

NATIONAL OUTBREAK REPORTING SYSTEM

AUTHOR: vanderson

REPORT CREATION DATE: 05/12/2016

CDC ID: 268835

STATE ID: 2016-19-175

REPORT STATUS: Active

FINAL TIME STAMP:

@ - Indicates the full text or additional list/table items can be found in the appendix.

@@ - Indicates additional list/table items can be found in the NORS Interface.



General

National Outbreak Reporting System



Foodborne Disease Transmission, Person-to-Person Disease Transmission, Animal Contact

This form is used to report enteric foodborne, person-to-person, and animal contact-related disease outbreak investigations. This form has 5 sections, General, Etiology, Settings, Animal Contact, and Food, as indicated by tabs at the top of each page. Complete the General and Etiology tabs for all modes of transmission and complete additional sections as indicated by the mode of transmission. Please complete as much of all sections as possible.

CDC USE ONLY

CDC Report ID
268835

State Report ID
2016-19-175

Form Approved
OMB No. 0920-0004

General Section – complete for all modes of transmission except Water

Primary Mode of Transmission (check one)

- Food (complete General, Etiology, and Food tabs)
- Water (complete CDC 52.12)
- Animal contact (complete General, Etiology, and Animal Contact tabs)
- Person-to-person (complete General, Etiology, and Settings tabs)
- Environmental contamination other than food/water (complete General, Etiology, and Settings tabs)
- Other/Unknown (complete General, Etiology, and Settings tabs)

Investigation Methods (check all that apply)

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

Comments

Stool samples from both symptomatic and asymptomatic. Suspect food item (eggs) collected and being tested. inspection of restaurant and investigation of egg suppliers.

Dates (mm/dd/yyyy)

Date first case became ill (required) 5 / 4 / 2016 Date last case became ill 5 / 17 / 2016
 Date of initial exposure 5 / 4 / 2016 Date of last exposure 5 / 17 / 2016
 Date of report to CDC (other than this form) _____ / _____ / _____
 Date of notification to State/Territory or Local/Tribal Health Authorities 5 / 11 / 2016

Geographic Location

Exposure state: Ohio
 Exposure occurred in multiple states
 Exposure occurred in a single state, but cases resided in another state or multiple states
 Other states: Indiana, Maine
 (For multistate exposure or multistate residency outbreaks, enter the case count for each state)
 Exposure county: Wayne
 Exposure occurred in multiple counties in exposure state
 Exposure occurred in a single county, but cases resided in another county or multiple counties
 Other counties: Ashland, Franklin, Knox, Lorain, Medina
 City/Town/Place of exposure: Wooster, OH
 (Do not include proprietary or private facility names)

Primary Cases

Number of primary cases	Sex (number or percent of the primary cases)	
	#	%
Lab-confirmed primary cases	16	50.00 %
Probable primary cases	12	50.00 %
Estimated total primary cases	28	0.00 %

Primary Case Outcomes	# Cases	Total # of cases for whom info is available	Age (number or percent of the primary cases)					
			#	%	#	%		
Died	0	28	<1 year	0	0.00 %	20–49 years	18	64.29 %
Hospitalized	7	28	1–4 years	0	0.00 %	50–74 years	8	28.57 %
Visited Emergency Room	0	0	5–9 years	0	0.00 %	≥ 75 years	0	0.00 %
Visited health care provider (excluding ER visits)	0	0	10–19 years	0	0.00 %	Unknown	2	7.14 %

General

Incubation Period, Duration of Illness, Signs or Symptoms for Primary Cases Only

Incubation Period (circle appropriate units) Duration of Illness (among recovered cases-circle appropriate units)

Shortest	10	Hours	Shortest		
Median	16	Hours	Median		
Longest	30	Hours	Longest		
Total # of cases for whom info is available			Total # of cases for whom info is available		

Unknown incubation period Unknown duration of illness

Signs or Symptoms (*Refer to terms from appendix, if appropriate, to describe other common characteristics of cases.)

