday - Egg - Bacon - Potato

Potato Soup
Salad Bar
Brownies

Pot Roast
Potato/Carrots
Cottage Cheese Salad
Cheese Cake

September 20, 2007 - Thursday - Cream of Wheat

BLT Wrap
Salad Bar
Rice Crispy Treat

Mexican Buffet
Chicken Enchilada
Cheese Quesadilla
Black Bean Salad
Sopapilla

September 21, 2007 - Friday

Mexican Pizza, Salad Bar, Ice Cream



COMPLAINT INVESTIGATION REPORT



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF CONSUMER HEALTH
FOOD SAFETY & CONSUMER PROTECTION

Establishment Name: Vermont St. BBQ Est ID #: 83942 Type: 200
Date Received: 9/25/07 Received By: KR Occurrence Date: the weekend of Sept. 22, 2007
Complainant: Lawrence / D6 Co Health Dept. (KIA) Phone: (785) 843 3060 E-mail: _____
Occurrence Time: PM

Please circle **one** major complaint type:

- | | |
|---|----------------------------------|
| <input checked="" type="radio"/> 1 Alleged Foodborne Illness/Outbreak (see below) | 5 Food Protection (temperatures) |
| 2 Personal Health/Hygiene | 6 Water/Plumbing/Sewage |
| 3 Food Source (sound condition; spoilage; approved source) | 7 General Sanitation |
| 4 Labeling/Expiration Dates | 8 Insect, Rodent, Animal Control |
| | 9 Other |

COMPLAINANT'S CONCERN:

3 girls sick. Reported involvement with Pi Beta Phi in Lawrence.
Additional details forthcoming.

Alleged Foodborne Illness:

Symptoms (✓ All that Apply): Vomiting Diarrhea Nausea Abdominal Cramps Fever Other _____
Date of Illness Onset: ___/___/___ Time: ___:___ # Persons Ill: ___ # Persons Served: ___ # Households involved: ___
Doctor Visited?: Y N U Hospitalizations?: Y N U Stool samples taken?: Y N U Food samples available?: Y N U
Food/Beverage Eaten: _____
Any other commonalities/meals shared?: Y N U If yes, which meal(s): _____

INSPECTOR COMMENTS:

Details of the outbreak are being investigated by Lea Lambert
with epi @ 785.368.8208.

Date Worked: 9/25/07 VALID: _____ INVALID: _____ UNDETERMINED:

Date Complainant Notified: _____ Via: Letter/email (copy attached) ___ Phone ___ Other ___

ORIGINAL INSPECTION REPORT & COMPLAINT REPORT FORMS TO TOPEKA OFFICE



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Food Service Establishment Inspection Report

FPCS Form 806

Insp. Date: 9/25/07
 Time In: 3:30 pm
 Time Out: 5:30
 Travel Time 40 Min.

Inspector # KS60 ID# 83942 Type 200 Purpose 03 RAC: 1
 2
 3
 Establishment: Vermont Street BBQ Owner: Vermont Street BBQ
 Address: 728 Massachusetts City: Lawrence KS
 County: DCS Zip: 66044 Phone: 785 8564227

of Critical Violations 2
 Re-inspection Required Y (N)
 Re-inspection Date

Compliance Status	Code	CV	Potentially Hazardous Food Time & Temp	Observation
Y N N/O N/A		Y N	1. Cooling	
Y N N/O N/A		Y N	2. Cold Hold (41 F / 45 F)	
Y N N/O N/A		Y N	3. Hot Hold (140 F)	
Y N N/O N/A		Y N	4. Proper Cooking Temp PHF	
Y N N/O N/A		Y N	5. Reheating for Hot Holding	
Y N N/O N/A		Y N	6. Date Marking---PHF	
Y N (N/O) N/A		Y N	7. Date Marking Disposition	

RECEIVED
 OCT 09 2007
 LAWRENCE, KS

Food/Location	Temp °F	Amb Air	Food/Location	Temp °F	Amb Air	Food/Location	Temp °F	Amb Air
ribs/oven	190		beans/stove hold	169		chicken/WIC	40	38°F
turkey/ "	179		pork 1 " "	165		beans/ "	37	
			chicken/warm cabinet	149		pork/ "	37	
beef/stove	175		ribs 1 " "	152		milk/display RIC	42	70°F
chicken/RIC	39	46°F	potatoe salad/MT	39	40°F			
beef 1 "	40		pasta salad/ "	39				

