

## Researching Foodborne Illnesses – Outbreak Information

<http://foodsafetyinfo.org/phpbb/viewtopic.php?t=5537>

Posted: Tue Aug 29, 2006 6:59 pm Post subject: Salmonella kills fourth patient in Western Hungary

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### **Salmonella kills fourth patient in Western Hungary**

29.aug.06

CaboodleNews (Hungary)

[http://www.caboodle.hu/nc/news/news\\_archive/single\\_page/article/11/student\\_orga/?cHash=a0d3542014](http://www.caboodle.hu/nc/news/news_archive/single_page/article/11/student_orga/?cHash=a0d3542014)

An elderly woman, who was taken to the hospital in critical condition caused by Salmonella infection last week, died in Szombathely this morning. She is the fourth victim of the Salmonella outbreak that started more than a week ago, hirado.hu writes.

Tests have shown that the bacteria have gotten into more than one cake, because the crust of the infected walnut cake was ground and used in other desserts.

Nearly 50 people are being treated at the Markusovszky Hospital in Szombathely; one female patient is in a serious condition. Since the outbreak, around 100 people needed shorter or longer hospitalization. Until this morning, 330 people have visited their doctor with diarrhea.

<http://foodsafetyinfo.org/phpbb/viewtopic.php?t=5402>

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### **Listeria outbreak associated with sandwich consumption from a hospital retail shop, United Kingdom**

01.jun.06

Eurosurveillance volume 11 Number 6

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<http://www.eurosurveillance.org/em/v11n06/1106-225.asp>

Tables available at <http://www.eurosurveillance.org/em/v11n06/1106-225.asp>

An outbreak of listeriosis occurred in the Swindon area of the UK in autumn 2003. Five cases were detected in pregnant women. Four of these women were thought to have eaten prepacked sandwiches from a retail outlet in one particular hospital. Sampling at the supplier detected *Listeria monocytogenes*, which was indistinguishable on molecular testing from the patients' isolates. Recent changes in UK food legislation should help diminish the risk of further outbreaks/cases such as ours occurring.

<http://www.foodlaw.rdg.ac.uk/pdf/uk-06001-micro-criteria.pdf>

Tables available at <http://www.eurosurveillance.org/em/v11n06/1106-225.asp>

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<http://foodsafetyinfo.org/phpbb/viewtopic.php?t=3923>

Posted: Tue Jun 13, 2006 8:37 pm Post subject: Sudan cholera outbreak reaches war-torn Darfur

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### **Sudan cholera outbreak reaches war-torn Darfur**

Mon Jun 12, 12:35 PM ET

Source of Article: [http://news.yahoo.com/s/nm/20060612/hl\\_nm/cholera\\_outbreak\\_dc\\_1](http://news.yahoo.com/s/nm/20060612/hl_nm/cholera_outbreak_dc_1)

KHARTOUM (Reuters) - A cholera outbreak in Sudan has spread to the war-torn western Darfur region, posing a serious threat to the 2.5 million living in squalid camps in cramped conditions, a U.N. statement said.

Cholera spreads rapidly in close-knit populations. An outbreak that began in late January in south Sudan has killed at least 516 people among more than 13,800 cases, affecting 6 of the 10 southern states.

"The World Health Organization (WHO) in Nyala (south Darfur) confirmed 65 cases of acute watery diarrhea," said a U.N. statement sent late on Sunday.

Cholera is an acute, diarrheal illness caused by infection of the intestines with the bacterium *Vibrio cholerae*.

The statement said an aid agency had confirmed one cholera fatality in Gereida, in southeast Darfur, where almost 100,000 people have fled their homes to seek safety in the town. "WHO issued an alert warning on the cholera outbreak," the statement added. Three years of rape, pillage and murder in Darfur has herded much of the population to crowded urban centers away from rural villages. Scarce food supplies, a lack of healthcare and the upcoming rainy season make them more vulnerable to the water-borne disease. Cholera causes vomiting and acute diarrhea that can lead to rapid dehydration and death within 24 hours if not treated.

