

EPI-AID 26: Multistate outbreak of E.coli O157 from  
lettuce in national fast food chain

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PA 02

ID number (State Lab ID if available) \_\_\_\_\_

Y	?	N	ORDER SUBSTITUTIONS		
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.		
Name of menu item:	1. _____	2. _____	3. _____		
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes		
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce		
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef		
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken		
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese		
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream		
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions		
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions		
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions		
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives		
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat		
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____		
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?
B	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?
C	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?
D	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?
E	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?
F	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y	?	N	
G	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes
H	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
I	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef
J	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	Sour Cream
L	<input type="checkbox"/>	<input type="checkbox"/>	Cheese
M	<input type="checkbox"/>	<input type="checkbox"/>	Beans
N	<input type="checkbox"/>	<input type="checkbox"/>	Green onions
O	<input type="checkbox"/>	<input type="checkbox"/>	White onions
P	<input type="checkbox"/>	<input type="checkbox"/>	Any onions
Q	<input type="checkbox"/>	<input type="checkbox"/>	Steak
R	<input type="checkbox"/>	<input type="checkbox"/>	Olives
S	<input type="checkbox"/>	<input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

~~Control 1~~ Control 1 entered

ID number (State Lab ID if available) PA-02

Control A B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 45 Sex  M  F State PA County Montgomery City Pottstown

Interviewer name Kristy Lynch Date of interview 12/7 /2006

Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 7/24 /2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Pottstown</u> Date <u>11/19</u> /2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location <u>Pottstown (High Street)</u> Date <u>1?</u> /2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cheesy fiesta potatoes	—					

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

Y	?	N		#	Y	?	N		#		
<b>Tacos</b>					<b>Nachos &amp; Sides</b>						
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>					<b>Specialties</b>						
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—
<b>Gorditas</b>					<b>Specialties</b>						
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—	O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Quesadillas</b>					
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Bowls</b>					
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	<b>Misc.</b>					
					A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Other _____						
					B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Other _____						
					C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I don't remember						
					D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)						

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**Y ? N** **ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) PA-02

Control A  B  (circle)

~~Control #1~~  
Control #2  
*entered*

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)

Method of control selection (please circle)  Dining Companion  Other Taco Bell diner  Reverse directory

Age 17 Sex  M  F State PA County Montgomery City Pottstown

Interviewer name Kristy Lynch Date of interview 12/7 /2006

Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/24/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Pottstown</u> Date <u>11/19</u> /2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location <u>possibly: Pottstown</u> Date <u>1?</u> /2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cheesy fiesta potatoes	___					

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

Y	?	N		#	Y	?	N		#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>						B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>						O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>					
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>					
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
						C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—
						D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes			
<input type="checkbox"/> Hold lettuce			
<input type="checkbox"/> Hold beef			
<input type="checkbox"/> Hold chicken			
<input type="checkbox"/> Hold cheese			
<input type="checkbox"/> Hold sour cream			
<input type="checkbox"/> Hold any onions			
<input type="checkbox"/> Hold white onions			
<input type="checkbox"/> Hold green onions			
<input type="checkbox"/> Hold olives			
<input type="checkbox"/> Substitute beans for meat			
<input type="checkbox"/> Hold sauce (specify type) _____			
<input type="checkbox"/> Other _____			

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

~~Control #1~~ Control #3

ID number (State Lab ID if available) PA-02

Control A B (circle) C  
*entered*

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 11 Sex  M  F State PA County Montgomery City Pottstown

Interviewer name Kristy Lynch Date of interview 12/7/2006

Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/24/2006 (fill in case illness onset date)**

Y	?	N		(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Pottstown</u> Date <u>11/19</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).**

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—					

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

Y	?	N		#	Y	?	N		#		
<b>Tacos</b>					<b>Nachos &amp; Sides</b>						
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	---
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	---	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	---	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	---	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	---	<b>Specialties</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	---
<b>Burritos</b>					<b>Specialties</b>						
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	---	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	---	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	---	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	---	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	---	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	---	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	---	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	---
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	---	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	---
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	---
<b>Gorditas</b>					<b>Specialties</b>						
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	---	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	---	O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	---	<b>Quesadillas</b>					
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	---	<b>Bowls</b>					
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	<b>Misc.</b>					
					A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Other _____						
					B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Other _____						
					C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> I don't remember						
					D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)						

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. SOFT TACO 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input checked="" type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input checked="" type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input checked="" type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input checked="" type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input checked="" type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

*\*only beef & cheese*

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

*Interview*

PA-03

ID number (State Lab ID if available) \_\_\_\_\_

### NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number (b)(6) \_\_\_\_\_

Age 13 Sex  M  F State PA County Montgomery City Gilbertsville

Interviewer name Mary Heater Date of interview 12/04 /2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent

Stool specimen collection date: 11/30 /2006

Case Status (please circle) Confirmed  **Probable**

#### First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/29 /2006 Time: \_\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/29 /2006 Time: \_\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes  No

#### I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Vomiting?	H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>3</u>
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

#### II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y ? N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Chick Ave</u> Date <u>11/24</u> /2006
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	<u>Gilbertsville PA</u> Date <u>1</u> /2006
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1</u> /2006
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1</u> /2006
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1</u> /2006
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date <u>1</u> /2006
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1</u> /2006
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1</u> /2006
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any other restaurant?	
J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes, name 1. (b)(6) contact number (b)(6) which restaurant? <u>TACO BELL</u>	
	2. _____ contact number _____ which restaurant? <u>TACO BELL</u>	
	3. _____ contact number _____ which restaurant? _____	
M <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) _____	

Case Questionnaire

*unable to contact case or contacts today. Information regarding items consumed was obtained during a prior conversation. 12/4/06  
Case & contacts will probably be able to provide more specific information when contacted.*

PA-03

ID number (State Lab ID if available) \_\_\_\_\_

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N		Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	<b>Big Bell Value Menu</b>	A	<input type="checkbox"/>	<input type="checkbox"/>	<b>Chalupas</b>
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)
C	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada
E	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)
F	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)
I	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken
J	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada				chalupa nacho cheese- steak/ carne asada
			cheesy fiesta potatoes				<b>Nachos &amp; Sides</b>
			<b>Tacos</b>	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken				<b>Specialties</b>
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza
			<b>Burritos</b>	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast
			<b>Gorditas</b>				<b>Quesadillas</b>
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada				<b>Bowls</b>
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada				<b>Misc.</b>
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember
				D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)

PA 03

ID number (State Lab ID if available) \_\_\_\_\_

**Y ? N**  
A

**ORDER SUBSTITUTIONS**

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N**  
A     
B     
C     
D     
E     
F

If you cannot remember what menu item you ordered, do you know if you ordered:

A Taco?  
A Burrito?  
A Quesadilla?  
A Salad?  
Nachos?  
Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**  
G    Tomatoes  
H    Lettuce  
I    Ground beef  
J    Chicken  
K    Sour Cream  
L    Cheese  
M    Beans  
N    Green onions  
O    White onions  
P    Any onions  
Q    Steak  
R    Olives  
S    Sauce (ex., mild, hot, fire)  
T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**



PA-03

**COUNTY OF MONTGOMERY  
COMMISSIONERS  
THOMAS JAY ELLIS, ESQ.  
CHAIRMAN  
JAMES R. MATTHEWS RUTH S. DAMSKER**

**DIRECTOR OF HEALTH  
DR. JOSEPH M. DIMINO**

TEL: (610) 278-5117  
FAX: (610) 278-5167  
TDD: (610) 631-1211

**DEPARTMENT OF HEALTH  
MONTGOMERY COUNTY COURTHOUSE  
P.O. BOX 311  
NORRISTOWN, PENNSYLVANIA 19404-0311**

**OFFICE LOCATION: HUMAN SERVICES CENTER  
1430 DEKALB STREET,  
NORRISTOWN, PA 19404**

## **FAX transmittal**

**DATE:** December 7, 2006

**TO:** Samir Sodha

**FAX NO:** 404-639-2205

**FROM:** C. Michael Baysinger

**NO. OF PAGES:** (Including cover page)

**NOTES:**

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If you have received this transmission in error, please notify us by telephone. Thank you.

Matthew Kulp

ID number (State Lab ID if available)

PA-03

Control

A

B (circle)

enter

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number (b)(6)

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 40 Sex M F State PA County Montgomery City Gilbertsville

Interviewer name Matthew Bruff Date of interview 12/07/2006

Who was interviewed? Control Parent

Have you been ill with vomiting or diarrhea since November 1st? Yes No (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/28/2006 (fill in case illness onset date)

Table with columns Y, ?, N and rows A-J for restaurant exposures. Includes questions like 'Did you eat at any restaurants?', 'Did you eat at any Taco Bell?', 'Did you eat at any Kentucky Fried Chicken (KFC)?', etc. Location for Taco Bell: East Philadelphia Ave, Gilbertsville.

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Table with columns Y, ?, N and # for menu items. Divided into 'Big Bell Value Menu' and 'Chalupas'. Items include 1/2 lb cheesy bean & rice burrito, spicy chicken soft taco, double decker taco, etc.

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

Y ? N  
A

**ORDER SUBSTITUTIONS**

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

1. Nachos 2. \_\_\_\_\_ 3. \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input checked="" type="checkbox"/> Hold cheese          | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

Y ? N  
A     
B     
C     
D     
E     
F

If you cannot remember what menu item you ordered, do you know if you ordered:

- A Taco?
- B Burrito?
- C Quesadilla?
- D Salad?
- E Nachos?
- F Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N  
G     
H     
I     
J     
K     
L     
M     
N     
O     
P     
Q     
R     
S     
T

- G Tomatoes
- H Lettuce
- I Ground beef
- J Chicken
- K Sour Cream
- L Cheese
- M Beans
- N Green onions
- O White onions
- P Any onions
- Q Steak
- R Olives
- S Sauce (ex., mild, hot, fire)
- T Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

(b)(6)

ID number (State Lab ID if available) PA-03

Control A  B  (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 41 Sex  M  F State PA County Montgomery City Gilbertsville

Interviewer name Matt Biggs Date of interview 12/07/2006

Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>?  Yes  No (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_/\_\_\_/2006 (fill in case illness onset date)**

Y	?	N		(Specify street, city, state for each location)
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	
B	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ___/___/2006 _____ Date ___/___/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

**If the control did not eat at Taco Bell, please end interview.**

**II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).**

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___					

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

Y	?	N		#	Y	?	N		#
<b>Tacos</b>					<b>Nachos &amp; Sides</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

entered

PA-04

ID number (State Lab ID if available) \_\_\_\_\_

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6) \_\_\_\_\_

Age 27 Sex  M  F State PA County Montgomery City Schuonksville

Interviewer name Peggy Gilbert/McMurry Date of interview 12/06/2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 12/5/2006

Case Status (please circle) Confirmed  **Probable**

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/27/2006 Time: 1:00 **AM** PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/27/2006 Time: 1:00 **AM** PM

Are you a Taco Bell employee? (please circle) Yes  **No**

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Vomiting?	H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you receive antibiotics for your illness?
F <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y ? N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Gilbertsville PA</u> Date <u>11/25/2006</u>
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	Date <u>/</u> /2006
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>/</u> /2006
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>/</u> /2006
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>/</u> /2006
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date <u>/</u> /2006
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>/</u> /2006
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>/</u> /2006
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any other restaurant?	<u>Classic Subs Limerick PA - Chicken Cheese Steak</u>
J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes, name <u>(b)(6)</u> contact number <u>(b)(6)</u> which restaurant? <u>Taco Bell</u>	
	2. _____ contact number _____ which restaurant? <u>Taco Bell</u>	
	3. _____ contact number _____ which restaurant? _____	
M <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) <u>Both</u>	

ID number (State Lab ID if available) \_\_\_\_\_

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) \_\_\_\_\_

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

PA 04

MD High School Staff

ID number (State Lab ID if available) PA Unmatched Control Control (A) B (circle)  
NOVEMBER 2006--E. COLI O157 OUTBREAK CONTROL QUESTIONNAIRE

Control Phone number (b)(6)

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
Age 30 Sex  M  F State PA County Berks City Boyertown

Interviewer name Regan Richert Date of interview 12/12/2006

Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 12/1/2006 (fill in case illness onset date) Since Nov. 15<sup>th</sup>

Y	?	N		(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Taco Bell Gilbertsville</u> Date <u>11/15/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location <u>Gilbertsville</u> Date <u>12/3/2006</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location <u>Gilbertsville</u> Date <u>12/2006</u> <i>2 wks ago</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Billmpies?	If yes, Location _____ Date <u>1/2006</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—					

MD

ID number (State Lab ID if available) PA unmatched Control Control A B (circle)

Y	?	N		#	Y	?	N		#
<b>Tacos</b>					<b>Nachos &amp; Sides</b>				
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	renchero chicken soft taco	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
					C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember
					D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)

MD

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**ORDER SUBSTITUTIONS**

Y ? N  
A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes			
<input type="checkbox"/> Hold lettuce			
<input type="checkbox"/> Hold beef			
<input type="checkbox"/> Hold chicken			
<input type="checkbox"/> Hold cheese			
<input type="checkbox"/> Hold sour cream			
<input type="checkbox"/> Hold any onions			
<input type="checkbox"/> Hold white onions			
<input type="checkbox"/> Hold green onions			
<input type="checkbox"/> Hold olives			
<input type="checkbox"/> Substitute beans for meat			
<input type="checkbox"/> Hold sauce (specify type) _____			
<input type="checkbox"/> Other _____			

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y ? N	Item
A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	A Taco?
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Burrito?
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	A Quesadilla?
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	A Salad?
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Nachos?
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Other (ex., gordita, chelupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N	Item
G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tomatoes
H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce
I <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef
J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Chicken
K <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Sour Cream
L <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese
M <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Beans
N <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Green onions
O <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	White onions
P <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Any onions
Q <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Steak
R <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Olives
S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify) <u>Pepperoni</u>

*Control ordered a Value Meal that came with 2 burritos or tacos or a combination of one of each. Both beef, no chicken.*

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

PA 04

DM High School Staff

ID number (State Lab ID if available) PA unmatched control

Control A B (circle)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number (b)(6)

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
Age 44 Sex  M  F State PA County Montgomery City Gilbertsville

Interviewer name Regan Rickert Date of interview 12/13/2006

Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/15/2006 (fill in case illness onset date) Nov. 15, 2006

Y	?	N	Question	Location	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(11-29, 11-30, 12-1 All dates)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	Gilbertsville	11/29/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	Gilbertsville	12/5/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	Gilbertsville	12/6/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	Gilbertsville	11/27/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—					

DM

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Y	?	N		#	Y	?	N		#
<b>Tacos</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)					
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)					1
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)					2
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco					
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)					
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken					
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco					
<b>Burritos</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito					
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito					
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito					
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)					
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken					
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada					
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken					
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada					
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)					
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken					
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada					
<b>Gorditas</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)					
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken					
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada					
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)					
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken					
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada					
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken					
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada					
<b>Nachos &amp; Sides</b>									
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos					1
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme					
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande					
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese					
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice					
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists					
<b>Specialties</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme					
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza					1
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)					
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken					
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada					
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)					
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada					
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)					1
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken					
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada					
L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)					1
M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken					
N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada					
O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast					
<b>Quesadillas</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla					
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla					
<b>Bowls</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl					
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl					
<b>Misc.</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____					
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____					
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember					
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)					

DM

ID number (State Lab ID if available) DA unmatched CONTROL Control A B (circle)

Y ? N	ORDER SUBSTITUTIONS		
A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.		
Name of menu item:	1. _____	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

A Taco?

A Burrito?

A Quesadilla?

A Salad?

Nachos?

Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N	
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tomatoes
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White onions
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any onions
Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Steak
R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Olives
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify) _____

4 different dates 11-25  
11-29 11-30 and 12-1

1 day ordered:  
2 Chalupa Supreme and Nachos with cheese

Day 2 ordered:  
Soft tacos or taco supreme with beef

Day 3 ordered: Mexican pizza and 1 soft taco with beef

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

Day 4 ordered:  
1 TACO SALAD  
(unsure fiesta or express)

Entered

ID number (State Lab ID if available) PA-05

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number <sup>(b)(6)</sup> \_\_\_\_\_

Age 19 Sex  M  F State PA County Montgomery City Wynnwood

Interviewer name Kimmy Naik Date of interview 12/7/2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 11/28/2006 ?

Case Status (please circle) Confirmed \_\_\_\_\_ Probable \_\_\_\_\_

**First I will ask you some questions about your illness.**

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/26/2006 Time: 4:00  AM  PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/25/2006 Time: at night AM  PM unsure when

Are you a Taco Bell employee? (please circle) Yes \_\_\_\_\_ No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? <u>Tues morn 11am -&gt; Wed bpm</u> If yes, number of hospital nights <u>1</u>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N		(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>City Line, Philadelphia</u> Date <u>11/22/2006</u> <u>PA</u> Date <u>/</u> /2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>/</u> /2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>/</u> /2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>/</u> /2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>/</u> /2006
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>City Line + Haverford, Phil.</u> Date <u>11/1?</u> /2006 <u>PA</u>
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>/</u> /2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>/</u> /2006
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Larry's Cheese-steaks, Philadelphia 11/25/06</u>
K	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. _____ contact number _____ which restaurant? _____	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

PA-05

ID number (State Lab ID if available) \_\_\_\_\_

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#
<b>Big Bell Value Menu</b>					<b>Chalupas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	2	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	1
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

PA-05

ID number (State Lab ID if available) \_\_\_\_\_

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes			
<input type="checkbox"/> Hold lettuce			
<input type="checkbox"/> Hold beef			
<input type="checkbox"/> Hold chicken			
<input type="checkbox"/> Hold cheese			
<input type="checkbox"/> Hold sour cream			
<input type="checkbox"/> Hold any onions			
<input type="checkbox"/> Hold white onions			
<input type="checkbox"/> Hold green onions			
<input type="checkbox"/> Hold olives			
<input type="checkbox"/> Substitute beans for meat			
<input type="checkbox"/> Hold sauce (specify type) _____			
<input type="checkbox"/> Other _____			

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) PA 27

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 19 Sex  M  F State PA County Carbon City Palmerton, PA

DOB 2/6/87 Interviewer name Kim Warren Date of interview 12 / 07 / 2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 1 / 2006 (none collected)

Case Status (please circle) Confirmed Probable SUSPECT

**First I will ask you some questions about your illness.**

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11 / 21 / 2006 Time: \_\_\_\_\_ AM (PM) evening after dinner

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11 / 21 / 2006 Time: 07:00 AM (PM) same time / date  
fish

Are you a Taco Bell employee? (please circle) Yes (No)

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>1</u>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uramic syndrome)?
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Fever? <u>and chills</u>	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

Comments: Patient went to doctor on 11/24; submitted urine and blood returned to ER on 11/25 Lehigh Valley Hospital and was treated overnight in ER.

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N		(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>4600 City Ave Philadelphia, PA 19131</u> Date <u>11 / 19 / 2006</u>
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___ / ___ / 2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___ / ___ / 2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___ / ___ / 2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___ / ___ / 2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___ / ___ / 2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___ / ___ / 2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___ / ___ / 2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	
K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. <u>(b)(6)</u> contact number <u>(b)(6)</u> which restaurant? <u>Taco Bell</u>	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) <u>Stomach pains</u>	

Case Questionnaire 127 : 3pm : left vmail for gamma

PA 27

ID number (State Lab ID if available) \_\_\_\_\_

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	3	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	1	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

PA 27

ID number (State Lab ID if available) \_\_\_\_\_

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes			
<input type="checkbox"/> Hold lettuce			
<input type="checkbox"/> Hold beef			
<input type="checkbox"/> Hold chicken			
<input type="checkbox"/> Hold cheese			
<input type="checkbox"/> Hold sour cream			
<input type="checkbox"/> Hold any onions			
<input type="checkbox"/> Hold white onions			
<input type="checkbox"/> Hold green onions			
<input type="checkbox"/> Hold olives			
<input type="checkbox"/> Substitute beans for meat			
<input type="checkbox"/> Hold sauce (specify type) _____			
<input type="checkbox"/> Other _____			

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordilla, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

*entered*

ID number (State Lab ID if available) PA30

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 51 Sex  M  F State PA County Berks City Earlville

Interviewer name Rogan Rickett Date of interview 1 / 29 /2006

Who was interviewed? Case  Spouse  Parent  Case & Friends

Stool specimen collection date: 11/29/2006

Case Status (please circle) Confirmed  Probable

*stool negative following antibiotic treatment \* HUS Diagnosis*

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/26/2006 Time: unknown AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/26/2006 Time: unknown AM PM

Are you a Taco Bell employee? (please circle) Yes  No

*unknown*

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Vomiting?	H <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Were you hospitalized overnight? <i>still hospitalized</i> If yes, number of hospital nights <i>Admitted 11/29/06</i>
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you receive antibiotics for your illness?
F <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

*\* Patient remains unresponsive at Reading Hospital, unable to gather certain information*

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y ? N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Garbertsville</u> Date <u>11/21/2006</u>
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>Taco Bell</u> Date <u>1</u> / <u>2006</u>
C <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1</u> / <u>2006</u>
D <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1</u> / <u>2006</u>
E <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1</u> / <u>2006</u>
F <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date <u>1</u> / <u>2006</u>
G <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1</u> / <u>2006</u>
H <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1</u> / <u>2006</u>
I <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at any other restaurant?	
J <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes, name 1 <u>(b)(6)</u> contact number <u>(b)(6)</u> which restaurant? <u>taco bell</u>	
	2 _____ contact number _____ which restaurant? _____	
	3 _____ contact number _____ which restaurant? _____	
M <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) <u>(b)(6)</u>	

ID number (State Lab ID if available) \_\_\_\_\_

**PA30**

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	#	Y	?	N	#				
<b>Big Bell Value Menu</b>											
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)				
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken				
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada				
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)				
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken				
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada				
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)				
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken				
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada				
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	<b>Nachos &amp; Sides</b>							
<b>Tacos</b>											
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos				
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme				
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande				
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese				
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice				
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	<b>Specialties</b>							
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme ?				
<b>Burritos</b>											
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza				
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)				
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken				
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada				
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	F	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- ground beef (standard)				
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	G	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- chicken				
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	H	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- steak/ carne asada				
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)				
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken				
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada				
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)				
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken				
<b>Gorditas</b>											
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blact				
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	<b>Quesadillas</b>							
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla				
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	<b>Bowls</b>							
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl				
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	<b>Misc.</b>							
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____											
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____											
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I don't remember											
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)											

ID number (State Lab ID if available)

PA30

Y ? N ORDER SUBSTITUTIONS

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. 2. 3. [List of items to hold or substitute: tomatoes, lettuce, beef, chicken, cheese, sour cream, onions, olives, beans, sauce, etc.]

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y ? N If you cannot remember what menu item you ordered, do you know if you ordered: A Taco? B Burrito? C Quesadilla? D Salad? E Nachos? F Other (ex., gordita, chalups, etc) Describe

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N G Tomatoes H Lettuce I Ground beef J Chicken K Sour Cream L Cheese M Beans N Green onions O White onions P Any onions Q Steak R Olives S Sauce (ex., mild, hot, fire) T Other (specify)

Eating Companion indicates that she thinks either ate the Crunchwrap Supreme OR a Gordita (unsure which one)

(b)(6)

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

PA 30

High School Staff

Gilbertsville TB

11/22

ID number (State Lab ID if available) PA unmatched control SB

Control (A) B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)

*Entered*

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 49 Sex  M  F State PA County Berks City Boyerstown

Interviewer name Tai-Ho Chen Date of interview 12/12/2006

Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 1/1/2006 (fill in case illness onset date)

Y	?	N			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Gilbertsville</u> Date <u>11/22/2006</u>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location <u>Wal Mart</u> Date <u>12/5/2006</u>
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Durango's, Shanesville Inn, CD's, Sunny's Diner, Gramia's Diner</u>

*11/22 + 1 other time same week*

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—						

Gilbertsville TB

11/22

ID number (State Lab ID if available) PA unmatched control SB

Control A B (circle)

**ORDER SUBSTITUTIONS**

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
<input type="checkbox"/> Hold tomatoes			
<input type="checkbox"/> Hold lettuce			
<input type="checkbox"/> Hold beef			
<input type="checkbox"/> Hold chicken			
<input type="checkbox"/> Hold cheese			
<input type="checkbox"/> Hold sour cream			
<input type="checkbox"/> Hold any onions			
<input type="checkbox"/> Hold white onions			
<input type="checkbox"/> Hold green onions			
<input type="checkbox"/> Hold olives			
<input type="checkbox"/> Substitute beans for meat			
<input type="checkbox"/> Hold sauce (specify type) _____			
<input type="checkbox"/> Other _____			

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

- Y ? N
- A
- B
- C
- D
- E
- F

- A Taco?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?
- Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

- Y ? N
- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q
- R
- S
- T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mild, hot, fire)
- Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

Gilbertsville, TB

11/22

ID number (State Lab ID if available)

PA unmatched control SB

Control A B (circle)

Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	I	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>					B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>					O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quosadillas</b>				
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>				
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	I
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>				
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
					C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—
					D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) RHA Control A (circle) B (circle)  
**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)  
 Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
 Age 52 Sex  M  F State PA County Lehigh City Macungie  
 Interviewer name Tai-Ho Chen Date of interview 12/12/2006  
 Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_/\_\_\_/2006 (fill in case illness onset date)

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Gilbertsville</u> Date <u>11/24/2006</u>	<i>3 consecutive days week of 11/24</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006	<i>multiple days</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006	<i>weekly</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>Gilbertsville Rt 100</u> Date <u>11/24/2006</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location <u>Walmart</u> Date ___/___/2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Outback, Red Lobster, Olive Garden</u> <u>Lehigh Valley</u>	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—					

Gilbertsville TB

ID number (State Lab ID if available) PA unmarked RH

Control A B (circle)

Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	<u>1</u>	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	<u>1</u>	F	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, lime)	—

PA unmatched control RH

ID number (State Lab ID if available)

Gilbertsville TB

Control

A

B (circle)

ORDER SUBSTITUTIONS

Y ? N  
A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

- |  |  |  |
|--|--|--|
| 1. <input type="checkbox"/> Hold tomatoes                | 2. <input type="checkbox"/> Hold tomatoes                | 3. <input type="checkbox"/> Hold tomatoes                |
| <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

If you cannot remember what menu item you ordered, do you know if you ordered:

Y ? N  
A     
B     
C     
D     
E     
F

- A Taco?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?
- Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N  
G     
H     
I     
J     
K     
L     
M     
N     
O     
P     
Q     
R     
S     
T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mild, hot, fire)
- Other (specify) \_\_\_\_\_

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

*entered*

ID number (State Lab ID if available) PA 37 (no controls)

**NOVEMBER 2006 - E. COLI O157 OUTBREAK - CASE QUESTIONNAIRE**

Phone number (b)(6) (work)

Age 32 Sex  M  F State PA County Northampton City Bethlehem  
DOB 5/23/74 Interviewer name Kim Warren Date of interview 12/07/2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 1 / 2006 (none collected)

Case Status (please circle) Confirmed Probable suspect

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 12/04/2006 Time: 04:00 AM PM Late afternoon.

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 12/05/2006 Time: \_\_\_\_\_: \_\_\_\_\_ AM PM all day.

Are you a Taco Bell employee? (please circle) Yes No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Vomiting?	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N	Question	Location	Date
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	(Specify street, city, state for each location)	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>2426 Northampton St</u> Date <u>12/04/2006</u> <u>Easton, PA 18042</u> Date <u>1/2006</u>	
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1/2006</u>	
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1/2006</u>	
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1/2006</u>	
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>	
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location <u>Rt 191 Bethlehem, PA</u> Date <u>11/28/2006</u>	
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</u>	
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1/2006</u>	
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Burger King Rt. 191 Bethlehem, PA</u> Date <u>11/30/2006</u>	
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you have a dining companion?		
			If yes, name 1. <u>no companion @ Taco Bell</u> contact number _____ which restaurant? _____		
			2. _____ contact number _____ which restaurant? _____		
			3. _____ contact number _____ which restaurant? _____		
M	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?		
			If yes, which dining companion (specify name) <u>no companion. drive thru</u>		

PA 37

ID number (State Lab ID if available)

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada-ordered but did not consume	1
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___				<b>Nachos &amp; Sides</b>	
			<b>Tacos</b>		A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	___
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	___	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	___
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	___	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	___
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	___	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	___
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	___	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	___
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	___
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	___				<b>Specialties</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	___	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	___
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	___	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	___
			<b>Burritos</b>		C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	___
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	___
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	___
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	___	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	___
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	___	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	___
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	___	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	___
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	___
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	___	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	___
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	___	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	___
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	___	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	___
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	___	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	___
K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken (hold beans)	1	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	___
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	___	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	___
			<b>Gorditas</b>					<b>Quesadillas</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	___
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	___
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	___				<b>Bowls</b>	
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	___
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	___
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	___				<b>Misc.</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	___	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>choco taco</u>	___
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	___	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	___
					D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g. mild, hot, fire)	___

Case Questionnaire

only added sauce to burrito 2

ID number (State Lab ID if available) \_\_\_\_\_

PA 37

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. grilled stuffed chicken burrito 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input checked="" type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input checked="" type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input checked="" type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input checked="" type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input checked="" type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input checked="" type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input checked="" type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input checked="" type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input checked="" type="checkbox"/> Hold sauce (specify type) _____
<input checked="" type="checkbox"/> Other <u>hold beans</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):**

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

Comment: this person ordered a steak baja Chalupa as noted; but she did not consume it

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

*Entered*

*PA (Lab 06E02110)*

ID number (State Lab ID if available)

*PA 82*

NOVEMBER 2006 *E. COLI O157* OUTBREAK- CASE QUESTIONNAIRE

Phone number

(b)(6)

Age *42*

Sex

M

F

State

*PA*

County

*BERKS*

City

*BOYER*

Interviewer name

*Tai-Ho Chen*

Date of interview

*12 / 15 / 2006*

Who was interviewed?

Case

Spouse

Parent

Stool specimen collection date:

*12 / 5 / 2006*

Case Status (please circle)

Confirmed

Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: *12 / 2 / 2006*

Time: *4:00* AM

PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms *12 / 2 / 2006*

Time: *4:00* AM

PM

Are you a Taco Bell employee? (please circle)

Yes

No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Vomiting?	H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Were you hospitalized overnight?
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?		If yes, number of hospital nights _____
E <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Fever?	K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you receive antibiotics for your illness?
		L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y ? N		
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any restaurants?	(Specify street, city, state for each location)
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <i>Gilbertsville, PA</i> Date <i>11 / 30 / 2006</i>
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___ / ___ / 2006
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___ / ___ / 2006
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___ / ___ / 2006
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___ / ___ / 2006
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___ / ___ / 2006
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___ / ___ / 2006
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___ / ___ / 2006
J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any other restaurant?	
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
	If yes, name 1. <i>(b)(6)</i> contact number <i>husband</i> which restaurant? _____	
	2. _____ contact number _____ which restaurant? _____	
	3. _____ contact number _____ which restaurant? _____	
M <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) _____	

*husband — interview pending by Tai-Ho Chen*

ID number (State Lab ID if available)

PA 82

(PA 06E02110)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#
<b>Big Bell Value Menu</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>									
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	2	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	1	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
<b>Gorditas</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Quesadillas</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Bowls</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	<b>Misc.</b>				
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____									
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____									
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I don't remember									
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)									

PA 06E02110

(PA 82)

ID number (State Lab ID if available)

No order substitutions

**ORDER SUBSTITUTIONS**

Y ? N  
A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?
B	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?
C	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?
D	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?
E	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?
F	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y	?	N	
G	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes
H	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
I	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef
J	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	Sour Cream
L	<input type="checkbox"/>	<input type="checkbox"/>	Cheese
M	<input type="checkbox"/>	<input type="checkbox"/>	Beans
N	<input type="checkbox"/>	<input type="checkbox"/>	Green onions
O	<input type="checkbox"/>	<input type="checkbox"/>	White onions
P	<input type="checkbox"/>	<input type="checkbox"/>	Any onions
Q	<input type="checkbox"/>	<input type="checkbox"/>	Steak
R	<input type="checkbox"/>	<input type="checkbox"/>	Olives
S	<input type="checkbox"/>	<input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

# DEPARTMENT OF HEALTH

*Edward G. Rendell, Governor*  
*Calvin B. Johnson, M.D., M.P.H., Secretary of Health*

## FAX

To: *Dr. Samir Sodha* From: *Tai Chen*  
PA Department of Health  
Bureau of Epidemiology

Fax #: *770-488-7107* Fax #: *717-346-4505*

Phone # *4* Date: *12/15/06*

Pages: *4*

Comments:

*Case questionnaire on*  
*PA 06E02110*  
*1 Control interview pending for*  
*this case*

**NOTICE OF CONFIDENTIALITY:**

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PA 87

PROBABLE due to HUS

ID number (State Lab ID if available) \_\_\_\_\_

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number (b)(6) \_\_\_\_\_

Age 11 Sex  M  F State PA County Lebanon City Lebanon

Interviewer name Kim Warren Date of interview 12/08/2006  
425 Lori Ann Court  
Lebanon, PA 17042

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent  \_\_\_\_\_

Stool specimen collection date: 12/06/2006

Case Status (please circle) Confirmed \_\_\_\_\_ Probable \_\_\_\_\_

no E. coli isolated per lab onco me.  
(see attached) from Hershey med. center  
in med's report Good Samaritan groups @ Lebn

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/26/2006 Time: \_\_\_\_\_  AM \_\_\_\_\_ PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/26/2006 Time: \_\_\_\_\_ AM \_\_\_\_\_ PM

Are you a Taco Bell employee? (please circle) Yes \_\_\_\_\_ No  \_\_\_\_\_

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights: <u>currently hospitalized since 12/5</u>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you develop HUS (hemolytic uramic syndrome)?
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. (Please answer these questions for the 7 days prior to the onset of your illness.)