Compliance Status	Code	CV	Personnel/Handling Source Records	Observation
Y N		Y N	8. Personnel Restricted / Excluded / Reporting	
Y N		Y N	9. Discharge from eyes, nose and mouth	
Y N N/O		Y N	10. Demonstration of Knowledge	
Y N		Y N	11. Handwashing-When	
Y N N/O		Y N	12. No Bare hand / RTE Foods	
Y N		Y N	13. Personnel Practices (Eating / Drinking / Smoking)	
Y N		Y N	14. Adulteration / Sound Condition	
Y N (N/O)		Y N	15. Discard Adulterated Foods	
Y N		Y N	16. Food Source / Food Law	

<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A		<input type="radio"/> Y <input type="radio"/> N	17. Cross-Contamination Raw & RTE Foods
<input checked="" type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N	18. Water-Capacity / Hot & Cold
<input checked="" type="radio"/> Y <input type="radio"/> N	5.103.12	<input checked="" type="radio"/> Y <input type="radio"/> N	19. Water-Under Pressure / Fixtures <i>hot water supply valve at the kitchen handsink was off, no hot water to faucet.</i>
<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> N/O <input type="radio"/> N/A		<input type="radio"/> Y <input type="radio"/> N	20. Receiving Temp / Condition
<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> N/A		<input type="radio"/> Y <input type="radio"/> N	21. Records-- tags, HACCP plans, processing, labeling

<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A		<input type="radio"/> Y <input type="radio"/> N	22. Pasteurized Foods / Susceptible Population
<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> N/A		<input type="radio"/> Y <input type="radio"/> N	23. Additives / Unapproved
<input checked="" type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N	24. Insect / Rodent-Presence / Infestation
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A		<input type="radio"/> Y <input type="radio"/> N	25. Potable Water
<input checked="" type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N	26. Handwash Sink: No. / Loc / Acc
<input checked="" type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N	27. Food Contact Surfaces Clean
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A		<input type="radio"/> Y <input type="radio"/> N	28. Food Contact Surfaces Sanitized
<input checked="" type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N	29. Adequate Warewashing Facilities
<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> N/A <i>(N/C)</i>		<input type="radio"/> Y <input type="radio"/> N	30. Manual Warewashing / Sanitizing () ppm/temp <i>not setup</i>
<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A		<input type="radio"/> Y <input type="radio"/> N	31. Mechanical Warewashing / Sanitizing <i>100 ppm/temp chlorine</i>
<input checked="" type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N	32. Toxic Items Stored
<input checked="" type="radio"/> Y <input type="radio"/> N	7.206.12	<input checked="" type="radio"/> Y <input type="radio"/> N	33. Toxic Items Labeled / Used <i>D Can mouse bait in kitchen is in open, uncovered cardboard box</i>
<input checked="" type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N	34. Adequate Sewage / Disposal System
<input checked="" type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N	35. Toilet Facilities
<input checked="" type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N	36. Backflow / Airgap
<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> N/A		<input type="radio"/> Y <input type="radio"/> N	37. Consumer Advisory
<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> N/A		<input type="radio"/> Y <input type="radio"/> N	38. Approved Systems (HACCP / Time as PHC)

Compliance Status	R	Code Ref	GRP	Compliance Status	R	Code Ref	GRP
<input checked="" type="radio"/> Y <input type="radio"/> N		2-304.11	39. Personal Cleanliness	<input checked="" type="radio"/> Y <input type="radio"/> N		4-602.13	48. Non-Food Contact Surfaces Clean Frequency <i>grease buildup</i>
<input checked="" type="radio"/> Y <input type="radio"/> N		3-304.12	40. In-Use / Between-Use Utensils Storage	<input checked="" type="radio"/> Y <input type="radio"/> N		5-501.15	49. Outside Receptacles <i>1/2 is removed</i>
<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> N/O <input type="radio"/> N/A		3-304.14	41. Wiping Cloths	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A		6-202.13	50. Insect Control Devices
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A		3-304.15	42. Glove-Use	<input checked="" type="radio"/> Y <input type="radio"/> N		6-301.11	51. Soap Availability
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A		3-401.13	43. Plant Food Cooking	<input checked="" type="radio"/> Y <input type="radio"/> N		6-301.12	52. Hand Drying Provisions
<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> N/O <input type="radio"/> N/A		3-501.13	44. Thawing	<input checked="" type="radio"/> Y <input type="radio"/> N		6-501.11	53. Physical Facility Condition <i>missing ceiling tiles</i>
<input checked="" type="radio"/> Y <input type="radio"/> N		4-302.12	45. Food Temp Measuring Device	<input checked="" type="radio"/> Y <input type="radio"/> N		6-501.12	54. Cleaning Frequency <i>grease buildup on food</i>
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A		4-302.14	46. Sanitizer Test Strips	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> N/O <input type="radio"/> N/A		6-501.112	55. Removing Dead Pests <i>buildup</i>
<input checked="" type="radio"/> Y <input type="radio"/> N		4-601.11C	47. Non Food Contact Surfaces Clean	<input checked="" type="radio"/> Y <input type="radio"/> N		8-304.11	56. Current License Displayed

