



Fax completed form to DOH
Communicable Disease
Epidemiology
Fax: 206-418-5515

Date of initial notification to DOH:
8/21/15

LHJ Cluster #: 201521320

Date report sent to DOH: 9/29/15

LHJ Cluster Name:
LOSCHILANGOS - AUG 2015

Outbreak Reporting Form - Food

Form Status

- Preliminary report; in progress
 Final report

DOH outbreak #: _____

NORS #: _____

Disease

REPORTING AGENCY INFORMATION

Local health jurisdiction (LHJ) PHSKC
Contact person Jenny Lloyd
Contact person phone (206) 263-3789
Lead agency PHSKC

Initial LHJ notification date & time 8/21/15 am/pm
Notified by: Notifiable case reports
(E.g. Report from school, daycare, lab, etc.)
Investigation start date & time 8/21/15 am/pm
Investigation completion date 9/29/15

INVESTIGATION METHODS (check all that apply)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Interviews only of ill persons | <input type="checkbox"/> Treated or untreated recreational water venue assessment |
| <input type="checkbox"/> Case-control study | <input type="checkbox"/> Investigation at factory/production/treatment plant |
| <input type="checkbox"/> Cohort study | <input type="checkbox"/> Investigation at original source (e.g., farm, water source, etc.) |
| <input checked="" type="checkbox"/> Food preparation review | <input type="checkbox"/> Food product or bottled water traceback |
| <input type="checkbox"/> Water system assessment: Drinking water | <input type="checkbox"/> Environment/food/water sample testing |
| <input type="checkbox"/> Water system assessment: Nonpotable water | <input type="checkbox"/> Other _____ |

If applicable, attach further information about investigative activities and tools (e.g. epidemic curves, questionnaires, case definitions)

Comments

DATES (mm/dd/yyyy)

Date first case became ill: 8/9/15 Date last case became ill: 8/24/15
Date of initial exposure: 8/8/15 Date of last exposure: 8/17/15

GEOGRAPHIC LOCATION

Place of Exposure (e.g., Name & City of restaurant): Taqueria Los Chilangos, Bellevue
County of exposure: _____ or Exposure occurred in multiple counties, please list: King, Snohomish
County of cases' residence: _____ or Cases resided in multiple counties, please list: King, Snohomish, Whatcom

PRIMARY CASES

Number of Primary Cases	<u>13</u>	Sex (estimated % of the primary cases)			
# Lab-confirmed cases	<u>12</u>	Male	<u>54</u>	%	
# Probable cases	<u>1</u>	Female	<u>46</u>	%	
# Estimated total primary ill	<u>13</u>				
	# cases	Total # for whom info is available	Approx % of primary cases by age		
# Died	<u>0</u>	<u>13</u>	<1 yr	<u>0</u> %	20-49 yrs <u>61</u> %
# Hospitalized	<u>5</u>	<u>13</u>	1-4 yrs	<u>23</u> %	50-74 yrs <u>0</u> %
# Visited emergency room	<u>7</u>	<u>11</u>	5-9 yrs	<u>8</u> %	≥75 yrs <u>0</u> %
# Visited health care provider (excluding ER visits)	<u>3</u>	<u>11</u>	10-19 yrs	<u>8</u> %	Unknown <u>0</u> %

INCUBATION PERIOD (PRIMARY CASES ONLY)

DURATION OF ILLNESS (PRIMARY CASES ONLY)

Shortest	<u>1</u>	Min, Hours, <u>Days</u>	Shortest		Min, Hours, Days
Median	<u>4</u>	Min, Hours, <u>Days</u>	Median		Min, Hours, Days
Longest	<u>13</u>	Min, Hours, <u>Days</u>	Longest		Min, Hours, Days
Total # of cases or whom info available	<u>12</u>		Total # of cases or whom info available		

