

**Outbreak of Norovirus at Silver Lake Elementary School
--Silver Lake, Kansas, April 2008**



Investigation by:
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**Kansas Department of Health and Environment
Office of Surveillance and Epidemiology**

Outbreak Investigators

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Reported by

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Background

On April 18, 2008, Shawnee County Health Agency (SCHA) and Kansas Department of Health and Environment (KDHE) were notified of widespread gastrointestinal (GI) illness among students of Silver Lake Elementary School. Over 60 students were absent because of gastrointestinal symptoms that included vomiting, diarrhea and abdominal cramps on April 16 and 17. Teachers and other school staff were also affected.

Illness seemed limited to the one school in the affected county, although parents and siblings of some sick students were also affected.

KDHE and SCHA initiated an outbreak investigation to determine the cause of the illness and implement effective and appropriate prevention and control measures.

Methods

Laboratory and Clinical Investigation

SCHA delivered 10 stool specimen kits to the school for distribution to symptomatic individuals for ova and parasites, bacterial and viral examination. Two kits were picked up and returned to SCHA for submission to the KDHE laboratories. The two specimens were from different households.

Epidemiologic Investigation

An initial linelist of ill persons was developed, documenting demographic data, grade, symptoms and date of onset. A preliminary epidemiologic curve developed from these data suggested a point source outbreak.

A retrospective cohort study was carried out. A questionnaire was developed by KDHE, to collect demographic information, food histories and information on symptoms and outcomes of illness. The questionnaires were delivered to the school by SCHA staff, to be self-administered, with parental assistance requested for grades three or lower. They were returned to the school and delivered by SCHA staff to KDHE for statistical analysis.

Completed questionnaires were analyzed using SAS[®] 9.1.3. Aggregate descriptive analyses were performed and risk ratios (RR) and 95% confidence intervals (CI) were calculated to assess the association between exposures and subsequent illness.

Initially, a case was defined as vomiting or diarrhea in a student or staff member with an onset date between April 14 and April 22, 2008. The case definition was later refined when four sub-cohorts were developed for the four days school lunches that were served that week. The final revised case definition was then vomiting or diarrhea within 10 to 50 hours of consuming a particular school cafeteria meal.

A self-administered food-workers questionnaire was distributed to all the school's kitchen staff.

Environmental Investigation

KDHE's Bureau of Consumer Health staff inspected the school's kitchen and cafeteria. Water samples were also taken for analysis from the kitchen and bathrooms by the staff of KDHE's Northeast district office. The samples were tested for chlorine residuals and the presence of enteric coliforms.

Results

Laboratory and Clinical Investigation

Both stool specimens tested positive for norovirus genotype 2.

Epidemiologic Investigation

Questionnaires were returned by 306 out of 350 students (87%) and 57 out of 59 staff members (97%) (Table I).

Table I: Characteristics of the study population (n=363)

		Cases (n=134)	Non-cases (n=229)	Total (n=363)
		No. (%)	No. (%)	No. (%)
Gender	Students	Male	66 (49)	166 (46)
		Female	57 (43)	140 (39)
	Teachers	Male	0 (0)	4 (2)
		Female	11 (8)	42 (18)
Age (years)				
Students	Range	5–13	5–13	5–13
	Median	10	9	9.5
Teachers	Range	25–61	21–58	21–61
	Median	44.5	45	44.5

A total of 134 persons met the initial case definition (i.e., reported vomiting or diarrhea between April 14 and April 22). Most of the respondents and ill persons were in grades 4–6 (Table II).

Table II: Respondents and cases by grade

Grade	No. of respondents	No. met case definition (%)
Kindergarten	41	3 (7)
1	31	7 (23)
2	33	17 (52)
3	38	12 (32)
4	46	26 (57)
5	60	27(45)
6	67	31 (46)

Nausea (90%) and vomiting (88%) were the most common symptoms (Table III).