Y	?	N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Taco Bell</u> Date <u>11/27/2006</u> <u>Rt 100 of R-78 (7714 Ardmore Dr. Pottsville, PA 19031)</u> Date <u>11/27/2006</u>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpie?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	
K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. <u>mother</u> contact number <u>540-240-6000</u> which restaurant? <u>Taco Bell</u>	
			2. <u>Father</u> contact number _____ which restaurant? _____	
			3. <u>2 siblings</u> contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

PA-87

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	---	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	---	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	---	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	---				<b>Nachos &amp; Sides</b>	
			<b>Tacos</b>		A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos w/ cheese	1
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard la ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	---
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard la ground beef)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	---
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard la ground beef)	---	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	---
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	---	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	---
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	---
F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken <i>had hard shell</i>	3				<b>Specialties</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	---	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	---
			<b>Burritos</b>		C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	---
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	---
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	---
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	---	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	---
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	---	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	---
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	---	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	---
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	---	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	---	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	---
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	---	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	---	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	---
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	---
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	---	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	---
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
			<b>Gorditas</b>					<b>Quesadillas</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	---				<b>Bowls</b>	
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	---
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	---				<b>Misc.</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

Case Questionnaire

ID number (State Lab ID if available)

PA-87

**ORDER SUBSTITUTIONS**

Y ? N  
A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y ? N  
A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

father stated son had  
hard-shelled tacos  
with chicken

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

ID number (State Lab ID if available) PA 87 A Control (A) B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)  
 Method of control selection (please circle) C Dining Companion and Other Taco Bell diner Reverse directory

Age 40 Sex  M  F State PA County Lebanon City Lebanon  
 Interviewer name Kim Warren Date of interview 12/12/2006

Who was interviewed? Control mother of PA 87 Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 12/12/2006 (fill in case illness onset date)

Y	?	N			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Taco Bell</u> Date <u>12/12/2006</u> <u>7714 Adams Dr. Breinigsville PA</u>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>12/12/2006</u>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>12/12/2006</u>
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>12/12/2006</u>
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>12/12/2006</u>
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date <u>12/12/2006</u>
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>12/12/2006</u>
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>12/12/2006</u>
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	If yes, Location _____ Date <u>12/12/2006</u>

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		---

PA-87 A

ID number (State Lab ID if available)

Control

A

B (circle)

Y	?	N	Tacos	#	Y	?	N	Nachos & Sidas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard la ground beef)	---	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos <i>w/ cheese</i>	1
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard la ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	---
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard la ground beef)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	---
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	---	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	---
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	---	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	---
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	---	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	---
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	---	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	---
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	---	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	mex(melt)- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	---	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	---	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	---	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	---
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	---	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	---
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	---
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	---
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	---	<b>Bowls</b>				
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	1	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	---
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

ID number (State Lab ID if available)

PA 87 A

Control

A

B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

- |  |  |  |
|--|--|--|
| 1. <input type="checkbox"/> Hold tomatoes          | 2. <input type="checkbox"/> Hold tomatoes          | 3. <input type="checkbox"/> Hold tomatoes          |
| <input type="checkbox"/> Hold lettuce              | <input type="checkbox"/> Hold lettuce              | <input type="checkbox"/> Hold lettuce              |
| <input type="checkbox"/> Hold beef                 | <input type="checkbox"/> Hold beef                 | <input type="checkbox"/> Hold beef                 |
| <input type="checkbox"/> Hold chicken              | <input type="checkbox"/> Hold chicken              | <input type="checkbox"/> Hold chicken              |
| <input type="checkbox"/> Hold cheese               | <input type="checkbox"/> Hold cheese               | <input type="checkbox"/> Hold cheese               |
| <input type="checkbox"/> Hold sour cream           | <input type="checkbox"/> Hold sour cream           | <input type="checkbox"/> Hold sour cream           |
| <input type="checkbox"/> Hold any onions           | <input type="checkbox"/> Hold any onions           | <input type="checkbox"/> Hold any onions           |
| <input type="checkbox"/> Hold white onions         | <input type="checkbox"/> Hold white onions         | <input type="checkbox"/> Hold white onions         |
| <input type="checkbox"/> Hold green onions         | <input type="checkbox"/> Hold green onions         | <input type="checkbox"/> Hold green onions         |
| <input type="checkbox"/> Hold olives               | <input type="checkbox"/> Hold olives               | <input type="checkbox"/> Hold olives               |
| <input type="checkbox"/> Substitute beans for meat | <input type="checkbox"/> Substitute beans for meat | <input type="checkbox"/> Substitute beans for meat |
| <input type="checkbox"/> Hold sauce (specify type) | <input type="checkbox"/> Hold sauce (specify type) | <input type="checkbox"/> Hold sauce (specify type) |
| <input type="checkbox"/> Other                     | <input type="checkbox"/> Other                     | <input type="checkbox"/> Other                     |

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y ? N  
A     
B     
C     
D     
E     
P

- A Taco?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?
- Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N  
G     
H     
I     
J     
K     
L     
M     
N     
O     
P     
Q     
R     
S     
T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mild, hot, fire)
- Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) PA 87 B Control A  B  (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)  
 Method of control selection (please circle)  Dining Companion  Other Taco Bell (loop)  Reverse directory  
 Age 45 Sex  M  F State PA County Lebanon City Lebanon  
 Interviewer name Kim Warren Date of interview 12/12/2006

Who was interviewed? Control  Parent

father of PA 87

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 12/12/2006 (fill in case illness onset date)

Y	?	N			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>7714 Adrianna Dr. Breinigsville PA 18031</u>	Date <u>11/23/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___					

ID number (State Lab ID if available)

PA 87 B

Control A **B** (circle)

Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard ls ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard ls ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard ls ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos belgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchilito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchilito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchilito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available)

PR 37 B

Control

A

B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y ? N	
A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	A Taco?
B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	A Burrito?
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	A Quesadilla?
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	A Salad?
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Nachos?
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N	
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Tomatoes
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Lettuce
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Ground beef
J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Chicken
K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Sour Cream
L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Cheese
M <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Beans
N <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Green onions
O <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	White onions
P <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any onions
Q <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Steak
R <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Olives
S <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Sauce (ex., mild, hot, fire)
T <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Other (specify) _____

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

*Entered*

ID number (State Lab ID if available) PA 88

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)  
Age 29 Sex  M  F State PA County Berks City Boyerstown

Interviewer name Legan Richert Date of interview 12/12 /2006

Who was interviewed? Case  Spouse  Parent

Stool specimen collection date: 12/9 /2006

Case Status (please circle) Confirmed  **Probable**

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 12/5 /2006 Time: 9:00 **AM** PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 12/5 /2006 Time: 9:00 **AM** PM

Are you a Taco Bell employee? (please circle) Yes  No

**I. SYMPTOMS AND SEVERITY OF ILLNESS.** Now I will ask you some questions about your symptoms and illness.

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>1</u>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y	?	N		(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Gilbertsville</u> Date <u>12/3</u> /2006 <u>TACO Bell</u> Date <u>/</u> /2006
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>/</u> /2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>/</u> /2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>/</u> /2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>/</u> /2006
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date <u>/</u> /2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>/</u> /2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>/</u> /2006
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. _____ contact number _____ which restaurant? _____	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

ID number (State Lab ID if available) PA 88

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#
<b>Big Bell Value Menu</b>					<b>Chalupas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos supreme	I
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	2	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

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Y ? N		ORDER SUBSTITUTIONS		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.
Name of menu item:	1.	2.	3.	
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<b>IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:</b>				
If you cannot remember what menu item you ordered, do you know if you ordered:				
Y ? N				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____
If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):				
Y ? N				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sour Cream
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cheese
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beans
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Green onions
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White onions
P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any onions
Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steak
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Olives
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sauces (ex., mild, hot, fire)
T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available)

PA 88

Control

A

B (circle)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number

(b)(6)

Method of control selection (please circle)

Dining Companion

Other Taco Bell diner

Reverse directory

Age 39

Sex M F

State PA

County Berks

City Gilbertsville

Interviewer name Sadiya Mughetto

Date of interview 10/12/2006

Who was interviewed? Control

Parent

Have you been ill with vomiting or diarrhea since November 1st?

Yes

No

(If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle)

Yes

No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_/\_\_\_/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Gilbertsville, PA</u> Date <u>11/27</u> /2006 <u>Philadelphia Ave.</u> Date <u>11/27</u> /2006
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>Gilbertsville, PA</u> Date <u>11/26</u> /2006
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location <u>Bechtelsville, PA</u> Date <u>11/25</u> /2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Olive Garden, 11/27</u> <u>Chick fil' A 11/27</u>

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___					

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

Y ? N  
A

**ORDER SUBSTITUTIONS**

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y ? N	A Taco?
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Burrito?
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Quesadilla?
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Salad?
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nachos?
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N	G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tomatoes
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce	
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef	
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken	
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream	
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese	
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans	
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions	
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White onions	
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any onions	
Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Steak	
R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Olives	
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex., mild, hot, fire)	
T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify) _____	

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

Entered

ID number (State Lab ID if available)

PASS

Control A  B  (circle)

### NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number (b)(6)

Method of control selection (please circle) Dining Companion friend Other Taco Bell diner Reverse directory

Age 9 Sex  M  F State PA County Berk City Gilbertsville

Interviewer name St. Muguetta Date of interview 12/12/2006

Who was interviewed? Control \_\_\_\_\_ Parent X

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to     /    /2006 (fill in case illness onset date)

Y	?	N			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	(Specify street, city, state for each location)	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Gilbertsville, PA</u> Date <u>12/2/2006</u>	
				<u>Philadelphia Ave</u> Date <u>    </u> / <u>    </u> /2006	
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date <u>    </u> / <u>    </u> /2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date <u>    </u> / <u>    </u> /2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date <u>    </u> / <u>    </u> /2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date <u>    </u> / <u>    </u> /2006
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>Gilbertsville PA</u>	Date <u>11/26/2006</u>
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location <u>Berksville PA</u>	Date <u>11/26/2006</u>
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date <u>    </u> / <u>    </u> /2006
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>olive garden &amp; Chick Fil A.</u>	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—					

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. <u>tacos original</u>	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input checked="" type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):**

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

Entered

ID number (State Lab ID if available) PA 88

Control A B (circle) C

### NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number (b)(6)

Method of control selection (please circle) Other Taco Bell diner Dining Companion Reverse directory  
Age 6 Sex  M  F State PA County Berks City Gilbertsville  
Interviewer name Mugveeta Date of interview 12/12/2006  
Who was interviewed? Control      Parent X

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes No (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes No

#### I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to     /2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Philadelphia Ave</u> Date <u>12/02/2006</u> <u>Gilbertsville PA</u> Date <u>1/    </u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>    </u> Date <u>    </u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location <u>    </u> Date <u>    </u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location <u>    </u> Date <u>    </u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location <u>    </u> Date <u>    </u> /2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>Gilbertsville, PA</u> Date <u>11/26/2006</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location <u>Bechtelville, PA</u> Date <u>11/25/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location <u>    </u> Date <u>    </u> /2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>olive garden 11/27</u> <u>chick fil'A 11/27</u>

If the control did not eat at Taco Bell, please end interview.

#### II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—					

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes			
<input type="checkbox"/> Hold lettuce			
<input type="checkbox"/> Hold beef			
<input type="checkbox"/> Hold chicken			
<input type="checkbox"/> Hold cheese			
<input type="checkbox"/> Hold sour cream			
<input type="checkbox"/> Hold any onions			
<input type="checkbox"/> Hold white onions			
<input type="checkbox"/> Hold green onions			
<input type="checkbox"/> Hold olives			
<input type="checkbox"/> Substitute beans for meat			
<input type="checkbox"/> Hold sauce (specify type) _____			
<input type="checkbox"/> Other _____			

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) PHILA 002 - PA 105

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 18 Sex  M  F State PA County PHILA City PHILA

Interviewer name FELICIA LEWIS Date of interview 12/14/2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 12/2/2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/29/2006 Time: 4:00 AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/29/2006 Time: 7:00 AM PM

Are you a Taco Bell employee? (please circle) Yes  No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y <input checked="" type="checkbox"/> ? <input type="checkbox"/> N <input type="checkbox"/>	A <input checked="" type="checkbox"/> Any Nausea?	Y <input checked="" type="checkbox"/> ? <input type="checkbox"/> N <input type="checkbox"/>	G <input checked="" type="checkbox"/> Did you visit a health care provider for your illness?
B <input checked="" type="checkbox"/> Any Vomiting?	H <input checked="" type="checkbox"/> Did you visit an emergency room for your illness?	I <input type="checkbox"/> Were you hospitalized overnight?	If yes, number of hospital nights _____
C <input checked="" type="checkbox"/> Any Abdominal cramps?	J <input type="checkbox"/> Did you develop HUS (hemolytic uremic syndrome)?	K <input checked="" type="checkbox"/> Did you receive antibiotics for your illness?	<u>Bactrim x 7 days</u>
D <input checked="" type="checkbox"/> Any Diarrhea?	L <input type="checkbox"/> Did the patient die?		
E <input checked="" type="checkbox"/> Any Bloody diarrhea?			
F <input checked="" type="checkbox"/> Any Fever?			

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y <input checked="" type="checkbox"/> ? <input type="checkbox"/> N <input type="checkbox"/>	A <input checked="" type="checkbox"/> Did you eat at any restaurants?	(Specify street, city, state for each location)
B <input checked="" type="checkbox"/> Did you eat at any Taco Bell?	If yes, Location <u>Menlo Park Mall</u> Date <u>11/26/2006</u>	<u>Edison, NJ</u> Date <u>/ / 2006</u>
C <input type="checkbox"/> Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>/ / 2006</u>	
D <input type="checkbox"/> Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>/ / 2006</u>	
E <input type="checkbox"/> Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>/ / 2006</u>	
F <input checked="" type="checkbox"/> Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>/ / 2006</u>	
G <input checked="" type="checkbox"/> Did you eat at McDonalds?	If yes, Location _____ Date <u>/ / 2006</u>	
H <input type="checkbox"/> Did you eat at Subway?	If yes, Location _____ Date <u>/ / 2006</u>	
I <input type="checkbox"/> Did you eat at Blimpies?	If yes, Location _____ Date <u>/ / 2006</u>	
J <input checked="" type="checkbox"/> Did you eat at any other restaurant?	<u>Burger King, Wendy's, Chick-Fil-A</u>	
K <input type="checkbox"/> Did you have a dining companion?	<u>NO</u>	
	If yes, name 1. _____ contact number _____ which restaurant? _____	
	2. _____ contact number _____ which restaurant? _____	
	3. _____ contact number _____ which restaurant? _____	
M <input type="checkbox"/> Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?		
	If yes, which dining companion (specify name) _____	

ID number (State Lab ID if available)

PHILA 002 - PA 105

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes
<b>Tacos</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco
<b>Burritos</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada
<b>Gorditas</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada

Y	?	N	Chalupas
A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)
B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken
C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada
D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada
G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada
<b>Nachos &amp; Sides</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	nachos
B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme
C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande
D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese
E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice
F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists
<b>Specialties</b>			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme - chicken
B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza
C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)
D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken
E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada
F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)
G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken
H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)
J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada
L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)
M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken
N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada
O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast
<b>Quesadillas</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla
B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla
<b>Bowls</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl
B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl
<b>Misc.</b>			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>Mountain Dew</u>
B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)

ID number (State Lab ID if available)

PHILA 002 - PA 105

Y ? N  
A

**ORDER SUBSTITUTIONS**

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

- |  |  |  |
|--|--|--|
| 1. <input type="checkbox"/> Hold tomatoes                | 2. <input type="checkbox"/> Hold tomatoes                | 3. <input type="checkbox"/> Hold tomatoes                |
| <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y ? N  
A     
B     
C     
D     
E     
F

- A Taco?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?
- Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N  
G     
H     
I     
J     
K     
L     
M     
N     
O     
P     
Q     
R     
S     
T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mild, hot, fire)
- Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

*[Handwritten signatures]*

*Interested*

Illness number (State Lab ID if available) PHILA 001 PA36  
NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number (b)(6)

Age 18 Sex  M  F State PA County Phila City Philia

Interviewer name J. F Date of interview 12/7/2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 11/25/2006

Case status (please circle) Confirmed Probable → PFGE match to Delaware + Virginia

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 12/24/2006 Time: 8:00  AM  PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 12/24/2006 Time: 8:00  AM  PM

Are you a Taco Bell employee? (please circle) Yes  No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> ?	<input type="checkbox"/> N	Did you have any of these symptoms?	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> ?	<input type="checkbox"/> N	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> ?	<input type="checkbox"/> N	Any Nausea?	<input checked="" type="checkbox"/> G	<input checked="" type="checkbox"/> ?	<input type="checkbox"/> N	Did you visit a health care provider for your illness?
<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> ?	<input type="checkbox"/> N	Any Vomiting?	<input checked="" type="checkbox"/> H	<input checked="" type="checkbox"/> ?	<input type="checkbox"/> N	Did you visit an emergency room for your illness?
<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> ?	<input type="checkbox"/> N	Any Abdominal cramps?	<input type="checkbox"/> I	<input type="checkbox"/> ?	<input checked="" type="checkbox"/> N	Were you hospitalized overnight?
<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> ?	<input type="checkbox"/> N	Any Diarrhea?				If yes, number of hospital nights _____
<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> ?	<input type="checkbox"/> N	Any Bloody diarrhea?	<input type="checkbox"/> J	<input type="checkbox"/> ?	<input checked="" type="checkbox"/> N	Did you develop HUS (hemolytic uremic syndrome)?
<input checked="" type="checkbox"/> G	<input checked="" type="checkbox"/> ?	<input type="checkbox"/> N	Any Fever?	<input type="checkbox"/> K	<input type="checkbox"/> ?	<input checked="" type="checkbox"/> N	Did you receive antibiotics for your illness?
				<input type="checkbox"/> L	<input type="checkbox"/> ?	<input checked="" type="checkbox"/> N	Did the patient die?

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> ?	<input type="checkbox"/> N	Did you eat at any restaurants?	(Specify street, city, state for each location)
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> ?	<input type="checkbox"/> N	Did you eat at any <u>Taco Bell</u> ?	If yes, Location <u>Temple U. Campus</u> Date <u>11/19/2006</u> <u>Student Center</u> Date <u>11/19/2006</u>
<input type="checkbox"/> C	<input type="checkbox"/> ?	<input checked="" type="checkbox"/> N	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/> D	<input type="checkbox"/> ?	<input checked="" type="checkbox"/> N	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/> E	<input type="checkbox"/> ?	<input checked="" type="checkbox"/> N	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/> F	<input type="checkbox"/> ?	<input checked="" type="checkbox"/> N	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/> G	<input type="checkbox"/> ?	<input checked="" type="checkbox"/> N	Did you eat at McDonalds?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/> H	<input type="checkbox"/> ?	<input checked="" type="checkbox"/> N	Did you eat at Subway?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/> I	<input type="checkbox"/> ?	<input checked="" type="checkbox"/> N	Did you eat at Blimpies?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/> J	<input type="checkbox"/> ?	<input checked="" type="checkbox"/> N	Did you eat at any other restaurant?	
<input type="checkbox"/> K	<input type="checkbox"/> ?	<input checked="" type="checkbox"/> N	Did you have a dining companion?	
			If yes, name: 1. <u>(b)(6)</u> contact number <u>?</u> which restaurant? <u>Taco Bell</u>	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
<input type="checkbox"/> M	<input type="checkbox"/> ?	<input checked="" type="checkbox"/> N	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

ID number (State Lab ID if available)

PHILA 001

**TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	---	<b>Nachos &amp; Sides</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Tacos</b>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	plintos & cheese	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	---	<b>Specialties</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Burritos</b>	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	maximelt- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	maximelt- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	maximelt- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Gorditas</b>	---	<b>Quesadillas</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	---	<b>Bowls</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	---	<b>Misc.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	---
					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

Case number (State Lab ID if available) PHILA 001

**Y ? N ORDER SUBSTITUTIONS**

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input checked="" type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

Y ? N	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you cannot remember what menu item you ordered, do you know if you ordered:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N	?	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sour Cream
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cheese
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Green onions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White onions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any onions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steak
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Olives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sauce (ex., mild, hot, fire)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

(404) 639-2205

**CITY OF PHILADELPHIA  
DIVISION OF DISEASE CONTROL**

PHONE# (215) 685-6740  
FAX # (215) 545-8362

DEPARTMENT OF PUBLIC HEALTH  
500 S. Broad Street  
Philadelphia, PA 19146

CARMEN I. PARIS, MPH  
Interim Health Commissioner

JOSEPH C. CRONAUER  
Executive Deputy/Chief of Staff

CAROLINE C. JOHNSON, MD  
Director, Division of Disease Control

*entire*

**FACSIMILE TRANSMISSION REQUEST**

DATE 12/7/06

NUMBER OF PAGES INCLUDING COVER SHEET 7

TO: SAMIR SODHA

FROM: FELICIA LEWIS

NOTES: Philadelphia CONFIRMED E coli  
case -- Taco Bell  
thanks!

THIS MESSAGE CONTAINS CONFIDENTIAL INFORMATION OF THE CITY OF PHILADELPHIA. UNAUTHORIZED USE OR DISCLOSURE IS PROHIBITED.

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL Felicia AT 215-685-~~6740~~  
6741

Hi,

We have spoken to Massachusetts about this case. She is a Philadelphia college student who was exposed in Philadelphia + who lives here most of the year. Massachusetts is happy to have us count her as our case for the purposes of this outbreak. They will include her in their end-of-year case counts, however.

So, the MA PFGE match is THIS CASE.

Please feel free to call us here in Philly if there are any questions or confusion.

Thanks!

Felicia Lewis MD  
(215) 685-6741

*enfered*

ID number (State Lab ID if available) 06E02109

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 8 Sex  M  F State PA County Berks City Boyerstown

Interviewer name Regan Rickett Date of interview 12/7/2006

Who was interviewed? Case  Spouse  Parent

Stool specimen collection date: 12/1/2006

Case Status (please circle) Confirmed  **Probable**

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/29/2006 Time: \_\_\_\_\_ AM PM unsure

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever)?

Fever Date of onset of other symptoms 11/28/2006 Time: \_\_\_\_\_ AM **PM**

Are you a Taco Bell employee? (please circle) Yes  **No**

**I. SYMPTOMS AND SEVERITY OF ILLNESS.** Now I will ask you some questions about your symptoms and illness.

Y	?	N	Did you have any of these symptoms?	Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>2</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Fever?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y	?	N	Did you eat at any restaurants?	(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Gilbertsville</u> Date <u>11/25/2006</u> <u>PA</u> Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion? <i>super case</i>	
			If yes, name 1 (b)(6)	which restaurant? <u>Gilbertsville taco</u>
			2 (b)(6)	which restaurant? <u>Gilbertsville Taco</u>
			3 (b)(6)	which restaurant? <u>Bell</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) <u>Mother became ill 10 days following dining</u>	

*at taco bell*

ID number (State Lab ID if available)

06E02109

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	---	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	---	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	---	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	---
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	---
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	---
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	3	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	---
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	---
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	---
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	---	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	---
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	---
<b>Burritos</b>					C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	---
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	---
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	---
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	---
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	---	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	---
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	---	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	---
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	---	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	---	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	---
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	---	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	---	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	---
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	---
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	---	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	---
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	---
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	---
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	---	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	---
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	---	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

ID number (State Lab ID if available) 06E02109

**Y ? N ORDER SUBSTITUTIONS**  
**A**    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N**  
**A**    If you cannot remember what menu item you ordered, do you know if you ordered:  
**B**    A Taco?  
**C**    A Burrito?  
**D**    A Quesadilla?  
**E**    A Salad?  
**F**    Nachos?  
**F**    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**Y ? N**  
**G**    If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):  
**H**    Tomatoes  
**I**    Lettuce  
**J**    Ground beef  
**K**    Chicken  
**L**    Sour Cream  
**M**    Cheese  
**N**    Beans  
**O**    Green onions  
**P**    White onions  
**Q**    Any onions  
**R**    Steak  
**S**    Olives  
**S**    Sauce (ex., mild, hot, fire)  
**T**    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

*entered*

ID number (State Lab ID if available) 06E02109 Control (A) B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)  
 Method of control selection (please circle) (b)(6) Dining Companion (b)(6) Other Taco Bell diner (b)(6) Reverse directory (b)(6)  
 Age 34 Sex  M  F State PA County Berks City Boyertown  
 Interviewer name Regina Buckert Date of interview 12, 7 /2006

Who was interviewed? Control (b)(6) Parent (b)(6)  
Spouse of Control ✓

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/25 /2006 (fill in case illness onset date)

Y	?	N		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	---
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	---	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	---
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	---	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	---
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	---	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	---
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	---	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	---
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	---	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	---
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	---	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	---	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	---
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	---	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	---					

Control Questionnaire

ID number (State Lab ID if available)

06502109

Control

A

B (circle)

Y	?	N		#	Y	?	N		#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	?	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>						B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	I	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>						O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>					
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>					
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
						C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—
						D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) 06E02109 Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**  
 A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
<input type="checkbox"/> Hold tomatoes			
<input type="checkbox"/> Hold lettuce			
<input type="checkbox"/> Hold beef			
<input type="checkbox"/> Hold chicken			
<input type="checkbox"/> Hold cheese			
<input type="checkbox"/> Hold sour cream			
<input type="checkbox"/> Hold any onions			
<input type="checkbox"/> Hold white onions			
<input type="checkbox"/> Hold green onions			
<input type="checkbox"/> Hold olives			
<input type="checkbox"/> Substitute beans for meat			
<input type="checkbox"/> Hold sauce (specify type) _____			
<input type="checkbox"/> Other _____			

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

*Entered*

ID number (State Lab ID if available) 06E02114

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 25 Sex  M  F State PA County Delaware City Arrex Hill

Interviewer name Regan Pickert Date of interview 12/7/2006

Who was interviewed? Case  Spouse  Parent

Stool specimen collection date: 12/29/2006

Case Status (please circle) Confirmed  **Probable**

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/26/2006 Time: 1:00 AM **PM**

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/24/2006 Time: \_\_\_\_\_ AM **PM**

Are you a Taco Bell employee? (please circle) Yes  No  **UNKNOWN**

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>2</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Fever?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N		(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Univ. of PA</u> Date <u>11/22/2006</u>	
				<u>Walnut &amp; 34th-36th</u> Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	<u>Contact info. not provided</u>	
			If yes, name 1. _____ contact number _____ which restaurant? _____		
			2. _____ contact number _____ which restaurant? _____		
			3. _____ contact number _____ which restaurant? _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?		
			If yes, which dining companion (specify name) _____		

*2nd taco bell 11/26/06  
Route 320 & Springfield Road  
Delaware Co*

ID number (State Lab ID if available) 06E02114

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	3	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>Mountain Dew</u>	L
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available)

06E02114

Y ? N	ORDER SUBSTITUTIONS		
A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.		
Name of menu item:	1. _____	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y ? N	A Taco?
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Burrito?
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Quesadilla?
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Salad?
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nachos?
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N	Tomatoes
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White onions
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any onions
Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Steak
R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Olives
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify) _____

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

→ ID# 06E02114 - control A

ENTERED

ID number (State Lab ID if available) (PA 24-A) Control (A) B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

(b)(6)  
Control Phone number \_\_\_\_\_

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 25 Sex  M  F State PA County Montgomery City Abington

Interviewer name Regan Richert Date of interview 12/8/2006

Who was interviewed? Control X Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_/\_\_\_/2006 (fill in case illness onset date).

Y	?	N		(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Univ of PA</u> Date <u>12/22/2006</u> <u>Walnut and 34th/36th</u> Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	<u>1</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—					

06E02114 - control A

PA 24-A

Control **A** B (circle)

ID number (State Lab ID if available)

			#				#
Y	?	N		Y	?	N	
<b>Tacos</b>				<b>Nachos &amp; Sides</b>			
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	<b>Specialties</b>			
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme
<b>Burritos</b>				B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken
L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada
<b>Gorditas</b>				O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	<b>Quesadillas</b>			
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	<b>Bowls</b>			
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	<b>Misc.</b>			
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____
				C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember
				D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)

(PA 24)

ID number (State Lab ID if available)

06E02114

Control A

Control

(A)

B (circle)

ORDER SUBSTITUTIONS

Y ? N A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. 2. 3. [List of items to hold or substitute: tomatoes, lettuce, beef, chicken, cheese, sour cream, onions, green onions, olives, beans, sauce, other]

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.

Y ? N A    B    C    D    E    F    If you cannot remember what menu item you ordered, do you know if you ordered: A Taco? A Burrito? A Quesadilla? A Salad? Nachos? Other (ex., gordita, chalupa, etc) Describe

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N G    H    I    J    K    L    M    N    O    P    Q    R    S    T    Tomatoes Lettuce Ground beef Chicken Sour Cream Cheese Beans Green onions White onions Any onions Steak Olives Sauce (ex., mild, hot, fire) Other (specify)

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA



ID number (State Lab ID if available) PANED055: PT ID-2098348 INV# 2494886

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number: (b)(6)

Age 18 Sex  M  F State PA County Philadelphia City Philadelphia

Interviewer name Larry Sundberg Date of interview 12/12/2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: \_\_\_\_\_ / \_\_\_\_\_ / 2006 -None

Case Status (please circle) Confirmed Probable Suspect

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 12/02/2006 Time: 11:00 (AM) PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 12/01/2006 Time: 11:00 AM (PM)

Are you a Taco Bell employee? (please circle) Yes No

= 1805X

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	Phone consult E Temple Univ Health Services = Y
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Any Nausea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you visit a health care provider for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B Any Vomiting?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you visit an emergency room for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C Any Abdominal cramps?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Any Diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E Any Bloody diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F Any Fever?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N	Did you eat at any restaurants?	<u>Temple Univ student cafeteria - most days</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Did you eat at any restaurants?	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B Did you eat at any Taco Bell?	If yes, Location <u>Temple Univ campus</u>	Date <u>1/1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date <u>1/1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D Did you eat at any A & W All American Food?	If yes, Location _____	Date <u>1/1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E Did you eat at any Long John Silver's?	If yes, Location _____	Date <u>1/1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F Did you eat at any Pizza Hut?	If yes, Location _____	Date <u>1/1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G Did you eat at McDonalds?	If yes, Location _____	Date <u>1/1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H Did you eat at Subway?	If yes, Location _____	Date <u>1/1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I Did you eat at Blimpies?	If yes, Location _____	Date <u>1/1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J Did you eat at any other restaurant?		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	K Did you have a dining companion?		
			If yes, name 1. _____	contact number _____	which restaurant? _____
			2. _____	contact number _____	which restaurant? _____
			3. _____	contact number _____	which restaurant? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?		
			If yes, which dining companion (specify name) _____		

Case Questionnaire Frequently eats at the Temple U Taco Bell. - Not sure if/when he ate there in the week before onset.

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken soft taco	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- chicken	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> caramel apple empanada	—	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> original taco (standard is ground beef)	—	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- chicken	—	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- steak/ carne asada	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled steak soft taco	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirrito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> bean burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirrito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 7 layer burrito	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirrito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chili cheese burrito	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- chicken	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- chicken	—	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- chicken	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

Case Questionnaire

*Yes - checked items are those he normally orders. Items checked  
No are ones he never gets*



**State of New Jersey**

**DEPARTMENT OF HEALTH AND SENIOR SERVICES**

PO BOX 380  
TRENTON, N.J. 08625-0360

JON S. CORZINE  
Governor

[www.nj.gov/health](http://www.nj.gov/health)

FRED M. JACOBS, M.D., J.D.  
Commissioner

**FAX ROUTING SLIP**

TO		
Name of Recipient <b>Dr. Samir Sodha</b>		Telephone No. of Recipient <b>(770) 488-7100</b>
Organization and Address <b>CDC/CCID/NCZVED CDC Director's Emergency Operations Center Atlanta, GA 30333</b>		
FROM		
Name of Sender <b>Dr. Adam Langer</b>		Fax Number of Sender <b>(609) 588-7433</b>
Organization and Address <b>NJDHSS/Communicable Disease Service P.O. Box 369 Trenton, NJ 08625-0369</b>		Telephone Number of Sender <b>(609) 588-7500 (Main) (609) 584-5098 (Desk) (609) 462-8183 (Cell)</b>
Comments <b>CDRSS #193606 and dining companion control re-faxed, as requested.</b>		
DOCUMENT TRANSMITTED		
Transmitted To (Fax Number) <b>404-639-2205</b>	Total Number of Pages <b>7</b>	Date <b>12/19/2006</b>

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ID number (State Lab ID if available) PA 0620 2151

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number (b)(6) \_\_\_\_\_ JG  
Age 23 Sex  M  F State PA County Montgomery City Conshohocken  
Interviewer name Tai-Ho Chen Date of interview 12/15 /2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 11/27 /2006

Case Status (please circle) Confirmed Probable under investigation Zenzym PFGE map  
by 12/15/06 Case DGF Revision

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/25 /2006 Time: \_\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/24 /2006 Time: 8:00 AM PM

Are you a Taco Bell employee? (please circle) Yes  No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y	?	N	Did you have any of these symptoms?	Y	?	N	Did you visit a health care provider for your illness?
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Nausea?	G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Vomiting?	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, number of hospital nights <u>4</u>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y	?	N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Phila - City Line Ave</u> Date <u>11/12</u> /2006
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location <u>Flowertown, Berhtchen</u> Date <u>11/24</u> /2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. _____ contact number _____ which restaurant? _____	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

no left

11/18 Torresola Ave, Phila

Case Questionnaire

Denies having friends who routinely eat at taco bell

ID number (State Lab ID if available) **PA 06E02151**

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#						
<b>Big Bell Value Menu</b>															
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—				
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—				
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—				
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—				
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—				
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>									
<b>Tacos</b>															
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	2	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—				
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	—				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—				
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—				
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>									
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—				
<b>Burritos</b>															
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—				
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—				
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—				
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—				
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—				
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—				
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—				
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—				
<b>Gorditas</b>															
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—	O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—				
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Quesadillas</b>									
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—				
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—				
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Bowls</b>									
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—				
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	<b>Misc.</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—										
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—										
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—										
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—										

ID number (State Lab ID if available) PA 06E02151

**Y ? N ORDER SUBSTITUTIONS**  
 A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes			
<input type="checkbox"/> Hold lettuce			
<input type="checkbox"/> Hold beef			
<input type="checkbox"/> Hold chicken			
<input type="checkbox"/> Hold cheese			
<input type="checkbox"/> Hold sour cream			
<input type="checkbox"/> Hold any onions			
<input type="checkbox"/> Hold white onions			
<input type="checkbox"/> Hold green onions			
<input type="checkbox"/> Hold olives			
<input type="checkbox"/> Substitute beans for meat			
<input type="checkbox"/> Hold sauce (specify type) _____			
<input type="checkbox"/> Other _____			

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**  
 If you cannot remember what menu item you ordered, do you know if you ordered:

**Y ? N**  
 A    A Taco?  
 B    A Burrito?  
 C    A Quesadilla?  
 D    A Salad?  
 E    Nachos?  
 F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes  
 H    Lettuce  
 I    Ground beef  
 J    Chicken  
 K    Sour Cream  
 L    Cheese  
 M    Beans  
 N    Green onions  
 O    White onions  
 P    Any onions  
 Q    Steak  
 R    Olives  
 S    Sauce (ex., mild, hot, fire)  
 T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

*removed*

*Case # 64645*

*removed*

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
Age 44 Sex  M  F State DE County New Castle City Hockessin  
Interviewer name Paula Eggers Date of interview 12, 10 /2006  
Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 12, 4 /2006 (fill in case illness onset date)

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Concord Pike</u>	Date <u>12, 2</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	---					

ID number (State Lab ID if available)				Control		A	B (circle)		
Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	L	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>					B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>					O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**  
 A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes			
<input type="checkbox"/> Hold lettuce			
<input type="checkbox"/> Hold beef			
<input type="checkbox"/> Hold chicken			
<input type="checkbox"/> Hold cheese			
<input type="checkbox"/> Hold sour cream			
<input type="checkbox"/> Hold any onions			
<input type="checkbox"/> Hold white onions			
<input type="checkbox"/> Hold green onions			
<input type="checkbox"/> Hold olives			
<input type="checkbox"/> Substitute beans for meat			
<input type="checkbox"/> Hold sauce (specify type) _____			
<input type="checkbox"/> Other _____			

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

# DEPARTMENT OF HEALTH

*Edward G. Rendell, Governor*  
*Calvin B. Johnson, M.D., M.P.H., Secretary of Health*

## FAX

To: *Dr. Samir Sodha*

From: *Tai Chen*  
PA Department of Health  
Bureau of Epidemiology

Fax #: *770-488-7107*

Fax #:

Phone #

Phone # *717-346-4505*

Pages:

Date: *12/14/06*

Comments:

*A contact who is an employer from Temple Univ TB (well and culture negat.)*

*These Phila TB's have been closed since ~ 12/5/06 so exposure dates would be before then.*

**NOTICE OF CONFIDENTIALITY:**

This facsimile, including any attachments, is intended only for the use of the individual or entity to which it is addressed and may contain confidential information that is legally privileged and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are notified that any review, use, disclosure, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please contact the sender by reply facsimile immediately and destroy all copies of the original message.

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6) \_\_\_\_\_

*Marissa Wright*

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
 Age 38 Sex  M  F State PA County Philadelphia City Philadelphia

Interviewer name Sundair Date of Interview 1 / 15 / 2006

Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

*not likely to be a control b/c T.B. employee*

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/15/2006 (fill in case illness onset date)

Y	?	N		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B Did you eat at any Taco Bell?	If yes, Location _____ Date <u>1</u> / <u>15</u> / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1</u> / <u>15</u> / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1</u> / <u>15</u> / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1</u> / <u>15</u> / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1</u> / <u>15</u> / 2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G Did you eat at McDonald's?	If yes, Location <u>Arian Tomedale</u> Date <u>12/9</u> / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H Did you eat at Subway?	If yes, Location _____ Date <u>1</u> / <u>15</u> / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I Did you eat at Blimpie's?	If yes, Location _____ Date <u>1</u> / <u>15</u> / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J Did you eat at any other restaurant?	If yes, Location _____ Date <u>1</u> / <u>15</u> / 2006

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	Y	?	N	Chalupas
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A 1/2 lb cheesy bean & rice burrito grande soft taco	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A chalupa supreme- ground beef (standard)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B 1/2 lb beef combo burrito	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B chalupa supreme- chicken
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C spicy chicken soft taco	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C chalupa supreme- steak/ carne asada
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D spicy chicken burrito	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D chalupa baja- ground beef (standard)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E 1/2 lb beef & potato burrito	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E chalupa baja- chicken
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F double decker taco- ground beef (standard)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F chalupa baja- steak/ carne asada
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G double decker taco- chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G chalupa nacho cheese- ground beef (standard)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H double decker taco- steak/ carne asada	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H chalupa nacho cheese- chicken
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I caramel apple empanada	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I chalupa nacho cheese- steak/ carne asada
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J cheesy fiesta potatoes				

Control Questionnaire



ID number (State Lab ID if available) \_\_\_\_\_ Control A B (circle)

**ORDER SUBSTITUTIONS**  
Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type)	<input type="checkbox"/> Hold sauce (specify type)	<input type="checkbox"/> Hold sauce (specify type)
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**  
If you cannot remember what menu item you ordered, do you know if you ordered:

Y	?	N	Item
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A Taco?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A Burrito?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A Quesadilla?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A Salad?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nachos?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (ex., gorditas, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y	?	N	Item
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tomatoes
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lettuce
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ground beef
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chicken
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sour Cream
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cheese
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Beans
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Green onions
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	White onions
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any onions
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Steak
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Olives
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sauce (ex., mild, hot, fire)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (specify) <u>nachos</u> <u>JRS</u>

*asymptomatic culture employee ate only nachos, beef, and cheese*

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

# PA Department of Health

Southeast District Office  
625 Cherry Street, Room 442  
Reading, PA 19602-1187

Phone: (610) 378-4352

Fax: (610) 378-4527

## Facsimile Transmittal Cover Sheet

DATE: 12-12-06

Number of Pages Including Cover: 4

SEND TO: Garnier Sodha

FROM: Larry Sundberg

Company Name: CDC - Enteric Disease EPH

Urgent

Phone Number: \_\_\_\_\_

Please Reply

Fax Number: 404-639-2805

Reply ASAP

FYI

COMMENTS: Taco Bell - E coli outbreak

Suspect E coli case.

Permanent residence in Berks County, PA  
but currently a student living on campus at  
Temple University, Philadelphia, PA

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**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. All items 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input checked="" type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other <u>Beans</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**if you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):**

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex. mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available)

195 194514

entered

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number

(b)(6)

Age 26

Sex M F

State NJ

County Middlesex

City Sayreville

Interviewer name Adam L...

Date of interview 12/19/2006

Who was interviewed? Case

Spouse

Parent

Stool specimen collection date: 12/6/2006

Case Status (please circle)

Confirmed

Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 12/1/2006

Time: 8:00 AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 12/1/2006

Time: 8:00 AM PM

Are you a Taco Bell employee? (please circle)

Yes

No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Table with 2 columns of symptoms and severity questions (A-L) with Y, ?, N checkboxes.

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Table with restaurant exposure questions (A-M) and location/date details.