Unknown incubation period

Unknown duration of illness

SIGNS OR SYMPTOMS (PRIMARY CASES ONLY)						
Feature	# cases with signs or symptoms			Total # cases for whom info available		
Vomiting						
Diarrhea						
Bloody stools						
Fever						
Abdominal cramps						
HUS						
Asymptomatic						
*						
SECONDARY CASES						
Mode of secondary transmission (check all that apply)				Number of secondary cases		
<input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Animal contact <input type="checkbox"/> Person-to-person				# Lab-confirmed secondary cases	0	
<input type="checkbox"/> Environmental contamination other than food/water				# Probable secondary cases	0	
<input type="checkbox"/> Indeterminate/Other/Unknown				Total # secondary cases	0	
				Total # cases (Primary + Secondary)	13	
TOTAL CASES (PRIMARY AND SECONDARY):				13		
LABORATORY						
Is the etiologic agent laboratory confirmed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If etiologic agent is not laboratory confirmed, the following agent is suspected based on the epidemiologic evidence:			
If etiology is not laboratory confirmed, were patient specimens collected? <input type="checkbox"/> Yes, # collected _____ <input type="checkbox"/> No			<input type="checkbox"/> Bacterial toxin <input type="checkbox"/> Bacterial infection <input type="checkbox"/> Virus <input type="checkbox"/> Chemical <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown			
Genus	Species	Serotype	Confirmed outbreak etiology	Other characteristics	Detected in*	# Lab-confirmed cases
<i>Escherichia</i>	<i>Coli</i>	O157:H7	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1	12
*Detected in (choose all that apply) 1 – patient specimen 2 – food specimen 3 – environment specimen 4 – food worker specimen						
DOH USE ONLY:						
FOOD-SPECIFIC DATA						
<input checked="" type="checkbox"/> Food vehicle undetermined			Total # of cases exposed to implicated food _____			
			Food 1	Food 2		
Name of food (excluding any preparation)						
Reason(s) suspected* (choose all that apply)						
Method of processing* (choose all that apply)						
Method of preparation* (choose one)						
Level of preparation* (choose one)						
*See list below for options			Method of Preparation (At point-of-service: Retail: restaurant, food store):			
Reason(s) suspected:			R1 – Prepared in the home			
1 – Statistical evidence from epidemiological investigation			R2 – Ready to eat food: No manual preparation, No cook step (e.g., sliced cheese, pre-packaged deli meats, whole raw fruits; raw oysters, bottled juice, etc.)			
2 – Laboratory evidence (e.g., identification of agent in food)			R3 – Ready to eat food: Manual preparation, No cook step (e.g., fresh vegetables, cut fresh fruits, chicken salad made from canned chicken, reconstituted juice, etc.)			
3 – Compelling supportive information			R4 – Cook and Serve Foods: Immediate service (e.g., soft-cooked eggs, hamburgers, etc.)			
4 – Other data (e.g., same phage type found on farm that supplied eggs)			R5 – Cook and hot hold prior to service. (e.g., fried chicken, soups, hot vegetables, hot dogs, mashed potatoes, etc.)			
5 – Specific evidence lacking but prior experience makes it likely source			R6 – Advance preparation: Cook, cool, serve (e.g., sliced roast beef from a whole cooked roast, etc.)			
Method of processing (Prior to point-of-service: Processor):			R7 – Advance preparation: Cook, cool, reheat, serve (e.g., lasagna, casseroles, soups, gravies, sauces, chili, etc.)			
P1 – Pasteurized (e.g., liquid milk, cheese, and juice etc.)			R8 – Advance preparation: Cook, cool, reheat, hot hold, serve (e.g., chili, refried beans, etc.)			
P2 – Unpasteurized (e.g., liquid milk, cheese, and juice etc.)			R9 – Advance preparation: Cook-chill and Reduced Oxygen Packaging (ROP) (e.g., sauces, gravies, cheeses, etc. packaged under ROP)			
P3 – Shredded or diced produce			R10 – None/ Unknown			
P4 – Pre-packaged (e.g., bagged lettuce or other produce)			Level of preparation:			
P5 – Irradiation			1 – Foods eaten raw with minimal or no processing (e.g., washing, cooling)			
P6 – Pre-washed			2 – Foods eaten raw with some processing (e.g., no cooking, fresh cut and/or packaged raw)			
P7 – Frozen			3 – Foods eaten heat processed (e.g., cooked: a microbiological kill step was involved in processing)			
P8 – Canned						
P9 – Acid treatment (e.g., commercial potato salad with vinegar, etc.)						
P10 – Pressure treated (e.g., oysters, etc.)						
P11 – None or Unknown						