Feature	# Cases with signs or symptoms	Total # of cases for whom info is available
Vomiting	2	2
Diarrhea	28	28
Bloody stools		
Fever	2	2
Abdominal cramps	23	23
HUS		
Asymptomatic	1	1
*		
*		
*		

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 <input type="checkbox"/> Environmental contamination other than food/water <input checked="" type="checkbox"/> Other/Unknown	Lab-confirmed secondary cases	1 #
	Probable secondary cases	0 #
	Estimated total secondary cases	1 #
	Estimated total cases (Primary + Secondary)	29 #

Environmental Health Specialists Network (if applicable)

EHS-Net Evaluation ID: 1.) _____ 2.) _____ 3.) _____ 4.) _____

Traceback (for food and bottled water only, not public water)

Please check if traceback conducted

Source name (if publicly available)	Source type (e.g., poultry farm, tomato processing plant, bottled water factory)	Location of source		Traceback Comments
		State	Country	
Ladrach Eggs	shelled eggs	Ohio	UNITED STATES	@ environmental samples taken with no results to indicate cc

Recall

Please check if any food or bottled water product was recalled

Type of item recalled:

Comments:

Reporting Agency

Reporting state: Ohio E-mail: Ellen.Salehi@odh.ohio.gov
 Agency name: Ohio Department of Health Phone no.: (614) 466-0231
 Contact name: Ellen Salehi Fax no.: (614) 564-2456
 Contact title: Epidemiologist

General Remarks Briefly describe important aspects of the outbreak not covered above. Please indicate if any adverse outcomes occurred in special populations (e.g., pregnant women, immunocompromised persons.)

Facility voluntarily closed Wednesday May 11 and did not re-open. Inspection conducted by sanitarians could not specify specific violations concerning hollandaise sauce. Sauce was made daily and discarded daily. Facility was open for 4 hours. Menu included consumer advisory. facility owner reviewed prep process of sauce and sanitarian was not bale to verify due to it being 3 days later. Health recommended only pasteurized eggs be used.

Etiology Section – complete for all modes of transmission except Water

1. Were any specimens collected and tested? Yes No Unknown (If no or unknown, skip to Q5.)

2. How many specimens of each type were tested?

Type of sample	Tested? (Yes/No/Unknown)	No. specimens tested
Human specimen	Yes	19
Animal specimen	No	
Food	Yes	2
Water	No	
Other environmental, specify in general remarks	No	

3. What were they tested for? (check all that apply)

- Bacteria (or bacterial toxins)
 Viruses
 Parasites
 Chemicals/Toxins
 Unknown

4. Test types (select all test types used for clinical specimens)

- Culture
 DNA or RNA Amplification/Detection (e.g. PCR, RT-PCR)
 Microscopy (e.g. Fluorescent, EM)
 Serological/immunological test (e.g., EIA, ELISA)
 Chemical testing
 Tissue culture infectivity assay
 Other (describe in general remarks)
 Unknown

5. Is there at least one confirmed* or suspected outbreak etiology(s)?

- Yes No (unknown etiology) (If no, skip to next section.)

*See http://www.cdc.gov/foodsafety/outbreaks/investigating-outbreaks/confirming_diagnosis.html

Etiology (Name the bacterium, chemical/toxin, virus, or parasite. If available, include the serotype and other characteristics such as phage type, virulence factors, and metabolic profile.)

Genus	Species	Serotype/Genotype	Other characteristics	# Of Lab-Confirmed cases	Detected in~	Etiology confirmed or suspected
Salmonella	enterica	Enteritidis	pattern JEGX01.0005;	17	1	Confirmed

~Detected in (choose all that apply): 1 – patient specimen; 2 – food specimen; 3 – environmental specimen; 4 – food-worker specimen; 5 – water sample; 6 – animal specimen;

Isolates/Strains (For bacterial pathogens, provide a representative for each distinct pattern. For viral pathogens, provide CaliciNet key, outbreak number, sequenced region, and genotype for each distinct strain.)