ID number (State Lab ID if available) 194514

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—				<b>Nachos &amp; Sides</b>	
			<b>Tacos</b>		A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	—
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	—				<b>Specialties</b>	
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
			<b>Burritos</b>		C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	2
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—
			<b>Gorditas</b>					<b>Quesadillas</b>	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	6
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	1	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—				<b>Bowls</b>	
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—				<b>Misc.</b>	
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) 104514

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes			
<input type="checkbox"/> Hold lettuce			
<input type="checkbox"/> Hold beef			
<input type="checkbox"/> Hold chicken			
<input type="checkbox"/> Hold cheese			
<input type="checkbox"/> Hold sour cream			
<input type="checkbox"/> Hold any onions			
<input type="checkbox"/> Hold white onions			
<input type="checkbox"/> Hold green onions			
<input type="checkbox"/> Hold olives			
<input type="checkbox"/> Substitute beans for meat			
<input type="checkbox"/> Hold sauce (specify type) _____			
<input type="checkbox"/> Other _____			

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available)

NJ-1

entered

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number

(b)(6)

Age 8 Sex  M  F State NJ County Mercer City Fleming

Interviewer name Heather Lawrence Date of interview 12/13 /2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent

Stool specimen collection date: 11/28 /2006

Case Status (please circle) Confirmed  Probable

**First I will ask you some questions about your illness.**

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/23 /2006 Time: 9:00 AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/23 /2006 Time: 9:00 AM PM

Are you a Taco Bell employee? (please circle) Yes  No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Any Nausea?	G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Any Vomiting?	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Any Abdominal cramps?	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Any Diarrhea?	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Any Bloody diarrhea?	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Easton Ave. Somerset, NJ</u> Date <u>11/28</u> /2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	
K	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. <u>MA</u> contact number _____ which restaurant? _____	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	



ID number (State Lab ID if available) \_\_\_\_\_

NS-1

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. Hawaiian Tacos 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other <u>Just Lettuce &amp; Cheese</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**



**State of New Jersey**

**DEPARTMENT OF HEALTH AND SENIOR SERVICES**

PO BOX 360

TRENTON, N.J. 08625-0360

www.nj.gov/health

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Governor

FRED M. JACOBS, M.D., J.D.  
Commissioner

**FAX ROUTING SLIP**

TO		
Name of Recipient <b>Dr. Samir Sodha</b>		Telephone No. of Recipient <b>(770) 488-7100</b>
Organization and Address <b>CDC/CCID/NCZVED CDC Director's Emergency Operations Center Atlanta, GA 30333</b>		
FROM		
Name of Sender <b>Dr. Adam Langer</b>		Fax Number of Sender <b>(609) 588-7433</b>
Organization and Address <b>NJDHSS/Communicable Disease Service P.O. Box 369 Trenton, NJ 08625-0369</b>		Telephone Number of Sender <b>(609) 588-7500 (Main) (609) 584-5098 (Desk)</b> <small>(b)(6)</small>
Comments <b>CDRSS #193606 and dining companion control re-faxed, as requested.</b>		
DOCUMENT TRANSMITTED		
Transmitted To (Fax Number) <b>404-639-2205</b>	Total Number of Pages <b>7</b>	Date <b>12/19/2006</b>

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NT-602470 Entered

ID number (State Lab ID if available) 193345

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number (b)(6)

Age 4 Sex M F State NJ County Essex City Orange City

Interviewer name Mary Colverson Date of interview 12/12/2006

Who was interviewed? Case Spouse Parent

Stool specimen collection date: 11/24/2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/23/2006 Time: AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/22/2006 Time: AM PM

Are you a Taco Bell employee? (please circle) Yes No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Table with 2 columns of symptoms and severity questions (A-L) with checkboxes for Yes, No, or Unsure.

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Form for restaurant exposures with questions A-M and a table for location and date of exposure.

ID number (State Lab ID if available) \_\_\_\_\_

193345

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#		
<b>Big Bell Value Menu</b>					<b>Chalupas</b>						
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>					
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	2	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	—	<b>Specialties</b>					
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>						
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Bowls</b>					
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Misc.</b>					
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—
					D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—	

ID number (State Lab ID if available) 193345

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes			
<input type="checkbox"/> Hold lettuce			
<input type="checkbox"/> Hold beef			
<input type="checkbox"/> Hold chicken			
<input type="checkbox"/> Hold cheese			
<input type="checkbox"/> Hold sour cream			
<input type="checkbox"/> Hold any onions			
<input type="checkbox"/> Hold white onions			
<input type="checkbox"/> Hold green onions			
<input type="checkbox"/> Hold olives			
<input type="checkbox"/> Substitute beans for meat			
<input type="checkbox"/> Hold sauce (specify type) _____			
<input type="checkbox"/> Other _____			

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N	
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tomatoes
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White onions
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any onions
Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Steak
R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Olives
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify) _____

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

entered

ID number (State Lab ID if available) 193526

**NOVEMBER 2006 - E. COLI O157 OUTBREAK - CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 10 Sex  M  F State NJ County Middlesex City Edison

Interviewer name M. Glenshaw Date of interview 12/7/2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent

Stool specimen collection date: 11/24/2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/24/2006 Time: early  AM  PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever)?

Date of onset of other symptoms 11/22/2006 Time: / AM  PM

Are you a Taco Bell employee? (please circle) Yes  No

**I. SYMPTOMS AND SEVERITY OF ILLNESS.** Now I will ask you some questions about your symptoms and illness.

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Vomiting?	H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>3</u>
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y ? N	Did you eat at any restaurants?	(Specify street, city, state for each location)	
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Stelton Rd</u> Date <u>11/18/2006</u>	
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<u>South Plainfield, NJ</u> Date <u>/ /2006</u>	
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>/ /2006</u>	
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>/ /2006</u>	
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>/ /2006</u>	
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>/ /2006</u>	
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date <u>/ /2006</u>	
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>/ /2006</u>	
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>/ /2006</u>	
J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any other restaurant?	<u>Applebee's 11/17/06 Rt 1</u>	
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?		
	If yes, name 1 <u>(b)(6)</u> contact number <u>(b)(6)</u> which restaurant? <u>Stelton Rd TB</u>		
	2 _____ contact number _____ which restaurant? <u>same</u>		
	3 _____ contact number _____ which restaurant? <u>same</u>		
M <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?		
	If yes, which dining companion (specify name) _____		

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ID number (State Lab ID) if available

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#
<b>Big Bell Value Menu</b>					<b>Chalupas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

Case Questionnaire

193526

ID number (State Lab ID if available)

**ORDER SUBSTITUTIONS**

Y ? N  
 A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.**

Y ? N  
 A    If you cannot remember what menu item you ordered, do you know if you ordered:  
 B    A Taco?  
 C    A Burrito?  
 D    A Quesadilla?  
 E    A Salad?  
 F    Nachos?  
 Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

Y ? N  
 G    Tomatoes  
 H    Lettuce  
 I    Ground beef  
 J    Chicken  
 K    Sour Cream  
 L    Cheese  
 M    Beans  
 N    Green onions  
 O    White onions  
 P    Any onions  
 Q    Steak  
 R    Olives  
 S    Sauce (ex., mild, hot, fire)  
 T    Other (specify) \_\_\_\_\_

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

entered

ID number (State Lab ID if available) 193526

Control A B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)  
Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 40 Sex  M  F State NJ County Middlesex City Edison

Interviewer name M. Glenshaw Date of interview 12/7/2006

Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview)

Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/22/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Stetson Rd</u> <u>South Plainfield, NJ</u>	Date <u>11/18/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____	Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date <u>1/2006</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Applebee's, Diner (local)</u>	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—					

ID number (State Lab ID if available)

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Control **A**

B (circle)

Y	?	N		#	Y	?	N		#
<b>Tacos</b>					<b>Nachos &amp; Sides</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chhnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>									
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	bean burrito	①	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chil cheese burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
<b>Gorditas</b>									
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	1 bite	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Quesadillas</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Bowls</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	<b>Misc.</b>				
					A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available)

193526

Control

A

B (circle)

Y ? N  
A

**ORDER SUBSTITUTIONS**

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

- | 1.   | 2.   | 3.   |
|--|--|--|
| <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

N/A

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.

Y ? N  
A     
B     
C     
D     
E     
F

If you cannot remember what menu item you ordered, do you know if you ordered:

- A Taco?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?
- Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N  
G     
H     
I     
J     
K     
L     
M     
N     
O     
P     
Q     
R     
S     
T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mild, hot, fire)
- Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

interview

ID number (State Lab ID if available) 193526 **Control** **B** (circle)  
**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)  
Method of control selection (please circle) **Dining Companion** Other Taco Bell diner Reverse directory  
Age 4 Sex  M  F State MO County Madison City Earls  
Interviewer name M. Gershon Date of interview 12/7 /2006  
Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  **No** (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  **No**

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/27 2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Stelton Rd</u> <u>St. Plainfield, NJ</u>	Date <u>11/18</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date <u>1</u> /2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Applebee's, Rt 1</u>	<u>11/17</u> /2006

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa beja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—					

Control Questionnaire

ID number (State Lab ID if available)

193526

Control

A

B (circle)

Y	?	N		#	Y	?	N		#
<b>Tacos</b>					<b>Nachos &amp; Sides</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	---
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	---
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	---
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	---	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	---
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	---	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	---
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	---	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	---
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	---	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	(1)
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	---
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	---	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	---	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	---	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	---	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	---
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	---	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	---
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	---
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	---
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	---	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	---
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

*enteral*  
 Control A B (circle) **C**

ID number (State Lab ID if available) 193526

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)  
 Method of control selection (please circle) **Dining Companion** Other Taco Bell diner Reverse directory  
 Age 43 Sex  M  F State ND County Middlesex City Edison  
 Interviewer name M. Glendon Date of interview 12/7/2006  
 Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/22/2006 (fill in case illness onset date)

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Selton Rd</u> Date <u>11/18/2006</u>	
				<u>So. Plainfield, NJ</u> Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1/2006</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Applebee's, Rt 1</u> Date <u>11/17/06</u>	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—					

ID number (State Lab ID if available)

193526

Control

A

B (circle)

C

Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	---
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	---
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	---
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	---	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	---
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	---	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	---
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	---	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	---
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	---	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	(1)
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	---
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	---	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	---	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	---	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	---	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	---
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	---	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	---
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	---
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	---
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	---	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	---
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

ID number (State Lab ID if available) 193526

Control A B (circle) C

**Y ? N** **ORDER SUBSTITUTIONS**  
A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

**N/A**

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**Y ? N** If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

entered

Group 4  
entered

193 545

ID number (State Lab ID if available)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number (b)(6)

Age 18 Sex  M  F State NJ County Middlesex City Edison

Interviewer name Casey Barton Date of interview 12/9/2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 11/22/2006 sat after 11/18

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/22/2006 Time: 10:00 AM (PM)

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/22/2006 Time: 1:00 AM (PM)

Are you a Taco Bell employee? (please circle) Yes No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Vomiting?	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights 4-5 days
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y	?	N		
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	(Specify street, city, state for each location)
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location South Plainfield Date 11/18/2006
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	(b)(6) (b)(6)
K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. [redacted] which restaurant? Taco Bell	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

193545

ID number (State Lab ID if available)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. Original Taco 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input checked="" type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below: *n/a*

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

ID number (State Lab ID if available) 193545

Control (A) B (circle) entered

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)  
 Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
 Age 20 Sex  M  F State VT County Union City Lincoln  
 Interviewer name Barton Date of interview 12/9/2006  
 Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/22/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Piscataoa</u> Date <u>11/18</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—					

Control Questionnaire 4 soft tacos beef 1 hard taco beef - original no changes w sauce

ID number (State Lab ID if available)

198545

Control

A

B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

- |  |  |  |
|--|--|--|
| 1. _____   | 2. _____   | 3. _____   |
| <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

- Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:
- A    A Taco?
- B    A Burrito?
- C    A Quesadilla?
- D    A Salad?
- E    Nachos?
- F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

- Y ? N**
- G    Tomatoes
- H    Lettuce
- I    Ground beef
- J    Chicken
- K    Sour Cream
- L    Cheese
- M    Beans
- N    Green onions
- O    White onions
- P    Any onions
- Q    Steak
- R    Olives
- S    Sauce (ex., mild, hot, fire)
- T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

*Duplicate interview - not entered b/c other done first.*

ID number (State Lab ID if available) 193545 Control **(A)** B (circle)  
**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)  
 Method of control selection (please circle) **(Dining Companion)** Other Taco Bell diner Reverse directory  
 Age 20 Sex  M  F State NJ County Union City Linden  
 Interviewer name Ashley Long Date of interview 12/10/2006  
 Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  **No** (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  **No**

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/22/2006 (fill in case illness onset date)

Y	?	N			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Stellen Road</u> Date <u>11/18/2006</u>	
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006	
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006	
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006	
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006	
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006	
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006	
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006	
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?		

*If the control did not eat at Taco Bell, please end interview.*

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	___					

ID number (State Lab ID if available)

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Control **(A)**

B (circle)

Y	?	N		#	Y	?	N		#		
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	(4)	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	(4)	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos biggrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>						B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>						O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>					
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>					
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
						C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—
						D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available)

193595

Control

A (circled)

B (circle)

Y ? N ORDER SUBSTITUTIONS

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y ? N If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

*[Handwritten signature]*

ID number (State Lab ID if available) 193599

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 20 Sex  M  F State NJ County Union City Union Twp.

Interviewer name Adrienne Lewis Date of interview 12/9/2006

Who was interviewed? Case  Spouse  Parent

Stool specimen collection date: 11/24/2006

Case Status (please circle) Confirmed  Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/22/2006 Time: 7:00  AM  PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/22/2006 Time: 10:00 AM  PM

Are you a Taco Bell employee? (please circle) Yes  No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Vomiting?	H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you receive antibiotics for your illness?
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y ? N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Route 22</u> Date <u>11/18/2006</u>
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>Union Twp, NJ</u> Date <u>1/2006</u>
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1/2006</u>
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1/2006</u>
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date <u>1/2006</u>
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</u>
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1/2006</u>
I <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any other restaurant?	<u>Wendy's &amp; Boston Market</u>
J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes, name 1 <u>(b)(6)</u> contact number _____ which restaurant? _____	
	2. _____ contact number _____ which restaurant? _____	
	3. _____ contact number _____ which restaurant? _____	
M <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) _____	

Case Questionnaire

*Case reports that she ate lunch several co-workers but she doesn't have their phone numbers. Case patient will ask her if any co-workers for call NDHSS to be interviewed.*

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ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#
<b>Big Bell Value Menu</b>					<b>Chalupas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember
					D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)

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Y ? N  
A

**ORDER SUBSTITUTIONS**

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input checked="" type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

Y ? N  
A     
B     
C     
D     
E     
F

If you cannot remember what menu item you ordered, do you know if you ordered:

- A Taco?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?

Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N  
G     
H     
I     
J     
K     
L     
M     
N     
O     
P     
Q     
R     
S     
T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mild, hot, fire)
- Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

Case # 193599

Ruthens - 8

Entered

ID number (State Lab ID if available)

Control A B (circle)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number (b)(6) - Paul

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 29 Sex M F State NJ County Somerset City N. Plainfield

Interviewer name J. CAREY Date of interview 12/13/2006

Who was interviewed? Control Parent

Have you been ill with vomiting or diarrhea since November 1st? Yes No (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_/\_\_\_/2006 (fill in case illness onset date)

Table with columns Y, ?, N and rows A-J for restaurant exposures. Includes questions like 'Did you eat at any restaurants?', 'Did you eat at any Taco Bell?', etc. Location: RT 22 GREEN BROOK Date: 12/5/2006

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Table with columns Y, ?, N and # for menu items. Divided into Big Bell Value Menu and Chalupas. Items include 1/2 lb cheesy bean & rice burrito, 1/2 lb beef combo burrito, spicy chicken soft taco, etc.

CWE 193599  
Burritos 8

ID number (State Lab ID if available)

Control

A

B (circle)

Y	?	N		#	Y	?	N		#
<b>Tacos</b>					<b>Nachos &amp; Sides</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	---
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	---
<del>C</del>	<input type="checkbox"/>	<input type="checkbox"/>	<del>soft taco (standard is ground beef)</del> CHICKEN (I)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	---
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	---	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	---
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	---	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	---
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	---	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	---
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	---	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	---
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	---	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	---
<del>B</del>	<input type="checkbox"/>	<input type="checkbox"/>	<del>7 layer burrito</del> (I)	---	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	---	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	---	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	---	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	---
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	---	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	---
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	---
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---	<b>Quesadillas</b>				
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	---
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	---	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	---
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

Case 193599  
Burritos 8

ID number (State Lab ID if available)

Control

A

B (circle)

**Y ? N ORDER SUBSTITUTIONS**

**A**    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input checked="" type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

<b>A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?
<b>B</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?
<b>C</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?
<b>D</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?
<b>E</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?
<b>F</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc.) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N	
<b>G</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tomatoes
<b>H</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lettuce
<b>I</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ground beef
<b>J</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chicken
<b>K</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sour Cream
<b>L</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cheese
<b>M</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Beans
<b>N</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Green onions
<b>O</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> White onions
<b>P</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any onions
<b>Q</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steak
<b>R</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Olives
<b>S</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sauce (ex., mild, hot, fire)
<b>T</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (specify) _____

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

*Entered*

ID number (State Lab ID if available) 193 606

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)  
Age 8 Sex  M  F State NJ County Middlesex City Forsman

Interviewer name A. Clayton Langer Date of interview 12/15/2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent

Stool specimen collection date: 11/24/2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/23/2006 Time: 8:00  AM  PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/22/2006 Time: 4:00  AM  PM

Are you a Taco Bell employee? (please circle) Yes  No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>6</u>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N		(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Stilton Road</u> Date <u>11/18/2006</u>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1/2006</u>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1/2006</u>
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1/2006</u>
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>Easton Ave, Somers NJ</u> Date <u>11/19/2006</u>
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</u>
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1/2006</u>
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	
K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. <u>Mom</u> contact number <u>same</u> which restaurant? <u>Taco Bell</u>	
			2. <u>Dad</u> contact number _____ which restaurant? <u>TB + McDonalds</u>	
			3. <u>Brother</u> contact number _____ which restaurant? <u>Taco Bell</u>	
M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

*Entered*  
1  
Interviewed by NJ Langer

193604

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos	—
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> original taco (standard is ground beef)	①	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos bellgrande	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> soft taco (standard is ground beef)	①	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- chicken	—	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chill cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) 193604

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

*Entered*

ID number (State Lab ID if available) 193606

**Control**  A  B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 38 Sex  M  F State NJ County Medford City Edison

Interviewer name Adrian Lopez Date of interview 12/15/2006

Who was interviewed? Control  Parent: \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 1 / 1 /2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Stations Road</u> Date <u>11/15/2006</u> <u>South Plainfield, NJ</u> Date <u>1</u> / <u>1</u> /2006
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1</u> / <u>1</u> /2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1</u> / <u>1</u> /2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1</u> / <u>1</u> /2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1</u> / <u>1</u> /2006
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date <u>1</u> / <u>1</u> /2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1</u> / <u>1</u> /2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1</u> / <u>1</u> /2006
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—					

ID number (State Lab ID if available)

193 606

Control

A

B (circle)

Y	?	N		#	Y	?	N		#		
<b>Tacos</b>					<b>Nachos &amp; Sides</b>						
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	---	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	---	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	---	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	---	<b>Specialties</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	---
<b>Burritos</b>											
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	---	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	---
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	---	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	---	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	---	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	---	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	---	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	---	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	---
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	---	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	---
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	---
<b>Gorditas</b>											
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	---	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	---	O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	---	<b>Quesadillas</b>					
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	---	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	---	<b>Bowls</b>					
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	<b>Misc.</b>					
					A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Other _____						
					B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Other _____						
					C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> I don't remember						
					D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)						

ID number (State Lab ID if available)

193606

Control

A

B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olivas	<input type="checkbox"/> Hold olivas	<input type="checkbox"/> Hold olivas
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**



*entered*

ID number (State Lab ID if available) 193609

**NOVEMBER 2006 - E. COLI O157 OUTBREAK - CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 23 Sex  M  F State NJ County Middlesex City Piscataway

Interviewer name Lauren Date of interview 12/8/2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 11/26/2006

Case Status (please circle) Confirmed Probable \_\_\_\_\_

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/23/2006 Time: 11:00 AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/24/2006 Time: 4:30 AM PM

Are you a Taco Bell employee? (please circle) Yes \_\_\_\_\_ No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Vomiting?	H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>2</u>
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

*11/25  
11/26  
11/27*

Y ? N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>South Plainfield</u> Date <u>11/16/2006</u>
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>Stewart Road</u> Date <u>11/21/2006</u>
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1/2006</u>
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1/2006</u>
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date <u>1/2006</u>
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</u>
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1/2006</u>
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any other restaurant?	<u>Burger King, Chinese restaurant, Johnny Carino's</u>
J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes, name 1. <u>Raymond</u> contact number _____ which restaurant? _____	
	2. <u>Boy Friend</u> contact number <u>509-611-1111</u> which restaurant? <u>Taco Bell, Country of Origin</u>	
	3. _____ contact number _____ which restaurant? _____	
M <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) _____	

*Control Interview completed*

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Item	#	Y	?	N	Item	#					
<b>Big Bell Value Menu</b>														
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—					
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—					
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—					
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—					
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—					
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—					
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—					
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chelupa nacho cheese- chicken	—					
I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	①	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—					
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>									
<b>Tacos</b>														
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—					
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—					
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	④	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—					
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—					
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—					
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—					
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>									
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—					
<b>Burritos</b>														
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—					
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—					
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—					
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—					
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	mex/melt- ground beef (standard)	—					
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	G	<input type="checkbox"/>	<input type="checkbox"/>	mex/melt- chicken	—					
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	H	<input type="checkbox"/>	<input type="checkbox"/>	mex/melt- steak/ carne asada	—					
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—					
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—					
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—					
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—					
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—					
<b>Gorditas</b>														
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—					
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—					
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Quesadillas</b>									
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—					
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—					
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Bowls</b>									
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—					
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—					
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	<b>Misc.</b>									
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____														
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____														
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I don't remember														
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)														

*Apple Computer*

ID number (State Lab ID if available)

193609

**Y ? N ORDER SUBSTITUTIONS**

**A**    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

N/A

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

**A**    A Taco?

**B**    A Burrito?

**C**    A Quesadilla?

**D**    A Salad?

**E**    Nachos?

**F**    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**IF you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):**

**Y ? N**

**G**    Tomatoes

**H**    Lettuce

**I**    Ground beef

**J**    Chicken

**K**    Sour Cream

**L**    Cheese

**M**    Beans

**N**    Green onions

**O**    White onions

**P**    Any onions

**Q**    Steak

**R**    Olives

**S**    Sauce (ex., mild, hot, fire)

**T**    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) 193609

Control A B (circle)

*enter*

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 22 Sex  M  F State NI County M. del Paso City Piscataway

Interviewer name Adrian Lopez Date of interview 12/8/2006

Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/23/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>South Plainfield</u> Date <u>11/23/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	<u>1</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—					

Control Questionnaire

ID number (State Lab ID if available)

193609

Control

A

B (circle)

Y	?	N		#	Y	?	N		#		
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	(3)	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>						B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>						O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>					
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>					
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
						C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—
						D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

apple empuraco

ID number (State Lab ID if available) 193609

**Control**

**A**

B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes			
<input type="checkbox"/> Hold lettuce			
<input type="checkbox"/> Hold beef			
<input type="checkbox"/> Hold chicken			
<input type="checkbox"/> Hold cheese			
<input type="checkbox"/> Hold sour cream			
<input type="checkbox"/> Hold any onions			
<input type="checkbox"/> Hold white onions			
<input type="checkbox"/> Hold green onions			
<input type="checkbox"/> Hold olives			
<input type="checkbox"/> Substitute beans for meat			
<input type="checkbox"/> Hold sauce (specify type) _____			
<input type="checkbox"/> Other _____			

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**if you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):**

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

entered

193704

ID number (State Lab ID if available)

NOVEMBER 2006 - E. COLI O157 OUTBREAK - CASE QUESTIONNAIRE

Phone number (b)(6)

Age 14 Sex M State NJ County Middlesex City Edison

Interviewer name Blenshaw Date of interview 12/7/2006

Who was interviewed? Case Spouse Parent

Stool specimen collection date: 11/26/2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/25/2006 Time: 9:00 AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever)?

Date of onset of other symptoms 11/24/2006 Time: AM PM

Are you a Taco Bell employee? (please circle) Yes No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Table with 2 columns of symptoms and severity questions (A-L) with checkboxes for Yes, No, or Unsure.

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Table with 3 columns: Question, Location, Date. Includes questions about eating at restaurants like KFC, A & W, Long John Silver's, Pizza Hut, McDonald's, Subway, Blimpies, and other restaurants.

Case Questionnaire

but mom did not want to discuss her illness.

193 704

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#	
<b>Big Bell Value Menu</b>										
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<b>Chalupas</b>	—	
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—	
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—	
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—	
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—	
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—	
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—	
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—	
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—	
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—				chalupa nacho cheese- steak/ carne asada	—	
<b>Tacos</b>										
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef) <i>veg</i>	23	<b>Nachos &amp; Sides</b>					—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—	
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—	
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—	
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—	
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—	
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—	
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	<b>Specialties</b>					
<b>Burritos</b>										
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—	
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—	
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—	
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—	
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—	
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	F	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- ground beef (standard)	—	
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- chicken	—	
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- steak/ carne asada	—	
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—	
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—	
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—	
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—	
<b>Gorditas</b>										
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—	
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—	
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—	
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Quesadillas</b>					
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—	
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—	
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Bowls</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—	
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—	
<b>Misc.</b>										
A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—	
B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—	B	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—	
C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—	C	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—	
D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—	D	<input type="checkbox"/>	<input type="checkbox"/>		—	

Case Questionnaire

ID number (State Lab ID if available)

193704

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. Hard taco 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input checked="" type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input checked="" type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

N/A

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

**Y ? N**

A

B

C

D

E

F

If you cannot remember what menu item you ordered, do you know if you ordered:

- A Taco?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?
- Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mild, hot, fire)
- Other (specify) Hard taco

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

49394 NJ 193709

Rutgers 14

PP28  
Entered  
A (circle) B (circle)

ID number (State Lab ID if available)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number (b)(6)

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 23 Sex M F State NJ County Somerset City Bellmawr

Interviewer name Gershon Date of interview 12/13/2006

Who was interviewed? Control Parent

Have you been ill with vomiting or diarrhea since November 1st? Yes No (If Yes, thank participant and end interview)

Are you a Taco Bell employee? (please circle) Yes No Had Nauseas on Minocycline started few days before

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 12/13/2006 (fill in case illness onset date)

Table with columns Y, ?, N and rows for various restaurants like A, B, C, D, E, F, G, H, I, J. Includes questions like 'Did you eat at any restaurants?' and 'Did you eat at any Taco Bell?' with location and date fields.

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Table with two columns: Big Bell Value Menu and Chalupas. Each column has rows A-J with Y, ?, N checkboxes and item descriptions.

193947 NJ 193704  
Rutgers 19

Control (A) (B) (circle)

ID number (State Lab ID if available)

Y	?	N		#	Y	?	N		#
			<b>Tacos</b>					<b>Nachos &amp; Sides</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)		A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos	1
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)		B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)		C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco		D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)		E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken		F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada					<b>Specialties</b>	
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco		A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	
			<b>Burritos</b>		B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito		C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito		D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito		E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)		F	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- ground beef (standard)	
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken		G	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- chicken	
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada		H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)		I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken		J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada		K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)		L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	
K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken		M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada		N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	
			<b>Gorditas</b>		O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita suprema- ground beef (standard)					<b>Quesadillas</b>	
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken		A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada		B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)					<b>Bowls</b>	
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken		A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada		B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)					<b>Misc.</b>	
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken		A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>Cheesy Gordita Bomb</u>	
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada		B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	

19394 NJ 193704 Rutgers 14

Control A B (circle)

ID number (State Lab ID if available)

Y ? N  
A

ORDER SUBSTITUTIONS

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y ? N	If you cannot remember what menu item you ordered, do you know if you ordered:
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Taco?
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Burrito?
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Quesadilla?
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Salad?
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nachos?
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N	Item
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tomatoes
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef
J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream
L <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White onions
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any onions
Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Steak
R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Olives
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify) _____

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

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**From:** ecoli Listmanager [ecoli.listmanager@pulsenet.forum.cdc.gov]  
**Sent:** Tuesday, December 05, 2006 9:47 AM  
**Subject:** E. coli Outbreak related to Taco Bell  
**Follow Up Flag:** Follow up  
**Flag Status:** Red

From: "Peter Gerner-Smidt" <plg5@cdc.gov>

An outbreak of E. coli O157 was been reported during the week-end in NJ possibly related to visiting Taco Bell restaurants. Since then NY and RI have reported similar outbreaks.

So far no PFGE patterns have been submitted to PulseNet. We don't know the true extent of this possible multi-state outbreak, we don't even know if the outbreaks reported in the NJ, NY and RI are related and we don't know the ultimate source. PulseNet data could help to clarify these questions.

Therefore please, upload all E. coli O157 patterns as soon as you generate them to the PulseNet database.

If you receive any isolates from patients that have indicated visiting a Taco Bell restaurant, please subtype them immediately without awaiting serotype or any other kind of strain confirmation and submit the pattern to PulseNet.

Please, speak to your epidemiologists if they have heard about possible Taco Bell related cases in your state and if they have, work with them to ensure that you get the isolates from the clinical laboratories for subtyping as soon as possible.

Thank you

Peter Gerner-Smidt, M.D., Ph.D.  
Chief of PulseNet  
CDC

To reply:[ecoli.61365@pulsenet.forum.cdc.gov](mailto:ecoli.61365@pulsenet.forum.cdc.gov)  
To start a new topic:[ecoli@pulsenet.forum.cdc.gov](mailto:ecoli@pulsenet.forum.cdc.gov)  
To login:<http://forumx.cdc.gov>  
To (un)subscribe:[ecoli.list-request@pulsenet.forum.cdc.gov](mailto:ecoli.list-request@pulsenet.forum.cdc.gov)

3/12/2007

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

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**From:** Deborah Ottaviano [Deborah.Ottaviano@health.ri.gov]  
**Sent:** Tuesday, December 05, 2006 11:13 AM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** Re: FW: Notification: E. coli O157 infections among patrons of Taco Bell restaurants, New Jersey and New

Molly,

I have no E. coli pending. The last E. coli I had was recieved 11/09/06. That one isolate was sent to CDC to be analyzed since I was not certified at that time for E.coli. If RI has 8 cases, or any related cases, I know nothing of it. Maybe they were collected in another state?

Deborah Ottaviano, MT  
Clinical Laboratory Scientist  
Molecular Biology  
Rhode Island Department of Health  
50 Orms Street  
Providence, RI 02904  
Deborah.Ottaviano@Health.RI.gov  
phone (401) 222-6041, fax (401) 222-4572

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

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**From:** Dianna J. Schoonmaker-Bopp [djs03@health.state.ny.us]  
**Sent:** Tuesday, December 05, 2006 11:55 AM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Cc:** atkinson; Nellie B. Dumas; Geraldine S. Johnson; Madhu Anand; Timothy P. Root  
**Subject:** Re: FW: Notification: E. coli O157 infections among patrons of Taco Bell restaurants, New Jersey and New York, November 2006

Hi Molly,

Our epis are checking on isolates from two different counties, Nassau and Suffolk. The Nassau county isolates have exposure but the collection dates are earlier and it is not clear that they are part of the outbreak. One has a collection date of 10/28 and was uploaded 11/9 (BAC0600009043). The other has a collection date of 11/17 and will be coming off today. The Suffolk county isolates are more clearly associated with the outbreak. We received two isolates for plug prep today and we will have results on those on Thursday. We are expecting more isolates into the enteric lab today, and if they are received, we would have results on those on Friday. Let me know if you have any questions.

Thanks,  
Dianna

"Joyner, Molly M.  
\ (CDC/CCID/NCZVED  
\) \ (CTR\)"  
<cev9@cdc.gov>

12/05/2006 09:09  
AM

"Dianna J. Schoonmaker-Bopp"  
<djs03@health.state.ny.us>

To

cc

Subject

FW: Notification: E. coli O157  
infections among patrons of Taco  
Bell restaurants, New Jersey and  
New York, November 2006

Hi Dianna,

I received this information from our epis yesterday evening, and I wanted to confirm it with you. Do you expect the PFGE patterns to be available any earlier than Friday? Thank you,

Molly M. Joyner  
PulseNet National Database Administration Team CDC/NCZVED/DFBMD/EDLRB cev9@cdc.gov  
Phone: 404-639-3652  
Fax: 404-639-3333

From: Griffin, Patricia M. (CDC/CCID/NCZVED)  
Sent: Monday, December 04, 2006 7:35 PM  
To: Gerner-Smidt, Peter (CDC/CCID/NCZVED); Hise, Kelley B.  
(CDC/CCID/NCZVED)  
Cc: Iwamoto, Martha (CDC/CCID/NCZVED); Sheth, Anandi (CDC/CCID/NCZVED)

Subject: FW: Notification: E. coli O157 infections among patrons of Taco Bell restaurants, New Jersey and New York, November 2006

hi peter and kelley,  
nj says they should have a pfge pattern by wednes. ny epi thought the earliest they'd have a pfge pattern is friday, i think based on what their lab told them, but not sure. i'm wondering why it might take so long.  
hope you can join the conf call.

pmg

Patricia M. Griffin, M.D.  
Acting Chief, Enteric Diseases Epidemiology Branch (proposed)

From: Foodborne Outbreaks Listserv  
[mailto:FOODBORNE-OUTBREAKS@LISTSERV.CDC.GOV] On Behalf Of Sheth, Anandi  
(CDC/CCID/NCZVED)  
Sent: Monday, December 04, 2006 7:22 PM  
To: FOODBORNE-OUTBREAKS@LISTSERV.CDC.GOV  
Subject: Notification: E. coli O157 infections among patrons of Taco Bell restaurants, New Jersey and New York, November 2006

Dear Colleagues:

The New Jersey Department of Health and Senior Services has informed CDC that they and 3 county health departments are investigating 37 persons with confirmed or possible E. coli O157:H7 infections with onsets of illness between November 20 and last week. Among 22 persons who provided information, 20 had eaten at a Taco Bell restaurant in the week before onset of illness. Five Taco Bell restaurants in three counties were named by ill persons. The ill persons included 36 New Jersey residents and a person from Delaware who visited New Jersey. 27 persons were hospitalized, and 2 developed HUS. Illness has mostly occurred in children and young adults. Case finding, investigation of food histories, and laboratory testing are ongoing.

In addition, the New York State Department of Health has notified CDC that they and two county health departments are investigating 14 persons with E. coli O157 infection with onsets of illness between November 20 and last week. At least ten recalled eating at a Taco Bell restaurant in New York state; ill persons named at least 8 Taco Bell restaurants.

Officials in New Jersey and New York are issuing state-wide public health alerts. State health officials are obtaining isolates for testing by pulsed-field gel electrophoresis (PFGE); these will be posted to PulseNet as soon as available. A conference call with involved health officials is scheduled for 2:30 PM EST on Tuesday, December 5. For more information, the CDC contact is Anandi Sheth (asheth@cdc.gov, 404 639-1984).

Many thanks,  
-Anandi

Anandi Sheth, MD

LT, USPHS  
Epidemic Intelligence Service Officer  
Enteric Diseases Epidemiology Branch  
Division of Foodborne, Bacterial & Mycotic Diseases National Center for Zoonotic, Vector-  
Borne & Enteric Diseases

Centers for Disease Control and Prevention 1600 Clifton Road, MS A-38 Atlanta, Georgia  
30333  
Phone: (404) 639-1984  
Fax: (404) 639-2205  
Email: asheth@cdc.gov

\*\*\*\*\* Disclaimer: The information provided through this  
listserv should be considered preliminary; therefore, it should not be shared with others  
who are not subscribers to this listserv without first obtaining permission from the  
person or agency that posted the information. \*\*\*\*\*

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

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**From:** Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
**Sent:** Wednesday, December 06, 2006 11:23 AM  
**To:** Iwamoto, Martha (CDC/CCID/NCZVED); Sodha, Samir (CDC/CCID/NCZVED); Sheth, Anandi (CDC/CCID/NCZVED); Biggerstaff, Matthew (CDC/CCID/NCZVED) (CTR)  
**Cc:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** FW: cnn

Here's the story on green onions appearing on CNN:  
<http://www.cnn.com/2006/HEALTH/12/06/ecoli.outbreak.ap/index.html>

Here's the PulseNet story:  
<http://inside.od.cdc.gov/todaysnews/pdf/0612/06/1206004.htm>

Thai-An Nguyen, MPH  
Epidemiologist  
Enteric Diseases Epidemiology Branch  
U.S. Centers for Disease Control and Prevention  
Tel. 404.639.0776 / Fax. 404.639.2205

---

**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Sent:** Wednesday, December 06, 2006 11:19 AM  
**To:** Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR); Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Subject:** cnn

<http://www.cnn.com/2006/HEALTH/12/06/ecoli.outbreak.ap/index.html>

## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

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**From:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Sent:** Wednesday, December 06, 2006 11:31 AM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** RE:

Thanks for the info. Shari told me about a News Day article written yesterday that talks about PulseNet and how we've genetically linked the Taco Bell isolates. Have we even gotten any patterns yet?

Thanks,

*Kelley*

Kelley B. Hise, MPH  
PulseNet Database Team Leader  
Phone: (404) 639-0704

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**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Sent:** Wednesday, December 06, 2006 8:18 AM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Subject:** RE:

It was yesterday at 2:30, but Chris sat on it since I was at school. He said it was actually about 2:45 before the call started because the connection was bad. I think they are going to have daily calls at that time. Chris Braden sent out the attached summary about it.

Hope you are having a good trip!

<< File: E. coli O157\_Taco Bell\_Conference call\_5Dec06.doc >>

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**From:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Sent:** Tuesday, December 05, 2006 5:51 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** FW:

Um, when is this call?