Location where food was prepared <i>(Check all that apply)</i>		Location of exposure (where food was eaten) <i>(Check all that apply)</i>	
<input type="checkbox"/> Restaurant – 'Fast food' <i>(drive-up service or pay at counter)</i>	<input type="checkbox"/> Nursing home, assisted living facility, home care	<input type="checkbox"/> Restaurant – 'Fast food' <i>(drive-up service or pay at counter)</i>	<input type="checkbox"/> Nursing home, assisted living facility, home care
<input type="checkbox"/> Restaurant – Sit-down dining	<input type="checkbox"/> Hospital	<input type="checkbox"/> Restaurant – Sit-down dining	<input type="checkbox"/> Hospital
<input type="checkbox"/> Restaurant – Other or unknown type	<input type="checkbox"/> Child day care center	<input type="checkbox"/> Restaurant – Other or unknown type	<input type="checkbox"/> Child day care center
<input type="checkbox"/> Private home	<input type="checkbox"/> School	<input checked="" type="checkbox"/> Private home	<input type="checkbox"/> School
<input type="checkbox"/> Banquet facility <i>(food prepared and served on site)</i>	<input type="checkbox"/> Prison, jail	<input type="checkbox"/> Banquet facility <i>(food prepared and served on site)</i>	<input type="checkbox"/> Prison, jail
<input checked="" type="checkbox"/> Caterer <i>(food prepared off-site from where served)</i>	<input type="checkbox"/> Church, temple, religious location	<input type="checkbox"/> Caterer <i>(food prepared off-site from where served)</i>	<input type="checkbox"/> Church, temple, religious location
<input checked="" type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Camp	<input checked="" type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Camp
<input type="checkbox"/> Grocery store	<input type="checkbox"/> Picnic	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Picnic
<input type="checkbox"/> Workplace, not cafeteria	<input type="checkbox"/> Other <i>(describe below)</i>	<input checked="" type="checkbox"/> Workplace, not cafeteria	<input type="checkbox"/> Other <i>(describe below)</i>
<input type="checkbox"/> Workplace, cafeteria	<input type="checkbox"/> Unknown	<input type="checkbox"/> Workplace, cafeteria	<input type="checkbox"/> Unknown
Remarks:		Remarks:	
FOOD WORKERS			
Was food-worker implicated as the source of contamination? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, please check one of the following:			
<input type="checkbox"/> Laboratory and epidemiologic evidence			
<input type="checkbox"/> Epidemiologic evidence			
<input type="checkbox"/> Laboratory evidence			
PUBLIC HEALTH ACTIONS AND CONTROL MEASURES			
<input checked="" type="checkbox"/> Health education information provided to cases and contacts			
<input checked="" type="checkbox"/> Cases evaluated for sensitive occupations or situations and excluded during contagious period if necessary			
<input checked="" type="checkbox"/> <u>Food workers tested for enteric pathogens</u>			
<input type="checkbox"/> _____			
<input type="checkbox"/> _____			
DISCUSSION / CONCLUSION			
Please briefly summarize the findings of this outbreak investigation.			
<input checked="" type="checkbox"/> EH Field Investigation Form (Part 2) attached, if relevant		<input type="checkbox"/> Supporting documentation attached, if relevant	
<input type="checkbox"/> Red/Blue Form attached, if relevant			