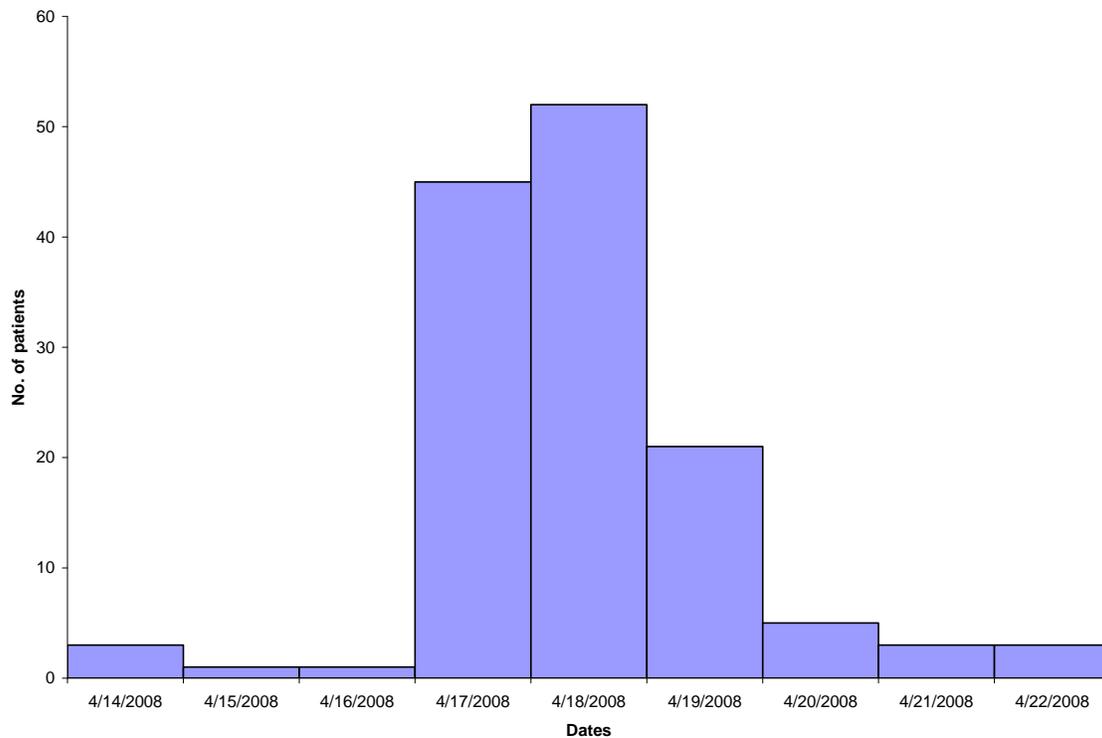
Table III: Symptoms reported by cases

Symptom	No. (%) reporting symptom
Vomiting	118 (88)
Diarrhea	84 (63)
Nausea	120 (90)
Abdominal cramps	113 (84)
Fever	44 (33)

An epidemiologic curve of illness onset dates is shown in Figure I. It shows illness in an average of one to two persons per day from April 14–16, with a spike of illness on April

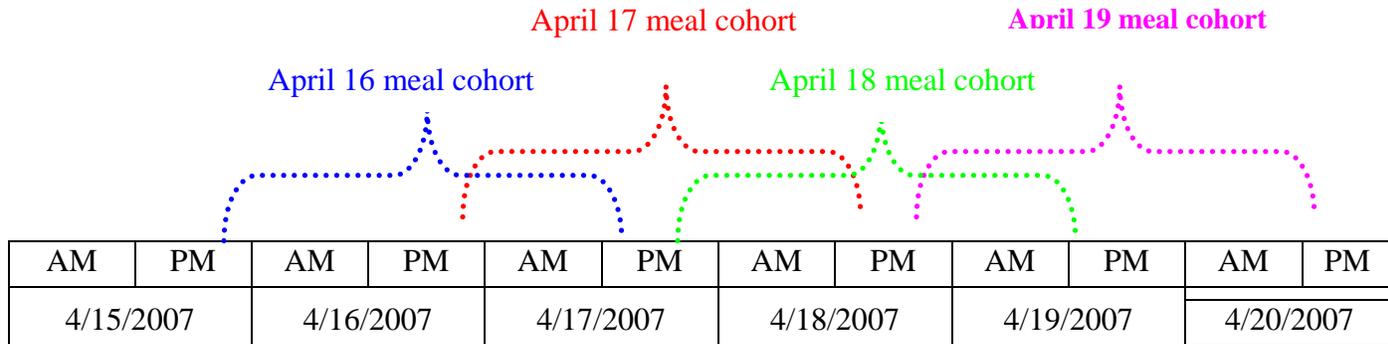
17, when 45 persons experienced symptoms. The outbreak peaked on April 18, when 52 persons first became ill, and subsequently began to wane dramatically, with only three new cases occurring on April 20 and 21. The epidemiologic curve supported the earlier suspicion of a point source outbreak.