*Kelley*

Kelley B. Hise, MPH  
PulseNet Database Team Leader  
Phone: (404) 639-0704

---

**From:** Sheth, Anandi (CDC/CCID/NCZVED)  
**Sent:** Tuesday, December 05, 2006 2:51 PM  
**To:** Barton, Casey (CDC/CCID/NCZVED); Biggerstaff, Matthew (CDC/CCID/NCZVED) (CTR); Braden, Chris (CDC/CCID/NCZVED); Cooper, Tara; Deasy, Marshall; 'Deri.Austin@state.de.us'; Geraldine S. Johnson; Gerner-Smidt, Peter (CDC/CCID/NCZVED); Griffin, Patricia M. (CDC/CCID/NCZVED); Guzewich, John J. (FDA/CFSSAN/OO); Hise, Kelley B. (CDC/CCID/NCZVED); Holt, Kristin G. (CDC/CCID/NCZVED); Howard King, Vinetta M. (FDA/OC/OCM); Iwamoto, Martha (CDC/CCID/NCZVED); 'Joshua K Schaffzin'; Juliao, Patricia (CDC/CCID/NCZVED); 'kristin.holt@fsis.usda.gov'; Lynch, Michael (CDC/CCID/NCZVED); Madhu Anand; 'Michelle.Malavet@doh.state.nj.us'; Miller, Dorothy J. (FDA/OC/OCM); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR); Olson, Christine (CDC/CCID/NCZVED); 'pat.mshar@po.state.ct.us'; 'Paula.Eggers@state.de.us'; PFGE National Database (CDC); 'quyen.phan@po.state.ct.us'; Sharapov, Umid M. (CDC/OD/OWCD) (CTR); Sheth, Anandi (CDC/CCID/NCZVED); Sodha, Samir (CDC/CCID/NCZVED)

**Subject:**

Please use the prior call-in line which is now working.

Call information is as below:

**CONFERENCE LINE:**

**PARTICIPANT PASSCODE:**

*Anandi Sheth, MD  
LT, USPHS  
Epidemic Intelligence Service Officer  
Enteric Diseases Epidemiology Branch  
Division of Foodborne, Bacterial & Mycotic Diseases  
National Center for Zoonotic, Vector-Borne & Enteric Diseases*

*Centers for Disease Control and Prevention  
1600 Clifton Road, MS A-38  
Atlanta, Georgia 30333  
Phone: (404) 639-1984  
Fax: (404) 639-2205  
Email: [asheth@cdc.gov](mailto:asheth@cdc.gov)*





## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

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**From:** Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
**Sent:** Wednesday, December 06, 2006 5:11 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** RE: PFGE patterns for DE Ecoli isolate

Great. Thanks Molly!

**Thai-An Nguyen, MPH**  
Epidemiologist  
Enteric Diseases Epidemiology Branch  
U.S. Centers for Disease Control and Prevention  
Tel. 404.639.0776 / Fax. 404.639.2205

---

**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Sent:** Wednesday, December 06, 2006 5:10 PM  
**To:** Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
**Cc:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Subject:** PFGE patterns for DE Ecoli isolate

Hey Thai-An,  
Here is an update on the PFGE for the TB E. coli. This is preliminary, which is why I haven't posted it to the WebBoard or anything. Peter & I think we should wait to get the NJ & NY patterns before we give any formal announcement regarding PFGE

I analyzed & uploaded Delaware's tiff with their isolate. It has patterns EXHX01.1486 / EXHA26.0071. These patterns closely resemble EXHX01.0047 / EXHA26.0015, the most common patterns in the database, but there are distinct differences.

These aren't new patterns - we've seen each enzyme pattern about 20 times before.

A 60 day search revealed 1 match in VA by both enzymes.

I'll keep you posted with anything we get tomorrow.

Thanks!  
Molly

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

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**From:** Foodborne Outbreaks Listserv [FOODBORNE-OUTBREAKS@LISTSERV.CDC.GOV] on behalf of Sodha, Samir (CDC/CCID/NCZVED)  
**Sent:** Wednesday, December 06, 2006 8:45 PM  
**To:** FOODBORNE-OUTBREAKS@LISTSERV.CDC.GOV  
**Subject:** Multistate Outbreak of *E. coli* O157, November-December 2006

**Multistate Outbreak of *E. coli* O157, November-December 2006**

CDC, local and state health officials have been investigating a multistate outbreak of *E. coli* O157. A total of 43 cases have been reported from 4 states: New Jersey (20), New York (15), Pennsylvania (7), and Delaware (1). The one case from Delaware ate at a Taco Bell restaurant in New Jersey. Additional cases are under investigation. The vast majority of patients have reported recent history of eating at a Taco Bell restaurant. No specific food item has been implicated yet.

Illness onset dates have ranged from November 20 to December 2. The risk to the public is considered ongoing and we expect additional cases to be identified in the coming days.

Among the ill persons, 35 (74%) were hospitalized and 3 (7%) developed hemolytic-uremic syndrome (HUS). Seventeen (40%) were female and the median age was 17 years; only one case-patient (2%) was less than 5 years old.

The restaurant chain reported today preliminary positive tests for *E. coli* O157 in green onions. Testing was done in their contract laboratory based on dipstick antigen testing for *E. coli* O157. This finding has not been culture-confirmed.

Case-control investigations are underway, and multiple public health laboratories are testing foods to determine which specific food may be the source of the illnesses.

Pulsed-field gel electrophoresis (PFGE) testing on the isolates from patients is underway. PFGE patterns will be uploaded into PulseNet to help determine whether the cases are all part of the same outbreak, and whether other cases may be related.

If you are aware of any associated cases or have any questions, please contact Samir Sodha at [ssodha@cdc.gov](mailto:ssodha@cdc.gov) or Thai-An Nguyen at [ten9@cdc.gov](mailto:ten9@cdc.gov).

Samir Sodha, MD, MPH  
 LT, USPHS  
 Epidemic Intelligence Service Officer  
 Enteric Diseases Epidemiology Branch  
 Centers for Disease Control and Prevention  
 1600 Clifton Road  
 Mailstop A-38  
 Atlanta, GA 30333  
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 Fax: 404-639-2205

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\*\*\*\*\*

## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

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**From:** Sheth, Anandi (CDC/CCID/NCZVED)  
**Sent:** Thursday, December 07, 2006 10:11 AM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** Taco bell isolate

Hi Molly,

We heard that Peter had mentioned this morning that there were two PFGE matches to the Delaware E. coli O157 isolate related to the Taco Bell outbreak that had been uploaded into pulsenet, one from VA and one from MA. I have contacted those two states for epi information, but I just wanted to make sure with you that this was correct, and get a linelist if possible for that pattern so I can provide to the states. They were also wondering if their labs had been contacted already that this was a match ( I wasn't sure..).

Thanks,  
-Anandi

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

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**From:** ecoli Listmanager [ecoli.listmanager@pulsenet.forum.cdc.gov]  
**Sent:** Thursday, December 07, 2006 1:23 PM  
**Subject:** (Taco Bell) 0612mEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

From: "Molly Joyner" <cev9@cdc.gov>

Dear all,

This outbreak has been designated as 0612mEXH-2. We have received 14 isolates from 5 states so far: DE(2), MA(1), NJ(1), NY(3), VA(1). The pattern combination for these isolates is EXHX01.1486 / EXHA26.0071. This XbaI pattern has been seen before but is fairly rare (makes up 0.08% of all XbaI patterns). This BlnI pattern is also rare (makes up 0.19% of all BlnI patterns). This pattern combination closely resembles patterns EXHX01.0047 / EXHA26.0015, but differs by a shift in the first 2 bands on XbaI and an extra band at the top on BlnI. A linelist for what we have so far is attached as well as a bundle file. Thanks so much to all the states who have submitted their patterns.

Molly Joyner

--

Attachment: <http://198.246.96.56:8080/WB/?boardID=pulsenet/upload/0612mEXH%2D2c.xls> (20KB)

<http://198.246.96.56:8080/WB/?boardID=pulsenet/upload/CDC06033PN.BDL> (304KB)

To reply:[ecoli.61431@pulsenet.forum.cdc.gov](mailto:ecoli.61431@pulsenet.forum.cdc.gov)

To start a new topic:[ecoli@pulsenet.forum.cdc.gov](mailto:ecoli@pulsenet.forum.cdc.gov)

To login:<http://forumx.cdc.gov>

To (un)subscribe:[ecoli.list-request@pulsenet.forum.cdc.gov](mailto:ecoli.list-request@pulsenet.forum.cdc.gov)

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Elise Smith [Elise.Smith@dgs.virginia.gov]  
**Sent:** Thursday, December 07, 2006 1:20 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** New Jersey

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Molly when I checked about 30 minutes ago New Jersey appeared to have uploaded a gel of isolates that matched the VA isolate. They had not uploaded a Bln I pattern. Thanks, Elise

Elise B. Smith, B.S., MT(ASCP)  
Scientist Senior  
Epidemiologic Support Group  
Commonwealth of Virginia  
DGS / DCLS  
600 North 5th Street, Room 272  
Richmond, VA 23219  
804-648-4480 phone  
804-648-4495 fax  
Elise.Smith@dgs.virginia.gov

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

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**From:** Warrack, Simone R. [warracsr@mail.slh.wisc.edu]  
**Sent:** Thursday, December 07, 2006 12:02 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** Taco Bell E. coli posting?  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Hi Molly,

Our epis here in Wisconsin are asking when some Taco Bell outbreak data is going to be posted. According to this news story, the patterns were sent to pulsenet last night so I'm sure you guys are wading through the data. Just checking on the status...

<http://www.newsday.com/news/local/longisland/ny-liprot065004511dec06,0,6199534.story>

Thanks and have a good day!

Simone Warrack  
Microbiologist  
Wisconsin State Laboratory of Hygiene  
465 Henry Mall  
Madison, WI 53706

608-263-3421 (work)  
608-265-8788 (fax)

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Sergey Morzunov [smorzunov@medicine.nevada.edu]  
**Sent:** Thursday, December 07, 2006 7:02 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Cc:** jfrank@unr.edu  
**Subject:** RE: NV isolate possibly associated with Taco bell outbreak

Molly:

We do have that sample – it came last Friday. We both were at the Regional Meeting from Monday through Wednesday, so we only got it today. We started working on it already, and we” run that gel on Monday or on Tuesday. We’ll analyze it and submit a bundle to you ASAP.

Please, let me know if you have any further questions.

Sergey

Sergey P. Morzunov, Ph.D.  
Associate Professor of Pathology  
& Laboratory Medicine  
University of Nevada, Reno  
Department of Pathology  
Nevada State Health Laboratory  
1660 N. Virginia St.  
Reno, NV 89503  
Phone: (775) 688-1335 ext. 255  
Fax: (775) 688-1460  
NEW E-mail: [smorzunov@medicine.nevada.edu](mailto:smorzunov@medicine.nevada.edu)

---

**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR) [mailto:cev9@cdc.gov]  
**Sent:** Thursday, December 07, 2006 1:10 PM  
**To:** jfrank@unr.edu; sergey@med.unr.edu  
**Cc:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Subject:** NV isolate possibly associated with Taco bell outbreak

Hello NV,

You may be aware of the recent *E. coli* outbreak related to Taco Bell. We heard in a conference call today that there is a patient who lives in UT and was traveling, and they received treatment for an *E. coli* infection at a Nevada hospital. Please, if you have the PFGE pattern for this patient, or when you receive it, can you send us the TIFF asap and we will analyze and upload it to the database?

Thank you for your cooperation.

Please send the TIFF to the PFGE inbox with *E. coli* in the subject line.

Thank you very much,  
Molly M. Joyner  
PulseNet National Database Administration Team  
CDC/NCZVED/DFBMD/EDLRB

3/12/2007

[cev9@cdc.gov](mailto:cev9@cdc.gov)

Phone: 404-639-3652

Fax: 404-639-3333

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

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**From:** EPIX Update (CDC)  
**Sent:** Thursday, December 07, 2006 11:56 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** Epi-X Today: December 07, 2006

Epi-X reports posted in your areas of interest in the past 24 hours. To view a specific report, click on its URL.

~ ~ ~ ~ ~

Update: Multistate Outbreak of E. coli O157 infections, November-December 2006

As of 1 PM EST 12/7, 58 cases are reported from 6 states: NJ, NY, PA, DE, SC, and UT. Illness onset dates range from 11/20 to 12/2. Risk to public is ongoing. Contact ssodha@cdc.gov or ten9@cdc.gov.

<https://epix.cdc.gov/openreport.asp?rpt=8795&rpttype=100&action=3>

~ ~ ~ ~ ~

DoD Febrile Respiratory Illness Surveillance Update -- United States, Week Ending December 2, 2006

No new influenza cases were identified among basic trainees. At seven reporting military bases, the FRI rate was at or below the expected value. Ft. Benning's rate was substantially elevated.

<https://epix.cdc.gov/openreport.asp?rpt=8792&rpttype=100&action=3>

~ ~ ~ ~ ~

NIOSH HHE: Reported Vertigo at a Steel Container Manufacturing Facility -- West Virginia, 2006

Ball Corporation employees are concerned about chronic vertigo and nausea among workers involved in the manufacture of sanitary steel food containers.

<https://epix.cdc.gov/openreport.asp?rpt=8788&rpttype=100&action=3>

~ ~ ~ ~ ~

NIOSH HHE: Potential Exposure to Battery Acid Vapors at a Warehouse -- Florida, 2006

Dollar General employees suspect the cause of health symptoms among employees involved with merchandise distribution to be battery acid vapors generated by electric reach trucks in the warehouse.

<https://epix.cdc.gov/openreport.asp?rpt=8789&rpttype=100&action=3>

~ ~ ~ ~ ~

NIOSH HHE: Potential Exposure to Acid Mists During Metal Conduit Manufacturing -- Kentucky, 2006

Employees of Republic Conduit are concerned about the health effects among workers potentially exposed to inorganic and organic acids during the manufacture of metal conduit.

<https://epix.cdc.gov/openreport.asp?rpt=8786&rpttype=100&action=3>

~ ~ ~ ~ ~

FDA Enforcement Report, December 6, 2006

This week's FDA Summary includes reports of Class I recalls of pudding products, cereal products, and iopromide injections. The full report is accessible through this posting.