CONTRIBUTING FACTORS	
Contamination Factors (check all that apply)	Proliferation/Amplification Factors (check all that apply)
<input type="checkbox"/> C1 Toxic substance part of tissue	<input checked="" type="checkbox"/> P1 Food preparation practices that support proliferation of pathogens (during food preparation)
<input type="checkbox"/> C2 Poisonous substance intentionally/deliberately added	<input type="checkbox"/> P2 No attempt was made to control the temperature of implicated food or the length of time food was out of temperature control (during food service or display of food)
<input type="checkbox"/> C3 Poisonous or physical substance accidentally/inadvertently added	<input type="checkbox"/> P3 Improper adherence of approved plan to use Time as a Public Health Control
<input type="checkbox"/> C4 Addition of excessive quantities of ingredients that are toxic in large amounts	<input checked="" type="checkbox"/> P4 Improper cold holding due to malfunctioning refrigeration equipment
<input type="checkbox"/> C5 Toxic container	<input type="checkbox"/> P5 Improper cold holding due to an improper procedure or protocol
<input type="checkbox"/> C6 Contaminated raw product – food was intended to be consumed after a kill step	<input type="checkbox"/> P6 Improper hot holding due to malfunctioning equipment
<input checked="" type="checkbox"/> C7 Contaminated raw product – food was intended to be consumed raw or undercooked/underprocessed	<input type="checkbox"/> P7 Improper hot holding due to improper procedure or protocol
<input type="checkbox"/> C8 Foods originating from sources shown to be contaminated or polluted (such as a growing field or harvest area)	<input type="checkbox"/> P8 Improper/slow cooling
<input checked="" type="checkbox"/> C9 Cross-contamination of ingredients (cross-contamination does not include ill food workers)	<input type="checkbox"/> P9 Prolonged cold storage
<input type="checkbox"/> C10 Bare-hand contact by a food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P10 Inadequate modified atmosphere packaging
<input type="checkbox"/> C11 Glove-hand contact by a food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P11 Inadequate processing (acidification, water activity, fermentation)
<input type="checkbox"/> C12 Other mode of contamination (excluding cross-contamination) by a food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P12 Other situations that promoted or allowed microbial growth or toxic production
<input type="checkbox"/> C13 Foods contaminated by non-food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P-N/A Proliferation/Amplification Factors - Not Applicable
<input checked="" type="checkbox"/> C14 Storage in contaminated environment	<input type="checkbox"/> Contributing factors unknown
<input checked="" type="checkbox"/> C15 Other source of contamination (e.g., hand washing)	
<input type="checkbox"/> C-N/A Contamination Factors Not Applicable	
Survival Factors (check all that apply)	
<input type="checkbox"/> S1 Insufficient time and/or temperature control during initial cooking/heat processing	<input type="checkbox"/> S4 Insufficient or improper use of chemical processes designed for pathogen destruction
<input type="checkbox"/> S2 Insufficient time and/or temperature during reheating	<input type="checkbox"/> S5 Other process failures that permit pathogen survival
<input type="checkbox"/> S3 Insufficient time/temperature control during freezing	<input type="checkbox"/> S-N/A Survival Factors - Not Applicable
The confirmed or suspected point of contamination (check one)	
<input checked="" type="checkbox"/> Before preparation <input type="checkbox"/> Preparation If 'before preparation': <input type="checkbox"/> Pre-harvest <input type="checkbox"/> Processing <input type="checkbox"/> Unknown	
Reason suspected (check all that apply)	
<input type="checkbox"/> Environmental evidence <input type="checkbox"/> Laboratory evidence <input checked="" type="checkbox"/> Epidemiologic evidence <input type="checkbox"/> Prior experience makes this a likely source	

Los Chilangos food flows

Five Meat Choices are

1. Al Pastor

Marinate:

- Make in batch of 4 gals. at a time, lasts about 1 week
- Peppers, spices (garlic, white pepper, salt, white vinegar) Oranges

Pork:

- Cut into 3 inch squares and add spices
- Dice onions and mix with pork, portion into plastic bags (1 gal.)
- Place in freezer for 2-3 days
- Thaw in walk-in cooler
- Place into ice chests
- Transport to event, cook on grill and hot hold on steam table

2. Chorizo:

- Ground pork only (no beef), grind pork in grinder
- Add spices; wine, cinnamon, vinegar, garlic powder, salt & pepper, cumin, peppers (spices from Restaurant Depot)
- Pack then freeze, make about 40 lbs./week. Placed in plastic bags about 5 lbs. each.
- Transport in cooler
- Cook on grill, hot hold on steamer

3. Carnitas:

- Pork shoulder is cut into pieces
- Put on slow heat in 80 lb. pot
- Citrus marinate: (oranges, garlic bay leaves, salt) cook in marinate in large pot until it falls apart
- Cool in pans 2 inches deep in walk-in cooler
- Portion is placed in 1 gal. bags and put in freezer for later use.
- Transported hot in Cambro and hot held in steamer
-

4. Chicken:

- Buy chicken pre-diced, add pepper, garlic powder, peppers.
- Cooked in oven
- Transferred to shallow pans and cooled in walk-in

- Transported to site with ice in cooler
- Reheated on grill then hot held in steam table.

5. Carne Asada (grilled Beef Stake)

Bought pre-diced in 15 to 18 lb. bags

Placed on grill, add; white pepper and garlic

Transported in Cambro and hot held in steam table

Any of the 5 meat choices above can be selected to go with any menu item except the fish tacos

The five menu choices are:

- Fish tacos
- Street tacos
- Tortas
- Gringas
- Quesadillas

Cilantro, is added to all items but is not included in the mild salsa mixture

- Washed in a colander
- Spread out to dry to get rid of moisture (dried) for garnish on all menu items
- Chopped moist for pico de gio, now use pre-diced cilantro from Cash n Carry.