Figure I: Epidemiologic curve of illness onset dates in cases



To determine if any meal or food item from the school cafeteria was statistically associated with illness, questionnaire respondents were grouped into sub-cohorts for analysis. Cases for each sub-cohort were defined as having vomiting or diarrhea from 10 hours after the beginning of the day's lunch period (which was 11:00 a.m.) to 50 hours after the end of the lunch period (which was 1:30pm). For example, a case in the April 16 sub-cohort would have eaten the April 16 lunch and developed symptoms between 9 pm on April 16 and 3:30p.m on April 18. Sub-cohorts for the April 15–18 lunches were thus developed. This classification process is illustrated in Figure II.

Figure II: Illness onset sub-cohorts grouped for analysis by cafeteria meal dates



Only April 17 was significantly associated with illness (Table IV), although April 16 approached statistical significance, and certain menu items eaten on April 16 were statistically associated with illness.

Table IV. Relative risk of illness associated with school cafeteria meals, April 15-18, 2008

Meal Date	Total No. in Cohort	Ill persons (%)	Relative Risk	95% Confidence Interval
April 15	271	13 (5)	1.04	0.35–3.12
April 16	291	66 (23)	1.87	0.94–3.71
April 17	236	61 (26)	1.82	1.06–3.11
April 18	187	28 (15)	1.55	0.74–3.26

Several menu items were significantly associated with illness (Table V).

Table V School cafeteria menu items and association with illness

Menu Item	Date Served	Ill/Exposed	(% Ill)	Ill/Not Exposed	(% Ill)	Relative Risk	95% Confidence Interval
Tacos	April 15	9/194	(5)	5/134	(4)	1.24	0.41–3.83
Lettuce	April 15	6/118	(5)	9/209	(4)	1.18	0.43–3.24
Fruit	April 15	10/147	(7)	5/171	(3)	2.33	0.81–6.65
Pretzel	April 15	11/186	(6)	4/146	(3)	2.16	0.70–6.64
Juice	April 15	3/82	(4)	10/231	(4)	0.85	0.24–3.00
Milk	April 15	13/253	(5)	2/76	(3)	1.95	0.45–8.46
Peach	April 16	36/160	(23)	27/165	(16)	1.38	0.88–2.15
Peas	April 16	16/60	(27)	51/270	(19)	1.41	0.87–2.30
Birthday Cupcake	April 16	51/209	(24)	14/125	(11)	2.18	1.26–3.78
Chicken Strips	April 16	64/241	(27)	4/96	(4)	6.37	2.39–17.02
Milk	April 16	63/273	(23)	4/63	(6)	3.63	1.37–9.61
Corn	April 17	31/99	(31)	45/197	(23)	1.37	0.93–2.02
Kiwi fruit	April 17	27/87	(31)	48/208	(23)	1.35	0.90–2.00
Apple	April 17	25/96	(26)	48/197	(24)	1.07	0.70–1.62
Milk	April 17	62/222	(28)	13/76	(17)	1.63	0.95–2.80
Barbeque Rib	April 17	56/160	(35)	19/140	(14)	2.58	1.61–4.12
Potato	April 17	51/141	(36)	24/153	(15)	2.31	1.50–3.54
Beef Stroganoff	April 18	14/94	(15)	20/146	(14)	1.09	0.58–2.05
Green Beans	April 18	7/65	(11)	27/174	(18)	0.69	0.32–1.52
Pears	April 18	16/96	(17)	17/144	(12)	1.41	0.75–2.66
Milk	April 18	24/176	(14)	9/66	(14)	1.00	0.49–2.03
Rolls	April 18	19/116	(17)	14/126	(11)	1.47	0.78–2.80

Questionnaires were completed by all food workers. One reported vomiting and nausea on April 20; none reported illness prior to April 14.