<https://epix.cdc.gov/openreport.asp?rpt=8782&rpttype=100&action=3>

\*\*\*\*\*

~~~ Media Tracking Report, December 7, 2006 ~~~

Today's news reports include E. coli in PA, NJ, and NY; chickenpox in NC; meningitis in WV; tainted medications in Panama; malaria in Jamaica; and dengue in tropical and subtropical regions.

<https://epix.cdc.gov/openreport.asp?rpt=8794&rpttype=100&action=3>

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## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

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**From:** Garrett, Nancy (CDC/CCID/NCZVED) (CTR)  
**Sent:** Friday, December 08, 2006 12:19 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** E.Coli from Kathy and one possible Taco Bell

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**Attachments:** PFGE worksheet NG06102.xls; NG06102.tif

Molly I had some Isolates that I received from Kathy so I ran them along with the NH one please see list below and attached documents. I do realize the gel is too short and I am restricting again now but hoped you could at least analyze the NH to see if it is even close to the Taco Bell isolates.

Let me know if this is not possible or if you have questions.

\_Nancy

I've isolated *E. coli* O157 from a broth received from the NH SHD. H typing is pending on the isolate. Below is information for the isolate:

EDLRB#: **K4324**  
State: NH  
SHD#: 2006044062  
DASH#: 2007005242  
Patient: (b)(6)  
DOB:   
Sex: M  
Source: Stool  
Collected: 11/8/06  
PCR: stx 2, eae, Ehly

| Received | EDLRB# | ST | SHD#     | Paton MP1 PCR            | Comment                                                                                                                  |
|----------|--------|----|----------|--------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 9/15/06  | K3797  | FL | 9533     | Stx 1, stx 2, eae, Ehly  | Isolated from broth received in EDLRB                                                                                    |
| 9/29/06  | K4082  | MD | 33692-07 | Stx 2, eae, Ehly         | Isolated from broth received in EDLRB                                                                                    |
| 9/29/06  | K4084  | MD | 35887-07 | Stx 2, eae, Ehly         | Isolated from broth received in EDLRB<br>Also received isolate K4018 previously submitted to PulseNet @ spinach outbreak |
| 10/20/06 | K4205  | LA | ET060006 | Stx 2, eae, Ehly         | Per DASH sheet for PFGE and toxin testing                                                                                |
| 10/27/06 | K4220  | AR | 07000621 | Stx 1, stx 2, eae, Ehly  | Previous isolates from same individual: K4155,K4161,K4164,K4191                                                          |
| 11/3/06  | K4265  | AR | 07000692 | <b>Stx 1, stx 2, eae</b> | Previous isolates from same individual: K4156,K4160,K4163,K4167,K4187, K4219                                             |



PFGE worksheet NG06102.tif (307 KB)  
NG06102.xls (29...

Nancy M. Garrett  
Guest Researcher  
Centers for Disease Control and Prevention  
NCID/DBMD/FDDDB/FDDL  
PulseNet Methods and Validation Laboratory  
Phone: 404-639-1964

Fax: 404-639-0567  
dgi3@cdc.gov

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** ecoli Listmanager [ecoli.listmanager@pulsenet.forum.cdc.gov]  
**Sent:** Friday, December 08, 2006 3:48 PM  
**Subject:** (Taco Bell) 0612mlEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

From: "Molly Joyner" <[cev9@cdc.gov](mailto:cev9@cdc.gov)>

Hello,

This is an updated PulseNet line list for outbreak 0612mlEXH-2. One isolate on the spreadsheet is from a NJ food worker who has a different PFGE pattern from the outbreak pattern, but due to the epi connection it will remain in the line list for now.

Thank you,

Molly Joyner

--

Attachment: <http://198.246.96.56:8080/WB/?boardID=pulsenet/upload/0612mlEXH%2D2c%281%29.xls> (23KB)

To reply:[ecoli.61481@pulsenet.forum.cdc.gov](mailto:ecoli.61481@pulsenet.forum.cdc.gov)

To start a new topic:[ecoli@pulsenet.forum.cdc.gov](mailto:ecoli@pulsenet.forum.cdc.gov)

To login:<http://forumx.cdc.gov>

To (un)subscribe:[ecoli.list-request@pulsenet.forum.cdc.gov](mailto:ecoli.list-request@pulsenet.forum.cdc.gov)

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

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**From:** Foodborne Outbreaks Listserv [FOODBORNE-OUTBREAKS@LISTSERV.CDC.GOV] on behalf of Sheth, Anandi (CDC/CCID/NCZVED)  
**Sent:** Friday, December 08, 2006 7:12 PM  
**To:** FOODBORNE-OUTBREAKS@LISTSERV.CDC.GOV  
**Subject:** Update for 12-8-06: Multistate Outbreak of E. coli O157 infections, November-December 2006

Dear Colleagues:

Local and state health officials and CDC have been investigating a multistate outbreak of *E. coli* O157 infections. As of 12 PM EST December 8, 2006, 62 cases have been reported from the following 6 states: New Jersey (28), New York (21), Pennsylvania (9), Delaware (2), South Carolina (1), and Utah (1). One case from Delaware ate at a Taco Bell restaurant in New Jersey, and one case from South Carolina ate at a Taco Bell in Pennsylvania. Additional cases are under investigation. The vast majority of patients have reported a recent history of eating at a Taco Bell restaurant.

Illness onset dates have ranged from November 20 to December 2. The risk to the public is considered ongoing and we expect additional cases to be identified in the coming days.

Among the ill persons, 49 (78%) were hospitalized and 7 (11%) developed hemolytic-uremic syndrome (HUS). Thirty (48%) were female and the median age was 17 years; only one patient was less than 5 years old.

Public health officials are conducting investigations to determine the responsible food. These include a case-control study among restaurant patrons asking about food items consumed and laboratory testing of foods from Taco Bell restaurants.

Pulsed-field gel electrophoresis (PFGE) testing results for several isolates are in the PulseNet database. Analysis by PulseNet identified the outbreak pattern (PFGE *Xba*I pattern EXHX01.1486 and *Bln*I pattern EXHA26.0071). This pattern combination is new to the PulseNet database. PFGE testing of isolates from other cases under investigation is ongoing. These PFGE patterns will be uploaded to the PulseNet database to help determine the extent of the outbreak.

Several laboratories are testing food samples from Taco Bell restaurants. Some tests have indicated the possible presence of *E. coli* O157 in samples of green onions. These results are considered preliminary and unconfirmed because additional tests are needed to confirm the presence of *E. coli* O157 and whether it has a PFGE pattern that matches the outbreak pattern.

For daily updates on this outbreak, please see the following website: <http://www.cdc.gov/ecoli/>. If you are aware of any possibly associated cases or have any questions, please contact Samir Sodha at [ssodha@cdc.gov](mailto:ssodha@cdc.gov) or Thai-An Nguyen at [ten9@cdc.gov](mailto:ten9@cdc.gov).

Thanks,  
-Anandi

Anandi Sheth, MD

3/12/2007

*LT, USPHS*

*Epidemic Intelligence Service Officer*

*Enteric Diseases Epidemiology Branch*

*Division of Foodborne, Bacterial & Mycotic Diseases*

*National Center for Zoonotic, Vector-Borne & Enteric Diseases*

*Centers for Disease Control and Prevention*

*1600 Clifton Road, MS A-38*

*Atlanta, Georgia 30333*

*Phone: (404) 639-1984*

*Fax: (404) 639-2205*

*Email: [asheth@cdc.gov](mailto:asheth@cdc.gov)*

\*\*\*\*\* Disclaimer: The information provided through this listserv should be considered preliminary; therefore, it should not be shared with others who are not subscribers to this listserv without first obtaining permission from the person or agency that posted the information. \*\*\*\*\*

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

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**From:** Liang, Arthur P. (CDC/CCID/NCZVED)  
**Sent:** Friday, December 08, 2006 7:26 PM  
**To:** CDC All - NCZVED  
**Cc:** Sodha, Samir (CDC/CCID/NCZVED)  
**Subject:** SEEKING VOLUNTEERS: Multistate Outbreak of E. coli O157 associated with Taco Bell

The Division of Foodborne Bacterial and Mycotic Diseases is assembling a list of volunteers who would be "on-call" to assist with a case-control study this weekend (DEC 08 & DEC 09). If you are able to work this weekend, please send the following information to Samir Sodha, [ssodha@cdc.gov](mailto:ssodha@cdc.gov) :

Employee Name:  
Current job title:  
Best weekend phone:  
Alternate phone:  
CDC e-mail:  
Alternate e-mail:  
Dates & Times available:

Please remember to cc your immediate supervisor as appropriate.

Arthur P. Liang, MD, MPH  
CAPT, USPHS  
Associate Director for Food Safety  
Nat'l Center for Zoonotic, Vector-borne, & Enteric Diseases (Proposed) CDC, DFBMD  
Mailstop G24  
Phone: 404/639-2237  
Pager: (800) 532-4881  
E-mail: [aliang@cdc.gov](mailto:aliang@cdc.gov)



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norovirus in MN and NY; cholera in Angola and Uganda; and polio in India.

<https://epix.cdc.gov/openreport.asp?rpt=8804&rpttype=100&action=3>

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**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

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**From:** ecoli Listmanager [ecoli.listmanager@pulsenet.forum.cdc.gov]  
**Sent:** Saturday, December 09, 2006 2:06 PM  
**Subject:** (Taco Bell) 0612mlEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

From: "Laura Kornstein" <[lkornste@health.nyc.gov](mailto:lkornste@health.nyc.gov)>

Greetings from NYC. We have just uploaded our first PFGE-indistinguishable human isolate (database Key = nyc\_nyc06-100368441) associated with the outbreak 0612mlEXH-2. Our epidemiologists have established a Taco Bell exposure for this case. The NYC DOHMH epi contact is Sudha Reddy (212/788-4192, [vreddy@health.nyc.gov](mailto:vreddy@health.nyc.gov)).

Regards,  
Laura Kornstein  
nyc DOHMH phl  
(212)447-6820  
[lkornste@health.nyc.gov](mailto:lkornste@health.nyc.gov)

To reply:[ecoli.61491@pulsenet.forum.cdc.gov](mailto:ecoli.61491@pulsenet.forum.cdc.gov)  
To start a new topic:[ecoli@pulsenet.forum.cdc.gov](mailto:ecoli@pulsenet.forum.cdc.gov)  
To login:<http://forumx.cdc.gov>  
To (un)subscribe:[ecoli.list-request@pulsenet.forum.cdc.gov](mailto:ecoli.list-request@pulsenet.forum.cdc.gov)

## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

---

**From:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Sent:** Saturday, December 09, 2006 4:10 PM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR);  
Parsons, Michele (CDC/CCID/NCZVED)  
**Subject:** Update as of 4pm 12/9/2006  
**Importance:** High

Kelley, Molly and Michele,

1. There WILL be conference call at 830 am Sunday morning (b)(2)
2. There WILL be conference call at 200 pm Sunday afternoon (b)(2)
3. there was only one upload so far, from NYC - a 2 enzyme match. Are waiting for a tiff from a MS patient today. Will look at that because this patient has not been exposed to a Taco Bell in the North East. They will probably also upload a tiff from NJ but I will leave that in the PFGE inbox.
4. We expect a PFGE pattern of the NY Green Onion sample which has a different Stx profile than the outbreak strain Sunday evening or Monday morning. It could be interesting if it matches the food worker from NJ that doesn't match the outbreak strain.

That's all.

Have fun

Peter

Peter Gerner-Smidt MD, PhD

Acting Branch Chief

Enteric Diseases Laboratory Response Branch (proposed)

Division of Foodborne, Bacterial and Mycotic Diseases (proposed)

National Center for Zoonotic, Vectorborne, and Enteric Diseases (proposed)

Mailstop C-03, CDC, Atlanta, Georgia 30333

phone: (404) 639 3322

fax: (404) 639 3333

email: [plg5@cdc.gov](mailto:plg5@cdc.gov)

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Tauxe, Robert V. (CDC/CCID/NCZVED)  
**Sent:** Saturday, December 09, 2006 5:45 PM  
**To:** Olson, Christine (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Hise, Kelley B. (CDC/CCID/NCZVED)  
**Cc:** Braden, Chris (CDC/CCID/NCZVED); Lynch, Michael (CDC/CCID/NCZVED)  
**Subject:** FW: Outbreak [E. Coli Suspected - Taco John's - Iowa - UD#2]: 14 hospitalized after dining at Taco John's, health officials say

Please inquire further with state epi and lab.  
Rob Tauxe

FDA

-----Original Message-----

**From:** Farrar, Jeff (DHS-FDB) [mailto:JFarrar@dhs.ca.gov]  
**Sent:** Saturday, December 09, 2006 3:53 PM  
**To:** Guzewich, John J  
**Subject:** Re: Outbreak [E. Coli Suspected - Taco John's - Iowa - UD#2]: 14 hospitalized after dining at Taco John's, health officials say

Please forward to rob and chris.  
Jeff Farrar, DVM, MPH, PhD  
Chief-Food and Drug Branch  
California Department of Health Services

FDA

----- Original Message -----

**From:** Farrar, Jeff (DHS-FDB) <JFarrar@dhs.ca.gov>  
**To:** Guzewich, John J  
**Sent:** Sat Dec 09 15:18:35 2006  
**Subject:** FW: Outbreak [E. Coli Suspected - Taco John's - Iowa - UD#2]: 14 hospitalized after dining at Taco John's, health officials say

Caught my eye this morning. May not even be E. coli but the Taco part was intriguing. Has CDC mentioned this at all?

From: FoodTrackAlert [mailto:FoodTrackAlert@foodtrack.net]  
Sent: Sat 12/9/2006 7:16 AM  
To: FoodTrackAlert  
Subject: Outbreak [E. Coli Suspected - Taco John's - Iowa - UD#2]: 14 hospitalized after dining at Taco John's, health officials say

Food Safety & Defense Alerts  
Outbreak Bulletin

9-Dec-06 (C) Saturday

[E. Coli Suspected - Taco John's - Iowa - UD#2]

Snapshot

14 hospitalized after dining at Taco John's, health officials say

CEDAR FALLS, Iowa (AP) - More than a dozen people were hospitalized Friday with what health officials suspect was an E. coli bacteria ingested at a Taco John's restaurant.

At least 33 people - 14 of whom were hospitalized - were suffering from severe diarrhea and other symptoms after dining at the restaurant, according to the Black Hawk County Health Department. Local and state health officials said preliminary test results suggest E. coli is to blame, though a final report isn't expected until Monday.

---

Health officials said the Taco John's in Cedar Falls remains open and has removed any suspected ingredients from its menu and sanitized the facility.

End of Snapshot - Full Text Follows

14 hospitalized after dining at Taco John's, health officials say

(AP Alerts 12/08 20:30:10)

CEDAR FALLS, Iowa (AP) - More than a dozen people were hospitalized Friday with what health officials suspect was an E. coli bacteria ingested at a Taco John's restaurant.

At least 33 people - 14 of whom were hospitalized - were suffering from severe diarrhea and other symptoms after dining at the restaurant, according to the Black Hawk County Health Department. Local and state health officials said preliminary test results suggest E. coli is to blame, though a final report isn't expected until Monday.

---

Health officials said the Taco John's in Cedar Falls remains open and has removed any suspected ingredients from its menu and sanitized the facility.

``We have no reason to believe a threat still exists,'' said Tom O'Rourke, Black Hawk County Health Department director.

Brian Dixon, vice president of marketing for Taco John's, said the restaurant has sent a corporate representative to review cooking and food storage procedures, and to examine cleaning reports and employee health records.

``At this point, both the owners and us as a corporate support organization have done everything we can do to cooperate and explore the situation,'' he said.

Mark Linda of the Black Hawk County Health Department says norovirus, a gastrointestinal illness, is probably not the culprit.

``The cases we're dealing with here are more serious diarrhea cases,'' he said.

E. coli is found in the feces of humans and livestock. Most E. coli infections are associated with undercooked meat. The bacteria also can be found on sprouts or leafy vegetables such as spinach.

The germs can be spread by people if they do not thoroughly wash their hands after using the bathroom.

Information from: Waterloo-Cedar Falls Courier, <http://www.wcfcourier.com>

####

Related FoodTrack Bulletin(s):

"Heads-Up" Bulletin 8-Dec-06 (D) Friday [Possible Food-borne Outbreak - Iowa - UD#1]  
11 hospitalized with severe diarrhea

"Heads-Up" Bulletin 8-Dec-06 (D) Friday [Possible Food-borne Outbreak - Iowa]  
Health officials look for source of illness; 10 hospitalized



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· [www.FoodTrack.Net](http://www.FoodTrack.Net) <<http://www.foodtrack.net/>> · [INFO@FoodTrack.Net](mailto:INFO@FoodTrack.Net)  
<<mailto:INFO@FoodTrack.Net>> · [SALES@FoodTrack.Net](mailto:SALES@FoodTrack.Net) <<mailto:SALES@FoodTrack.Net>> · Toll  
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**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Sent:** Saturday, December 09, 2006 8:00 PM  
**To:** 'Quinn, James R.'  
**Cc:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Hise, Kelley B. (CDC/CCID/NCZVED); Sheth, Anandi (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR); Braden, Chris (CDC/CCID/NCZVED)  
**Subject:** RE: E. coli Isolate  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Jimmy,  
You did a nice gel. The patterns of the two isolates you forwarded do NOT match the Taco Bell outbreak pattern. They both display the most common pattern in the E. coli database EXHX01.0047/EXHA26.0015. You did not submit much accompanying information about the strains (strain id etc.) could you please forward that information so that we can enter it into the database? (It may wait until Monday).  
Thanks



---

**From:** Quinn, James R. [mailto:James.Quinn@msdh.state.ms.us]  
**Sent:** Saturday, December 09, 2006 6:52 PM  
**To:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Subject:** RE: E. coli Isolate

Lets try this one more time. Thanks Peter.

---

**From:** Gerner-Smidt, Peter (CDC/CCID/NCZVED) [mailto:plg5@cdc.gov]  
**Sent:** Sat 12/9/2006 5:50 PM  
**To:** Quinn, James R.  
**Subject:** RE: E. coli Isolate

Jimmy,  
There is no attachment. Please send the gel.  
Peter

---

**From:** Quinn, James R. [mailto:James.Quinn@msdh.state.ms.us]  
**Sent:** Saturday, December 09, 2006 6:50 PM  
**To:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Subject:** E. coli Isolate

This is an E. coli gel with one specimen. Lanes 1, 4 and 7 is the standard. Lanes 2 and 3 is Xbal and 5 and 6 is BlnI. Please respond ASAP. Thanks a lot.

3/12/2007

Jimmy

601-981-6160  
601-832-3239

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

**From:** Foodborne Outbreaks Listserv [FOODBORNE-OUTBREAKS@LISTSERV.CDC.GOV] on behalf of Sheth, Anandi (CDC/CCID/NCZVED)  
**Sent:** Saturday, December 09, 2006 9:34 PM  
**To:** FOODBORNE-OUTBREAKS@LISTSERV.CDC.GOV  
**Subject:** Update for 12-9-06: Multistate outbreak of E. coli O157 infections, November-December 2006  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Dear Colleagues:

Local and state health officials and CDC have been investigating a multistate outbreak of *E. coli* O157 infections. As of 12 PM EST December 9, 2006, 61 cases have been reported from the following 6 states: New Jersey (28), New York (21), Pennsylvania (9), Delaware (2), and South Carolina (1). States with Taco Bell restaurants where persons confirmed to have the outbreak strain have eaten are New Jersey, New York, Pennsylvania, and Delaware. (One case from South Carolina ate at a Taco Bell restaurant in Pennsylvania). A patient from Utah included in the case count yesterday may represent an unrelated case and is not included today because PFGE testing is pending, and the patient ate at restaurants well outside of the area where persons with confirmed cases have eaten. Additional cases are under investigation.

Illness onset dates have ranged from November 20 to December 2. The risk to the public is considered ongoing. Among the ill persons, 49 (80%) were hospitalized and 7 (11%) developed hemolytic-uremic syndrome (HUS). Thirty (51%) were female and the median age was 17 years; only one patient was less than 5 years old.

Public health officials are conducting investigations to determine the responsible food. These include a case-control study among restaurant patrons asking about food items consumed and laboratory testing of foods from Taco Bell restaurants.

Nineteen cases have been confirmed by pulsed-field gel electrophoresis (PFGE) testing. The outbreak pattern determined by PulseNet is PFGE *Xba*I pattern EXHX01.1486 and *Bln*I pattern EXHA26.0071. This pattern combination is new to the PulseNet database. PFGE testing of isolates from cases is ongoing. As a result of testing by PulseNet, cases that match the outbreak PFGE pattern are being re-classified as confirmed cases, and cases with an unrelated PFGE patterns are being dropped from the outbreak case count.

Several laboratories are testing food samples from Taco Bell restaurants. Some tests have indicated the possible presence of *E. coli* O157 in samples of green onions. These results are considered preliminary and unconfirmed because additional tests are needed to confirm the presence of *E. coli* O157 and whether it has a PFGE pattern that matches the outbreak pattern.

For daily updates, please see the following website: <http://www.cdc.gov/ecoli/>. If you are aware of any associated cases or have any questions, please contact Samir Sodha at [ssodha@cdc.gov](mailto:ssodha@cdc.gov).

Anandi Sheth, MD  
LT, USPHS

3/12/2007

*Epidemic Intelligence Service Officer*  
*Enteric Diseases Epidemiology Branch*  
*Division of Foodborne, Bacterial & Mycotic Diseases*  
*National Center for Zoonotic, Vector-Borne & Enteric Diseases*

*Centers for Disease Control and Prevention*  
*1600 Clifton Road, MS A-38*  
*Atlanta, Georgia 30333*  
*Phone: (404) 639-1984*  
*Fax: (404) 639-2205*  
*Email: [asheth@cdc.gov](mailto:asheth@cdc.gov)*

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**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Sent:** Sunday, December 10, 2006 1:30 PM  
**To:** Parsons, Michele (CDC/CCID/NCZVED); Hise, Kelley B. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** Re: Food Sample Testing TB E. coli: Update

Michele, Molly and Kelly  
You are all doing a great job. Could you please mail me a short update on our TB E.coli results before you leave in the afternoon every day? There seems to be another outbreak in Iowa. Could you please also keep me updated on that one?  
Thanks  
Peter

-----  
Sent from my BlackBerry Wireless Handheld

-----Original Message-----

**From:** Parsons, Michele (CDC/CCID/NCZVED)  
**To:** Bopp, Cheryl A. (CDC/CCID/NCZVED)  
**CC:** Gerner-Smidt, Peter (CDC/CCID/NCZVED); Teates, Kathryn (CDC/CCID/NCZVED) (CTR)  
**Sent:** Sun Dec 10 11:56:34 2006  
**Subject:** Food Sample Testing TB E. coli: Update

I have phoned and called key staff involved in the ongoing TB E. coli investigation from DE, NJ, PA, NY and FDA. For all I received voice mail (operator). I also followed up with each my email (cc'd Cheryl), and will continue to correspond with folks tomorrow. One interesting patient note: 6/7 NJ PFGE patterns match by both enzymes, 1 is a match by BlnI but close match by XbaI. I have followed up with the lab to see what the stx virulence profiles for these are. Separate email for this query which you are "cc'd" on

At the 8:30am internal meeting this morning, I coordinated with Chris Braden and Mike Lynch to send them our current food testing later tomorrow for querying purposes. Prior to that time, I hope to have additional data from NJ, NY and FDA to include as well as completed a general clean-up with Kathryn if she has time in her schedule for this tomorrow morning or afternoon.

Warm regards,  
Michele

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Sent:** Sunday, December 10, 2006 2:14 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** Re: Food Sample Testing TB E. coli: Update

Thanks Molly,

What I. Mean with. The Iowa strains is that we know that there are some, but we don't know if they are at the public health lab. If they are not, the Iowa labs and epi's will need to work with the clinical labs today to get them in.

Thanks  
Peter

-----  
Sent from my BlackBerry Wireless Handheld

-----Original Message-----

**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**To:** Gerner-Smidt, Peter (CDC/CCID/NCZVED); Parsons, Michele (CDC/CCID/NCZVED); Hise, Kelley B. (CDC/CCID/NCZVED)  
**Sent:** Sun Dec 10 14:01:22 2006  
**Subject:** RE: Food Sample Testing TB E. coli: Update

Hi Peter,

Sure, we will keep you updated. As for today, Kelley & I were on the 8:30 call and we are also going to be on the 2:00 in a few mins. We now (as of 1:45 12/10) have 43 isolates in PulseNet with the outbreak pattern. 3 of these are not exact matches, and those 3 are all from NJ (1 is known to be a food-worker). Right now we have them listed in the database with the outbreak code with a question mark next to it.

We still have not received the tiff from NV, the NY food sample, or a pattern from CA which is said to be an outlying case.

The IA outbreak is related to a restaurant called "Taco Johns". We don't have any patterns from it yet. I emailed Alison Houston & asked her to submit anything as soon as possible.

I have attached the updated linelist.

Thanks,  
Molly

-----Original Message-----

**From:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Sent:** Sunday, December 10, 2006 1:30 PM  
**To:** Parsons, Michele (CDC/CCID/NCZVED); Hise, Kelley B. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** Re: Food Sample Testing TB E. coli: Update

Michele, Molly and Kelly

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Thanks  
Peter

-----  
Sent from my BlackBerry Wireless Handheld

-----Original Message-----

**From:** Parsons, Michele (CDC/CCID/NCZVED)  
**To:** Bopp, Cheryl A. (CDC/CCID/NCZVED)  
**CC:** Gerner-Smidt, Peter (CDC/CCID/NCZVED); Teates, Kathryn (CDC/CCID/NCZVED) (CTR)  
**Sent:** Sun Dec 10 11:56:34 2006

---

Subject: Food Sample Testing TB E. coli: Update

I have phoned and called key staff involved in the ongoing TB E. coli investigation from DE, NJ, PA, NY and FDA. For all I received voice mail (operator). I also followed up with each my email (cc'd Cheryl), and will continue to correspond with folks tomorrow. One interesting patient note: 6/7 NJ PFGE patterns match by both enzymes, 1 is a match by BlnI but close match by XbaI. I have followed up with the lab to see what the stx virulence profiles for these are. Separate email for this query which you are "cc'd" on

At the 8:30am internal meeting this morning, I coordinated with Chris Braden and Mike Lynch to send them our current food testing later tomorrow for querying purposes. Prior to that time, I hope to have additional data from NJ, NY and FDA to include as well as completed a general clean-up with Kathryn if she has time in her schedule for this tomorrow morning or afternoon.

Warm regards,  
Michele

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Sergey Morzunov [smorzunov@medicine.nevada.edu]  
**Sent:** Sunday, December 10, 2006 3:04 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** RE: NV isolate possibly associated with Taco bell outbreak  
**Attachments:** NV06047.tif

Molly:

Please, find attached a tiff file that contains both Xbal and BlnI patterns of the isolate from Utah resident.

Sample M06-3347 is in lane 4 (Xbal) and lane 8 (BlnI). Collection date 11-28-06, received 12-01-06, Human, M, 30, Stool. Resident of Utah, but got sick and was treated in Nevada.

Just in case, if you'll have time: there is another *E. coli* O157:H7 sample in lane 3 (Xbal). It came from Las Vegas, and it has a different pattern. Collection date 11-19-06, received by our lab on 12-05-06, Human, M, 8, stool, NV, Clark County, Las Vegas. Unfortunately, there is no BlnI pattern.

Lanes 2 and 6 are Xba and Bln for a *Shigella* sample. Let me know if you are going to process it – I'll send demographics!

Thanks a lot for your help!

Sergey

Sergey P. Morzunov, Ph.D.  
Associate Professor of Pathology  
& Laboratory Medicine  
University of Nevada, Reno  
Department of Pathology  
Nevada State Health Laboratory  
1660 N. Virginia St.  
Reno, NV 89503  
Phone: (775) 688-1335 ext. 255  
Fax: (775) 688-1460  
NEW E-mail: [smorzunov@medicine.nevada.edu](mailto:smorzunov@medicine.nevada.edu)

---

**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR) [mailto:[cev9@cdc.gov](mailto:cev9@cdc.gov)]  
**Sent:** Thursday, December 07, 2006 1:10 PM  
**To:** [jfrank@unr.edu](mailto:jfrank@unr.edu); [sergey@med.unr.edu](mailto:sergey@med.unr.edu)  
**Cc:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Subject:** NV isolate possibly associated with Taco bell outbreak

Hello NV,

You may be aware of the recent *E. coli* outbreak related to Taco Bell. We heard in a conference call today that there is a patient who lives in UT and was traveling, and they received treatment for an *E. coli* infection at a

3/12/2007

Nevada hospital. Please, if you have the PFGE pattern for this patient, or when you receive it, can you send us the TIFF asap and we will analyze and upload it to the database?

Thank you for your cooperation.

Please send the TIFF to the PFGE inbox with *E. coli* in the subject line.

Thank you very much,

Molly M. Joyner

PulseNet National Database Administration Team

CDC/NCZVED/DFBMD/EDLRB

[cev9@cdc.gov](mailto:cev9@cdc.gov)

Phone: 404-639-3652

Fax: 404-639-3333

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Sent:** Sunday, December 10, 2006 3:11 PM  
**To:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Cc:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** RE: Iowa E. coli

I have left a message with their Public Health and Safety office. They said they would have someone get back to me--just not sure when.

Thanks,

Kelley

Kelley B. Hise, MPH  
PulseNet Database Team Leader  
Phone: (404) 639-0704

-----Original Message-----

**From:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Sent:** Sunday, December 10, 2006 1:21 PM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Subject:** Fw: Iowa E. coli  
**Importance:** High

Kelley,

We need to contact the lab in Iowa to ensure that they actively try to get the E.coli's from this outbreak in for PFGE ASAP. NJ should have done so too and we wasted 4 days because of that.

Peter

-----  
Sent from my BlackBerry Wireless Handheld

-----Original Message-----

**From:** Olson, Christine (CDC/CCID/NCZVED)  
**To:** Gerner-Smidt, Peter (CDC/CCID/NCZVED); Bopp, Cheryl A. (CDC/CCID/NCZVED)  
**Sent:** Sat Dec 09 21:14:48 2006  
**Subject:** FW: Iowa E. coli

FYI regarding Iowa cases, lab pending

---

**From:** Olson, Christine (CDC/CCID/NCZVED)  
**Sent:** Saturday, December 09, 2006 9:13 PM  
**To:** Lynch, Michael (CDC/CCID/NCZVED); Tauxe, Robert V. (CDC/CCID/NCZVED)  
**Subject:** Iowa E. coli  
**Importance:** High

I spoke with Patty Quinslick, the state epi in Iowa, this evening regarding the E. coli cases linked to Taco John's in Iowa. She didn't have all of the detailed case info with her, but was able to give me a summary of their investigation to date. They have presumptive positive O157 results on cases who ate at one of the Taco John's in town (stx positive, unsure which). There have been 11 hospitalizations to date, with some quite ill (no known HUS at this point). Most people became ill after eating at the restaurant last weekend. Cases tend to be in the college age range, as this restaurant is located in a college town (8 of the 11 hospitalized are college students). There was an ill food handler, whose illness predated the customers'. He was ill for about 1 week before anyone else became ill, and did work for several days while ill. He has been well since early this week, and is in the process of trying to submit specimens for testing. Their lab will be running the PFGE on Monday and expects to be able to post it on Wednesday. Based

on 87 lengthy questionnaires that they have completed, they believe the lettuce may be involved in the outbreak (X2=15, no other food items significant). There are 2 other TJ's in town, but no illnesses linked to those restaurants (who receive lettuce from the same distributor), so it is believed the contamination is confined to the one restaurant. On Wednesday, all food was removed and held for potential testing, the facility was sanitized, and the restaurant was able to remain open as long as they bought all food from local sources. No testing of food has yet been done, but testing of lettuce is planned for Monday. The restaurant had received new lettuce on Wednesday, so what was pulled and held was new product, and not the same lot as what potentially caused illness. The restaurant does not use any green onions in any of its dishes.

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Griffin, Patricia M. (CDC/CCID/NCZVED)  
**Sent:** Sunday, December 10, 2006 4:41 PM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** old taco bell outbreak

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

in 2002 in illinois was caused by O157 pfge exhx01.1408 and exha26.0498. have we seen anything like this lately, e.g. in assn with this outbreak?

## **Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
**Sent:** Sunday, December 10, 2006 5:01 PM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); PFGE National Database (CDC)  
**Subject:** Epi Request ~ E. coli, other taco bell outbreak pattern

Hi Molly,

Can you send a line list for the xba pattern identified in the nj food worker (this was the case with the matching bln, but different xba. The ny foodworker also matched this xba pattern.

Thanks,  
Thai-An

**Thai-An Nguyen, MPH**  
Epidemiologist  
Enteric Diseases Epidemiology Branch  
U.S. Centers for Disease Control and Prevention  
Tel. 404.639.0776 / Fax. 404.639.2205

---

**From:** Sheth, Anandi (CDC/CCID/NCZVED)  
**Sent:** Sunday, December 10, 2006 4:39 PM  
**To:** Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
**Subject:** Other outbreak pattern

Thai-An,

Can you ask Pulsenet for a linelist for the other pattern that was noted in the outbreak (NJ food handler pattern), and how common that pattern is, and how common it is in those states (NY and NJ).

Also Patty was wondering if its possible to find out the PFGE pattern of the prior Taco Bell outbreak in 2002 where lettuce was implicated...

-A

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Sent:** Sunday, December 10, 2006 7:26 PM  
**To:** Griffin, Patricia M. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Cc:** Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
**Subject:** RE: old taco bell outbreak

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Patti,

I looked up the pattern combination (EXHX01.1408/EXHA26.0498) and it has only been seen 28 times in the database. 25 of these occurred in 2002 and 2003 in conjunction with the mentioned outbreak (0212IL-mi) and the 3 other times occurred once in 2003 and twice in 2004. The last time this pattern was seen was in July of 2004.

Please let us know if you have any further questions.

Thanks,

*Kelley*

Kelley B. Hise, MPH  
PulseNet Database Team Leader  
Phone: (404) 639-0704

---

**From:** Griffin, Patricia M. (CDC/CCID/NCZVED)  
**Sent:** Sunday, December 10, 2006 4:41 PM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
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## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

---

**From:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Sent:** Sunday, December 10, 2006 7:38 PM  
**To:** Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); PFGE National Database (CDC)  
**Cc:** Sheth, Anandi (CDC/CCID/NCZVED)  
**Subject:** RE: Epi Request ~ E. coli, other taco bell outbreak pattern

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Thai-An,

I believe the NJ food handler pattern is EXHX01.1479/EXHA26.0071, which is for NJ isolate 602555. If this is the case, pattern 1479 has only been seen 3 other times in the database and only one of those was from this year. Also, none of these match by 2nd enzyme. Please let us know if this is not the person to whom you are referring. There is one other NJ isolate (602570) that has a "?" marked next to the outbreak code. It has pattern combination EXHX01.0874/EXHA26.1379. Again, this pattern has only been seen 5 other times in the database, none from this year, and none with matching 2nd enzyme. Hopefully this will cover all bases. If not, let us know tomorrow.

Thanks,

*Kelley*

Kelley B. Hise, MPH  
PulseNet Database Team Leader  
Phone: (404) 639-0704

---

**From:** Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
**Sent:** Sunday, December 10, 2006 5:01 PM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); PFGE National Database (CDC)  
**Subject:** Epi Request ~ E. coli, other taco bell outbreak pattern

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Thanks,  
Thai-An

Thai-An Nguyen, MPH  
Epidemiologist  
Enteric Diseases Epidemiology Branch  
U.S. Centers for Disease Control and Prevention  
Tel. 404.639.0776 / Fax. 404.639.2205

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**To:** Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
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Also Patty was wondering if its possible to find out the PFGE pattern of the prior Taco Bell outbreak in 2002 where lettuce

was implicated...

-A

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** EPIX Update (CDC)  
**Sent:** Sunday, December 10, 2006 11:48 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** Epi-X Today: December 10, 2006

Epi-X reports posted in your areas of interest in the past 24 hours. To view a specific report, click on its URL.

~ ~ ~ ~ ~

Update: Multistate outbreak of E. coli O157 infections, November-December 2006

As of 12 PM EST 12/9, 61 cases are reported from 5 states: NJ, NY, PA, DE, SC. Illness onset dates range from 11/20 to 12/2. Contact [ssodha@cdc.gov](mailto:ssodha@cdc.gov).

<https://epix.cdc.gov/openreport.asp?rpt=8808&rpttype=100&action=3>

-----  
ABOUT THIS E-MAIL

You have received this message because you are an authorized Epi-X user. Information in this message must be used only in accordance with the Epi-X User Agreement.

HOW TO CONTACT Epi-X

For digital certificate and other technical issues, contact the Help Desk:

[mailto: epixhelp@cdc.gov](mailto:epixhelp@cdc.gov)  
(877) 438-3749

For help with preparing or posting a report, page the Editor-on-Call:

(888) 259-0341

IMPORTANT REMINDERS

Update your contact information: <https://epix.cdc.gov/Profile.asp> Test your knowledge of Epi-X security:

<https://epix.cdc.gov/securitytraining.asp>

Learn about Epi-X training opportunities:

[https://epix.cdc.gov/help/Training\\_Opportunities.htm](https://epix.cdc.gov/help/Training_Opportunities.htm)

Receive this message in HTML format:

<https://epix.cdc.gov/MyEPIX.asp?targetTo=Email>

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
**Sent:** Monday, December 11, 2006 9:29 AM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** NJ food worker

Hi Molly,  
Here's the NJ food worker's ascension number: 602555

Thai-An

**Thai-An Nguyen, MPH**  
Epidemiologist  
Enteric Diseases Epidemiology Branch  
Division of Foodborne, Bacterial and Mycotic Diseases  
U.S. Centers for Disease Control and Prevention  
1600 Clifton Road, MS-A38  
Atlanta, Georgia 30333  
Tel. 404.639.0776 / Fax. 404.639.2205  
E-mail: [ten9@cdc.gov](mailto:ten9@cdc.gov)

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Sent:** Monday, December 11, 2006 10:23 AM  
**To:** Gerner-Smidt, Peter (CDC/CCID/NCZVED); Griffin, Patricia M. (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
**Cc:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Olson, Christine (CDC/CCID/NCZVED)  
**Subject:** RE: Iowa E. coli

I have spoken with our contact in the Iowa lab and they said they are just getting isolates today. They will have to plate them out and do PFGE tomorrow. Results will be uploaded Wednesday—they will email us when they have been uploaded.

Thanks,

*Kelley*

Kelley B. Hise, MPH  
PulseNet Database Team Leader  
Phone: (404) 639-0704

---

-----Original Message-----

**From:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Sent:** Sun 12/10/2006 3:10 PM  
**To:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Cc:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** RE: Iowa E. coli

I have left a message with their Public Health and Safety office. They said they would have someone get back to me--just not sure when.

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Kelley B. Hise, MPH  
PulseNet Database Team Leader  
Phone: (404) 639-0704

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**Sent:** Sunday, December 10, 2006 1:21 PM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Subject:** Fw: Iowa E. coli  