Pico de gio-

- Chopped up moist cilantro
- Cut tomatoes then diced or can buy pre diced bags
- Add salt and lime juice

Green Salsa:

- Canned tomato base
- Peppers, garlic, cilantro, salt
- Placed in 1 gal. containers and put into cooler
- Transported cold to site and cold held in make table
- Placed in a pouring device for use

Taco assembly:

- Taco with selected meat
- Mild or supper spicy salsa
- Garnish (cilantro) onions

Lettuce used on Tortas, Quesadillas, fish tocos

Tortillas are bought premade from corn and flower (Panchus La Moxicano)

Canned Black Beans are used on Tortas only, but will probably discontinue using them

Admitted bringing back food from temporary events to be used by employees

All transported food items are either put into cambros if hot or in cooler with ice if cold

Washington State Department of Health
Foodborne Illness Investigation Form Part II – Field Investigation



Please Print Field Investigator Name: Dominique Gilley	Jurisdiction: PHSKC	Local Health Case #:	Dept of Health ID #:
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Facility Name and Address: Taqueria Los Chilangos @ Eastside Commercial Kitchen 12860 NE 15th Pl Bellevue, WA 98005	Notification (Check all apply)	<input type="checkbox"/> Surveillance	<input type="checkbox"/> Customer Complaint <input checked="" type="checkbox"/> Other: Laboratory Confirmed
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Suspected Food or Meal Consumed	Field Investigation	Days Elapsed:
Date and Time: 8/12/2015 12:00 PM	Date and Time: 8/21/2015 12:00 PM	12

Indicate Meal:	<input checked="" type="checkbox"/> Breakfast	<input checked="" type="checkbox"/> Lunch	<input checked="" type="checkbox"/> Other: Catering, Farmer's Market and Food Truck	Check day of week meal was consumed:	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input checked="" type="checkbox"/> WED	<input type="checkbox"/> THUR
	<input checked="" type="checkbox"/> Snack	<input checked="" type="checkbox"/> Dinner			<input type="checkbox"/> FRI	<input checked="" type="checkbox"/> SAT	<input type="checkbox"/> SUN	

Investigated the FE at a similar time as when the meal was prepared or served?	No	Note: The Department of Health should be notified during all foodborne outbreak investigations and reporting.
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Communication during investigation: (Check all contacted. Press F1 on each name to get contact info.)	<input type="checkbox"/> Helena	<input type="checkbox"/> Janet	<input type="checkbox"/> Joe	<input checked="" type="checkbox"/> Larry	<input type="checkbox"/> CD-Epi (State)	<input checked="" type="checkbox"/> CD-Epi (LHJ)	<input type="checkbox"/> None
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Suspected Agent or Category (Based on Epi information)	Bacterial toxin Note: You can type the Suspected Agent or Category if it is not listed. Select "Other" from the drop down list and type the Suspected Agent or Category.
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Lab Confirmed? Yes	If Yes, Lab Confirmed Agent: e. coli O157:H7	If No, Suspected Agent:
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# Ill:	Incubation:	Duration:	Symptoms:
13			

Corresponding Field Focus for Suspected Agent Use "Field Checklist" to find corresponding Field Focus.	List all that apply to this investigation: ill FW, BHC, HW, RTS, XC (Example: BHC, HW, Ill FW for Norovirus.)
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Suspected Foods List the Suspected Foods below. Include the prep date and time for each. Use the drop down menu to the right to select the description of the food.	Single Food; Multiple Ingredients (Ex: Salad)	
1	Tacos	Prep Date and Prep Time: 8/11/2015 12:00 PM
2		Prep Date and Prep Time: Click here to enter a date.
3		Prep Date and Prep Time: Click here to enter a date.

Flow Chart and Evidence	Before drawing the Flow Chart, review the instructions and example in the Instruction Guide. Include all Risk Factors for each prep step and circle where evidence supports a Contributing Factor.
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Complete the Flow Chart in a separate document. Send the Flow Chart(s) electronically with the completed Part II. You can type pertinent information related to the Flow Chart in this area if needed. (Example: Flow Chart for rice is attached.) See attached

Did you identify the Risk Factors in the Flow Chart? (Example: CH, Cooling, RH)	No
Did you identify where evidence supports Contributing Factors by circling them in the Flow Chart?	No

Washington State Department of Health
Foodborne Illness Investigation Form Part II – Field Investigation



Are there temperature logs for any prep steps? (Example: Cooking, HH, CH)

No

Field Investigation Findings – Identify Contributing Factors and Evidence based on the Flow Chart. (Refer to page 1.)

Mark all Contributing Factors found. Mark the CF Code on page 4 of this form. Check all Evidence found in each category.