Environmental Investigation

A hand washing violation was observed by the food inspectors during the facility inspection. Water specimens taken from the kitchen and bathrooms tested negative for enteric coliforms, and had normal chlorine residuals.

Discussion

This was a norovirus outbreak in a public elementary school, involving staff and students. The U.S. Centers for Disease Control and Prevention (CDC) estimates that 23 million cases of acute gastroenteritis (AGE) are due to norovirus infection and that at least 50% of all foodborne outbreaks of gastroenteritis can be attributed to noroviruses.¹ Noroviruses are highly contagious, with as little as 10 virus particles sufficient to cause

infection. They are transmitted primarily through the fecal-oral route, but can also be spread through person to person contact, and the aerosolization of vomitus. Outbreaks are often associated with fecally contaminated ready-to-eat foods, like salads, sandwiches and fruits. Humans are the only known reservoir of the virus.

The data collected suggests a point source outbreak of norovirus, with some person-to-person spread at the beginning and tail of the outbreak. However, even though only one date (April 17) was statistically associated with the outbreak, multiple menu items on multiple days were significantly associated with illness, including meals that are not usually vehicles of norovirus transmission, such as cooked meals that do not require handling post-preparation. This suggests a spurious association, and that it is more likely that norovirus was spread through several menu items, and possibly over more than one day.

Simple measures, including correct handling of cold foods, strict hand washing after using the bathroom and before handling food items, strict adherence to no bare hand contact with ready to eat foods, and excluding employees with gastrointestinal illness from food handling may substantially reduce foodborne transmission of noroviruses

Strengths of the investigation

Because of the high response rate, the risk of illness could be directly assessed. Human specimens were promptly collected, with the laboratory results of the human specimens confirming the cause of the outbreak. The environmental investigation, including collection of water samples, was also promptly done.

Limitations of the investigation

The cohort study was carried out one week after the event; it is possible that food histories and clinical histories in some students (especially in the lower grades) were as a result inaccurate or incomplete.

This was a take-home questionnaire; students absent on the day the questionnaires were distributed did not participate.

Food samples were not available for testing to confirm statistically implicated menu items as vehicles of transmission. However, norovirus is notoriously difficult to detect in foods.

Acknowledgements

The investigators of this outbreak thank the school staff, the Shawnee County Health Agency, and KDHE for the assistance provided during this investigation. KDHE is grateful for the assistance provided by the students and their parents in completing outbreak questionnaires and obtaining stool specimens for testing

References

¹Mead PS. Food related illness and death in the United States. *Emerging Infectious Diseases*, 1999. 5(6):607-625.

²Centers for Disease Control and Prevention. "Diagnosis and Management of Foodborne Illnesses: A Primer for Physicians and other Health Care Professionals." MMWR 2004:53

Please fill out this form. We want to figure out why some students and staff are sick and some are not. Answer all the questions even if you didn't get sick. Ask your teacher or parent if you need help. Your personal information will not be shared with anyone. Other answers will be combined and reported out as a group.

1. Last Name: _____ 2. First Name: _____

3. Are you a: Male Female 4. Age: _____ Years

5. What grade are you in? Teacher / Staff
 Kindergarten
 1st Grade
 2nd Grade
 3rd Grade
 4th Grade
 5th Grade
 6th Grade

6. What is your teacher's name? _____

7. Did you eat the school lunch on Tuesday, April 15?
 Yes No

Please mark yes to the foods you ate, no to the foods you didn't eat, and if you don't remember mark that you can't remember.

	Yes	No	Can't remember
Ate Taco Bites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Lettuce?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Cheese?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Fruit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Pretzel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drank Juice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drank Milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other? Please list: _____

8. Did you eat the school lunch on Wednesday, April 16?
 Yes No

Please mark yes to the foods you ate, no to the foods you didn't eat, and if you don't remember mark that you can't remember.

	Yes	No	Can't remember
Ate Chicken Strips?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Peas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Peach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Roll?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Birthday Cup Cake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drank Milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other? Please list: _____

9. Did you eat the school lunch on Thursday, April 17?

Yes No

Please mark yes to the foods you ate, no to the foods you didn't eat, and if you don't remember mark that you can't remember.