State Lab ID/ Accession ID/ CaliciNet Key	CDC PulseNet Cluster Code or CaliciNet Outbreak Number	CDC PulseNet Pattern Designation for Enzyme 1	CDC PulseNet Pattern Designation for Enzyme 2	CaliciNet Sequenced Region/Other Molecular Designation 1	CaliciNet Genotype/ Other Molecular Designation 2
2016001579	1605OHJEG-1	JEGX01.0005			
2016001576	1605OHJEG-1	JEGX01.0005			
2016001577	1605OHJEG-1	JEGX01.0005			

Settings Section – complete for person-to-person, environmental contamination, and other/unknown primary mode of transmission

Major setting of exposure (choose one)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Camp | <input type="checkbox"/> Hospital | <input type="checkbox"/> Other healthcare facility | <input type="checkbox"/> Religious facility |
| <input type="checkbox"/> Child day care | <input type="checkbox"/> Hotel/motel | <input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Event space | <input type="checkbox"/> Long-term care/nursing home/assisted living facility | <input type="checkbox"/> Prison/jail | <input type="checkbox"/> School/college/university |
| <input type="checkbox"/> Festival/fair | <input type="checkbox"/> Office/indoor workplace | <input type="checkbox"/> Private home/residence | <input type="checkbox"/> Ship/boat |

Attack rates for major setting of exposure

Group (based on setting)	Estimated exposed in major setting*	Estimated ill in major setting	Crude attack rate [(estimated ill / estimated exposed) x 100]
residents, guests, passengers, patients, etc.			
staff, crew, etc.			

*e.g., number of persons on ship, number of residents in nursing home or affected ward

Other settings of exposure (choose all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Camp | <input type="checkbox"/> Hospital | <input type="checkbox"/> Other healthcare facility | <input type="checkbox"/> Religious facility |
| <input type="checkbox"/> Child day care | <input type="checkbox"/> Hotel/motel | <input type="checkbox"/> Other, specify: _____ | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Event space | <input type="checkbox"/> Long-term care/nursing home/assisted living facility | <input type="checkbox"/> Prison/jail | <input type="checkbox"/> School/college/university |
| <input type="checkbox"/> Festival/fair | <input type="checkbox"/> Office/indoor workplace | <input type="checkbox"/> Private home/residence | <input type="checkbox"/> Ship/boat |

Animal Contact Section – complete for animal contact primary mode of transmission