Temperature Control Yes	<input type="checkbox"/> Cooking S1	<input checked="" type="checkbox"/> Cooling P8	<input type="checkbox"/> Reheating S2	<input type="checkbox"/> Hot Holding P7	<input type="checkbox"/> Cold Holding P5
	<input type="checkbox"/> Prolonged Cold Holding P9	<input type="checkbox"/> Temp Control Equipment P4, P6			
	<input checked="" type="checkbox"/> Room Temp Storage P1, P2, P3	<input type="checkbox"/> Thermometers P12, S5	<input checked="" type="checkbox"/> Other P10, P11, P12, S3, S5		

Evidence based on: Observation Records Discussion Past History Case Information

People Yes	<input checked="" type="checkbox"/> Ill FW w/ BHC C10	<input checked="" type="checkbox"/> Ill FW w/ Gloves C11	<input type="checkbox"/> BHC w/ No Ill FW ID C10
	<input checked="" type="checkbox"/> FW Inadequate HW C15	<input checked="" type="checkbox"/> Inadequate HW Facilities C15	<input checked="" type="checkbox"/> Other C12, C13, C15

Evidence based on: Observation Records Discussion Past History Case Information

Food workers interviewed by: LHJ PIC N/A Other:

Food worker possible source of illness? **Yes** Number of ill or infected food workers identified: 0

Contamination Yes	<input checked="" type="checkbox"/> Cross Contamination C9	<input checked="" type="checkbox"/> Contaminated Raw Product C6, C7	<input checked="" type="checkbox"/> Source Contamination C8
	<input checked="" type="checkbox"/> Inadequate Produce Wash S5	<input checked="" type="checkbox"/> Contaminated Kitchen Env. C14	<input checked="" type="checkbox"/> Other C15, S5

Evidence based on: Observation Records Discussion Past History Case Information

Chemicals No	<input type="checkbox"/> Toxic Substances C1, C5	<input type="checkbox"/> Inadequate Sanitizers S4	<input type="checkbox"/> Chemicals Added C2, C3, C4
	<input type="checkbox"/> Other S5		

Evidence based on: Observation Records Discussion Past History Case Information

Previous Inspection Date: 6/17/15 Previous Inspection Score – Red: 5 Blue: 3

Was a Food Establishment Inspection Report completed during this investigation? **Yes (Attach forms)**

Did the cases have any of the following in common? **Yes***

*Check all below that apply and explain how the commonality contributed to the outbreak in "Describe Findings".
 Common Food Common FW (Cook, Server, Prep Person) Common Food Equip. (Cutting board, Meat slicer)

Describe Findings Based on the evidence from the field investigation including information obtained through Observation, Discussion, Record Keeping, and Past History, describe the most likely scenario that led to the outbreak.

The most likely scenario is that the contamination came from an ill food worker, cross-contamination in the kitchen or a contaminated product.

Is this FE part of a Chain? No *If Yes, Suspected problem for other chain locations?* Yes
If Yes, Were other locations contacted or investigated? Yes

Explain: Facility is not a chain store, however, Los Chilangos operates at multiple Farmer's Market locations (inside and outside of King County), they handles large catering events at multiple locations and they operate a food truck in different locations.

What is the Menu Style of the food establishment? Taqueria style menu: tacos, burritos and tortas.	What language(s) spoken? English and Spanish.
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Was an interpreter needed? No	Was an interpreter used? No
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Washington State Department of Health
Foodborne Illness Investigation Form Part II – Field Investigation



Communication barrier with PIC? No Communication barrier with food workers? No

Style and Location of Service

Catered Onsite Catered Offsite Full Service Restaurant Grocery Store Home Institution
 Quick Service Restaurant Unknown Other: Taco truck and Farmer's Markets booths.

Where was suspected food prepared? Commissary Kitchen
 Where was suspected food eaten? various locations
 Was suspected food on a buffet? No

Contamination Point Source/Growing Area Processing Receiving **Number of visits to kitchen:**
 Prep Cooking Assembly Service 7

Control Measures, Investigation Methods, and Moving Forward (Check each that was used.)