RISK ASSESSMENT WORKSHEET

7/01

Establishment Name Vermont St. BBQ ID# 83942
 Address 778 Massachusetts City Lawrence

MENU REVIEW FACTOR		
1.	Does the facility prepare/serve raw or undercooked PHF (ex: eggs, steak tartar, sushi)?	Y <input checked="" type="radio"/> N <input type="radio"/>
2.	Does the facility prepare/serve raw shellfish (ex: oysters, clams, etc)?	Y <input checked="" type="radio"/> N <input type="radio"/>
3.	Does the facility prepare/serve ground beef products, comminuted or tenderized meat?	<input checked="" type="radio"/> Y <input type="radio"/> N
4.	Does the facility prepare/serve poultry (ex: chicken, turkey, etc)?	<input checked="" type="radio"/> Y <input type="radio"/> N
5.	Does the facility prepare/serve soft cheeses (cream cheese, Camembert, Brie)?	Y <input checked="" type="radio"/> N <input type="radio"/>
6.	Does the facility prepare/serve deli meats or hot dogs/wieners?	<input checked="" type="radio"/> Y <input type="radio"/> N
7.	Does the facility prepare/serve refried beans or rice?	Y <input checked="" type="radio"/> N <input type="radio"/>
8.	Does the facility prepare/serve sauces/gravies or casseroles/stews/chili?	<input checked="" type="radio"/> Y <input type="radio"/> N
9.	Does the facility prepare/serve pork?	<input checked="" type="radio"/> Y <input type="radio"/> N
10.	Does the facility prepare/serve potatoes or pasta?	<input checked="" type="radio"/> Y <input type="radio"/> N
11.	Does the facility serve commercial or prepare on site salads (ex: ham, tuna, pasta)?	Y <input checked="" type="radio"/> N <input type="radio"/>
12.	Does the facility vacuum package, smoke or cure meats?	<input checked="" type="radio"/> Y <input type="radio"/> N
13.	Does the facility have a self-service buffet or salad bar?	Y <input checked="" type="radio"/> N <input type="radio"/>
14.	Does the facility do off site catering?	<input checked="" type="radio"/> Y <input type="radio"/> N
15.	Does the facility serve a highly susceptible population?	Y <input checked="" type="radio"/> N <input type="radio"/>
Y = 1 POINTS N = 0 POINTS		TOTAL <u>8</u>

PROCESS FACTOR	
Which one statement most closely describes the processes taking place in the facility?	
Beverages, prepackaged foods, non potentially hazardous foods only	1 POINTS
Receive, store, prepare, hold and serve food; No cooking	5 POINTS
Receive, store, prepare, cook, hold and serve food	10 POINTS
Receive, store, prepare, cook, cool, reheat, hot hold, serve	15 POINTS
TOTAL <u>15</u>	

MEAL VOLUME FACTOR	
How many meals/persons are served on the facility's busiest day?	
1 - 100	1 POINTS
101 - 300	5 POINTS
301 - 500	10 POINTS
501 and above	15 POINTS
TOTAL <u>10</u>	

To figure the Risk Assessment Code (RAC) add the totals from the 3 boxes above and compare the total to the chart in this box.

- 1 - 15 points	LOW	RAC Code	1		
16 - 25 points	MEDIUM		2		
26 points and above	HIGH		3		

POINTS GRAND TOTAL 33

Inspector Signature [Signature] Inspector ID K560 Date: 9-25-07