



although animals can sometimes also spread disease, many of these cases are food-borne outbreaks, where the only common food source is the suspect food. dancers affected by c. parapsilosis during the 1990 bacillus anthracis outbreak had all ingested c.parapsilosis from contaminated bread. (50) in the investigation of an outbreak of e. coli o157:h7 at a college, investigators knew that three students had eaten at a restaurant one hour before they felt ill. they hypothesized that the source was cooked ground beef served on a bun, which was consumed at that restaurant. when they reviewed surveillance data, they found that the restaurant had received and stored 1,298 pounds of ground beef, which was cooked that same day. further, the pulled pork sandwich made with cooked ground beef represented less than 0.5% of the total beef served that night. (51) the work of these investigators revealed that one hour after a major beef recall, the restaurant had not stopped serving beef. rather, they had kept serving the same beef that had been recalled and with which they might have contaminated the ground meat. their comprehensive testing of the 16 pulled pork sandwiches for e. coli o157:h7 and shiga toxin found only one positive for e. coli o157:h7. even more interestingly, the positive sandwich was that made with ground beef that was cooked six months before the recall. however, in retrospect, the clinicians had noticed that the affected students had all eaten spicy pulled pork with bread rolls earlier that day. rapidly escalating incidence of disease in a hospital can be an important clue to the source of a hospital outbreak. in the case of the outbreak of enterococci in san francisco, california in 1979, the epidemiologist found that a drug of choice for surgical prophylaxis had been widely used in routine practice for over four years. commonly used in intraoperative doses to prevent infection, the enterococci that had emerged were unusually resistant to the new agents. this meant that the high-risk case-patients had been treated for infection, yet developed a hidden bacterial reservoir during and after surgery. their unsuspected carriage of enterococci also had predictive value for subsequent hospital acquisition of the bacterium. (53) after an investigation, the manufacturer (novo-pen) quickly began an awareness campaign.

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epidemiologic investigations of outbreaks rely on several methods. the first methods identify the individual, to establish a link between cases. the most common individual epidemiologic method is the case report. this method involves asking the person who contracted the infection about the circumstances of the infection and the illness. this information is recorded on a questionnaire and accompanied by a brief physical examination. a concise history provides information that the physician and public health authorities can use to assess the risk of illness. questions are open-ended, allowing for a broad response, and they typically start with the agent that caused the infection, for example, "what was the sickening agent?" the disease of interest may be identified using initial signs and symptoms. if the answer is positive for the agent, further questions inquire about certain features. for example, if the infection occurred within the past 2 weeks, one may inquire about vomiting, nausea, or diarrhea. three or more loose bowel movements a day, or abdominal pain, fever, and/or myalgias, the latter two depending on the time of illness, may identify e. coli o157:h7. many viruses cause similar symptoms, and not infrequently, in certain areas, isolates of e. coli o157:h7 may be cultured from stools. however, for a number of reasons, a positive culture alone is insufficient for the diagnosis of e. coli o157:h7 infection. characteristics of an outbreak may also be assessed by determining the time and place of occurrence. chronological or "spatial" analysis of an outbreak begins by characterizing the pattern of illness by time and place. for example, if cases are reported uniformly, by geographic area or by time, the source of transmission may be easily identified. cases that cluster in space or time do not necessarily indicate that a common source has been identified. the focus of the cluster may be due to chance, or it may be related to the fact that the agent causing the outbreak has traveled in the current season. for example, if the agent causing an outbreak is a toxin that travels on grape berries in a particular growing season, the cluster may be due to the fact that the agent was present in the grape berries. for diseases spread via person-to-person contact, the time of infection is of great importance. an example of this may be the occurrence of a cluster of legionnaires' disease in an indoor facility. in such instances, the risk of transmission may have been present during the time when attendees were present, or it may be due to a change in location of the person at the time of the spread. if the findings from space-time mapping are inconsistent with the causal agent or mode of transmission, then further epidemiologic and microbiologic investigation may be appropriate. 5ec8ef588b

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