CONTROL MEASURES	INVESTIGATION METHODS	MOVING FORWARD
<input checked="" type="checkbox"/> REQUIRE BEHAVIOR CHANGE	<input type="checkbox"/> FOOD SAMPLES COLLECTED	<input checked="" type="checkbox"/> FOLLOW-UP VISIT SCHEDULED
<input checked="" type="checkbox"/> REQUIRE PROCEDURE CHANGE	<input checked="" type="checkbox"/> ENVIRONMENTAL SAMPLES COLLECTED	<input type="checkbox"/> FOLLOW-UP VISIT WITH INTERPRETER
<input type="checkbox"/> EXCLUDE ILL FOOD WORKER	<input checked="" type="checkbox"/> STOOL SAMPLES COLLECTED	<input checked="" type="checkbox"/> INCREASED INSPECTION FREQUENCY
<input checked="" type="checkbox"/> FOOD DESTRUCTION	<input checked="" type="checkbox"/> PHOTOGRAPHS OF FOOD, PREP AREAS, ETC.	<input type="checkbox"/> MENU REDUCTION
<input checked="" type="checkbox"/> HOLD ORDER	<input checked="" type="checkbox"/> RECEIPTS, INVENTORY, AND TRACE-BACK	<input checked="" type="checkbox"/> REQUIRED EDUCATION/TRAINING
<input checked="" type="checkbox"/> CLEANING AND SANITIZING	<input type="checkbox"/> MULTIPLE FE'S INVESTIGATED	<input type="checkbox"/> RISK CONTROL PLAN
<input checked="" type="checkbox"/> CLOSURE	<input type="checkbox"/> ADDITIONAL CASE FINDING	<input checked="" type="checkbox"/> OFFICE CONFERENCE
<input checked="" type="checkbox"/> OTHER: repair equipment	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:

Results

Is Epi evidence strong (independent of Environmental Health evidence)? Yes
 Example: Three or more people from different households, same symptoms, no other common meals. If Yes → **If Yes, this outbreak* is**

Is Environmental Health evidence strong? (Contributing Factors correspond with Suspected Agent.) Yes
 Example: Contributing Factors that correspond with suspected agent are identified and two people from same household with same symptoms. If Yes → **Confirmed or Probable**

Note for all Outbreaks: Consult with CD Epi or Food Program staff for assistance determining outbreak status. All EH, Epi, and Lab evidence are considered when determining results of investigations.

Is this an outbreak*? Yes *If Yes, check either Confirmed, Probable, or Suspect; definitions below:*

Confirmed	Laboratory-Confirmed Outbreak: An outbreak with laboratory evidence confirming the outbreak etiology.
	Probable Outbreak: An outbreak with EH or Epi evidence and no laboratory evidence.
	Suspect Outbreak: A group of cases linked by time or place (also known as a cluster) but without evidence linking illnesses to a common food. Suspect Outbreaks of foodborne disease may lead to public health activities, including heightened oversight of a facility, but do not require submission of a summary report to the Department of Health.

**An incident in which two or more persons experience a similar illness resulting from the ingestion of a common food or meal.*

Comments:

Names of all local health investigators involved:

Dominique Gilley, Leonard Winchester, Dan Moran, Ming Leung, Thu Bui

Washington State Department of Health
Foodborne Illness Investigation Form Part II – Field Investigation



/s/ Dominique Gilley.	September 30, 2015	206-477-8181
Field Investigator or Program Manager Signature	Date	Phone Number

Washington State Department of Health
Contributing Factors and Methods of Preparation