<http://foodsafetyinfo.org/phpbb/viewtopic.php?t=7951>

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### **Update: E. coli O157:H7 outbreak at Taco Bell restaurants likely over FDA traceback investigation continues**

14.dec.06

FDA press release

Today, the U.S. Centers of Disease Control and Prevention (CDC) stated that the E. coli O157:H7 outbreak linked to Taco Bell restaurants in Northeastern states appears to be over. However, additional cases from the outbreak period could still be identified. Based on a number of factors, iceberg lettuce is considered overall to be the single most likely source of the outbreak at this time. The Food and Drug Administration (FDA) continues to narrow its investigation by focusing its efforts on finding the sources of shredded iceberg lettuce served at the restaurants.

The peak of the outbreak occurred from the last week of November until the beginning of December. No new cases have been reported as of December 14, 2006. A total of 71 cases in five states have been reported to the CDC: Delaware (2 cases), New Jersey (33 cases), New York (22 cases), Pennsylvania (13 cases) and South Carolina (1 case - this person ate at a Taco Bell in Pennsylvania). 53 hospitalizations and 8 cases of Hemolytic Uremic Syndrome (HUS) have been reported. For the latest details about these cases, see the CDC website at <http://www.cdc.gov/ecoli/current.htm>.

FDA investigators continue to expedite review of Taco Bell's records in order to trace the distribution channels of the iceberg lettuce and identify the farm or farms where the lettuce was grown, as well as all firms and facilities that handled the product. The agency is aware of the outbreaks of E. coli O157:H7 at Taco John's restaurants in Iowa and Minnesota, and is monitoring these closely in cooperation with state health authorities. Based on genetic fingerprinting of the E.coli, these outbreaks do not appear at this time to be related to the Taco Bell outbreak. FDA continues to collaborate with CDC, and with state and local health officials, to determine how these outbreaks occurred and find the source of suspect food items.

Infection with E. coli O157:H7 can cause diarrhea, often bloody. Although most healthy adults can recover completely within a week, some people can develop hemolytic uremic syndrome (HUS), which can lead to a form of kidney failure. This condition is most likely to occur in young children and the elderly. The condition can lead to serious kidney damage and even death. Consumers who are concerned that they may have contracted E. coli O157:H7 infection should notify their local health department, and contact their health care provider to seek medical attention.

More information about E. coli O157:H7 and the outbreak linked to Taco Bell restaurants on the East Coast is available at: <http://www.fda.gov/oc/opacom/hottopics/EcoliOutbreaks/restaurants.html>.

FDA will provide additional media updates on this investigation as more information becomes available.

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### **Outbreak fears: Hepatitis A at sushi outlet**

26.mar.07

Sydney Morning Herald (Australia)

Ruth Pollard

<http://www.smh.com.au/news/national/outbreak-fears-hepatitisa-at-sushi-outlet/2007/03/25/1174761283875.html>

Hundreds of people could be affected by a potential outbreak of hepatitis A after a food handler in a sushi restaurant was, according to this story, diagnosed with the highly infectious virus.

NSW Health was cited as issuing a warning to patrons of Sushi from Xanadu, at Birkenhead Point shopping centre, urging those who ate there on March 11, 12, 17 and 18 to attend a specially established clinic for a check-up and preventive injection.

Jeremy McAnulty, the director of communicable diseases at NSW Health, was quoted as saying, "We know it's a very busy sushi outlet that sells ready-to-eat sushi, but we don't know how many people [may be affected], there could be hundreds."

Dr McAnulty was cited as saying that when a food worker is found to have hepatitis A, public health officials look at whether they were symptomatic when handling the food - he was - and whether the food was cooked later on - it was not, adding, "It is often not obvious that it is hepatitis A, a person may be vomiting, nauseous and off their food, but it is only later on that jaundice appears, which indicates hepatitis." Another complicating factor was the length of the incubation period - a month, as compared with many other gastro diseases which incubate over a few days. Dr McAnulty was further cited as saying that rates of hepatitis A have fallen over the past decade - in 2006 there were 94 cases, in 2005 there were 79, and numbers tended to increase after holiday periods when travellers returned from overseas countries where the virus was prevalent.