Setting of exposure	Type of animal	Animal Contact Remarks

Food Section – complete for foodborne primary mode of transmission

Food vehicle undetermined

Food	1	2	3
Name of food (excluding any preparation)	hollandaise sauce		
Ingredient(s) (enter all that apply)	egg;		
Contaminated ingredient(s) (enter all that apply)			
Total # of cases exposed to implicated food			
Reason(s) suspected (enter all that apply from list in appendix)	1-Statistical evidence from epidemiological investigation;		
Method of processing (enter all that apply from list in appendix)	2 - Unpasteurized; 11 - None or Unknown;		
Method of preparation (select one from list in appendix)			
Level of preparation (select one from list in appendix)	2 - Foods eaten raw with some processing.;		
Contaminated food imported to US?	<input type="checkbox"/> Yes, Country _____ <input type="checkbox"/> Yes, Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Country _____ <input type="checkbox"/> Yes, Unknown <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, Country _____ <input type="checkbox"/> Yes, Unknown <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was product both produced under domestic regulatory oversight and sold?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Banquet facility <i>(food prepared and served on-site)</i>	<input type="checkbox"/> Other healthcare facility	<input type="checkbox"/> Banquet facility <i>(food prepared and served on-site)</i>	<input type="checkbox"/> Other healthcare facility
<input type="checkbox"/> Camp	<input type="checkbox"/> Prison/jail	<input type="checkbox"/> Camp	<input type="checkbox"/> Prison/jail
<input type="checkbox"/> Caterer <i>(food prepared off-site from where served)</i>	<input type="checkbox"/> Private home/residence	<input type="checkbox"/> Caterer <i>(food prepared off-site from where served)</i>	<input type="checkbox"/> Private home/residence
<input type="checkbox"/> Child day care	<input type="checkbox"/> Religious facility	<input type="checkbox"/> Child day care	<input type="checkbox"/> Religious facility
<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Restaurant- Buffet	<input type="checkbox"/> Fair, festival, other temporary or mobile services	<input type="checkbox"/> Restaurant- Buffet
<input type="checkbox"/> Farm/dairy	<input type="checkbox"/> Restaurant – ‘Fast-food’ <i>(drive up service or pay at counter)</i>	<input type="checkbox"/> Farm/dairy	<input type="checkbox"/> Restaurant – ‘Fast-food’ <i>(drive up service or pay at counter)</i>
<input type="checkbox"/> Grocery store	<input type="checkbox"/> Restaurant – Other or unknown type	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Restaurant – Other or unknown type
<input type="checkbox"/> Hospital	<input checked="" type="checkbox"/> Restaurant – Sit-down dining	<input type="checkbox"/> Hospital	<input checked="" type="checkbox"/> Restaurant – Sit-down dining
<input type="checkbox"/> Hotel/motel	<input type="checkbox"/> School/college/university	<input type="checkbox"/> Hotel/motel	<input type="checkbox"/> School/college/university
<input type="checkbox"/> Long-term care/nursing home/assisted living facility	<input type="checkbox"/> Ship/boat	<input type="checkbox"/> Long-term care/nursing home/assisted living facility	<input type="checkbox"/> Ship/boat
<input type="checkbox"/> Office/indoor workplace	<input type="checkbox"/> Unknown	<input type="checkbox"/> Office/indoor workplace	<input type="checkbox"/> Unknown

<input type="checkbox"/> Other <i>(describe in Where Prepared Remarks)</i> Where Prepared Remarks:	<input type="checkbox"/> Other <i>(describe in Where Eaten Remarks)</i> Where Eaten Remarks:
---	---

Contributing Factors *(check all that contributed to this outbreak)*

Contributing factors unknown

Contamination Factor
 C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13 C14 C15 C-N/A

Proliferation/Amplification Factor *(bacterial outbreaks only)*
 P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11 P12 P-N/A

Survival Factor
 S1 S2 S3 S4 S5 S-N/A

The confirmed or suspected point of contamination *(check one)*

Before preparation Preparation If 'Before Preparation': Pre-Harvest Processing 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

Was food-worker implicated as the source of contamination? Yes No
 If yes, please check only one of the following:
 Laboratory **and** epidemiologic evidence Epidemiologic evidence
 Laboratory evidence Prior experience makes this a likely source

School Questions
(Complete this section only if "school" is checked in either sections "Location where food was prepared" or "Location of exposure (where food was eaten)").

1. Did the outbreak involve a single or multiple schools? Single Multiple (number of schools _____)

2. School characteristics (for all involved students in all involved schools)

- a. Total approximate enrollment: _____ (number of students) Unknown or undetermined
- b. Grade level(s)
 Grade school (grades K-12)
 Please check all grades affected: K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th
 College/university/technical school
 Unknown or Undetermined
- c. Primary funding of involved schools
 Public Private Unknown

3. Describe the preparation of the implicated item: (check all that apply)

- Heat and serve (item mostly prepared or cooked off-site, reheated on-site)
- Served a-la-carte
- Serve only (preheated or served cold)
- Cooked on-site using primary ingredients
- Provided by a food service management company
- Provided by a fast-food vendor
- Provided by a pre-plate company
- Part of a club or fundraising event
- Made in the classroom
- Brought by a student/teacher/parent
- Other (describe in General Remarks)
- Unknown or Undetermined

4. How many times has the state, county or local health department inspected this school cafeteria or kitchen in the 12 months before the outbreak?*

- Once
- Twice
- More than two times
- Not inspected
- Unknown or Undetermined

*If multiple schools are involved, please answer according to the most affected school.