**Importance:** High

Kelley,

We need to contact the lab in Iowa to ensure that they actively try to get the E.coli's from this outbreak in for PFGE ASAP. NJ should have done so too and we wasted 4 days because of that.

Peter

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Sent from my BlackBerry Wireless Handheld

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To: Gerner-Smidt, Peter (CDC/CCID/NCZVED); Bopp, Cheryl A. (CDC/CCID/NCZVED)  
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Subject: FW: Iowa E. coli

FYI regarding Iowa cases, lab pending

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To: Lynch, Michael (CDC/CCID/NCZVED); Tauxe, Robert V. (CDC/CCID/NCZVED)  
Subject: Iowa E. coli  
Importance: High

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**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** ecoli Listmanager [ecoli.listmanager@pulsenet.forum.cdc.gov]  
**Sent:** Monday, December 11, 2006 12:17 PM  
**Subject:** (Taco Bell) 0612mlEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

From: "Dianna Schoonmaker-Bopp" <djs03@health.state.ny.us>

Hello, We are posting a bundle for an E. coli O157:H7 isolate, positive for shiga toxin I and II, that was isolated from a sample of white onions collected 12/4 from a Taco Bell store on Long Island.

--

Attachment: <http://198.246.96.56:8080/WB/?boardID=pulsenet/upload/NY06438PN.BDL> (48KB)

To reply:[ecoli.61495@pulsenet.forum.cdc.gov](mailto:ecoli.61495@pulsenet.forum.cdc.gov)  
To start a new topic:[ecoli@pulsenet.forum.cdc.gov](mailto:ecoli@pulsenet.forum.cdc.gov)  
To login:<http://forumx.cdc.gov>  
To (un)subscribe:[ecoli.list-request@pulsenet.forum.cdc.gov](mailto:ecoli.list-request@pulsenet.forum.cdc.gov)

## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

**From:** Jones, Pat (CDC/CCID/NCZVED) (CTR)  
**Sent:** Monday, December 11, 2006 1:04 PM  
**To:** Andreadis, Joanne (CDC/CCID/NCZVED); Bennett, Erin Anne (CDC/CCID/NCZVED) (CTR); Broeker, Robin (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED); Fitzgerald, Collette (CDC/CCID/NCZVED); Collins, Marcus L. (CDC/CCID/NCZVED) (CTR); Cooper, Kara (CDC/CCID/NCZVED); Cameron, Daniel N. (CDC/CCID/NCZVED); Dinsmore, Blake (CDC/CCID/NCZVED) (CTR); Ribot, Efrain (CDC/CCID/NCZVED); Hyytia-Trees, Eija (CDC/CCID/NCZVED); Elsedawy, Ahmed E. (CDC/CCID/NCZVED) (CTR); Sowers, Evangeline (CDC/CCID/NCZVED); 'farmer, jim'; Ferreira, Joseph (CDC/CCID/NCZVED) (CTR); Fields, Patricia (CDC/CCID/NCZVED); Garrett, Nancy (CDC/CCID/NCZVED) (CTR); Gerner-Smidt, Peter (CDC/CCID/NCZVED); Gold, Ben (CDC/CCID/NCZVED) (CTR); Hall, Patrice (CDC/CCID/NCZVED); Hise, Kelley B. (CDC/CCID/NCZVED); Dykes, Janet (CDC/CCID/NCZVED); Whichard, Jean (CDC/CCID/NCZVED); Jennings, Desmond L. (CDC/CCID/NCZVED) (CTR); Kools, John J. (CDC/CCID/NCZVED); McQuiston, John R. (CDC/CCID/NCZVED); Jones, Pat (CDC/CCID/NCZVED) (CTR); Joyce, Katharine D. (CDC/CCID/NCZVED) (CTR); Joyce, Kevin J. (CDC/CCID/NCZVED) (CTR); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Kappes, Devon (CDC/CCID/NCZVED) (CTR); Greene, Kathy D. (CDC/CCID/NCZVED); Kincaid, Jennifer A. (CDC/CCID/NCZVED) (CTR); Kyle, Holli M. (CDC/CCID/NCZVED) (CTR); Graves, Lewis (CDC/CCID/NCZVED); Lockett, Jana L. (CDC/CCID/NCZVED) (CTR); McCroskey, Loretta (CDC/CCID/NCZVED); MacCannell, Duncan (CDC/CCID/NCZVED) (CTR); Fair, Mary Ann (CDC/CCID/NCZVED); Maslanka, Susan (CDC/CCID/NCZVED); McGlinchey, Beth M. (CDC/CCID/NCZVED) (CTR); Korth, Michael (CDC/CCID/NCZVED) (CTR); Orondi, Michael W. (CDC/CCID/NCZVED) (CTR); Mikoleit, Matthew (CDC/CCID/NCZVED) (CTR); Puhr, Nancy (CDC/CCID/NCZVED); Strockbine, Nancy (CDC/CCID/NCZVED); Parsons, Michele (CDC/CCID/NCZVED); Patel, Nehal J. (CDC/CCID/NCZVED) (CTR); Pecic, Gary (CDC/CCID/NCZVED); Perry, Christopher A. (CDC/CCID/NCZVED) (CTR); Ponder, Monica (CDC/CCID/NCZVED) (CTR); Pruckler, Janet (CDC/CCID/NCZVED); Pruckler, Jim (CDC/CCID/NCZVED); Raphael, Brian (CDC/CCID/NCZVED); Smith, Jacinta L. (CDC/CCID/NCZVED) (CTR); Stroika, Steven G. (CDC/CCID/NCZVED) (CTR); Swaminathan, Balasubr (CDC/CCID/NCZVED); Talkington, Deborah (CDC/CCID/NCZVED); Tarr, Cheryl L. (CDC/CCID/NCZVED); Van Duyne, Susan (CDC/CCID/NCZVED); Williams, Grant M. (CDC/CCID/NCZVED) (CTR); Yam, Jennifer (CDC/CCID/NCZVED) (CTR)  
**Subject:** FW: A big E. coli Outbreak again.

FYI Lab Staff

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**From:** Tauxe, Robert V. (CDC/CCID/NCZVED)  
**Sent:** Monday, December 11, 2006 12:54 PM  
**To:** Thornton, Loan H.T. (CDC/CCID/NCZVED); Korth, Michael (CDC/CCID/NCZVED) (CTR); Jones, Pat (CDC/CCID/NCZVED) (CTR)  
**Cc:** Brandt, Mary (CDC/CCID/NCZVED); Glynn, Kate (CDC/CCID/NCZVED); Warnock, David (CDC/CCID/NCZVED); Cameron, Daniel N. (CDC/CCID/NCZVED)  
**Subject:** A big E. coli Outbreak again.

Please distribute to all in the Three Enteric Branches

Once again, the EDEB and EDLRB staff are in the thick of things with a big multi-state E. coli Outbreak - this one linked to Taco Bells in NY, PA, NJ and DE. The outbreak is big and the high level concern intense. Many many thanks to those who have been putting in long hours in the lab or in the DEOC or elsewhere! Hope to get some good answers to the basic questions early this week. The outbreak investigation team and PulseNet are front and center, and doing a great job. As always you make me very proud.

Robert Tauxe, M.D., M.P.H.  
Acting Deputy Director,  
Division of Foodborne, Bacterial and Mycotic Diseases, (proposed)  
National Center for Zoonotic, Vectorborne, and Enteric Diseases (proposed)  
Mailstop C-09, CDC, Atlanta, Georgia 30333



## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

---

**From:** Parsons, Michele (CDC/CCID/NCZVED)  
**Sent:** Monday, December 11, 2006 3:20 PM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Cc:** Bopp, Cheryl A. (CDC/CCID/NCZVED)  
**Subject:** My food testing component update of TB outbreak for Peter

Food Testing Database:

As of 12pm Monday, 12/11/06, food survey data updates have been received from PA, CT (new), NJ (recent update) and DE SHD. Data has still not been received from NY SHD or FDA though NY expressed interest in sending information soon. Results of food testing from DE and NJ have been negative of the samples received. Results in CT and PA are still pending additional testing.

Important points of food testing discussed on the conference call:

-NY (Wadsworth) recently reported (Friday 12/8/06) a positive green onion sample. However, as of today, they clarified that the food sample was NOT green onion but white onions. The oversight was made in lab due to a mislabeling of the sample in the laboratory. E. coli O157 has been isolated from this food sample; PFGE pattern associated with this food sample does not match the outbreak pattern. CDC is working with NY in the reporting of these results to Taco Bell and public.

-FDA reported the results of their confirmatory external testing of their enrichment broths and SMAC plates. These broth enrichments and plates are the actual work-up samples for the same food sample (green onions) which previously was reported as a presumptive positive by TB certified lab using the rapid dipstick test. FDA follow-lab work reported all results as negative.

**Action items:** Kathryn Teates and I have scheduled to meet today at 4pm to work on the clean-up of the database and some initial analyses in Access. We will be sending the current database to Chris Braden and Mike Lynch this evening or tomorrow morning for their review. I will continue to follow up with NY, NJ and PA on their testing. NJ had a patient E. coli O157 isolate from a food handler with a different PFGE pattern. It does have a match to an isolate from NY (both do have association with Taco Bell) but NJ is not able to perform the PCR for the shiga-toxin. I have forwarded this information to Cheryl to see if she would like it to be sent to CDC for characterization.

## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

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**From:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Sent:** Monday, December 11, 2006 3:40 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** FW: Iowa E. coli

---

**From:** Olson, Christine (CDC/CCID/NCZVED)  
**Sent:** Monday, December 11, 2006 2:50 PM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Subject:** Iowa E. coli

Hi Kelley --

Do we have any other *E.coli* reports in PulseNet in the last few weeks from Iowa? MN has some cases they are just now working up (PFGE probably available by Thurs or Fri) associated with TJ's along the Iowa border (they can do the specific toxin testing in the MN state lab). I had heard from them that there have been some other cases in Iowa, but I don't know specifics (time frame, if they've been uploaded, etc).

Christine

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Olson, Christine (CDC/CCID/NCZVED)  
**Sent:** Monday, December 11, 2006 4:06 PM  
**To:** Braden, Chris (CDC/CCID/NCZVED); Lynch, Michael (CDC/CCID/NCZVED); Tauxe, Robert V. (CDC/CCID/NCZVED); Griffin, Patricia M. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** FW: Iowa E.coli  
**Importance:** High

Per Iowa state epi: Iowa has about 30 reports of illness, 11 hospitalized (8 of which are college students), 14 samples from bloody diarrhea on which to do PFGE testing. They know it's O157 from prelim testing, they don't know about the H7 status. They ARE sending isolates from their lab here. They do know they are shiga toxin producing, but don't have the ability to differentiate stx 1 from 2 at the state lab.

Restaurant is one of three Taco John's in Cedar Falls, IA (no illnesses reported associated with the other 2 TJ's restaurants, despite publicity from the health dept encouraging reporting of illness to them)

They have had no new cases since last Wednesday (the day the restaurant was sanitized and only local produce was allowed in the store (condition on which they stayed open)).

There are 2 other *E. coli*'s in Iowa with illness in the same time frame -- Waterloo and Waverly, IA -- health dept is talking with them now. Per PulseNet, no increase in O157s in the database from Iowa recently. Most recent upload was from 11/28 and has been associated with 0611MLEXH-2c cluster currently ongoing. No flurry of Iowa activity.

MN has 5 cases O157+ H7-

3 have been culture confirmed, 2 are undergoing testing

3 have been interviewed and ate at Taco John's in Albert Lea (is only one TJ's in Albert Lea)

Dining dates are 11/30 for two of them -- with onset of illness dates 12/4 and 12/5

Other dining date was 12/02 -- onset of illness date 12/8

All were independent diners and consumed foods with lettuce in them (as far as I can tell from the menu description)

One of the 3 in MN has HUS. Ages 17, 35, 57 years old. Isolates should arrive at the state lab tonight and they are hoping to have PFGE by Thurs or Friday

2 hospitals in Albert Lea, MN -- both of which have called Health Dept to alert them to increase in bloody diarrhea they are seeing.

No ill food handlers have been reported in the MN situation.

---

**From:** Olson, Christine (CDC/CCID/NCZVED)  
**Sent:** Monday, December 11, 2006 12:38 PM  
**To:** Lynch, Michael (CDC/CCID/NCZVED); Griffin, Patricia M. (CDC/CCID/NCZVED); Braden, Chris (CDC/CCID/NCZVED); Tauxe, Robert V. (CDC/CCID/NCZVED); Iwamoto, Martha (CDC/CCID/NCZVED); Liang, Arthur P. (CDC/CCID/NCZVED)  
**Subject:** Iowa E.coli

Further Iowa info . . .

Iowa has 14 samples from bloody diarrhea being tested currently. Will have PFGE on Wednesday (state lab is getting samples today, which will be plated out and then PFGE'd tomorrow - will notify us when complete and are uploading).

The state epi thought, though wasn't positive, that the reports through the ER of bloody diarrhea were the first indicator of a problem.

She said the lettuce/produce distributor trace back is being done currently, so she didn't have any further information on that at this time.

Christine

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Foodborne Outbreaks Listserv [FOODBORNE-OUTBREAKS@LISTSERV.CDC.GOV] on behalf of Sheth, Anandi (CDC/CCID/NCZVED)  
**Sent:** Monday, December 11, 2006 10:33 PM  
**To:** FOODBORNE-OUTBREAKS@LISTSERV.CDC.GOV  
**Subject:** Update for 12-11-06: Multistate outbreak of *E. coli* O157 infections, November-December 2006

Dear Colleagues:

We ask that you routinely notify the Enteric Diseases Epidemiology Branch (404-639-2206 for the duty officer) about any outbreak of *E. coli* O157 or other Shiga toxin-producing *E. coli* infections as soon as it is detected, even if the outbreak appears to be local. Such reporting can help in linking seemingly unrelated outbreaks in a timely manner.

Local and state health officials and CDC have been investigating a multistate outbreak of *E. coli* O157 infections associated with Taco Bell restaurants. As of 12 PM EST December 11, 2006, 64 persons with illness associated with a Taco Bell restaurant have been reported from the following 5 states: New Jersey (28), New York (22), Pennsylvania (11), Delaware (2), and South Carolina (1). (The patient from South Carolina ate at a Taco Bell restaurant in Pennsylvania). Illness onset dates have ranged from November 20 to December 2. Additional illnesses are under investigation.

Thirty-eight cases have been confirmed by pulsed-field gel electrophoresis (PFGE) testing. The outbreak pattern determined by PulseNet is PFGE *XbaI* pattern EXHX01.1486 and *BlnI* pattern EXHA26.0071. This pattern combination is new to the PulseNet database. PFGE testing of isolates from cases is ongoing. Cases with a PFGE pattern that matches the outbreak strain are being re-classified as confirmed cases, and cases with unrelated PFGE patterns are being dropped from the outbreak case count.

Public health officials are conducting investigations to determine the responsible food. These include an ongoing case-control study among restaurant patrons asking about food items consumed, and laboratory testing of foods from Taco Bell restaurants. A sample of chopped white onions collected on December 4 from an open bin in a Taco Bell restaurant in Nassau County, New York tested positive for *E. coli* O157:H7. This strain has a PFGE pattern that is different from that of the outbreak strain; the pattern of the chopped onion strain has not been seen before in the PulseNet database. Samples of green onions obtained by the restaurant chain tested negative for *E. coli* O157; the initial report of a preliminary positive on these samples by a laboratory hired by the restaurant chain was not confirmed. At this time, no other food item has a definite or preliminary test indicating the presence of *E. coli* O157.

The Iowa Department of Public Health is investigating an outbreak of *E. coli* O157 infections. We do not know whether this outbreak has any link to the Taco Bell outbreak.

For daily updates on this outbreak, please see the following website: <http://www.cdc.gov/ecoli/>. If you have questions about this outbreak, please contact Samir Sodha at [ssodha@cdc.gov](mailto:ssodha@cdc.gov).

Thank you,  
-Anandi

3/12/2007

Anandi Sheth, MD  
Epidemic Intelligence Service  
Enteric Diseases Epidemiology Branch  
Centers for Disease Control and Prevention  
[asheth@cdc.gov](mailto:asheth@cdc.gov)  
(404) 639-1984 (phone)  
(404) 639-2205 (fax)

\*\*\*\*\* Disclaimer: The information provided through this listserv should be considered preliminary; therefore, it should not be shared with others who are not subscribers to this listserv without first obtaining permission from the person or agency that posted the information. \*\*\*\*\*

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Sent:** Tuesday, December 12, 2006 7:09 AM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Hise, Kelley B. (CDC/CCID/NCZVED)  
**Subject:** Fw: Weekend phone message

FYI  
Peter

-----  
Sent from my BlackBerry Wireless Handheld

-----Original Message-----

**From:** Eric Brandt <Eric.Brandt@odh.ohio.gov>  
**To:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**CC:** Steve York <Steve.York@odh.ohio.gov>  
**Sent:** Tue Dec 12 07:05:04 2006  
**Subject:** RE: Weekend phone message

I believe we are awaiting an isolate from a girl that ate at a Cleveland T Bell. We will upload results as soon as available and see if it matches the posted patterns. She visited a sister in Connecticut that was also culture positive, but had no history of eating at Taco Bell.

Eric

-----  
**From:** Gerner-Smidt, Peter (CDC/CCID/NCZVED) [mailto:plg5@cdc.gov]  
**Sent:** Tuesday, December 12, 2006 12:17 AM  
**To:** Eric Brandt  
**Subject:** Re: Weekend phone message

Eric,  
Our epi's told me that you had an E.coli patient with Taco Bell exposure, and I just wanted to check up on that.  
Later that day I was told that there was no E.coli isolate so there was obviously nothing you could do.  
Thanks  
Peter

-----  
Sent from my BlackBerry Wireless Handheld

-----Original Message-----

**From:** Eric Brandt <Eric.Brandt@odh.ohio.gov>  
**To:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**CC:** Steve York <Steve.York@odh.ohio.gov>; Tammy Bannerman <Tammy.Bannerman@odh.ohio.gov>; Larry King <Larry.King@odh.ohio.gov>  
**Sent:** Mon Dec 11 11:30:46 2006  
**Subject:** Weekend phone message

Dr. Gerner-Smidt,

You left a message on our PFGE lab phone over the weekend that we were not able to understand well. The sound volume was very low for some reason. Do you have a request or question that I may help you with via e-mail?

Thanks,

Eric

Eric Brandt, Laboratory Scientist II  
Ohio Department of Health  
Bureau of Public Health Laboratories  
8995 East Main Street; Bldg. 22  
Reynoldsburg, OH 43068  
ph: 614-644-4670  
fax: 614-387-1505  
ebrandt@odh.ohio.gov

"This e-mail is intended for the sole use of the intended recipient and may contain privileged, sensitive, or protected health information. If you are not the intended recipient, be advised that the unauthorized use, disclosure, copying, distribution, or action taken in reliance on the contents of this communication is prohibited. If you have received this e-mail in error, please notify the sender via telephone or return e-mail and immediately delete this e-mail."

"This e-mail is intended for the sole use of the intended recipient and may contain privileged, sensitive, or protected health information. If you are not the intended recipient, be advised that the unauthorized use, disclosure, copying, distribution, or action taken in reliance on the contents of this communication is prohibited. If you have received this e-mail in error, please notify the sender via telephone or return e-mail and immediately delete this e-mail."

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Sent:** Tuesday, December 12, 2006 7:46 AM  
**To:** Griffin, Patricia M. (CDC/CCID/NCZVED)  
**Cc:** Tauxe, Robert V. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** RE: Food

Patti,

It was entered into the database as an O157:H7; however, it is the only pattern of its kind in the database. It is fairly close to other O157:H7's in the database.

Thanks,

Kelley

Kelley B. Hise, MPH  
PulseNet Database Team Leader  
Phone: (404) 639-0704

-----Original Message-----

**From:** Griffin, Patricia M. (CDC/CCID/NCZVED)  
**Sent:** Monday, December 11, 2006 6:33 PM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Cc:** Tauxe, Robert V. (CDC/CCID/NCZVED)  
**Subject:** Food

From the pfge pattern of the nys onion isolate, are you sure its an o157:h7?

-----  
Sent from my BlackBerry Wireless Handheld

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Greene, Kathy D. (CDC/CCID/NCZVED)  
**Sent:** Tuesday, December 12, 2006 8:16 AM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Cc:** Bopp, Cheryl A. (CDC/CCID/NCZVED)  
**Subject:** Isolate Information related to Taco Bell

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

I've been informed that there is a table of isolates related to the Taco Bell outbreak. Unless there is a specific reason, I've been left off the email distribution list, please include my name. Isolates are actually received in my lab and this information will be helpful to know.

Thank you,

Kathy

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Parsons, Michele (CDC/CCID/NCZVED)  
**Sent:** Tuesday, December 12, 2006 12:44 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** FW: FW: gels NJ06229 and NJ06230, E. coli outbreak  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Molly,

Have you already requested this isolate: 602555 (see emails below) for MLVA testing? If not, we are going to request it for shiga-toxin testing

Thank you,  
Michele

---

**From:** Shawn.Lee@doh.state.nj.us [mailto:Shawn.Lee@doh.state.nj.us]  
**Sent:** Monday, December 11, 2006 2:51 PM  
**To:** Parsons, Michele (CDC/CCID/NCZVED)  
**Subject:** RE: FW: gels NJ06229 and NJ06230, E. coli outbreak

Michele,

I just checked with Enterics and they do not perform the testing you requested. How would you like to proceed?

Shawn M. Lee  
Microbiologist 5  
NJ Dept. of Health and Senior Services  
Special Bacteriology/ PFGE laboratory

"Parsons, Michele (CDC/CCID/NCZVED)"  
<zcp9@cdc.gov>

To <Shawn.Lee@doh.state.nj.us>  
cc  
Subject RE: FW: gels NJ06229 and NJ06230, E. coli outbreak

12/11/2006 02:15 PM

I have not heard anything back from Sylvia yet in regards to virulence testing of the confirmed isolates. Have you heard further?

Warm regards,  
Michele Parsons

---

**From:** Shawn.Lee@doh.state.nj.us [mailto:Shawn.Lee@doh.state.nj.us]

3/12/2007

**Sent:** Sunday, December 10, 2006 10:20 AM  
**To:** Parsons, Michele (CDC/CCID/NCZVED)  
**Subject:** RE: FW: gels NJ06229 and NJ06230, E. coli outbreak

Certainly. Her name is Sylvia Matiuck.

Shawn M. Lee  
Microbiologist 5  
NJ Dept. of Health and Senior Services  
Special Bacteriology/ PFGE laboratory

"Parsons, Michele \(\CDC/CCID/NCZVED\)" <zcp9@cdc.gov>

12/10/2006 10:19 AM

To <Shawn.Lee@doh.state.nj.us>  
cc "Bopp, Cheryl A. \(\CDC/CCID/NCZVED\)" <cab4@cdc.gov>  
Subject RE: FW: gels NJ06229 and NJ06230, E. coli outbreak

Not a problem and I appreciate your follow-up. Can I ask the name of the Enterics supervisor for my records?

Thank you,  
Michele

---

**From:** Shawn.Lee@doh.state.nj.us [mailto:Shawn.Lee@doh.state.nj.us]  
**Sent:** Sunday, December 10, 2006 10:17 AM  
**To:** Parsons, Michele (CDC/CCID/NCZVED)  
**Subject:** Re: FW: gels NJ06229 and NJ06230, E. coli outbreak

Dear Michele,

Unfortunately I do not have an answer for that question. The enterics laboratory handles everything pertaining to this isolates except for PFGE. I have forwarded your e-mail to the supervisor of the enterics laboratory. Hopefully she will be able to answer your question on Monday. I'm sorry for any delay this causes.

Sincerely,  
Shawn M. Lee  
Microbiologist 5  
NJ Dept. of Health and Senior Services  
Special Bacteriology/ PFGE laboratory  
"Parsons, Michele \(\CDC/CCID/NCZVED\)"  
<zcp9@cdc.gov>

12/10/2006 09:53 AM

To <shawn.lee@doh.state.nj.us>  
cc "Bopp, Cheryl A. \(\CDC/CCID/NCZVED\)" <cab4@cdc.gov>, "Gerner-Smidt, Peter  
\(\CDC/CCID/NCZVED\)" <plg5@cdc.gov>  
Subject FW: gels NJ06229 and NJ06230, E. coli outbreak

3/12/2007

Dear Shawn,

I am a microbiologist from CDC working closely with my supervisors, Cheryl Bopp and Dr. Gerner-Smidt on this investigation. I wanted to know if your lab has obtained any results on stx virulence profiles for these isolates, in particular (602555) which has a slightly different PFGE pattern by *Xba*I?

Warm regards,  
Michele Parsons

*Michele Parsons*

Research Microbiologist  
Epidemic Investigations and Surveillance Unit  
Centers for Disease Control and Prevention  
w: (404) 639-1965  
f: (404) 639-3333  
[mparsons@cdc.gov](mailto:mparsons@cdc.gov)

---

**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Sent:** Sunday, December 10, 2006 9:43 AM  
**To:** Parsons, Michele (CDC/CCID/NCID)  
**Subject:** FW: gels NJ06229 and NJ06230, E. coli outbreak

---

**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR) **On Behalf Of** PFGE National Database (CDC)  
**Sent:** Sunday, December 10, 2006 9:17 AM  
**To:** 'Shawn.Lee@doh.state.nj.us'; 'christina.tan@doh.state.nj.us'; Maria.Orsini@doh.state.nj.us;  
'michelle.malavet@doh.state.nj.us'; 'lisa.mchugh@doh.state.nj.us'  
**Subject:** RE: gels NJ06229 and NJ06230, E. coli outbreak

Dear all,  
All of the isolates on these tiffs are indistinguishable to the outbreak pattern by both enzymes with the exception of 602555. Isolate 602555 is slightly different by *Xba*I but indistinguishable by *Bln*I. Our epis have been made aware of this, and will work with NJ on follow-up of that case. Right now we have it listed in the PulseNet database as part of the outbreak with a question mark next to it.  
Thank you so much for your work this weekend. The quality of the gels is excellent and we appreciate the rapid submission.

Molly M. Joyner  
PulseNet National Database Administration Team  
CDC/NCZVED/DFBMD/EDLRB

3/12/2007

[cev9@cdc.gov](mailto:cev9@cdc.gov)  
Phone: 404-639-3652  
Fax: 404-639-3333

---

**From:** Shawn.Lee@doh.state.nj.us [mailto:Shawn.Lee@doh.state.nj.us]  
**Sent:** Saturday, December 09, 2006 10:57 AM  
**To:** PFGE National Database (CDC)  
**Cc:** Maria.Orsini@doh.state.nj.us  
**Subject:** gels NJ06229 and NJ06230, E. coli outbreak

Attached you'll find the tiff image and demographic information for gels NJ06229 and NJ06230. They contain the Xba patterns on one gel and the Bln patterns on the other. Please analyze them and send the results to:

[christina.tan@doh.state.nj.us](mailto:christina.tan@doh.state.nj.us)

[lisa.mchugh@doh.state.nj.us](mailto:lisa.mchugh@doh.state.nj.us)

[michelle.malavet@doh.state.nj.us](mailto:michelle.malavet@doh.state.nj.us)

Thank you for your help and patience this weekend.

Shawn M. Lee  
Microbiologist 5  
NJ Dept. of Health and Senior Services  
Special Bacteriology/ PFGE laboratory

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Parsons, Michele (CDC/CCID/NCZVED)  
**Sent:** Tuesday, December 12, 2006 12:54 PM  
**To:** Braden, Chris (CDC/CCID/NCZVED)  
**Cc:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED)  
**Subject:** FW: FW: gels NJ06229 and NJ06230, E. coli outbreak

Chris,

A question was raised on the call yesterday about the virulence profile of the NJ food handler E. coli isolate with a different PFGE pattern than the outbreak pattern (but an indistinguishable match to a NY patient isolate). An update: NJ SHD does not have the capacity to test for the presence of the shiga-toxins. The isolate has been requested for MLVA and we will plan to also perform virulence testing when it arrives as well.

Warm regards,  
Michele

---

**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Sent:** Tuesday, December 12, 2006 12:48 PM  
**To:** Parsons, Michele (CDC/CCID/NCZVED)  
**Subject:** RE: FW: gels NJ06229 and NJ06230, E. coli outbreak

Hi Michele,  
Yes, I requested it this morning - Again, I apologize for not including you on the email.  
Thanks,  
Molly

---

**From:** Parsons, Michele (CDC/CCID/NCZVED)  
**Sent:** Tuesday, December 12, 2006 12:44 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** FW: FW: gels NJ06229 and NJ06230, E. coli outbreak

Molly,

Have you already requested this isolate: 602555 (see emails below) for MLVA testing? If not, we are going to request it for shiga-toxin testing

Thank you,  
Michele

---

**From:** Shawn.Lee@doh.state.nj.us [mailto:Shawn.Lee@doh.state.nj.us]  
**Sent:** Monday, December 11, 2006 2:51 PM  
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**Subject:** RE: FW: gels NJ06229 and NJ06230, E. coli outbreak

Michele,

I just checked with Enterics and they do not perform the testing you requested. How would you like to proceed?

3/12/2007

Shawn M. Lee  
Microbiologist 5  
NJ Dept. of Health and Senior Services  
Special Bacteriology/ PFGE laboratory

"Parsons, Michele \(\CDC/CCID/NCZVED\)"  
<zcp9@cdc.gov>

To <Shawn.Lee@doh.state.nj.us>

cc

Subject RE: FW: gels NJ06229 and NJ06230, E. coli outbreak

12/11/2006 02:15 PM

I have not heard anything back from Sylvia yet in regards to virulence testing of the confirmed isolates. Have you heard further?

Warm regards,  
Michele Parsons

---

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**Subject:** RE: FW: gels NJ06229 and NJ06230, E. coli outbreak

Certainly. Her name is Sylvia Matluck.

Shawn M. Lee  
Microbiologist 5  
NJ Dept. of Health and Senior Services  
Special Bacteriology/ PFGE laboratory

"Parsons, Michele \(\CDC/CCID/NCZVED\)" <zcp9@cdc.gov>

To <Shawn.Lee@doh.state.nj.us>

cc "Bopp, Cheryl A. \(\CDC/CCID/NCZVED\)" <cab4@cdc.gov>

Subject RE: FW: gels NJ06229 and NJ06230, E. coli outbreak

12/10/2006 10:19 AM

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Michele

3/12/2007

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Sincerely,  
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Microbiologist 5  
NJ Dept. of Health and Senior Services  
Special Bacteriology/ PFGE laboratory  
"Parsons, Michele \(\CDC/CCID/NCZVED\)"  
<zcp9@cdc.gov>

12/10/2006 09:53 AM

To <shawn.lee@doh.state.nj.us>  
cc "Bopp, Cheryl A. \(\CDC/CCID/NCZVED\)" <cab4@cdc.gov>, "Gerner-Smidt, Peter  
\(\CDC/CCID/NCZVED\)" <plg5@cdc.gov>  
Subject FW: gels NJ06229 and NJ06230, E. coli outbreak

Dear Shawn,

I am a microbiologist from CDC working closely with my supervisors, Cheryl Bopp and Dr. Gerner-Smidt on this investigation. I wanted to know if your lab has obtained any results on stx virulence profiles for these isolates, in particular (602555) which has a slightly different PFGE pattern by XbaI?

Warm regards,  
Michele Parsons

*Michele Parsons*

Research Microbiologist  
Epidemic Investigations and Surveillance Unit  
Centers for Disease Control and Prevention  
w: (404) 639-1965  
f: (404) 639-3333  
[mparsons@cdc.gov](mailto:mparsons@cdc.gov)

---

3/12/2007

**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Sent:** Sunday, December 10, 2006 9:43 AM  
**To:** Parsons, Michele (CDC/CCID/NCID)  
**Subject:** FW: gels NJ06229 and NJ06230, E. coli outbreak

---

**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR) **On Behalf Of** PFGE National Database (CDC)  
**Sent:** Sunday, December 10, 2006 9:17 AM  
**To:** 'Shawn.Lee@doh.state.nj.us'; 'christina.tan@doh.state.nj.us'; Maria.Orsini@doh.state.nj.us;  
'michelle.malavet@doh.state.nj.us'; 'lisa.mchugh@doh.state.nj.us'  
**Subject:** RE: gels NJ06229 and NJ06230, E. coli outbreak

Dear all,  
All of the isolates on these tiffs are indistinguishable to the outbreak pattern by both enzymes with the exception of 602555. Isolate 602555 is slightly different by XbaI but indistinguishable by BlnI. Our epis have been made aware of this, and will work with NJ on follow-up of that case. Right now we have it listed in the PulseNet database as part of the outbreak with a question mark next to it.  
Thank you so much for your work this weekend. The quality of the gels is excellent and we appreciate the rapid submission.

Molly M. Joyner  
PulseNet National Database Administration Team  
CDC/NCZVED/DFBMD/EDLRB  
[cev9@cdc.gov](mailto:cev9@cdc.gov)  
Phone: 404-639-3652  
Fax: 404-639-3333

---

**From:** Shawn.Lee@doh.state.nj.us [<mailto:Shawn.Lee@doh.state.nj.us>]  
**Sent:** Saturday, December 09, 2006 10:57 AM  
**To:** PFGE National Database (CDC)  
**Cc:** Maria.Orsini@doh.state.nj.us  
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[christina.tan@doh.state.nj.us](mailto:christina.tan@doh.state.nj.us)

[lisa.mchugh@doh.state.nj.us](mailto:lisa.mchugh@doh.state.nj.us)

[michelle.malavet@doh.state.nj.us](mailto:michelle.malavet@doh.state.nj.us)

Thank you for your help and patience this weekend.

Shawn M. Lee  
Microbiologist 5  
NJ Dept. of Health and Senior Services  
Special Bacteriology/ PFGE laboratory

3/12/2007



**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Parsons, Michele (CDC/CCID/NCZVED)  
**Sent:** Tuesday, December 12, 2006 3:05 PM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Cc:** Bopp, Cheryl A. (CDC/CCID/NCZVED)  
**Subject:** My food testing component update of TB outbreak for Peter 12/12/06

Kelley,

When you send out the composite to Peter, please "cc" Cheryl and I as well.

Thank you  
Michele

**Food Testing Database:**

As of 12pm Tuesday, 12/12/06, there have been no additional food survey data updates received from the state health department and other federal agencies involved in this investigation. Michele Parsons again contacted NY (c/o Dianna Schoonmaker-Bopp) to try and identify an alternate investigator working on the examination of food and encouraged NY to send in their linelist of results for those foods they have examined. PA SHD has not been able to isolate any *E.coli* O157; They will be proceeding to plate to CHROMagar O157 without the CT supplement since they were getting very little growth on the CT plates

The current database was emailed to Chris Braden and Mike Lynch on Monday evening 12/11/06 for their interest. Additionally, Michele provided the food database to FSIS (Kristin Holt) c/o a query which came in from Mike Biggerstaff in the DEOC.

NJ had a patient *E. coli* O157 isolate from a food handler with a different PFGE pattern. It does have a match to an isolate from NY (both do have association with Taco Bell) but NJ is not able to perform the PCR for the shiga-toxin. This isolate has been requested and will be forwarded to CDC for toxin testing and MLVA.

Important points of food testing discussed on the conference call at 2pm:

-Number of cases (62) and 71 (control) questionnaires have been distributed and included in this analysis. Based on the findings of the case control study: Three items of particular interest are lettuce, beef and cheese. Of most concern is lettuce since it is neither pasteurized or cooked. There is not a high exposure or statistical association among the cases with either green or white onions. *(Please note: this still remains preliminary analysis)*

-FDA met with Taco Bell personnel last Friday, 12/8. Taco Bell provided FDA with traceback information on lettuce, cilantro and green onions. At this time, lettuce is being further considered for trackback information but they are still awaiting further information from Taco Bell. Cheese was not initially implicated and this information will now need to be collected from Taco Bell.

**Action items:** Will continue to follow up with CT, NY and PA on their testing and will update the food testing database as more information becomes available. Any updates will be send to Chris Braden and Mike Lynch within 24 hours. Will attend the 8:30am and 2pm calls on Wednesday 12/13/06.

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Sent:** Tuesday, December 12, 2006 4:15 PM  
**To:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Cc:** Bopp, Cheryl A. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Parsons, Michele (CDC/CCID/NCZVED); Ribot, Efrain (CDC/CCID/NCZVED)  
**Subject:** FW: My food testing component update of TB outbreak for Peter 12/12/06  
**Attachments:** 0612miEXH-2.xls

Peter,

Below is the update from Michele and attached is the most current line list from the PFGE database. We currently have 54 PFGE matches, with 6 "outliers" as listed in the excel spreadsheet. MN and IA are expected to upload their PFGE patterns tomorrow from the Taco John's outbreaks.

The latest onset date from a confirmed case is 12/5/06, but the last peak in the epidemic curve was on 11/27/06. The latest onset date for suspected cases is 12/7/06. Most people on the conference call today were not comfortable with reporting that the outbreak had ended. There was also some expressed concern of reporting lettuce as the ingredient of particular interest in the investigation, although Dave Daigle mentioned this may have already been leaked.

There have been 197 food samples received at the Wadsworth center in NY state, but so far the only positive for E. coli is the open-bin white onions—an ingredient that is not implicated from the case control study. The case control study to implicate the restaurant resulted in a very high association with Taco Bell (OR>300). The 3 ingredients implicated so far are lettuce, shredded cheese, and ground beef. Due to various reasons (raw ingredient vs. cooked/pasteurized ingredient) and given no plant malfunctions, the lettuce is of most concern, although the OR's don't really point to it more than any other ingredient.

So, we are eagerly awaiting the IA and MN results and any positive food results that pop up.

Thanks,

*Kelley*

Kelley B. Hise, MPH  
PulseNet Database Team Leader  
Phone: (404) 639-0704

---

**From:** Parsons, Michele (CDC/CCID/NCZVED)  
**Sent:** Tuesday, December 12, 2006 3:05 PM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Cc:** Bopp, Cheryl A. (CDC/CCID/NCZVED)  
**Subject:** My food testing component update of TB outbreak for Peter 12/12/06

Kelley,

When you send out the composite to Peter, please "cc" Cheryl and I as well.

Thank you  
Michele

3/12/2007

## Food Testing Database:

As of 12pm Tuesday, 12/12/06, there have been no additional food survey data updates received from the state health department and other federal agencies involved in this investigation. Michele Parsons again contacted NY (c/o Dianna Schoonmaker-Bopp) to try and identify an alternate investigator working on the examination of food and encouraged NY to send in their linelist of results for those foods they have examined. PA SHD has not been able to isolate any *E.coli* O157; They will be proceeding to plate to CHROMagar O157 without the CT supplement since they were getting very little growth on the CT plates

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-Number of cases (62) and 71 (control) questionnaires have been distributed and included in this analysis. Based on the findings of the case control study: Three ingredients of particular interest are lettuce, beef and cheese. Of most concern is lettuce since it is neither pasteurized or cooked. There is not a high exposure or statistical association among the cases with either green or white onions. *(Please note: this still remains preliminary analysis)*

-FDA met with Taco Bell personnel last Friday, 12/8. Taco Bell provided FDA with traceback information on lettuce, cilantro and green onions. At this time, lettuce is being further considered for traceback information but they are still awaiting further information from Taco Bell. Cheese was not initially implicated and this information will now need to be collected from Taco Bell.

**Action items:** Will continue to follow up with CT, NY and PA on their testing and will update the food testing database as more information becomes available. Any updates will be send to Chris Braden and Mike Lynch within 24 hours. Will attend the 8:30am and 2pm calls on Wednesday 12/13/06.

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

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**From:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Sent:** Wednesday, December 13, 2006 8:26 AM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** FW: briefing with Waxman staffer requested on e coli and Taco Bell

*Kelley*

Kelley B. Hise, MPH  
PulseNet Database Team Leader  
Phone: (404) 639-0704

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**From:** Griffin, Patricia M. (CDC/CCID/NCZVED)  
**Sent:** Tuesday, December 12, 2006 4:45 PM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Cc:** Tauxe, Robert V. (CDC/CCID/NCZVED); Braden, Chris (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Subject:** FW: briefing with Waxman staffer requested on e coli and Taco Bell

fyi

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**From:** Bratton, Shelly (CDC/CCID/NCZVED)  
**Sent:** Tuesday, December 12, 2006 2:00 PM  
**To:** Braden, Chris (CDC/CCID/NCZVED)  
**Cc:** Warnock, David (CDC/CCID/NCZVED); Tauxe, Robert V. (CDC/CCID/NCZVED); Griffin, Patricia M. (CDC/CCID/NCZVED); Wiley, Sarah D. (CDC/CCID/NCZVED); Khan, Ali S. (CDC/CCID/NCZVED); Cameron, Daniel N. (CDC/CCID/NCZVED); Sharp, Donald (CDC/CCID/NCZVED); Liang, Arthur P. (CDC/CCID/NCZVED); Deasy, Karen (CDC/CCID/NCZVED)  
**Subject:** briefing with Waxman staffer requested on e coli and Taco Bell

Chris,

Steven Shaw, staffer for Rep. Waxman (D-CA), would like a briefing on the current e coli outbreak. FDA will also be on the call. I suggested Thursday or Friday of this week. Let me know if you would prefer late afternoon as we've done before or if mid-morning is better. We briefed this staffer a few weeks ago about the e coli and spinach outbreak... he was trying to understand PulseNet and what determines when an outbreak is "elevated."

Shelly

Shelly Bratton, M.P.H.  
