



HEALTH CARE AGENCY

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PUBLIC HEALTH EPIDEMIOLOGY & ASSESSMENT

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To: Orange County Healthcare Providers
Re: ***E. coli* O157:H7 outbreak associated with Taco Bell**

As of 10 AM, December 8, 2006, 62 cases have been associated with a multistate outbreak of *E. coli* O157 infection. Ill persons are residents of 6 states: New York (21), New Jersey (28), Pennsylvania (9), Delaware (2), South Carolina (1), and Utah (1), and the vast majority of patients reported eating at Taco Bell. Case-control studies are underway to help determine what food item(s) may have been contaminated. *E. coli* O157:H7 has been preliminarily detected from samples of green onions supplied to Taco Bell restaurants; however, no match to the outbreak strain has been confirmed.

Although no cases have been confirmed in California to date, please be advised that the outbreak may be continuing. **Stool culture for *E. coli* O157 should be performed for patients with onset of diarrhea on or after 11/15/06 who have a history of eating at Taco Bell in the 7 days prior to illness onset.** Please promptly report anyone meeting these criteria to Orange County Public Health (714-834-8180, after hours 714-628-7008). *E. coli* O157:H7 and positive Shiga toxin testing results are reportable in California.

Description of illness

Illness usually begins with non-bloody diarrhea and often severe abdominal cramping. Fever occurs in less than 1/3 of cases and, when present, is often low-grade. The diarrhea may become bloody by the second or third day of illness. In outbreaks the frequency of bloody diarrhea has ranged from 35% to 95%. The amount of blood can be such that the stool appears to consist entirely of blood. Hemolytic uremic syndrome (HUS) is a complication of *E. coli* O157:H7 infection that occurs in 4% to 10% of patients, most commonly in children between the ages of one and five. HUS is typically diagnosed 6 days or more after the onset of diarrhea. It is a potentially fatal (3-5%) triad of microangiopathic hemolytic anemia, low platelets (thrombocytopenia), and acute renal dysfunction, requiring dialysis in approximately 50% of cases. There is a 12% risk of death or end-stage renal disease. If patients have no symptoms of HUS 3 days after resolution of diarrhea, the risk of HUS is low. Thrombotic thrombocytopenic purpura is another complication that can occur in adults.

Laboratory

"*E. coli* O157:H7" must be specified on the laboratory request because the special medium required is not routinely set up in all labs. Although there is a test for the Shiga toxin produced by *E. coli* O157:H7, obtaining an isolate is critical so that pulsed field gel electrophoresis (PFGE) can be performed to see if the isolate matches an outbreak strain. All isolates of *E. coli* O157:H7, whether or not they are suspected of being linked to an outbreak, should be forwarded to the Orange County Public Health Laboratory for PFGE.

Treatment

Treatment consists of supportive care with correction of dehydration and electrolyte abnormalities. Antimotility agents should not be used. Use of antibiotics is controversial, and most experts would not treat children with *E. coli* O157:H7 with antibiotics.

Additional information

Updates and information are available at: <http://www.cdc.gov/ecoli/>