5. Does the school have a HACCP plan in place for the school feeding program?*

- Yes
- No
- Unknown or Undetermined

*If multiple schools are involved, please answer according to the most affected school.

6. Was implicated food item provided to the school through the National School Lunch/Breakfast Program?

- Yes
- No
- Unknown or Undetermined

If yes, was the implicated food item donated/purchased by:

- USDA through the Commodity Distribution Program
- The state/school authority
- Other (describe in General Remarks)
- Unknown or Undetermined

Ground Beef

1. What percentage of ill persons (for whom information is available) ate ground beef raw or undercooked? _____ %
2. Was ground beef case-ready? Yes No Unknown
 (Case-ready ground beef is meat that comes from a manufacturer packaged for sale that is not altered or repackaged by the retailer.)
3. Was the beef ground or reground by the retailer?
 Yes No Unknown
- If yes, was anything added to the beef during grinding (such as shop trim or any product to alter the fat content)?: _____

Additional Salmonella Questions
 (Complete this section for Salmonella outbreaks)

1. Phage type(s) of patient isolates:
 _____ if RDNC* then include # _____ _____ if RDNC* then include # _____
 _____ if RDNC* then include # _____ _____ if RDNC* then include # _____

* Reacts, Does Not Conform

Eggs

1. Were eggs (check all that apply)
- in shell, unpasteurized? consumed raw?
 - in shell, pasteurized? consumed undercooked?
 - packaged liquid or dry? pooled?
 - stored with inadequate refrigeration during or after sale?
2. Was Salmonella enteritidis found on the farm? Yes No Unknown

Egg Comment (e.g., eggs and patients isolates matched by phage type): ODA did a site inspection and had no violations.

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA, 30333, ATTN: PRA (0920-0004) <--DO NOT MAIL CASE REPORTS TO THIS ADDRESS-->

Appendix

Truncated Traceback Comments 1

environmental samples taken with no results to indicate contaminated eggs. Egg mixture tested negative also.

Outbreak Summary Report

Outbreak Title: Oak Grove Salmonella outbreak
Outbreak Type: Foodborne

ODRS Outbreak ID: 6940477
Classification Status: Confirmed

Reporting Information

ODRS Outbreak ID: 6940477
Outbreak ID: 2016-19-175
Outbreak Type: Foodborne
Primary Type Of Illness: Gastrointestinal
Outbreak Title: Oak Grove Salmonella outbreak
Country: United States
State: OH
County: Wayne
City: Wooster
Jurisdiction: Wayne County
Classification Status: Confirmed
Date Investigation Reported: 05/12/2016
Date Investigation Completed:

Causative Agent:

Agent	Details	Other Specifications
Salmonella	Enteritidis	pattern JEGX01.0005

Entered into NORS: Yes

NORS ID: 268835

Investigators Information

LHD Investigator:
ODH Investigator: Ellen Salehi MPH
ODH Investigator Phone: (614) 466-0231
ODH Outbreak Investigation Status: New
LHD Outbreak Investigation Status: Open
Investigation Leader: LHD

Outbreak Summary Report

Outbreak Title: Oak Grove Salmonella outbreak

ODRS Outbreak ID: 6940477

Outbreak Type: Foodborne

Classification Status: Confirmed

Exposure Information

Exposure in Ohio: Yes

Multistate: No

Mode of Transmission: Foodborne

Vehicle:

Vehicle

Vehicle Status

Eggs Benedict; Hollandaise Sauce

Confirmed

Food Location:

Error: Subreport could not be shown.