Policy Analyst  
National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed)/CCID  
PHONE: (404) 639-1145  
FAX: (404) 639-7369  
[sbratton@cdc.gov](mailto:sbratton@cdc.gov)

3/12/2007



**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

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**From:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Sent:** Wednesday, December 13, 2006 4:41 PM  
**To:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Cc:** Bopp, Cheryl A. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Parsons, Michele (CDC/CCID/NCZVED); Ribot, Efrain (CDC/CCID/NCZVED)  
**Subject:** Update: 12/13/06  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed  
**Attachments:** 0612mlEXH-2.xls; 0612MNEXH-1ml.xls

Peter,

Attached is the most current line list for the Taco Bell outbreak and below is the Food Testing update from Michele.

Some interesting news...

We received the patterns from MN and IA from the Taco Johns outbreak. The patterns do not match the Taco Bell outbreak and are in fact >9 bands different by XbaI. I am also attaching the line list for this outbreak (0612MNEXH-1ml). There are 13 matches in the database: MN(6), IA(6), WI(1). Both patterns are new to the database. Let me know if you want further updates.

Thanks,

*Kelley*

Kelley B. Hise, MPH  
PulseNet Database Team Leader  
Phone: (404) 639-0704

---

**From:** Parsons, Michele (CDC/CCID/NCZVED)  
**Sent:** Wednesday, December 13, 2006 3:33 PM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Cc:** Bopp, Cheryl A. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** Food testing component update of TB outbreak for Peter 12/13/06

Food Testing Database:

As of 13 pm Tuesday, 12/13/06, CT SHD reported that their three food samples were found to be negative for E. coli O157. I have emailed PA SHD for an update on their CHROMagar platings.

-

Important points of food testing discussed on the conference call at 2pm:

-Odd ratio associated with TacoBell as associated restaurant is 279. No other restaurant appears linked to this investigation.

-Robyn M Atkinson from the Wadsworth Center in NY reported that 84 food specimens (various) were

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set up for PCR (results expected tomorrow). An additional 72 food specimen were prepared today for PCR tomorrow (results expected Friday). Of particular interest is a "TB Crunchy Frozen Supreme" prepared 11/24/06 from Nassau County, NY (restaurant undetermined at this time). Results of this food sample should be available before the end of the week.

**Action items:** I will be contacted Robyn Atkinson with Wadsworth Center today to see if she can email me a linelist of all the food samples they are examining since I have not heard any response from Timothy Root. Will provide an update to Cheryl Bopp on Thursday morning and coordinate representation for the 8:30am and 2pm calls on 12/14 /06.

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

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**From:** Foodborne Outbreaks Listserv [FOODBORNE-OUTBREAKS@LISTSERV.CDC.GOV] on behalf of Sheth, Anandi (CDC/CCID/NCZVED)  
**Sent:** Wednesday, December 13, 2006 8:36 PM  
**To:** FOODBORNE-OUTBREAKS@LISTSERV.CDC.GOV  
**Subject:** Update for 12-13: Multistate outbreak of E. coli O157 infections, November-December 2006  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Dear Colleagues:

This outbreak was clearly linked to Taco Bell restaurants in the northeastern United States. As of 12 PM EST December 13, 2006, 71 persons with illness associated with a Taco Bell restaurant have been reported from the following 5 states: New Jersey (33), New York (22), Pennsylvania (13), Delaware (2), and South Carolina (1). (The patient from South Carolina ate at a Taco Bell restaurant in Pennsylvania). Additional illnesses are under investigation. Forty-eight cases have been confirmed by pulsed-field gel electrophoresis (PFGE) testing. The outbreak pattern determined by PulseNet is PFGE *XbaI* pattern EXHX01.1486 and *BlnI* pattern EXHA26.0071. Illness onset dates have ranged from November 20 to December 6. The number of new cases being identified has declined substantially; the peak of illness onset was in the last week of November.

CDC is working with state and local health officials, FDA, USDA, and the restaurant chain to determine what food caused the outbreak. A case-control study found a statistical association between illness and eating menu items containing lettuce, cheddar cheese, and ground beef on univariate analysis. This analysis also indicates that onions of any type are not linked to this outbreak. The investigators have also gathered additional information about the locations of involved restaurants and the distribution patterns, characteristics, and preparation of food ingredients. Evaluation of all these data indicates that shredded lettuce consumed at Taco Bell restaurants in the northeastern United States was the most likely source of the outbreak. Because multiple Taco Bell restaurants were involved during the same time period, contamination of lettuce likely occurred before reaching the restaurants. Health officials and the restaurant chain are working collaboratively to learn more about the shredded lettuce to determine how it may have become contaminated.

For daily updates, please see the following website: <http://www.cdc.gov/ecoli/>. If you have questions about this outbreak, please contact Samir Sodha at [ssodha@cdc.gov](mailto:ssodha@cdc.gov).

*Anandi Sheth, MD*  
*Epidemic Intelligence Service Officer*  
*Enteric Diseases Epidemiology Branch*  
*Center for Disease Control and Prevention*  
*Phone: (404) 639-1984*  
*Fax: (404) 639-2205*  
*Email: [asheth@cdc.gov](mailto:asheth@cdc.gov)*

\*\*\*\*\* Disclaimer: The information provided through this listserv should be considered preliminary; therefore, it should not be shared with others who are not subscribers

3/12/2007

to this listserv without first obtaining permission from the person or agency that posted the information.  
\*\*\*\*\*

## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

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**From:** Parsons, Michele (CDC/CCID/NCZVED)  
**Sent:** Thursday, December 14, 2006 12:55 PM  
**To:** 'Kinney, Aristeia'; 'Fraser, George'; 'rebekah.parsons@state.de.us';  
'Teresa.Hamby@doh.state.nj.us'; 'Lisa.McHugh@doh.state.nj.us';  
'robert.howard@po.state.ct.us'; 'Robyn Atkinson'; 'Fontana, John'  
**Cc:** Bopp, Cheryl A. (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED); Hise,  
Kelley B. (CDC/CCID/NCZVED); Ribot, Efrain (CDC/CCID/NCZVED); Braden, Chris  
(CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED); Garrett, Nancy  
(CDC/CCID/NCZVED) (CTR); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** Food Testing Update

Dear all,

Thank you to those who have already send in line list information on the food samples they have received and are examining. We hope to have this information compiled and available to all involved shortly.

This has been a significant investigation and to that end we wanted to ensure that all available testing is being performed on those food samples which have been collected. Given this, we are offering assistance for laboratory testing of food specimens as needed. In particular, we are interested in any food specimens which are PCR positive for E. coli O157:H7 but negative by culture. We would be happy to work with your lab in providing IMS beads for the enrichments to further attempt to isolate the organism. Alternatively, any PCR positive but culture negative enrichment broths could be sent to CDC for additional testing.

We are also interested in assisting laboratories which may not currently have the capacity to detect E. coli O157 by PCR. Enrichment broths of food specimens which have not been tested by PCR can be sent to CDC for testing or alternatively, we can work with your lab to set up the PCR testing in your state.

With the holidays upon us, if it is not possible to prepare any shipments to CDC at this time, all enrichment broths should hold well frozen (-70C) or at 4C in the refrigerator.

Should you have any questions, please contact Cheryl Bopp (404) 639-1798 (cbopp@cdc.gov) or I and we would be happy to assist you.

Warm regards,  
Michele

*Michele Parsons*

Research Microbiologist

Epidemic Investigations and Surveillance Unit

Centers for Disease Control and Prevention

w: (404) 639-1965

f: (404) 639-3333

mparsons@cdc.gov

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**From:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Sent:** Thursday, December 07, 2006 11:08 PM  
**To:** 'Adam Langer'; Blythe, David (Maryland) (CDC dhmh.state.md.us); Hadler, James (CDC po.state.ct.us); CT, Matt Cartter; 'CT, Pat Mshar'; 'CT, Quyen Phan'; 'CT, Roger Mshar'; 'CT, Ruthanne Marcus'; 'CT, Tracey Weeks'; 'DE, Deri Austin'; 'DE, Paul Silverman'; 'DE, Paula Eggers'; 'DE, Susan Shore'; 'Elisabeth Hagen'; 'FDA EOC'; Guzewich, John J. (FDA/CFSAN/OO); Hise, Kelley B. (CDC/CCID/NCZVED); Holt, Kristin G. (CDC/CCID/NCZVED); Howard King, Vinetta M. (FDA/OC/OCM); Johnson, Caroline ( PHILA ) (CDC phila.gov); 'Kevin.Vought@fsis.usda.gov'; 'kristin.holt@fsis.usda.gov'; 'MA, Emily Harvey'; 'MD, Kirsten Larson'; 'MI, Sally Bidol'; Miller, Dorothy J. (FDA/OC/OCM); Morrison, Ellen F. (FDA/OC/OCM); 'NJ, Christina Tan'; 'NJ, Eddy Bresnitz'; 'NJ,

James.Brownlee@doh.state.nj.us'; 'NJ, Kelly Miller'; 'NJ, Lisa McHugh'; 'NJ, Maria.Orsini@doh.state.nj.us'; 'NJ, Mary Glenshaw'; 'NJ, Michal.Gerwel@doh.state.nj.us'; 'NJ, Michelle Malavet'; 'NJ, Richard.Ritota@doh.state.nj.us'; 'NJ, Sylvia.Matiuck@doh.state.nj.us'; 'NJ, William.Manley@doh.state.nj.us'; 'NY, Geraidine S. Johnson'; 'NY, Joshua K Schaffzin'; 'NY, Madhu Anand'; 'NYC, Bruce Guteilus'; 'NYC, Sudha Reddy'; 'PA, Perriane Lurie'; PFGE National Database (CDC); Potter, Morris (CDC/CCID/NCZVED); 'RI, Tara Cooper'; 'UT, Diane Raccasi'; Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
**Cc:** Ecoli, EOC (CDC); Datta, Atin R. (FDA/ORO/ORO); Bopp, Cheryl A. (CDC/CCID/NCZVED); Parsons, Michele (CDC/CCID/NCZVED); 'Kristina.Barlow@fsis.usda.gov'; 'Moshe.Dreyfus@fsis.usda.gov'; 'Peter.Evans@fsis.usda.gov'; 'nwarren@state.pa.us'; 'sshahied@state.pa.us'; 'sreynolds@state.pa.us'; 'troo@wadsworth.org'; Sciacchitano, Carl J. (FDA/ORO/ORO); Braden, Chris (CDC/CCID/NCZVED)  
**Subject:** FOOD INVESTIGATIONS Conference Call: E. coli/Taco Bell, Friday, Dec 8, 2006: 1:30pm

Dear colleagues,

I hope that I have reached all participants in yesterday's call about the food testing relating to the Taco Bell outbreak. We will have a follow-up call to that call

-----  
Friday December 8, 1:30pm

Call in

(b)(2)

Passcode

-----  
The intent of the call is to get an update on the results of the food testing so far.

We would like to get an overview about all food samples and food investigations and will prepare a database to supplement the epidemiologists databases from this outbreak. Over the next days we would like to collect data on all specimens you have received and examined with the following info:

1. Food type
2. Brand/supplier
3. Quantity
4. Opened or Intact packaging when received
5. Data received
6. Received from
7. Use before date
8. Test result
9. Sample ID

This list may not be complete and we can discuss if we need to extend it.

Please remember to keep all samples and enrichments broths at refrigeration temperature until we know if more tests needs to be performed on them.

The outbreak strain only contains Stx2 but like with the spinach are we interested in any STEC isolated from the samples. Looking forward to talk to you.

Peter

Peter Gerner-Smidt MD, PhD

Acting Branch Chief

Enteric Diseases Laboratory Response Branch (proposed)

Division of Foodborne, Bacterial and Mycotic Diseases (proposed)

National Center for Zoonotic, Vectorborne, and Enteric Diseases (proposed)

Mailstop C-03, CDC, Atlanta, Georgia 30333

phone: (404) 639 3322

cell : (404) 819 4465

fax: (404) 639 3333

email: [plg5@cdc.gov](mailto:plg5@cdc.gov)

## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

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**From:** Greene, Kathy D. (CDC/CCID/NCZVED)  
**Sent:** Thursday, December 14, 2006 5:13 PM  
**To:** Hyytia-Trees, Eija (CDC/CCID/NCZVED)  
**Cc:** Garrett, Nancy (CDC/CCID/NCZVED) (CTR); Hise, Kelley B. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED); Parsons, Michele (CDC/CCID/NCZVED); Ribot, Efrain (CDC/CCID/NCZVED)  
**Subject:** E. coli O157:H7 isolates from NJ @ TB for MLVA testing

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**Attachments:** NJIsolates12142006.xls

The following 15 *E. coli* O157:H7 isolates will be on blood plates in the morning:

| <u>EDLRB#</u> | <u>NJ SHD#</u> | <u>DASH#</u> |
|---------------|----------------|--------------|
| K4398         | 602470         | 2007005633   |
| K4399         | 602475         | 2007005634   |
| K4400         | 602477         | 2007005635   |
| K4401         | 602489         | 2007005636   |
| K4402         | 602491         | 2007005637   |
| K4403         | 602568         | 2007005693   |
| K4404         | 602580         | 2007005694   |
| K4405         | 602570         | 2007005695   |
| K4406         | 602551         | 2007005696   |
| K4407         | 602542         | 2007005697   |
| K4408         | 602572         | 2007005698   |
| K4409         | 602559         | 2007005699   |
| K4410         | 602557         | 2007005700   |
| K4411         | 602555         | 2007005701   |
| K4412         | 602554         | 2007005702   |

I've attached information from the database.



NJIsolates1214200  
6.xls (24 KB)...

Kathy

---

**From:** Greene, Kathy D. (CDC/CCID/NCZVED)  
**Sent:** Thursday, December 14, 2006 2:59 PM  
**To:** Hyytia-Trees, Eija (CDC/CCID/NCZVED); Garrett, Nancy (CDC/CCID/NCZVED) (CTR)  
**Cc:** Bopp, Cheryl A. (CDC/CCID/NCZVED)  
**Subject:** EDLRB Receives 15 isolates from NJ @ TB  
**Importance:** High

DASH just delivered 15 isolates from NJ identified as *E. coli* O157:H7. I'll send an email to everyone giving specific isolate information once I get them logged into the lab.

The isolates will be on blood plates in the morning.

Kathy

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Parsons, Michele (CDC/CCID/NCZVED)  
**Sent:** Thursday, December 14, 2006 5:13 PM  
**To:** Hise, Kelley B. (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Cc:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED); Ribot, Efrain (CDC/CCID/NCZVED)  
**Subject:** RE: Update: 12/14/2006

Peter,

Sorry this is late: I was in the lab quite a bit this afternoon

Warm regards,  
Michele

Food Testing Database Update from Cheryl and I:

- As of 1 2pm Thursday, 12/14/06, PA SHD reported that they haven't isolated any O157 by culture but do have about 8 samples that are positive using an ABI PCR kit that detects O157 and O55 but doesn't differentiate. The samples were onions and tomatoes. We have emailed PA to request that they be sent to CDC for additional testing.

- Robyn M Atkinson from the Wadsworth Center in NY reported that they should have the results of all their food specimens by tomorrow. By email, she also responded that NY will be pulling together a linelist of food specimens examined once their testing is complete.

- Cheryl and I sent a mass email to all SHD laboratories currently involved in the TB investigation and requested to provide the means to perform IMS with culture, PCR or both either at CDC (states would send enrichments to us) or to build their capacity in state.

**Action items:** Cheryl and I will coordinate with the participating SHDs to have suspect enrichment broths sent to CDC for further testing either for PCR testing, culture (using IMS separation beads) or both.

Update on Taco John: Although Iowa is reporting having identified E. coli O157:H7, the 3 isolates sent here by IA are nonmotile in **both 0.4% motility and 0.15% motility medium (very soft agar)**. Kathy has never observed an O157:H7 that didn't express motility in the latter medium. This is probably an O157:NM strain.

---

**From:** Hise, Kelley B. (CDC/CCID/NCZVED)  
**Sent:** Thursday, December 14, 2006 5:02 PM  
**To:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Cc:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED); Parsons, Michele (CDC/CCID/NCZVED); Ribot, Efrain (CDC/CCID/NCZVED)  
**Subject:** Update: 12/14/2006

Peter,

3/12/2007

Michele already sent you the food testing update earlier. Attached is the updated line list. The outbreak was declared over today and there will be no calls this weekend.

Thanks,

*Kelley*

Kelley B. Hise, MPH  
PulseNet Database Team Leader  
CDC/NCZVED/DFBMD/EDLRB  
khise@cdc.gov  
Phone: (404) 639-0704  
PulseNet: (404) 639-4558  
Fax: (404) 639-3333

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Diane MacDonald [Diane\_MacDonald@phac-aspc.gc.ca]  
**Sent:** Friday, December 15, 2006 8:37 AM  
**To:** Braden, Chris (CDC/CCID/NCZVED)  
**Cc:** Hise, Kelley B. (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR); Lynch, Michael (CDC/CCID/NCZVED); Sodha, Samir (CDC/CCID/NCZVED); Andrea Ellis  
**Subject:** RE: Possible PFGE match in Canada (Northeastern US outbreak)

Hello Chris,

Information on this possible match just came in last evening, so we have no additional information. Will definitely keep you up to date as soon as we know anything.

Cheers  
Diane

\*\*\*\*\*  
Diane MacDonald, M.H.Sc.  
Outbreak Response and Issues Management  
Foodborne, Waterborne and Zoonotic Infections Division Centre for Infectious Disease  
Prevention and Control Public Health Agency of Canada Unit 120, 255 Woodlawn Road West  
Guelph, Ontario N1H 8J1  
ph: 519-826-2200  
fax: 519-826-2984  
\*\*\*\*\*

"Braden, Chris  
\  
(CDC/CCID/NCZVED)" <Diane\_MacDonald@phac-aspc.gc.ca>  
To: "Diane MacDonald"  
\  
(CDC/CCID/NCZVED)" <kpb6@cdc.gov>, "Nguyen, Thai-An"  
cc: "Hise, Kelley B."  
<crb5@cdc.gov> \  
(CDC/CCID/NCZVED)" \  
(CTR)" <ten9@cdc.gov>, "Sodha, Samir \  
(CDC/CCID/NCZVED)" <zty6@cdc.gov>, "Lynch, Michael"  
\  
(CDC/CCID/NCZVED)" <wz14@cdc.gov>  
2006-12-15 08:29 Subject: RE: Possible PFGE match in Canada  
(Northeastern US outbreak)  
AM

Hi Diane,  
Thanks for the heads up. I have just informed our PulseNet team- they will follow up with your lab and verify. Thai-An has the spread sheet shell to report and include in our updates. To meet the case definition, however, a history of eating at Taco Bell within the 7 days prior to illness is required. Do you know that info yet?

The FDA is conducting traceback, concentrating on lettuce... If this case is directly connected (i.e., you can identify a Taco Bell restaurant exposure) it may be helpful to include this restaurant in traceback to identify lot, etc.

Keep us informed.

Chris

-----Original Message-----

From: Diane MacDonald [mailto:Diane\_MacDonald@phac-aspc.gc.ca]  
Sent: Friday, December 15, 2006 8:09 AM  
To: Sodha, Samir (CDC/CCID/NCZVED)  
Cc: Braden, Chris (CDC/CCID/NCZVED); Andrea Ellis  
Subject: Possible PFGE match in Canada (Northeastern US outbreak)

Good morning,

We have received word from our National Microbiological Laboratory that we may have a match to the outbreak strain linked to Taco Bell restaurants. On first enzyme it seems to be a match, BlnI will be run.

We will be contacting the provincial health authorities to gather epidemiological data. Will provide you with what ever information we can gather.

Is there a standard follow up questionnaire and line list shell for this investigation? If yes, could forward them to me?

Thanks very much,  
Diane

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\*\*\*\*\*

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Braden, Chris (CDC/CCID/NCZVED)  
**Sent:** Friday, December 15, 2006 8:29 AM  
**To:** 'Diane MacDonald'  
**Cc:** Hise, Kelley B. (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR); Sodha, Samir (CDC/CCID/NCZVED); Lynch, Michael (CDC/CCID/NCZVED)  
**Subject:** RE: Possible PFGE match in Canada (Northeastern US outbreak)

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\*\*\*\*\*

## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

---

**From:** Lorelee Tschetter [Lorelee\_Tschetter@phac-aspc.gc.ca]  
**Sent:** Friday, December 15, 2006 10:02 AM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** RE: Possible PFGE match in Canada (Northeastern US outbreak)

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Hi Molly,

Did you want to take a look at the pattern submitted, or wait until the XbaI re-run and BlnI digest are complete? I asked them to re-run due to partials and the bottom of the pattern was a bit fuzzy and might be slightly different from your fast food restaurant chain pattern...but there unfortunately extremely close!

Lore

"Joyner, Molly M. \ (CDC/CCID/NCZVED\ ) \ (CTR\ )" <cev9@cdc.gov>  
2006-12-15 08:48 AM

**To:** <celine\_nadon@phac-aspc.gc.ca>, <Lorelee\_tschetter@phac-aspc.gc.ca>, <cynthia\_misfeldt@phac-aspc.gc.ca>  
**cc:** "Hise, Kelley B. \ (CDC/CCID/NCZVED\ )" <kpb6@cdc.gov>, "Gerner-Smidt, Peter \ (CDC/CCID/NCZVED\ )" <plg5@cdc.gov>  
**Subject:** RE: Possible PFGE match in Canada (Northeastern US outbreak)

Hello,  
We received information that Canada has a potential match to the recent E. coli outbreak in the NE USA related to a fast food restaurant chain.  
Please inform us and send a bundle or tiff as soon as the pattern is available.

Thank you,  
Molly M. Joyner  
PulseNet National Database Administration Team CDC/NCZVED/DFBMD/EDLRB cev9@cdc.gov  
Phone: 404-639-3652  
Fax: 404-639-3333

-----Original Message-----

**From:** Diane MacDonald [mailto:Diane\_MacDonald@phac-aspc.gc.ca]  
**Sent:** Friday, December 15, 2006 8:37 AM  
**To:** Braden, Chris (CDC/CCID/NCZVED)  
**Cc:** Hise, Kelley B. (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR); Lynch, Michael (CDC/CCID/NCZVED); Sodha, Samir (CDC/CCID/NCZVED); Andrea Ellis  
**Subject:** RE: Possible PFGE match in Canada (Northeastern US outbreak)

Hello Chris,

Information on this possible match just came in last evening, so we have no additional information. Will definitely keep you up to date as soon as we know anything.

Cheers  
Diane

\*\*\*\*\*

Diane MacDonald, M.H.Sc.  
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"Braden, Chris

MacDonald" <Diane\_MacDonald@phac-aspc.gc.ca>  
To: "Diane  
" <krb6@cdc.gov>, "Nguyen, Thai-An  
cc: "Hise, Kelley  
<crb5@cdc.gov> \ (CDC/CCID/NCZVED\  
<ten9@cdc.gov>, "Sodha, Samir \ (CDC/CCID/NCZVED\  
<zty6@cdc.gov>, "Lynch, Michael  
<wzl4@cdc.gov>  
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Thanks very much,  
Diane

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\*\*\*\*\*

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Sent:** Friday, December 15, 2006 10:56 AM  
**To:** Daigle, David (CDC/CCID/NCZVED); Russell, Lola S. (CDC/OD/OEC)  
**Cc:** Cox, Christopher M. (CDC/OD/OEC) (CTR); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Hise, Kelley B. (CDC/CCID/NCZVED)  
**Subject:** RE: MI-Normal-Unassigned-E.coli Fingerprinting

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

David and Lola,  
The spinach strain and the Taco Bell strains are different and unrelated. If someone is asking you about the E. coli strain associated with Taco John's in IO and MN (associated with lettuce) this outbreak strain is also totally different from the two former ones.  
Peter

-----Original Message-----

**From:** Daigle, David (CDC/CCID/NCZVED)  
**Sent:** Thursday, December 14, 2006 1:09 PM  
**To:** Russell, Lola S. (CDC/OD/OEC); Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Cc:** Cox, Christopher M. (CDC/OD/OEC) (CTR)  
**Subject:** Re: MI-Normal-Unassigned-E.coli Fingerprinting

I should note that there are over 128,000 strains in database

-----  
Sent from my BlackBerry Wireless Handheld

-----Original Message-----

**From:** Russell, Lola S. (CDC/OD/OEC)  
**To:** Daigle, David (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**CC:** Cox, Christopher M. (CDC/OD/OEC) (CTR)  
**Sent:** Thu Dec 14 12:39:49 2006  
**Subject:** RE: MI-Normal-Unassigned-E.coli Fingerprinting

Can you review the question below.  
While it is 0157:H7; wouldn't the specific strain be different since it is a different vehicle?  
Lola

-----  
**From:** Cox, Christopher M. (CDC/OD/OEC) (CTR)  
**Sent:** Thursday, December 14, 2006 12:37 PM  
**To:** Russell, Lola S. (CDC/OD/OEC)  
**Cc:** Cox, Christopher M. (CDC/OD/OEC) (CTR); Daigle, David (CDC/CCID/NCZVED); Diaz, Shelly S. (CDC/OD/OEC)  
**Subject:** MI-Normal-Unassigned-E.coli Fingerprinting

Reporter's Name: Sally Schuff

Media Outlet: Feed Stuff

Deadline: 4:00 pm

Phone: 202-484-0744

Cell:

E-Mail:

Note:

Sounds like she needs a brief explanation of strains and fingerprinting.

Questions for CDC: Ms. Schuff would like to know if the DNA fingerprinting of this e.coli outbreak is the same of that with spinach.

Information Provided by CDC:

View <<http://intraspn.cdc.gov/wagg/mediacenter/Edit.aspx?id=6193>> Inquiry Details

## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

---

**From:** Lorelee Tschetter [Lorelee\_Tschetter@phac-aspc.gc.ca]  
**Sent:** Friday, December 15, 2006 3:02 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** RE: potential US Ecoli outbreak match

Hi Molly,

This is the information we received from Ontario regarding their isolate.

Lore

----- Forwarded by Lorelee Tschetter/HC-SC/GC/CA on 2006-12-15 02:01 PM  
-----

"Maki, Anne (MOH)" <Anne.Maki@moh.gov.on.ca>  
2006-12-15 01:47 PM

**To:** 'Lorelee Tschetter' <Lorelee\_Tschetter@phac-aspc.gc.ca>  
**cc:** Celine Nadon <celine\_nadon@phac-aspc.gc.ca>, "Labelle, Jeannine (MOH)" <Jeannine.Labelle@moh.gov.on.ca>  
**Subject:** RE: potential US Ecoli outbreak match

Hi  
The isolate will be worked on over the weekend and we should have results on Monday or Tuesday of next week. Just to let you know - there seems to be a symbiotic organism growing with the E.coli. We are trying to separate the two organisms but it has been quite difficult. Jeannine or I will let you know how it looks next week.

Have a great weekend!  
Anne

-----Original Message-----

**From:** Lorelee Tschetter [mailto:Lorelee\_Tschetter@phac-aspc.gc.ca]  
**Sent:** Friday, December 15, 2006 11:58 AM  
**To:** Maki, Anne (MOH)  
**Cc:** Celine Nadon; Labelle, Jeannine (MOH)  
**Subject:** RE: potential US Ecoli outbreak match

Hi Anne,

Sorry to bother again. I just heard back from the CDC and they agree that it looks like an XbaI match, and they would like to know (without seeming too pushy) what day you think the results would be complete next week? Their epis will likely be asking them and they'd like a head's up so they can be prepared to confirm the pattern at their end as well if possible. If you can provide this information for them that would be great, otherwise I will just tell them they need to be patient and we will send them the information ASAP.

Thanks in advance.

Lore



**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Parsons, Michele (CDC/CCID/NCZVED)  
**Sent:** Friday, December 15, 2006 3:37 PM  
**To:** Bopp, Cheryl A. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Ribot, Efrain (CDC/CCID/NCZVED); Puhr, Nancy (CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED)  
**Cc:** Hise, Kelley B. (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Subject:** RE: Isolate for Food Testing

On the conference call, someone reported that PA was sending a Taco specimen to CDC. G. Frazier I do not believe was on the call. I have emailed him for clarification.

---

**From:** Bopp, Cheryl A. (CDC/CCID/NCZVED)  
**Sent:** Friday, December 15, 2006 3:36 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Parsons, Michele (CDC/CCID/NCZVED); Ribot, Efrain (CDC/CCID/NCZVED); Puhr, Nancy (CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED)  
**Cc:** Hise, Kelley B. (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Subject:** RE: Isolate for Food Testing

Michele,

Did PA tell you that they were sending it here?

Cheryl

---

**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Sent:** Friday, December 15, 2006 2:59 PM  
**To:** Parsons, Michele (CDC/CCID/NCZVED); Ribot, Efrain (CDC/CCID/NCZVED); Bopp, Cheryl A. (CDC/CCID/NCZVED); Puhr, Nancy (CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED)  
**Cc:** Hise, Kelley B. (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Subject:** Isolate for Food Testing

Hi everyone,  
On the 2:00 conference call today, PA mentioned that they had sent part of a frozen taco that did not yield E. coli O157 to the Foodborne lab here. I just wanted to make sure everyone was aware. I'm sorry I don't have any more information. But, from what I gathered, the specimen is on its way.

Thanks,  
Molly

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Parsons, Michele (CDC/CCID/NCZVED)  
**Sent:** Friday, December 15, 2006 3:50 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Cc:** Bopp, Cheryl A. (CDC/CCID/NCZVED)  
**Subject:** FW: Isolate for Food Testing

Molly,

Could it be NY that is shipping a portion of a Taco? They previously reported having a frozen "super crunchy" Taco that they were testing this week. I have a feeling that it might be them?

Do you know who shared in the information on the call? I can call and clarify

Thank you,

---

**From:** Fraser, George [mailto:GFRASER@state.pa.us]  
**Sent:** Friday, December 15, 2006 3:48 PM  
**To:** Parsons, Michele (CDC/CCID/NCZVED)  
**Subject:** RE: Isolate for Food Testing

I didn't know we were shipping the taco. We divided it into 4 samples and did ehec broth at 42 & 35 and gn broth at 42 & 35, so all we have is the enrichments. We have a stool sample on the person who ate 1 taco & froze the other which was sent to us. We should have results on the stool on Monday. We can ship the enrichment broths next week.

-----Original Message-----

**From:** Parsons, Michele (CDC/CCID/NCZVED) [mailto:zcp9@cdc.gov]  
**Sent:** Friday, December 15, 2006 3:21 PM  
**To:** Fraser, George  
**Cc:** Greene, Kathy D. (CDC/CCID/NCZVED); Bopp, Cheryl A. (CDC/CCID/NCZVED)  
**Subject:** FW: Isolate for Food Testing

Dear George,

On the 2pm states conference call today there was mention of a taco sample being sent from PA to CDC for testing? Are you involved in this? If so, do you know when you are arranging this shipment?

Warm regards,  
Michele

---

**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Sent:** Friday, December 15, 2006 2:59 PM  
**To:** Parsons, Michele (CDC/CCID/NCZVED); Ribot, Efrain (CDC/CCID/NCZVED); Bopp, Cheryl A. (CDC/CCID/NCZVED); Puhr, Nancy (CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED)  
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Thanks,  
Molly

## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

---

**From:** Greene, Kathy D. (CDC/CCID/NCZVED)  
**Sent:** Friday, December 15, 2006 4:45 PM  
**To:** Hyytia-Trees, Eija (CDC/CCID/NCZVED)  
**Cc:** Garrett, Nancy (CDC/CCID/NCZVED) (CTR); Hise, Kelley B. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED); Parsons, Michele (CDC/CCID/NCZVED); Ribot, Efrain (CDC/CCID/NCZVED)  
**Subject:** PCR Results - NJ isolates

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Isolates forwarded to PulseNet on 12/15/06:

| <u>EDLRB#</u> | <u>NJ SHD#</u> | <u>DASH#</u> | <u>Paton MP 1 PCR</u> |
|---------------|----------------|--------------|-----------------------|
| K4398         | 602470         | 2007005633   | stx 2, eae, Ehly      |
| K4399         | 602475         | 2007005634   | stx 2, eae, Ehly      |
| K4400         | 602477         | 2007005635   | stx 2, eae, Ehly      |
| K4401         | 602489         | 2007005636   | stx 2, eae, Ehly      |
| K4402         | 602491         | 2007005637   | stx 2, eae, Ehly      |
| K4403         | 602568         | 2007005693   | stx 2, eae, Ehly      |
| K4404         | 602580         | 2007005694   | stx 2, eae, Ehly      |
| K4405         | 602570         | 2007005695   | stx 2, eae, Ehly      |
| K4406         | 602551         | 2007005696   | stx 2, eae, Ehly      |
| K4407         | 602542         | 2007005697   | stx 2, eae, Ehly      |
| K4408         | 602572         | 2007005698   | stx 2, eae, Ehly      |
| K4409         | 602559         | 2007005699   | stx 2, eae, Ehly      |
| K4410         | 602557         | 2007005700   | stx 2, eae, Ehly      |
| K4411         | 602555         | 2007005701   | stx 2, eae, Ehly      |
| K4412         | 602554         | 2007005702   | stx 2, eae, Ehly      |

## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

---

**From:** Hyytia-Trees, Eija (CDC/CCID/NCZVED)  
**Sent:** Monday, December 18, 2006 12:35 PM  
**To:** Ribot, Efrain (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR); Braden, Chris (CDC/CCID/NCZVED); Hise, Kelley B. (CDC/CCID/NCZVED)  
**Cc:** 'Maria.Orsini@doh.state.nj.us'  
**Subject:** MLVA results for the NJ Taco Bell isolates  
**Attachments:** cluster0612miEXH-2.ppt

Dear all,

Attached is a dendrogram displaying MLVA results for the fifteen NJ Taco Bell isolates. Fourteen of the isolates were indistinguishable by MLVA, including three that differed from the main outbreak pattern by PFGE. One isolate was a single locus variant from the main outbreak pattern (meaning very closely related). The main outbreak pattern has been seen once before in the database. It was the pattern associated with cluster 0601MAEXH-1c early this year. The single locus variant pattern has also been seen once before in a single strain isolated in 2000 in NJ .

Eija



cluster0612miEXH-2  
.ppt (44 KB)...

*Eija Trees, D.V.M, Ph.D.*

*Microbiologist*

*PulseNet Methods Development and Validation Laboratory*

*Foodborne and Diarrheal Diseases Branch*

*Centers for Disease Control and Prevention*

*Mail Stop CO3, Bldg 1 Main Room B116C*

*1600 Clifton Road*

*GA 30333 Atlanta*

*Phone: 404-639-3672 (office)*

*Fax: 404-639-0567*

# Cluster 0612mIEXH-2 (Taco Bell)

VNTR\_vais  
MLVA\_com MLVA\_composite

| VNTR_vais:VNTR_3 | VNTR_vais:VNTR_34 | VNTR_vais:VNTR_9 | VNTR_vais:VNTR_19 | VNTR_vais:VNTR_36 | VNTR_vais:VNTR_25 | VNTR_vais:VNTR_17 | VNTR_vais:VNTR_37 | EXHX01.1486 | EXHA26.0071 | NJ           |
|------------------|-------------------|------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------|-------------|--------------|
| 14.0             | 7.0               | 14.0             | 7.0               | 8.0               | 4.0               | 4.0               | 7.0               | EXHX01.1486 | EXHA26.0071 | NJ           |
| 14.0             | 7.0               | 14.0             | 7.0               | 8.0               | 4.0               | 4.0               | 7.0               | EXHX01.1486 | EXHA26.0071 | NJ           |
| 14.0             | 7.0               | 14.0             | 7.0               | 8.0               | 4.0               | 4.0               | 7.0               | EXHX01.1486 | EXHA26.0071 | NJ           |
| 14.0             | 7.0               | 14.0             | 7.0               | 8.0               | 4.0               | 4.0               | 7.0               | EXHX01.1486 | EXHA26.0071 | NJ           |
| 14.0             | 7.0               | 14.0             | 7.0               | 8.0               | 4.0               | 4.0               | 7.0               | EXHX01.1486 | EXHA26.0071 | NJ/Middlesex |
| 14.0             | 7.0               | 14.0             | 7.0               | 8.0               | 4.0               | 4.0               | 7.0               | EXHX01.1486 | EXHA26.0071 | NJ/Middlesex |
| 14.0             | 7.0               | 14.0             | 7.0               | 8.0               | 4.0               | 4.0               | 7.0               | EXHX01.1486 | EXHA26.0071 | NJ/Somerset  |
| 14.0             | 7.0               | 14.0             | 7.0               | 8.0               | 4.0               | 4.0               | 7.0               | EXHX01.1486 | EXHA26.1379 | NJ/Middlesex |
| 14.0             | 7.0               | 14.0             | 7.0               | 8.0               | 4.0               | 4.0               | 7.0               | EXHX01.3585 | EXHA26.0556 | NJ/Somerset  |
| 14.0             | 7.0               | 14.0             | 7.0               | 8.0               | 4.0               | 4.0               | 7.0               | EXHX01.1486 | EXHA26.0071 | NJ           |
| 14.0             | 7.0               | 14.0             | 7.0               | 8.0               | 4.0               | 4.0               | 7.0               | EXHX01.1486 | EXHA26.0071 | NJ/Middlesex |
| 14.0             | 7.0               | 14.0             | 7.0               | 8.0               | 4.0               | 4.0               | 7.0               | EXHX01.1486 | EXHA26.0071 | NJ/Middlesex |
| 14.0             | 7.0               | 14.0             | 7.0               | 8.0               | 4.0               | 4.0               | 7.0               | EXHX01.1479 | EXHA26.0071 | NJ/Hunterton |
| 14.0             | 7.0               | 14.0             | 7.0               | 8.0               | 4.0               | 4.0               | 7.0               | EXHX01.1486 | EXHA26.0071 | NJ/Union     |
| 14.0             | 7.0               | 15.0             | 7.0               | 8.0               | 4.0               | 4.0               | 7.0               | EXHX01.1486 | EXHA26.0071 | NJ/Middlesex |



## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

---

**From:** Hyytia-Trees, Eija (CDC/CCID/NCZVED)  
**Sent:** Monday, December 18, 2006 1:10 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Cc:** Ribot, Efrain (CDC/CCID/NCZVED)  
**Subject:** RE: MLVA results for the NJ Taco Bell isolates

Molly,

You can tell these results...they are not preliminary. We haven't received isolates from any of the other states yet...it might be a good idea to again encourage them to send isolates in, because outbreaks of this large scale are very useful when we develop data interpretation guidelines for MLVA.

Eija

---

**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Sent:** Monday, December 18, 2006 12:45 PM  
**To:** Hyytia-Trees, Eija (CDC/CCID/NCZVED)  
**Cc:** Ribot, Efrain (CDC/CCID/NCZVED)  
**Subject:** RE: MLVA results for the NJ Taco Bell isolates

Hi Eija,

If anyone asks about MLVA on the conference call today at 2:00, should I tell them your results, or are they still considered preliminary?

Thanks,  
Molly

---

**From:** Hyytia-Trees, Eija (CDC/CCID/NCZVED)  
**Sent:** Monday, December 18, 2006 12:35 PM  
**To:** Ribot, Efrain (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR); Braden, Chris (CDC/CCID/NCZVED); Hise, Kelley B. (CDC/CCID/NCZVED)  
**Cc:** 'Maria.Orsini@doh.state.nj.us'  
**Subject:** MLVA results for the NJ Taco Bell isolates

Dear all,

Attached is a dendrogram displaying MLVA results for the fifteen NJ Taco Bell isolates. Fourteen of the isolates were indistinguishable by MLVA, including three that differed from the main outbreak pattern by PFGE. One isolate was a single locus variant from the main outbreak pattern (meaning very closely related). The main outbreak pattern has been seen once before in the database. It was the pattern associated with cluster 0601MAEXH-1c early this year. The single locus variant pattern has also been seen once before in a single strain isolated in 2000 in NJ .

Eija

<< File: cluster0612miEXH-2.ppt >>

*Eija Trees, D.V.M, Ph.D.*

*Microbiologist*

*PulseNet Methods Development and Validation Laboratory*

*Foodborne and Diarrheal Diseases Branch*

*Centers for Disease Control and Prevention*

*Mail Stop CO3, Bldg 1 Main Room B116C*

*1600 Clifton Road*

*GA 30333 Atlanta*

*Phone: 404-639-3672 (office)*

*Fax: 404-639-0567*

## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

---

**From:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Sent:** Monday, December 18, 2006 6:34 PM  
**To:** Hyytia-Trees, Eija (CDC/CCID/NCZVED); Ribot, Efrain (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR); Braden, Chris (CDC/CCID/NCZVED); Hise, Kelley B. (CDC/CCID/NCZVED)  
**Cc:** 'Maria.Orsini@doh.state.nj.us'  
**Subject:** RE: MLVA results for the NJ Taco Bell isolates

Eija,  
This is very interesting. Is the isolate with the slightly different PFGE pattern from the food handler in NJ among the isolates with the dominant MLVA pattern? The same question with patient isolates from the "outlier" states (MS, UT, CA)? You probably cannot answer the last question because you only have NJ isolates in your dendrogram.  
Thanks  
Peter

---

**From:** Hyytia-Trees, Eija (CDC/CCID/NCZVED)  
**Sent:** Monday, December 18, 2006 12:35 PM  
**To:** Ribot, Efrain (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR); Braden, Chris (CDC/CCID/NCZVED); Hise, Kelley B. (CDC/CCID/NCZVED)  
**Cc:** 'Maria.Orsini@doh.state.nj.us'  
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Eija  