	Yes	No	Can't remember
Ate BBQ Rib Sandwich?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Jo Jo Potatoes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Corn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Kiwi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Apple?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drank Milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other? Please list: _____

10. Did you eat the school lunch on Friday, April 18?

Yes No

Please mark yes to the foods you ate, no to the foods you didn't eat, and if you don't remember mark that you can't remember.

	Yes	No	Can't remember
Ate Beef Stroganoff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Mashed potatoes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Green Beans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Rosy Pears?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate Roll?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drank Milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other? Please list: _____

11. When did you first feel ill?

Monday, April 14
Tuesday, April 15
Wednesday, April 16
Thursday, April 17
Friday, April 18
Saturday, April 19

12. What time did you become sick? ___:___ pm am

13. Did you have diarrhea? Yes No Don't know

14. Did you have bloody diarrhea? Yes No Don't know

15. Did you vomit? Yes No Don't know

16. Did you have stomach cramps? Yes No Don't know

17. Did you have nausea? Yes No Don't know

18. Did you have fever? Yes No Don't know

19. Did you feel anything else? _____

20. Did you see a doctor? Yes No

21. Did you go to the hospital? Yes No

22. Are you still sick? Yes No

23. What day did you feel better?
Tuesday, April 15
Wednesday, April 16
Thursday, April 17
Friday, April 18
Saturday, April 19

24. Has anyone else at home been sick with vomiting or diarrhea since Monday, April 14?
 Yes No

If yes, please list their name and mark who they are:

Name: _____ Mom Dad Brother or Sister Other

Name: _____ Mom Dad Brother or Sister Other

Name: _____ Mom Dad Brother or Sister Other

25. Is there anything else you want to tell us?

Thank you for completing the survey.



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Food Service Establishment Inspection Report

FPCS Form 806

of Critical Violations 1
Re-inspection Required Y N
Re-inspection Date _____

Insp. Date: 4/21/08
Time In: 9:55AM
Time Out: 11:15AM
Travel Time 20 Min.

Inspector # KS42 ID# 10380 Type 201 Purpose 03
RAC: 1 2 3

Establishment: Silver Lake Elementary Owner: USD #372
Address: 200 Rice Rd. City: Silver Lake KS
County: SN Zip: 66539 Phone: (785) 582-4081

Compliance Status	R	Code Ref	COS	Potentially Hazardous Food Time & Temp Violations Require Immediate Corrective Action	Observation
Y N N/O <input checked="" type="checkbox"/>			Y N	1. Cooling	
<input checked="" type="checkbox"/> Y N N/O N/A			Y N	2. Cold Hold (41 F / <u>45 F</u>)	
<input checked="" type="checkbox"/> Y N N/O N/A			Y N	3. Hot Hold (140 F)	
Y N <input checked="" type="checkbox"/> N/O N/A			Y N	4. Proper Cooking Temp PHF	
<input checked="" type="checkbox"/> Y N N/O N/A			Y N	5. Reheating for Hot Holding	
<input checked="" type="checkbox"/> Y N N/O N/A			Y N	6. Date Marking---PHF	
<input checked="" type="checkbox"/> Y N N/O N/A			Y N	7. Date Marking Disposition	

Food/Location	Temp °F	Amb't Air	Food/Location	Temp °F	Amb't Air	Food/Location	Temp °F	Amb't Air
green beans / warmer	180°							
Ham sandwich / oven ^{not at temp}	136°							
milk / milk cooler	37°							
milk / WIC	48°	38°						
no items / Maytag		40°						
green beans								