Contributing Factors (Check all that apply based on your Field Investigation Findings)			
Contamination Factors (Reference page 2)		Proliferation/Amplification Factors (Reference page 2)	
<input type="checkbox"/> C1	Toxic substance part of tissue	<input type="checkbox"/> P1	Food preparation practices that support proliferation of pathogens (during food preparation)
<input type="checkbox"/> C2	Poisonous substance intentionally/deliberately added	<input type="checkbox"/> P2	No attempt was made to control the temperature of implicated food or the length of time food was out of temperature control (during food service or display of food)
<input type="checkbox"/> C3	Poisonous or physical substance accidentally/inadvertently added	<input type="checkbox"/> P3	Improper adherence of approved plan to use Time as a Public Health Control
<input type="checkbox"/> C4	Addition of excessive quantities of ingredients that are toxic in large amounts	<input type="checkbox"/> P4	Improper cold holding due to malfunctioning refrigeration equipment
<input type="checkbox"/> C5	Toxic container	<input type="checkbox"/> P5	Improper cold holding due to an improper procedure or protocol
<input type="checkbox"/> C6	Contaminated raw product – food was intended to be consumed after a kill step	<input type="checkbox"/> P6	Improper hot holding due to malfunctioning equipment
<input type="checkbox"/> C7	Contaminated raw product – food was intended to be consumed raw or undercooked/underprocessed	<input type="checkbox"/> P7	Improper hot holding due to improper procedure or protocol
<input type="checkbox"/> C8	Foods originating from sources shown to be contaminated or polluted (such as a growing field or harvest area)	<input type="checkbox"/> P8	Improper/slow cooling
<input type="checkbox"/> C9	Cross-contamination of ingredients (cross-contamination does not include ill food workers)	<input type="checkbox"/> P9	Prolonged cold storage
<input type="checkbox"/> C10	Bare-hand contact by a food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P10	Inadequate modified atmosphere packaging
<input type="checkbox"/> C11	Glove-hand contact by a food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P11	Inadequate processing (acidification, water activity, fermentation)
<input type="checkbox"/> C12	Other mode of contamination (excluding cross-contamination) by a food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> P12	Other situations that promoted or allowed microbial growth or toxic production
<input type="checkbox"/> C13	Foods contaminated by non-food handler/worker/preparer who is suspected to be infectious	<input type="checkbox"/> PN/A	Proliferation/Amplification Factors - Not Applicable
<input type="checkbox"/> C14	Storage in contaminated environment		
<input type="checkbox"/> C15	Other source of contamination (e.g., hand washing)		
<input type="checkbox"/> CN/A	Contamination Factors Not Applicable		
Survival Factors (Reference page 2)			
<input type="checkbox"/> S1	Insufficient time and/or temperature control during initial cooking/heat processing	<input type="checkbox"/> S4	Insufficient or improper use of chemical processes designed for pathogen destruction
<input type="checkbox"/> S2	Insufficient time and/or temperature during reheating	<input type="checkbox"/> S5	Other process failures that permit pathogen survival
<input type="checkbox"/> S3	Insufficient time/temperature control during freezing	<input type="checkbox"/> SN/A	Survival Factors - Not Applicable
<input type="checkbox"/> Contributing Factors – Unknown			
Method of Processing (Prior to point-of-service: Processor):		Method of Preparation (At point-of-service: Retail: restaurant, food store):	
<input type="checkbox"/> P1	Pasteurized (e.g., liquid milk, cheese, and juice)	<input type="checkbox"/> R1	Prepared in the home
<input type="checkbox"/> P2	Unpasteurized (e.g., liquid milk, cheese, and juice)	<input type="checkbox"/> R2	Ready to eat food: No manual preparation, No cook step (e.g., sliced cheese, pre-packaged deli meats; whole raw fruits; raw oysters, bottled juice)
<input type="checkbox"/> P3	Shredded or diced produce	<input type="checkbox"/> R3	Ready to eat food: Manual preparation, No cook step (e.g., fresh vegetables, cut fresh fruits, chicken salad made from canned chicken, reconstituted juice)
<input type="checkbox"/> P4	Pre-packaged (e.g., bagged lettuce or other produce)	<input type="checkbox"/> R4	Cook and Serve Foods: Immediate service (e.g., soft-cooked eggs, hamburgers)
<input type="checkbox"/> P5	Irradiation	<input type="checkbox"/> R5	Cook and hot hold prior to service. (e.g., fried chicken, soups, hot vegetables, hot dogs, mashed potatoes)
<input type="checkbox"/> P6	Pre-washed	<input type="checkbox"/> R6	Advance preparation: Cook, cool, serve (e.g., sliced roast beef from a whole cooked roast)
<input type="checkbox"/> P7	Frozen	<input type="checkbox"/> R7	Advance preparation: Cook, cool, reheat, serve (e.g., lasagna, casseroles, soups, gravies, sauces, chili)
<input type="checkbox"/> P8	Canned	<input type="checkbox"/> R8	Advance preparation: Cook, cool, reheat, hot hold, serve (e.g., chili, refried beans)
<input type="checkbox"/> P9	Acid treatment (e.g., commercial potato salad with vinegar)	<input type="checkbox"/> R9	Advance preparation: Cook-chill and Reduced Oxygen Packaging (ROP) (e.g., sauces, gravies, cheeses, etc. packaged under ROP)
<input type="checkbox"/> P10	Pressure treated (e.g., oysters)	<input type="checkbox"/> R10	None/ Unknown
<input type="checkbox"/> P11	None or Unknown		
Level of Preparation			
<input type="checkbox"/> 1	Foods eaten raw with minimal or no processing. (e.g., washing, cooling)		
<input type="checkbox"/> 2	Foods eaten raw with some processing. (e.g., no cooking, fresh cut and/or packaged raw)		
<input type="checkbox"/> 3	Foods eaten heat processed. (e.g., cooked: a microbiological kill step was involved in processing)		