Outbreak Demographics

Number of people ill: 29

Number of primary cases: 28

Number of secondary cases: 1

Number of suspected cases:

Number of probable cases: 12

Number of confirmed cases: 17

Number of ill patients, residents, students or attendees:

Number of ill staff: 2

Number of hospitalizations: 7

Number of deaths: 0

Number of people given medications: 3

Number given for treatment:

First case onset date: 05/04/2016

Last case onset date: 05/17/2016

Index case:

All Linked Cases

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Outbreak Summary Report

Outbreak Title: Oak Grove Salmonella outbreak

ODRS Outbreak ID: 6940477

Outbreak Type: Foodborne

Classification Status: Confirmed

[REDACTED]

✓ 6944034

[REDACTED]

✓ 6946089

[REDACTED]

Outbreak Summary Report

Outbreak Title: Oak Grove Salmonella outbreak

ODRS Outbreak ID: 6940477

Outbreak Type: Foodborne

Classification Status: Confirmed

Investigation Information

Analytic Epi Study Conducted: Yes

Control Measure Taken: Yes

Exclusion of a(n) ill person(s) from a high-risk setting:

Remediation or closure of an establishment linked to illness:

Educational campaigns during outbreaks (beyond individual case education):

Public Health Action Taken: Yes

Media or public health messaging (web updates, press releases, etc.):

Regulatory action (recall, hold, etc.):

Linked to a Common Place of Exposure: Yes

Environmental Health Assessment Conducted: Yes

Food/Environmental Sample Collected: Yes

Environmental Health, Agriculture, Regulatory, Food Safety Staff Contacted: Yes

Routine Interview of Cases: Yes

Supplemental/Targeted Interview of Cases: No

Exposure Assessment Conducted: Yes

Laboratory Information

Clinical Samples Collected: Yes

How Many People Tested: 19

Diagnostic Testing Performed By

Commercial/Private Lab:

State Public Health Lab:

CDC Lab:

Sample Testing

Norovirus RT-PCR:

Other virus testing:

Bacterial culture:

Non-culture methods for bacteria:

Parasitic O/P:

Outbreak Summary Report

Outbreak Title: Oak Grove Salmonella outbreak

ODRS Outbreak ID: 6940477

Outbreak Type: Foodborne

Classification Status: Confirmed

Administration Information

Send to CDC:

MMWR: Year: 2016 Week: 28

SAIC Report:

Final Report:

For ODH Use Only

Outbreak Classification Status: Confirmed

ODH Investigation Status: New

Send to CDC:

MMWR: Year: 2016 Week: 28

Finalized: No

Notes

Date	User	Note Type	Title	Notes
07/14/16	Ellen.Salehi	System	Outbreak Classification Status Change	Outbreak Classification Status Change from Suspected to Confirmed
07/14/16	Ellen.Salehi	System	Outbreak Causative Agent Removed	Outbreak Causative Agent Removed: Salmonella
07/14/16	Ellen.Salehi	System	Outbreak Causative Agent Added	Outbreak Causative Agent Added: Salmonella
07/14/16	Ellen.Salehi	System	ODH Send to CDC Change	ODH Send to CDC Change from False to True
06/21/16	Ellen.Salehi	System	Outbreak Causative Agent Removed	Outbreak Causative Agent Removed: Salmonella
06/21/16	Ellen.Salehi	System	Outbreak Causative Agent Added	Outbreak Causative Agent Added: Salmonella
05/13/16	Elizabeth.Koch1	System	Outbreak Causative Agent Added	Outbreak Causative Agent Added: Salmonella

Outbreak Summary Report

Outbreak Title: Oak Grove Salmonella outbreak

ODRS Outbreak ID: 6940477

Outbreak Type: Foodborne

Classification Status: Confirmed

Edit History

Created By User ID: Rene.Seeds1

Date Created: 05/12/2016

Last Modified User ID: Ellen.Salehi

Date Last Modified: 07/14/2016