Compliance Status	R	Code Ref	COS	Personnel/Handling/Source/Records Violations Require Immediate Corrective Action (or as directed)	Observation
<input checked="" type="checkbox"/> Y N			Y N	8. Personnel Restricted / Excluded / Reporting	
<input checked="" type="checkbox"/> Y N			Y N	9. Discharge from eyes, nose and mouth	
<input checked="" type="checkbox"/> Y N N/O			Y N	10. Demonstration of Knowledge	
Y <input checked="" type="checkbox"/> N		2-301.14E	<input checked="" type="checkbox"/> Y N	11. Handwashing-When	Employee handled soiled floor mats. then
<input checked="" type="checkbox"/> Y N N/O			Y N	12. No Bare hand / RTE Foods	
<input checked="" type="checkbox"/> Y N			Y N	13. Personnel Practices (Eating / Drinking / Smoking)	
<input checked="" type="checkbox"/> Y N			Y N	14. Adulteration / Sound Condition	
Y N <input checked="" type="checkbox"/> N/O			Y N	15. Discard Adulterated Foods	
<input checked="" type="checkbox"/> Y N			Y N	16. Food Source / Food Law	
					Cont. #11 handled clean cutting boards + knives. No handwash

Date: 4/21/08

Est.: Silver Lake Elementary

City/Co. Silver Lake /SN

ID# 10380

<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A			Y N	17. Cross-Contamination Raw & RTE Foods
<input checked="" type="radio"/> Y <input type="radio"/> N			Y N	18. Water-Capacity / Hot & Cold
<input checked="" type="radio"/> Y <input type="radio"/> N			Y N	19. Water-Under Pressure / Fixtures
Y N <input checked="" type="radio"/> N/O <input type="radio"/> N/A			Y N	20. Receiving Temp / Condition
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A			Y N	21. Records-- tags, HACCP plans, processing, labeling

Compliance Status	R	Code Ref	COS	Facility & Equipment Requirements/Good Retail Practices (GRP) Violations Require Immediate Corrective Action (or as directed)	Observation
Y N <input checked="" type="radio"/> N/O <input type="radio"/> N/A			Y N	22. Pasteurized Foods / Susceptible Population	
Y N <input checked="" type="radio"/> N/A			Y N	23. Additives / Unapproved	
<input checked="" type="radio"/> Y <input type="radio"/> N			Y N	24. Insect / Rodent-Presence / Infestation	
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A			Y N	25. Potable Water	
<input checked="" type="radio"/> Y <input type="radio"/> N			Y N	26. Handwash Sink: No. / Loc / Acc	
<input checked="" type="radio"/> Y <input type="radio"/> N			Y N	27. Food Contact Surfaces Clean	
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A			Y N	28. Food Contact Surfaces Sanitized	
<input checked="" type="radio"/> Y <input type="radio"/> N			Y N	29. Adequate Warewashing Facilities	
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A			Y N	30. Manual Warewashing / Sanitizing 200 ppm/temp Quat	
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A			Y N	31. Mechanical Warewashing / Sanitizing 168 ppm/temp	
<input checked="" type="radio"/> Y <input type="radio"/> N			Y N	32. Toxic Items Stored	
<input checked="" type="radio"/> Y <input type="radio"/> N			Y N	33. Toxic Items Labeled / Used	
<input checked="" type="radio"/> Y <input type="radio"/> N			Y N	34. Adequate Sewage / Disposal System	
<input checked="" type="radio"/> Y <input type="radio"/> N			Y N	35. Toilet Facilities	
<input checked="" type="radio"/> Y <input type="radio"/> N			Y N	36. Backflow / Airgap	
Y N <input checked="" type="radio"/> N/A			Y N	37. Consumer Advisory	
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A			Y N	38. Approved Systems (HACCP / Time as PHC)	

Good Retail Practices (GRP)
 GRP's are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. See page 3 for comments.