<< File: cluster0612mlEXH-2.ppt >>

*Eija Trees, D.V.M., Ph.D.  
Microbiologist  
PulseNet Methods Development and Validation Laboratory  
Foodborne and Diarrheal Diseases Branch  
Centers for Disease Control and Prevention  
Mail Stop CO3, Bldg 1 Main Room B116C  
1600 Clifton Road  
GA 30333 Atlanta  
Phone: 404-639-3672 (office)  
Fax: 404-639-0567*

## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

---

**From:** Hyytia-Trees, Eija (CDC/CCID/NCZVED)  
**Sent:** Monday, December 18, 2006 6:37 PM  
**To:** Gerner-Smidt, Peter (CDC/CCID/NCZVED); Ribot, Efrain (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR); Braden, Chris (CDC/CCID/NCZVED); Hise, Kelley B. (CDC/CCID/NCZVED)  
**Cc:** 'Maria.Orsini@doh.state.nj.us'  
**Subject:** RE: MLVA results for the NJ Taco Bell isolates

Peter,

The isolate with the slightly different PFGE pattern from the food handler was among the isolates with the main outbreak MLVA type. I do not have any isolates from the outlier states yet but will request them tomorrow.

Eija

---

**From:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Sent:** Monday, December 18, 2006 6:34 PM  
**To:** Hyytia-Trees, Eija (CDC/CCID/NCZVED); Ribot, Efrain (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR); Braden, Chris (CDC/CCID/NCZVED); Hise, Kelley B. (CDC/CCID/NCZVED)  
**Cc:** 'Maria.Orsini@doh.state.nj.us'  
**Subject:** RE: MLVA results for the NJ Taco Bell isolates

Eija,  
This is very interesting. Is the isolate with the slightly different PFGE pattern from the food handler in NJ among the isolates with the dominant MLVA pattern? The same question with patient isolates from the "outlier" states (MS, UT, CA)? You probably cannot answer the last question because you only have NJ isolates in your dendrogram.  
Thanks  
Peter

---

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**To:** Ribot, Efrain (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR); Braden, Chris (CDC/CCID/NCZVED); Hise, Kelley B. (CDC/CCID/NCZVED)  
**Cc:** 'Maria.Orsini@doh.state.nj.us'  
**Subject:** MLVA results for the NJ Taco Bell isolates

Dear all,

Attached is a dendrogram displaying MLVA results for the fifteen NJ Taco Bell isolates. Fourteen of the isolates were indistinguishable by MLVA, including three that differed from the main outbreak pattern by PFGE. One isolate was a single locus variant from the main outbreak pattern (meaning very closely related). The main outbreak pattern has been seen once before in the database. It was the pattern associated with cluster 0601MAEXH-1c early this year. The single locus variant pattern has also been seen once before in a single strain isolated in 2000 in NJ .

Eija  
<< File: cluster0612mlEXH-2.ppt >>

*Eija Trees, D.V.M, Ph.D.  
Microbiologist  
PulseNet Methods Development and Validation Laboratory  
Foodborne and Diarrheal Diseases Branch  
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GA 30333 Atlanta  
Phone: 404-639-3672 (office)  
Fax: 404-639-0567

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Hyytia-Trees, Eija (CDC/CCID/NCZVED)  
**Sent:** Tuesday, December 19, 2006 1:19 PM  
**To:** 'Sandt, Carol'  
**Cc:** Chmielecki, Wayne; Ribot, Efrain (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED); Bopp, Cheryl A. (CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED); Garrett, Nancy (CDC/CCID/NCZVED) (CTR); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Braden, Chris (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
**Subject:** FW: 0612mlEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

Carol,

if you could send your Taco Bell isolates to us for MLVA typing that would be greatly appreciated. I've typed 15 isolates from NJ so far, and 14 of them were indistinguishable (including isolates that had slightly different PFGE patterns) and one was very closely related. However, I've seen this MLVA pattern before, so right now I'm just trying to gather as much information as I can about this outbreak to evaluate MLVA's true performance. No DASH sheets needed, as usual with isolates for MLVA.

Thanks,

Eija

---

**From:** ecoli Listmanager [mailto:[ecoli.listmanager@pulsenet.forum.cdc.gov](mailto:ecoli.listmanager@pulsenet.forum.cdc.gov)]  
**Sent:** Tuesday, December 19, 2006 12:46 PM  
**Subject:** 0612mlEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

From: "Carol Sandt" <[csandt@state.pa.us](mailto:csandt@state.pa.us)>

Pennsylvania has five additional isolates that appear to match this cluster/outbreak by two enzymes: 06E02128, 06E02158, 06E02180, 06E02196, and 06E02197. All were collected between December 5 and December 9.

Carol H. Sandt, Ph.D.  
Molecular Microbiology Section  
Division of Clinical Microbiology  
Bureau of Laboratories  
Pennsylvania Department of Health  
110 Pickering Way  
Lionville, PA USA 19353  
email:[csandt@state.pa.us](mailto:csandt@state.pa.us)  
phone: 610-280-3464  
fax: 610-450-1932

To reply:[ecoli.61632@pulsenet.forum.cdc.gov](mailto:ecoli.61632@pulsenet.forum.cdc.gov)  
To start a new topic:[ecoli@pulsenet.forum.cdc.gov](mailto:ecoli@pulsenet.forum.cdc.gov)  
To login:<http://forumx.cdc.gov>  
To (un)subscribe:[ecoli.list-request@pulsenet.forum.cdc.gov](mailto:ecoli.list-request@pulsenet.forum.cdc.gov)

3/12/2007

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Sandt, Carol [csandt@state.pa.us]  
**Sent:** Tuesday, December 19, 2006 2:25 PM  
**To:** Hyytia-Trees, Eija (CDC/CCID/NCZVED); Sandt, Carol  
**Cc:** Chmielecki, Wayne; Ribot, Efrain (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED); Bopp, Cheryl A. (CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED); Garrett, Nancy (CDC/CCID/NCZVED) (CTR); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Braden, Chris (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
**Subject:** RE: 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

Eija,

We will be glad to send you our Taco Bell isolates. We have been waiting for PFGE confirmation of probable cases (i.e., those with Taco Bell exposure). We confirmed 5 more just today. I think this may be all, so we will get them to you soon.

Carol

-----Original Message-----

**From:** Hyytia-Trees, Eija (CDC/CCID/NCZVED) [mailto:eih9@cdc.gov]  
**Sent:** 2006-12-19 1:19  
**To:** Sandt, Carol  
**Cc:** Chmielecki, Wayne; Ribot, Efrain (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED); Bopp, Cheryl A. (CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED); Garrett, Nancy (CDC/CCID/NCZVED) (CTR); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Braden, Chris (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
**Subject:** FW: 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

Carol,

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Thanks,

Eija

---

**From:** ecoli Listmanager [mailto:ecoli.listmanager@pulsenet.forum.cdc.gov]  
**Sent:** Tuesday, December 19, 2006 12:46 PM  
**Subject:** 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

From: "Carol Sandt" <csandt@state.pa.us>

Pennsylvania has five additional isolates that appear to match this cluster/outbreak by two enzymes: 06E02128, 06E02158, 06E02180, 06E02196, and 06E02197. All were collected between December 5 and December 9.

Carol H. Sandt, Ph.D.  
Molecular Microbiology Section  
Division of Clinical Microbiology  
Bureau of Laboratories  
Pennsylvania Department of Health  
110 Pickering Way  
Lionville, PA USA 19353  
email: [csandt@state.pa.us](mailto:csandt@state.pa.us)  
phone: 610-280-3464  
fax: 610-450-1932

To reply: [ecoli.61632@pulsenet.forum.cdc.gov](mailto:ecoli.61632@pulsenet.forum.cdc.gov)  
To start a new topic: [ecoli@pulsenet.forum.cdc.gov](mailto:ecoli@pulsenet.forum.cdc.gov)  
To login: <http://forumx.cdc.gov>  
To (un)subscribe: [ecoli.list-request@pulsenet.forum.cdc.gov](mailto:ecoli.list-request@pulsenet.forum.cdc.gov)

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** OConnell, Janice (DHS-DCDC) [JOConnel@dhs.ca.gov]  
**Sent:** Wednesday, December 20, 2006 11:38 AM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Cc:** Gerner-Smidt, Peter (CDC/CCID/NCZVED); Hyytia-Trees, Eija (CDC/CCID/NCZVED)  
**Subject:** RE: CA possible Taco bell case

Hi Molly,

The isolate that our epis thought was related to the E. coli Taco Bell outbreak was key number 06X05392. I can send it out to Cheryl next Tuesday.

Happy Holidays to you!!

Jan

---

**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR) [mailto:cev9@cdc.gov]  
**Sent:** Wednesday, December 20, 2006 7:55 AM  
**To:** OConnell, Janice (DHS-DCDC)  
**Cc:** Gerner-Smidt, Peter (CDC/CCID/NCZVED); Hyytia-Trees, Eija (CDC/CCID/NCZVED)  
**Subject:** CA possible Taco bell case

Hi Jan,

In the case numbers for the Taco Bell E. coli outbreak, there was a possible case listed from CA. The epis decided to drop that case from the case counts, but our laboratory would still like to receive the isolate for MLVA typing to see how the MLVA pattern compares to the others in the outbreak. I'm sorry I don't have an isolate number listed for this case; I tried to find that out from our epis but they didn't know it either.

Do you know which case I'm referring to, and if so, would you mind sending it to the address below:

*Shipping address:*

*Attention: Cheryl Bopp*

*Centers for Disease Control and Prevention*

*Data & Specimen Handling Section*

*Bldg. 4, RM. B35-G12*

*1600 Clifton Rd., NE*

*Atlanta, GA 30333*

Thanks so much and happy holidays!

3/12/2007

Molly M. Joyner  
PulseNet National Database Administration Team  
CDC/NCZVED/DFBMD/EDLRB  
[cev9@cdc.gov](mailto:cev9@cdc.gov)  
Phone: 404-639-3652  
Fax: 404-639-3333

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

---

**From:** Jaime Frank [jfrank@medicine.nevada.edu]  
**Sent:** Wednesday, December 20, 2006 1:23 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Sergey Morzunov; jfrank@unr.edu  
**Cc:** Gerner-Smidt, Peter (CDC/CCID/NCZVED); Hyytia-Trees, Eija (CDC/CCID/NCZVED)  
**Subject:** RE: NV isolate possibly associated with Taco bell outbreak

Hi Molly,  
I have packaged this Ecoli O157:H7, NSHL isolate # M0-3347, for send out MLVA testing as directed below. FedEX will pick up this afternoon, Wed 12/20/06. You should recieve this isolate tomorrow, Thursday 12/21/06. Thank you,  
Jaime Frank  
Nevada State Health Laboratory

Dear Sergey and Jaime,  
If you could send your Taco Bell isolate to us for MLVA typing that would be greatly appreciated. No DASH sheets needed, as usual with isolates for MLVA.  
Please send the isolate to:

*Attention: Cheryl Bopp  
Centers for Disease Control and Prevention  
Data & Specimen Handling Section  
Bldg. 4, RM. B35-G12  
1600 Clifton Rd., NE  
Atlanta, GA 30333*

Thank you,  
Molly M. Joyner  
PulseNet National Database Administration Team  
CDC/NCZVED/DFBMD/EDLRB  
[cev9@cdc.gov](mailto:cev9@cdc.gov)  
Phone: 404-639-3652  
Fax: 404-639-3333

---

**From:** Sergey Morzunov [mailto:smorzunov@medicine.nevada.edu]  
**Sent:** Sunday, December 10, 2006 3:04 PM  
**To:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)  
**Subject:** RE: NV isolate possibly associated with Taco bell outbreak

Molly:

Please, find attached a tiff file that contains both Xbal and BlnI patterns of the isolate from Utah resident.

Sample M06-3347 is in lane 4 (Xbal) and lane 8 (BlnI). Collection date 11-28-06, received 12-01-06, Human, M, 30, Stool. Resident of Utah, but got sick and was treated in Nevada.

Just in case, if you'll have time: there is another E. coli O157:H7 sample in lane 3 (Xbal). It came from Las Vegas, and it has a different pattern. Collection date 11-19-06, received by our lab on 12-05-06, Human, M, 8, stool, NV, Clark County, Las Vegas. Unfortunately, there is no BlnI pattern.

Lanes 2 and 6 are Xba and Bln for a Shigella sample. Let me know if you are going to process it – I'll send demographics!

Thanks a lot for your help!

Sergey

Sergey P. Morzunov, Ph.D.  
Associate Professor of Pathology  
& Laboratory Medicine  
University of Nevada, Reno  
Department of Pathology  
Nevada State Health Laboratory  
1660 N. Virginia St.  
Reno, NV 89503  
Phone: (775) 688-1335 ext. 255  
Fax: (775) 688-1460  
NEW E-mail: [smorzunov@medicine.nevada.edu](mailto:smorzunov@medicine.nevada.edu)

---

**From:** Joyner, Molly M. (CDC/CCID/NCZVED) (CTR) [mailto:[cev9@cdc.gov](mailto:cev9@cdc.gov)]  
**Sent:** Thursday, December 07, 2006 1:10 PM  
**To:** [jfrank@unr.edu](mailto:jfrank@unr.edu); [sergey@med.unr.edu](mailto:sergey@med.unr.edu)  
**Cc:** Gerner-Smidt, Peter (CDC/CCID/NCZVED)  
**Subject:** NV isolate possibly associated with Taco bell outbreak

Hello NV,

You may be aware of the recent *E. coli* outbreak related to Taco Bell. We heard in a conference call today that there is a patient who lives in UT and was traveling, and they received treatment for an *E. coli* infection at a Nevada hospital. Please, if you have the PFGE pattern for this patient, or when you receive it, can you send us the TIFF asap and we will analyze and upload it to the database?

Thank you for your cooperation.

Please send the TIFF to the PFGE inbox with *E. coli* in the subject line.

Thank you very much,  
Molly M. Joyner  
PulseNet National Database Administration Team  
CDC/NCZVED/DFBMD/EDLRB  
[cev9@cdc.gov](mailto:cev9@cdc.gov)  
Phone: 404-639-3652  
Fax: 404-639-3333

## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

---

**From:** Greene, Kathy D. (CDC/CCID/NCZVED)  
**Sent:** Thursday, December 21, 2006 3:53 PM  
**To:** Hyytia-Trees, Eija (CDC/CCID/NCZVED)  
**Cc:** Garrett, Nancy (CDC/CCID/NCZVED) (CTR); Hise, Kelley B. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED); Parsons, Michele (CDC/CCID/NCZVED); Ribot, Efrain (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
**Subject:** E. coli O157:H7 isolates for MLVA typing

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

EDLRB received the following **13 E. coli O157:H7 isolates from the PA SHD:**

| <u>EDLRB#</u> | <u>PA SHD#</u> |
|---------------|----------------|
| K4442         | 06E02109       |
| K4443         | 06E02110       |
| K4444         | 06E02113       |
| K4445         | 06E02114       |
| K4446         | 06E02116       |
| K4447         | 06E02127       |
| K4448         | 06E02141       |
| K4449         | 06E02151       |
| K4450         | 06E02128       |
| K4451         | 06E02158       |
| K4452         | 06E02180       |
| K4453         | 06E02196       |
| K4454         | 06E02197       |

In addition, EDLRB received the following **2 E. coli O157:H7 isolates from the DE SHD:**

| <u>EDLRB#</u> | <u>DE SHD#*</u> | <u>DASH#</u> |
|---------------|-----------------|--------------|
| K4455         | 64645           | 2007005794   |
| K4456         | 64086           | 2007005795   |

\*Note: For the DE isolates, I pulled the SHD# from Molly's database. Only personal identifiers given on the DASH sheet.

All 15 isolates are associated with the Taco Bell outbreak. Isolates will be on blood plates in the morning.

Kathy

**Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)**

**From:** Greene, Kathy D. (CDC/CCID/NCZVED)  
**Sent:** Wednesday, December 27, 2006 5:00 PM  
**To:** MacCannell, Duncan (CDC/CCID/NCZVED) (CTR)  
**Cc:** Hyytia-Trees, Eija (CDC/CCID/NCZVED); Garrett, Nancy (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Hise, Kelley B. (CDC/CCID/NCZVED); Ribot, Efrain (CDC/CCID/NCZVED); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR)  
**Subject:** RE: O157s for MLVA  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Here's the information for the 3 E. coli O157 isolates submitted to you this morning for MLVA testing:

| <u>EDLRB#</u> | <u>ST</u> | <u>SHD#</u>                                                                                      |
|---------------|-----------|--------------------------------------------------------------------------------------------------|
| K4457         | NV        | M06-3347                                                                                         |
| K4458         | MS        | Referral#122 (Female, DOB <span style="border: 1px solid black; padding: 0 5px;">(b)(6)</span> ) |
| K4459         | WI        | 06BC007161                                                                                       |

All isolates are related to the Taco Bell outbreak.

Kathy

-----Original Message-----

**From:** MacCannell, Duncan (CDC/CCID/NCZVED) (CTR)  
**Sent:** Wednesday, December 27, 2006 11:58 AM  
**To:** Kappes, Devon (CDC/CCID/NCZVED) (CTR); Hyytia-Trees, Eija (CDC/CCID/NCZVED); Garrett, Nancy (CDC/CCID/NCZVED) (CTR)  
**Cc:** Greene, Kathy D. (CDC/CCID/NCZVED); Pecic, Gary (CDC/CCID/NCZVED)  
**Subject:** RE: O157s for MLVA

Got them.

Thanks, Devon.

-d.

---

**From:** Kappes, Devon (CDC/CCID/NCZVED) (CTR)  
**Sent:** Wednesday, December 27, 2006 6:11 AM  
**To:** Hyytia-Trees, Eija (CDC/CCID/NCZVED); MacCannell, Duncan (CDC/CCID/NCZVED) (CTR); Garrett, Nancy (CDC/CCID/NCZVED) (CTR)  
**Cc:** Greene, Kathy D. (CDC/CCID/NCZVED); Pecic, Gary (CDC/CCID/NCZVED)  
**Subject:** O157s for MLVA

I have placed specimens K4457, K4458, K4459 (streaked on blood Tuesday 12/26) on the desktop in lab B211 at 6:10 a.m. on Wednesday 12/27/06. These are O157 specimens for MLVA testing received on 12/22/06 from Kathy.

3/12/2007

If you have any questions, please feel free to come by B317 or to email me at [euo4@cdc.gov](mailto:euo4@cdc.gov)

Devon Kappes  
[euo4@cdc.gov](mailto:euo4@cdc.gov)

## Joyner, Molly M. (CDC/CCID/NCZVED) (CTR)

---

**From:** Hyytia-Trees, Eija (CDC/CCID/NCZVED)  
**Sent:** Wednesday, January 03, 2007 3:25 PM  
**To:** Ribot, Efrain (CDC/CCID/NCZVED); Gerner-Smidt, Peter (CDC/CCID/NCZVED); Joyner, Molly M. (CDC/CCID/NCZVED) (CTR); Bopp, Cheryl A. (CDC/CCID/NCZVED); Greene, Kathy D. (CDC/CCID/NCZVED); Garrett, Nancy (CDC/CCID/NCZVED) (CTR); Nguyen, Thai-An (CDC/CCID/NCZVED) (CTR); Braden, Chris (CDC/CCID/NCZVED)  
**Cc:** 'Sandt, Carol'; 'Maria.Orsini@doh.state.nj.us'; 'Warrack, Simone R.'; 'jfrank@medicine.nevada.edu'; 'sergey@med.unr.edu'; 'OConnell, Janice (DHS-DCDC)'; 'klloyd@msdh.state.ms.us'; Monson, Timothy  
**Subject:** MLVA results for the taco Bell isolates  
**Attachments:** Cluster0612mlEXH-2c.ppt

Dear all,

Attached is a dendrogram displaying MLVA results for the 34 Taco Bell isolates we have received so far. The isolates from MS, NV and CA that were excluded based on the epi data have patterns clearly very different from the main outbreak pattern. The WI isolate that was also excluded because the patient ate her/his salad in a restaurant other than Taco Bell in NY has a pattern indistinguishable from the main outbreak pattern. I wonder where that restaurant got their lettuce? There were also two single locus variants in this outbreak, one from NJ and one from PA. The NJ isolates that had slightly different PFGE patterns all had the main outbreak MLVA pattern.

Eija



Cluster0612mlEXH-  
2c.ppt (60 KB...)

*Eija Trees, D.V.M, Ph.D.*

*Microbiologist*

*PulseNet Methods Development and Validation Laboratory*

*Foodborne and Diarrheal Diseases Branch*

*Centers for Disease Control and Prevention*

*Mail Stop CO3, Bldg 1 Main Room B116C*

*1600 Clifton Road*

*GA 30333 Atlanta*

*Phone: 404-639-3672 (office)*

*Fax: 404-639-0567*

# Foodborne and Diarrheal Diseases Branch - Multistate Outbreak of *E. coli* O157 Infections, November-December 2006

**Update, December 12, 2006**

This outbreak was clearly linked to Taco Bell restaurants in the northeastern United States. As of 12 PM (ET) December 12, 2006, Tuesday, 67 persons with illness associated with the Taco Bell restaurant outbreak have been reported to CDC from 5 states: New Jersey (30), New York (22), Pennsylvania (12), Delaware (2), and South Carolina (1). States with Taco Bell restaurants where persons confirmed to have the outbreak strain have eaten are New Jersey, New York, Pennsylvania, and Delaware (The patient from South Carolina ate at a Taco Bell restaurant in Pennsylvania). Other cases of illness are under investigation by state public health officials. Among these 67 ill persons, 51 (76%) were hospitalized and 8 (12%) developed a type of kidney failure called hemolytic-uremic syndrome (HUS). Illness onset dates have ranged from November 20 to December 5. The peak of the outbreak was in the last week of November; the number of new cases being identified has declined substantially.

Cases in 47 of the 67 patients are confirmed, meaning that the patients' *E. coli* O157 strains have the outbreak "DNA fingerprint." *E. coli* O157 strains are routinely "DNA fingerprinted" at public health laboratories in all states as part of PulseNet (the network of public health laboratories that sub-type bacteria). *E. coli* O157 strains from other cases are being tested by PulseNet. As a result of testing by PulseNet, cases with the outbreak strain "fingerprint" pattern are being re-classified as confirmed cases, and cases with an unrelated "fingerprint" pattern are being dropped from the outbreak case count.

The source of the outbreak has not been determined though it is presumed to be a contaminated food or foods. CDC is working with state and local health officials, the Food and Drug Administration (FDA), the Department of Agriculture (USDA), and the restaurant chain to determine what food caused the outbreak. These investigations include an ongoing study that involves interviews of ill and well Taco Bell restaurant patrons about what food items they consumed. By comparing foods consumed by ill and well persons, investigators can show statistical links to particular food ingredients. Public health officials are focusing on ingredients that were consumed by many ill persons and fewer well persons. Of these ingredients, those consumed raw are of particular interest. This analysis is also demonstrating that onions of any type are probably not linked to this outbreak. Health officials and the restaurant chain are working collaboratively to learn more about the ingredients of particular interest to help pinpoint the food that caused the outbreak and to determine how it became contaminated.

Public health laboratories are testing food samples from Taco Bell restaurants. A sample of chopped yellow onions collected on December 4 from an open bin in a Taco Bell restaurant in Nassau County, New York tested positive for *E. coli* O157:H7. This strain has a "DNA fingerprint" pattern that is different from that of the outbreak strain; the pattern of the chopped onion strain has not been seen before in ill persons in this country. Samples of green onions obtained by the restaurant chain tested negative for *E. coli* O157; the initial report of a preliminary positive on these samples by a laboratory hired by the restaurant chain was not confirmed. At this time, no other food item has a definite or preliminary test indicating the presence of *E. coli* O157.

*E. coli* O157 causes diarrhea that is often bloody and accompanied by severe abdominal cramps, but fever is typically absent or mild. Persons who have developed such symptoms after eating at a Taco Bell restaurant in an affected state are advised to consult a physician and to inform their local health department.

For more information on *E. coli* infection, please refer to the following website:  
[http://www.cdc.gov/ncidod/dbmd/diseaseinfo/escherichiacoli\\_g.htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/escherichiacoli_g.htm)

\*\*\*Information for internal use only\*\*\*

## Multi-state *E. coli* O157 / Taco Bell Outbreak

Updated numbers for  
Wednesday, December 13, 2006

\*\*\*Information for internal use only\*\*\*

**Table 1.** Confirmed and probable cases in the *E. coli* O157 / Taco Bell outbreak reported to CDC as of December 13, 2006, 12:00pm EST

| State              | Confirmed | Probable  | Possible | Suspect    |
|--------------------|-----------|-----------|----------|------------|
| DE                 | 2         | 0         | 0        | 1          |
| NH                 | 0         | 0         | 1        | 1          |
| NJ                 | 23        | 10        | 0        | 43         |
| NY                 | 15        | 7         | 1        | 338        |
| PA                 | 7         | 6         | 0        | 80         |
| SC                 | 1         | 0         | 0        | 0          |
| <b>Grand Total</b> | <b>48</b> | <b>23</b> | <b>2</b> | <b>463</b> |

- **6** states reported cases
  - 5 states reporting confirmed and/or probable cases (DE, NJ, NY, PA, SC)
- **48** confirmed, **23** probable, **2** possible, and **463** suspect cases reported to CDC
  - **71 confirmed and probable cases reported publicly**

Updated Numbers as of 12:00pm  
EST, Wednesday, December 13,  
2006

\*\*\*Information for internal use only\*\*\*

**Table 2.** Confirmed and probable cases in the *E. coli* O157 / Taco Bell outbreak by state of Taco Bell exposure as reported to CDC as of December 13, 2006, 12:00pm EST

| State of Taco Bell | Total     |
|--------------------|-----------|
| DE                 | 1         |
| NJ                 | 34        |
| NY                 | 22        |
| PA                 | 14        |
| <b>Grand Total</b> | <b>71</b> |

**Table 3.** Demographic characteristics of confirmed and probable cases in the *E. coli* O157 / Taco Bell outbreak, as of December 13, 2006, 12:00pm EST

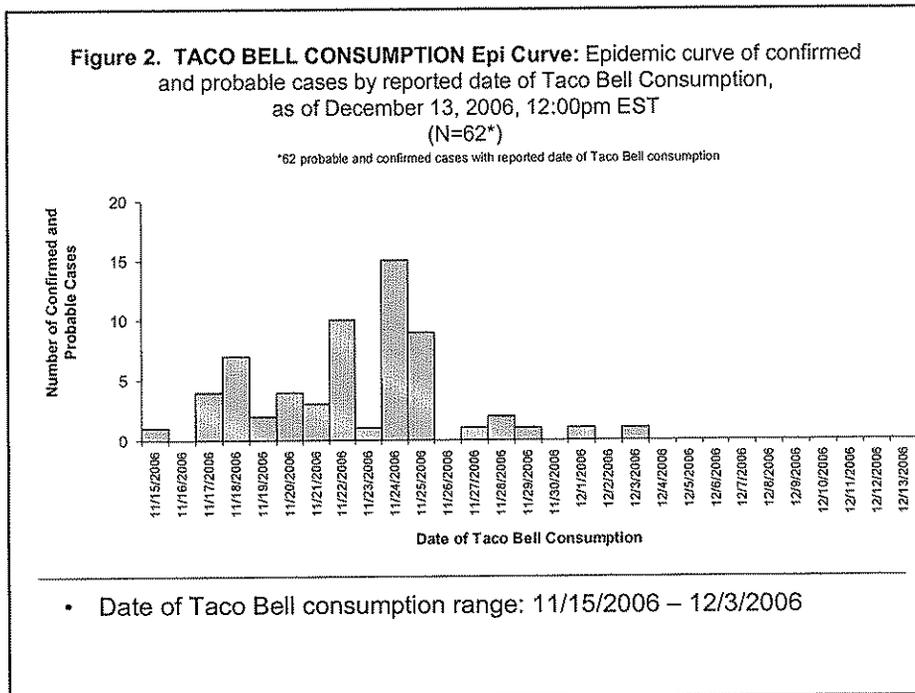
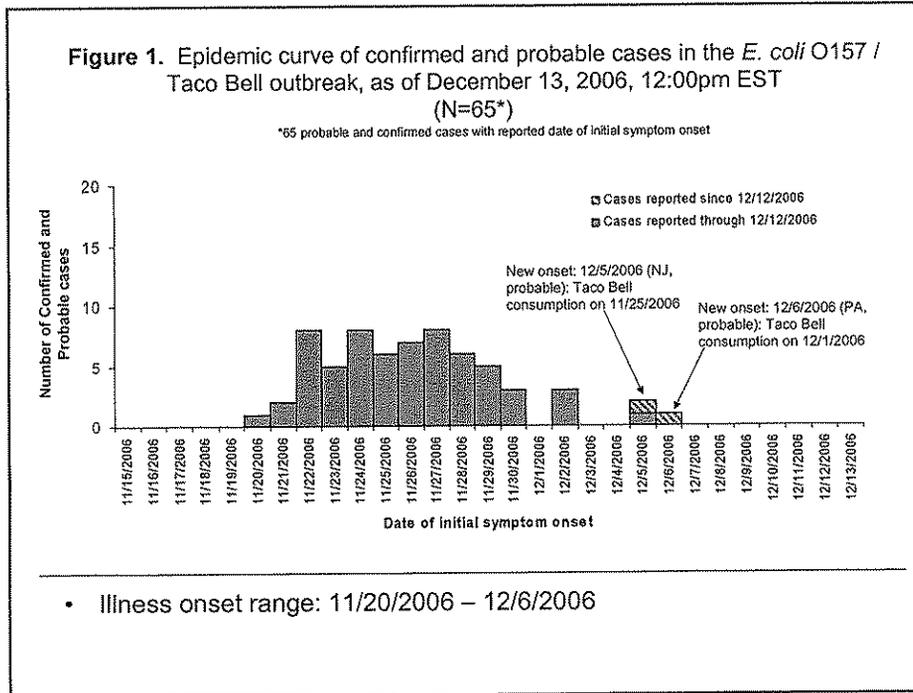
| Demographics                         |             |
|--------------------------------------|-------------|
| Age in years, range (median), (N=68) | 17.5 (4-61) |
| Age Categories, n (%), (N=68)        |             |
| < 5 years                            | 1 (2)       |
| 5 - 17 years                         | 33 (49)     |
| 18 - 59 years                        | 32 (47)     |
| > 59 years                           | 2 (3)       |
| Gender, n (%), (N=69)                |             |
| Female                               | 36 (52)     |
| Male                                 | 33 (48)     |

**Table 4.** Patient outcomes for confirmed and probable cases in the *E. coli* O157 / Taco Bell outbreak, as of December 13, 2006, 12:00pm EST

| Outcome, N=71 | n (%)   | HUS Cases, N=8     |      |
|---------------|---------|--------------------|------|
| Hospitalized  | 53 (75) | Median age (years) | 11   |
| HUS           | 8 (11)  | Range (years)      | 5-61 |
| Death         | 0 (0)   |                    |      |

\*Cases with missing outcome information were considered to not have outcome

Updated Numbers as of 12:00pm  
EST, Wednesday, December 13,  
2006



***E. coli* O157/Taco Bell case  
numbers for state confirmation**

**Wednesday, December 13, 2006**

Numbers for confirmation for Wednesday, December 13, 2006

| State              | Confirmed | Probable  | Possible | Suspect    |
|--------------------|-----------|-----------|----------|------------|
| DE                 | 2         | 0         | 0        | 1          |
| NH                 | 0         | 0         | 1        | 1          |
| NJ                 | 23        | 10        | 0        | 43         |
| NY                 | 15        | 7         | 0        | 339        |
| PA                 | 7         | 6         | 0        | 80         |
| SC                 | 1         | 0         | 0        | 0          |
| UT                 | 0         | 0         | 0        | 1          |
| <b>Grand Total</b> | <b>48</b> | <b>23</b> | <b>1</b> | <b>465</b> |



STATE OF NEW JERSEY  
DEPARTMENT OF HEALTH AND SENIOR SERVICES



PO Box 360  
Trenton, NJ 08625-0360

Fred M. Jacobs, MD, JD  
Commissioner

For Release:  
December 07, 2006

For Further Information Contact:  
Gretchen Michael  
609-984-7160  
Tom Slater  
609-984-7160  
Marilyn Riley  
609-984-7160

**Laboratory Tests by NJ Department of Health and Senior Services Confirm E coli Patients Likely Have Related Strain of Illness**

Laboratory tests at the Department of Health and Senior Services have confirmed that 11 of 33 people with culture confirmed cases of *E coli* 0157 likely have the same strain of the disease.

Only one test result has been received confirming the presence of the H7 strain of the disease, which is far more serious and can result in kidney failure. The remaining test results on the H7 strain are pending.

The Department is investigating a total of 55 reports of illnesses in New Jersey residents from 13 counties: Middlesex, Union, Somerset, Camden, Passaic, Essex, Cape May, Mercer, Gloucester, Monmouth, Hunterdon, Ocean and Bergen.

Nearly 80 percent of the illnesses reported have involved eating at a Taco Bell franchise. The individuals reported getting sick between Nov. 9 and Dec. 6 and have an age range of 1-51 years.

“While our investigation is continuing, today’s results preliminarily link these 11 patients to the same strain of *E coli*,” said Department of Health and Senior Services Commissioner Fred M. Jacobs, M.D., J.D.

“This additional information provides more evidence that these cases may indeed be related,” Dr. Jacobs said.

Dr. Jacobs stressed that the food source that may be linked to this multi-state outbreak has yet to be identified.

Based on an announcement by Taco Bell Corp. on Dec. 6 that three samples of green onions were preliminarily positive, the Department yesterday recommended that all Taco Bells in New Jersey receiving

food from the McLane Food Service, Inc. of Burlington County discard all current food supplies and clean and sanitize their facilities.

Additionally, the Department recommended that workers in Taco Bells with culture confirmed cases have stool samples taken and that food workers have enhanced training in proper food handling and hygiene.

Also today, the Department hosted a conference call with 90 local and county officials statewide to update them on the outbreak in New Jersey and the surrounding states, and to answer their questions and concerns about how inspections should be handled with local Taco Bell franchises.

Department officials also had a conference call with Yum Foods, the parent company of Taco Bell, to update them on the Department investigation. Taco Bell has been very cooperative in the Department's and the region's investigation.

*E. coli* is a bacteria that normally lives in the intestines of healthy people. Most strains of this bacteria are harmless. However, *E. coli* 0157:H7 is a specific strain that causes illness.

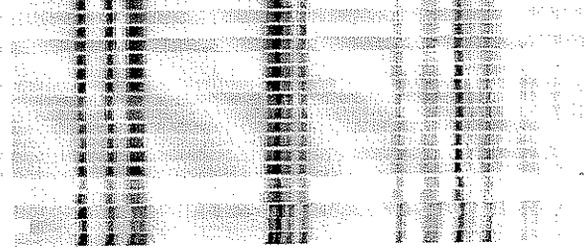
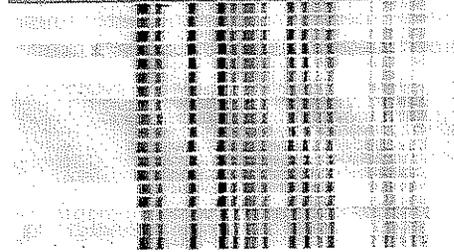
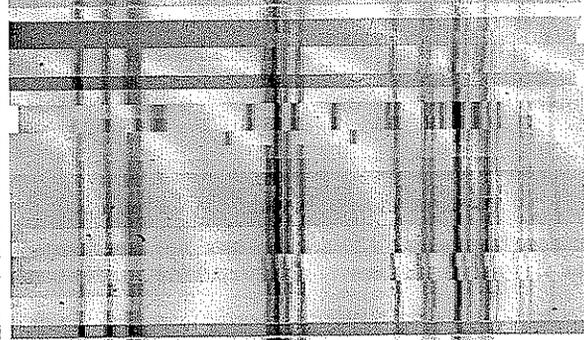
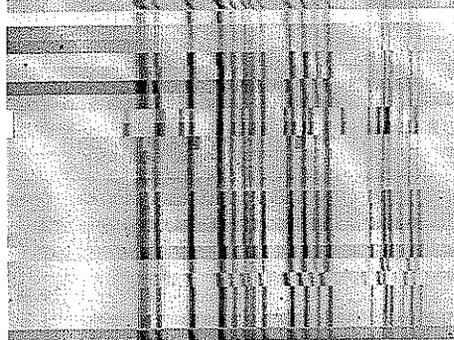
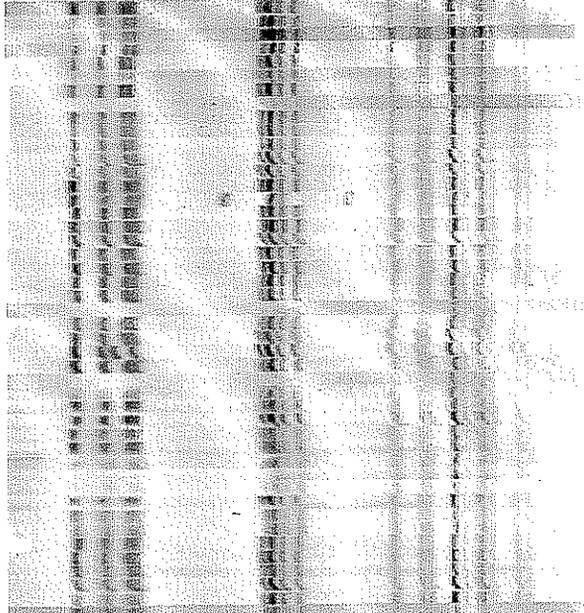
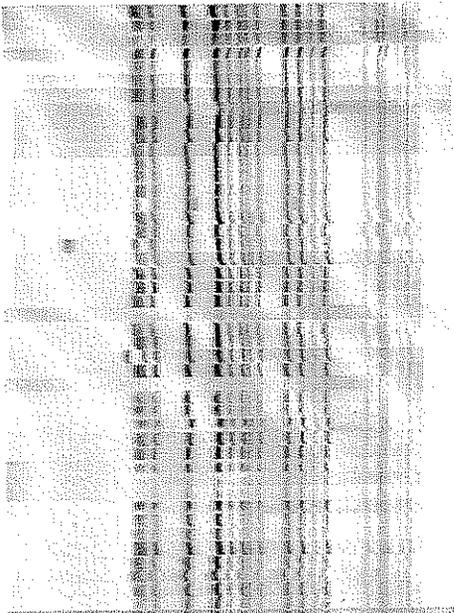
One of the 11 preliminarily linked cases involves an out of state resident.

Because this is a multi-state outbreak, including New York, Pennsylvania, Connecticut and Delaware, the federal Centers for Disease Control and Prevention (CDC) has developed a standard cases definition that is more narrow than the one that the Department had been using in defining confirmed and probable cases. Therefore, the numbers the Department has been reporting are different than the CDC numbers.

Eight of the 11 preliminarily linked cases meet the CDC case definition of a confirmed case. Illness onset for these 8 cases is Nov. 20 to Nov. 25 and the age range is 4 to 37 years. Of the remaining three, one has no history of eating at Taco Bell and two have no food histories, including a South Carolina resident who ate and got sick in New Jersey.

On average, symptoms of *E. coli* 0157: H7 occur three days after swallowing the bacteria, but can range from two to 10 days. Symptoms of *E. coli* 0157: H7 vary from person to person. Some people have no symptoms (asymptomatic) and others have mild to severe diarrhea, abdominal cramps, nausea and vomiting. If a person has diarrheal illness (three or more loose/bloody/watery stools within 24 hours) and ate at a Taco Bell restaurant within seven days before becoming ill, they should contact their healthcare provider.

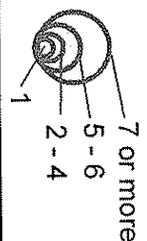




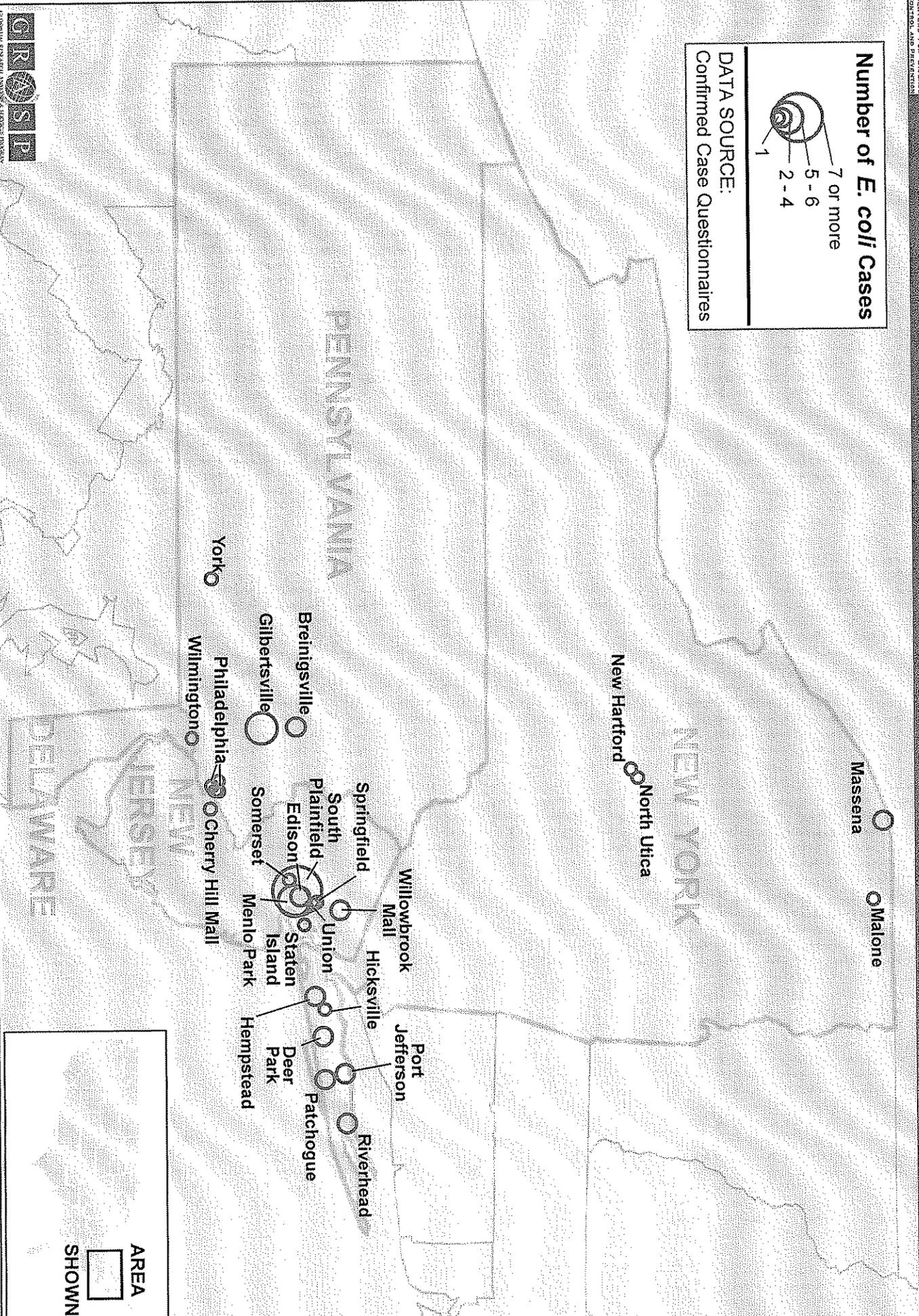


CENTERS FOR DISEASE CONTROL AND PREVENTION

Number of *E. coli* Cases



DATA SOURCE:  
Confirmed Case Questionnaires



AREA SHOWN

**Responses to: 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7**

Posted: 14 Dec 2006 10:03 AM

Originally Posted: 05 Dec 2006 09:44 AM

Tree View      Topic      [Icons]

Author:      Message

**Peter Gerner-Smidt**      **Subject: 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7**

Total Messages 5

An outbreak of E. coli O157 was been reported during the week-end in NJ possibly related to visiting a fast food restaurant. Since then NY has reported a similar outbreak.

So far no PFGE patterns have been submitted to PulseNet. We don't know the true extent of this possible multi-state outbreak, we don't even know if the outbreaks reported in the NJ and NY are related and we don't know the ultimate source. PulseNet data could help to clarify these questions.

Therefore please, upload all E. coli O157 patterns as soon as you generate them to the PulseNet database.

If you receive any isolates from patients that have indicated visiting a fast food restaurant, please subtype them immediately without awaiting serotype or any other kind of strain confirmation and submit the pattern to PulseNet.

Please, speak to your epidemiologists if they have heard about possible fast food restaurant related cases in your state and if they have, work with them to ensure that you get the isolates from the clinical laboratories for subtyping as soon as possible.

Thank you

Peter Gerner-Smidt, M.D., Ph.D.  
Chief of PulseNet  
CDC

Posted: 14 Dec 2006 10:03 AM  
Originally Posted: 05 Dec 2006 09:44 AM

**Subject:** 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

Dear all,

This outbreak has been designated as 0612mIEXH-2. We have received 14 isolates from 5 states so far: DE(2), MA(1), NJ(1), NY(3), VA(1). The pattern combination for these isolates is EXHX01.1486 / EXHA26.0071. This XbaI pattern has been seen before but is fairly rare (makes up 0.08% of all XbaI patterns). This BlnI pattern is also rare (makes up 0.19% of all BlnI patterns). This pattern combination closely resembles patterns EXHX01.0047 / EXHA26.0015, but differs by a shift in the first 2 bands on XbaI and an extra band at the top on BlnI. A linelist for what we have so far is attached as well as a bundle file. Thanks so much to all the states who have submitted their patterns.

Molly Joyner

[0612mIEXH-2c.xls](#)

[CDC06033PN.BDL](#)

Posted: 14 Dec 2006 10:01 AM  
Originally Posted: 07 Dec 2006 01:02 PM

Message not rated

**Subject:** 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

Dear all,

If you are interested in daily epidemiologic updates, you may join us for a conference call **Thursday, December 7, at 2:30pm EST** to discuss updates in the *E. coli* O157:H7 / restaurant chain outbreak.

Call information and participant passcode are provided below.

**DIAL-IN NUMBERS & PASSCODES:**

USA Toll Free Number: (b)(2)

PARTICIPANT PASSCODE: (b)(2)

**Call Agenda:**

1. Review of case definition
2. Review of case counts
3. Updates from states
4. Epidemiologic investigation plans
5. Laboratory updates
6. Interventions
7. Communications/Press coordination

Molly Joyner

Posted: 14 Dec 2006 10:02 AM  
Originally Posted: 07 Dec 2006 02:11 PM

Message not rated

**Molly Joyner**

**Subject:** 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

Total Messages 73

Hello,

This is an updated PulseNet line list for outbreak 0612mIEXH-2. One isolate on the spreadsheet is from a NJ food worker who has a different PFGE pattern from the outbreak pattern, but due to the epi connection it will remain in the line list for now.

Thank you,

Molly Joyner

Posted: 14 Dec 2006 10:03 AM  
Originally Posted: 08 Dec 2006 03:32 PM

Message not rated

**Laura Kornstein**

**Subject:** 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

Total Messages 7

Greetings from NYC. We have just uploaded our first PFGE-indistinguishable human isolate (database Key = nyc\_nyc06-100368441) associated with the outbreak 0612mIEXH-2. Our epidemiologists have established a fast food restaurant chain exposure for this case. The NYC DOHMH epi contact is Sudha Reddy (212/788-4192, vreddy@health.nyc.gov).

Regards,  
Laura Kornstein  
nyc DOHMH phl  
(212)447-6820  
lkornste@health.nyc.gov

Posted: 14 Dec 2006 10:04 AM  
Originally Posted: 09 Dec 2006 02:05 PM

**Subject:** 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

Hello,

This is an updated PulseNet linelist for E. coli outbreak 0612mIEXH-2, as of 2:00 PM EST 12/10/2006. Today's new additions are highlighted.

Thank you,  
Molly Joyner

Posted: 14 Dec 2006 10:04 AM  
Originally Posted: 10 Dec 2006 02:41 PM

Message not rated

**Dianna Schoonmaker-  
Bopp**

**Subject: 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7**

Total Messages 57

Hello, We are posting a bundle for an E. coli O157:H7 isolate, positive for shiga toxin I and II, that was isolated from a sample of white onions collected 12/4 from a fast food restaurant on Long Island.

Posted: 14 Dec 2006 10:05 AM  
Originally Posted: 11 Dec 2006 12:01 PM

**Subject: 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7**

Hello,

This is an updated PulseNet linelist for E. coli outbreak 0612mIEXH-2. Today's new additions are highlighted. Thank you for continuing to post your matches.

Molly Joyner

Posted: 14 Dec 2006 10:06 AM  
Originally Posted: 11 Dec 2006 05:10 PM

Message not rated

**Subject: 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7**

Hello,

Attached is an updated PulseNet linelist for E. coli outbreak 0612mIEXH-2, as of 12/12/2006, 4:00 PM.

Thank you,  
Molly Joyner

Posted: 14 Dec 2006 10:06 AM  
Originally Posted: 12 Dec 2006 04:32 PM

Message not rated

**Subject:** 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

Hello,

Attached is an updated PulseNet linelist for E. coli outbreak 0612mIEXH-2, as of 12/13/2006, 4:09 PM.

Thank you,

Kelley

Kelley B. Hise, MPH  
PulseNet Database Team Leader  
CDC  
khise@cdc.gov  
Phone: (404) 639-0704  
PulseNet: (404) 639-4558  
Fax: (404) 639-3333

Posted: 14 Dec 2006 10:07 AM  
Originally Posted: 13 Dec 2006 04:22 PM



Rate this post on a scale of 1-5, 5 being the best Message not rated

**Molly Joyner**

**Subject:** 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

Total Messages 73

Hello,

Attached is an updated PulseNet linelist for E. coli outbreak 0612mIEXH-2. Today's new additions are highlighted.

Thank you,

Molly Joyner

Posted: 14 Dec 2006 03:53 PM

**Molly Joyner**

**Subject:** 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

Total Messages 73

Hello,

Attached is an updated PulseNet linelist for E. coli outbreak 0612mIEXH-2. Today's new additions are highlighted.

Thank you,

Molly Joyner

Posted: 15 Dec 2006 02:09 PM

Message not rated

**Lorelee Tschetter**

**Subject:** 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

Total Messages 4

Hi,

We have 1 isolate from Ontario which is a 2-enzyme match to the main pattern of interest. The tiff and bundle file have already been submitted to the CDC for review. Any inquiries regarding this isolate can be directed to Anne Maki at the Ontario Central Public Health Laboratory.

Ph. 416-235-5707

Email [anne.maki@moh.gov.on.ca](mailto:anne.maki@moh.gov.on.ca)

Lorelee Tschetter  
PulseNet Canada Team  
National Microbiology Laboratory  
Public Health Agency of Canada  
1015 Arlington St.  
Winnipeg, Manitoba, Canada, R3E 3R2  
Ph 204-789-5067

Posted: 19 Dec 2006 11:31 AM

**Carol Sandt**

Total Messages 29

**Subject:** 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

Pennsylvania has five additional isolates that appear to match this cluster/outbreak by two enzymes: 06E02128, 06E02158, 06E02180, 06E02196, and 06E02197. All were collected between December 5 and December 9.

Carol H. Sandt, Ph.D.  
Molecular Microbiology Section  
Division of Clinical Microbiology  
Bureau of Laboratories  
Pennsylvania Department of Health  
110 Pickering Way

Lionville, PA USA 19353  
email: csandt@state.pa.us  
phone: 610-280-3464  
fax: 610-450-1932

Posted: 19 Dec 2006 12:44 PM

**Molly Joyner**

**Subject:** 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

Total Messages 73

Hello,

Attached is an updated PulseNet linelist for E. coli outbreak 0612mIEXH-2.  
New additions are highlighted.

Thank you,  
Molly Joyner

Posted: 19 Dec 2006 01:26 PM

**Simone Warrack**

**Subject:** 0612mIEXH-2 (EXHX01.1486)\_ML\_E. coli O157:H7

Total Messages 23

Wisconsin has one match by XbaI and BlnI: 06BC007161 was collected  
12/04/2006 from a 21 year old female. Our epi, Diep Johnson (608-267-  
7422), has been notified.

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Posted: 19 Dec 2006 02:32 PM