Compliance Status	R	COS	Code Ref	GRP	Compliance Status	R	COS	Code Ref	GRP
<input checked="" type="radio"/> Y <input type="radio"/> N			2-304.11	39. Personal Cleanliness	<input checked="" type="radio"/> Y <input type="radio"/> N			4-602.13	48. Non-Food Contact Surfaces Clean Frequency
<input checked="" type="radio"/> Y <input type="radio"/> N		Y	3-304.12	40. In-Use / Between-Use Utensils Storage	<input checked="" type="radio"/> Y <input type="radio"/> N			5-501.15	49. Outside Receptacles
Y N <input checked="" type="radio"/> N/O <input type="radio"/> N/A			3-304.14	41. Wiping Cloths	Y N <input checked="" type="radio"/> N/O <input type="radio"/> N/A			6-202.13	50. Insect Control Devices
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A			3-304.15	42. Glove-Use	<input checked="" type="radio"/> Y <input type="radio"/> N			6-301.11	51. Soap Availability
Y N <input checked="" type="radio"/> N/O <input type="radio"/> N/A			3-401.13	43. Plant Food Cooking	<input checked="" type="radio"/> Y <input type="radio"/> N			6-301.12	52. Hand Drying Provisions
Y N <input checked="" type="radio"/> N/O <input type="radio"/> N/A			3-501.13	44. Thawing	<input checked="" type="radio"/> Y <input type="radio"/> N			6-501.11	53. Physical Facility Condition
<input checked="" type="radio"/> Y <input type="radio"/> N			4-302.12	45. Food Temp Measuring Device	Y <input checked="" type="radio"/> N		N	6-501.12	54. Cleaning Frequency <i>210 old milk droppings und fac</i>
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A			4-302.14	46. Sanitizer Test Strips	Y N <input checked="" type="radio"/> N/O <input type="radio"/> N/A			6-501.112	55. Removing Dead Pests
<input checked="" type="radio"/> Y <input type="radio"/> N			4-601.11C	47. Non Food Contact Surfaces Clean	<input checked="" type="radio"/> Y <input type="radio"/> N			8-304.11	56. Current License Displayed

COMPLAINT/REFERRAL FORM Kansas Department of Health and Environment - Division of Environment

This form is to be completed on All complaints received by or referred to the District offices. BEFS Reference #: 08-194

<input type="checkbox"/> BAR <input type="checkbox"/> BOW <input type="checkbox"/> BER <input type="checkbox"/> BWM		
Time Rec'd: 4pm	Person Rec'ing: Vic Montgomery	
Date Rec'd: 4-22-2008	Organization of Person Rec'ing: _____ Example: USEPA/Region 7, Water Compliance, KDHE/BOW	
Source: <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Written (attach copy) <input type="checkbox"/> Other (specify) e-mail		
Received From: Name: Anonymus through Titi Aghoghoubia, Dept of Epidemiology, KDHE		
Address: _____		
City: _____		
Telephone: Day: _____ Night: _____		
Name of Person/Facility: Silver Lake Elementary School		
Address: _____		
City: Silver Lake County: Shawnee		
Legal: _____ 1/4 _____ 1/4 _____ 1/4 Sec. _____ Twp. _____ Range		
Other Directions: _____		
Description: (Please describe the complaint, concern or issue to be addressed by this referral.)		
Larger than normal number of 4 th and 6 th graders either didn't go to school or went home sick on April 19 th with an unidentified gastrointestinal distress. Among the items the district was looking at for cause was the water supply. Titi A. requested we check out the water.		
TO BE COMPLETED BY DISTRICT		
Referred To:	Time:	Date:
Action Required: <input type="checkbox"/> Response Required <input type="checkbox"/> Investigation Required <input type="checkbox"/> Other (Specify)		
Response: (When response is completed, complete this section, date & sign. Return a completed copy to BEFS & appropriate Bureau.)		
<p>April 23, 2008, 9am, I met with [REDACTED]. We checked out the city chlorination house where the water is disinfected prior to entering the distribution system for customer use. The chlorine residual records were up to date and matched what I had measured in town, 0.8 mg/l free chlorine. The school softens all the water entering the school, the lowest chlorine residual measured in the school was 0.5 mg/l free which is well above the minimum required. Bacteriological samples were collected in the boys bathrooms used by the 4th and 6th graders, the kitchen and a sink in the first grade section. All samples were negative for coliform bacteria.</p> <p>The only problem observed in my inspection was in the teacher area (not available for student use) at each building. A home filtering system had been installed multiple years ago for the teachers to use. None of the devices had ever been maintained, school personnel said they were told maintenance would never be needed. Most manufacturer recommend changing the prefilters at least yearly and the membrane every one to two years.</p>		
Attachments – newspaper article, sample result sheets, RO onformation.		
Date: 4/23/2004	Signature: <i>H. Vic Montgomery</i>	

CC: BEFS-Topeka BAR BER BOW BWM NEDO Julie Coleman