Transcript of FDA and CDC Media Availability on updates related to the E. coli outbreak investigation linked to romaine lettuce

Moderator: Peter Cassell
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Coordinator: Welcome and thank you for standing by. At this time, all participants will be on listen-only until the question and answer session of today’s conference at which time you may press Star 1 to ask a question. Today’s conference is being recorded. If you have any objections please disconnect at this time. I’d now like to turn the meeting over to your host Mr. Peter Cassell. You may begin.

Peter Cassell: Thank you very much. And thank you all for attending today’s media availability. My name is Pete Cassell. I’m with FDA’s Office of Media Affairs. We’re hosting today’s Availability due to the high interest in this E. coli outbreak linked to romaine lettuce from the Yuma growing region. We wanted to be able to provide context and answers you may have with or about updates we’ve posted or should be posting shortly to our website.

We have speakers today from both FDA and CDC. And they’re available to answer your questions later on in this briefing. I just want to go over a few things before we get started. So the two speakers who will make opening remarks are Dr. Stic Harris who is the Director of the FDA’s Coordinated Outbreak Response and Evaluation Network and Dr. Matthew Wise from CDC’s Outbreak Response Teams.

After the speakers make their brief remarks we’ll move to question and answers. And reporters will be in a listen-only mode until we open-up the call for questions. When asking a question please state your name and affiliation and also please limit yourself to one question and one follow-up so that we may get as many questions as possible. CDC and FDA have updated our response pages or will be updating our response pages shortly to reflect
additional case counts and new developments in the trace back investigation. So, with that I will now turn the call over to FDA’s Dr. Harris who is here the room with me.

Dr. Stic Harris: Thank you sir. And thank you for joining us today. The FDA is continuing to investigate illnesses related to chopped romaine lettuce from the Yuma growing region. We are working to identify multiple distribution channels that can explain the entirety of the nationwide outbreak and are tracing back for multiple clusters of ill people across the country. We have identified one farm as the source of the whole head romaine lettuce that sickened people at a correctional facility in Alaska however we have not determined where in the supply chain the contamination occurred.

We are continuing to examine all possibilities including where the contamination may have occurred at any point along the growing, harvesting, packaging and distribution chain before reaching the Alaska correctional facility. All of the lettuce in question from this farm was harvested between March 5 and 16 and has passed its 21-day shelf life which why - which is why a recall is not possible. Because the growing season in the Yuma region is at its end this farm is not currently growing any lettuce.

We’d like to emphasize that most of the illnesses in this national outbreak are not linked to the romaine lettuce from this particular farm. We are investigating dozens of other fields as potential sources of the chopped romaine lettuce and we’ll continue to share information as it becomes available. Currently we have no evidence that other types of lettuce or romaine lettuce grown outside of the Yuma growing region are involved in this outbreak. Thank you.

Peter Cassell: Thank you very much. I’ll turn it over now to Dr. Matthew Wise from CDC for some brief remarks.
Dr. Matthew Wise: All right good afternoon. I’m Dr. Matt Wise. I’m the Deputy Branch Chief for Outbreak Response in CDC’s Division of Foodborne, Waterborne and Environmental Diseases. I am joined by Dr. Rob Tauxe, our Division Director. And I’d just like to provide a couple of updates on the illnesses that we’re seeing in this outbreak.

So one thing I really want to emphasize before we get into the details of the update is that nothing that I’m reporting today is actually changing the advice to consumers or retailers. So, people should still not eat any type of romaine lettuce unless they know for sure it does not come from the Yuma growing region. And restaurants and retailers should not serve any romaine lettuce sourced from the Yuma growing region.

As of today, April 27, we are now up to 98 ill people in this outbreak from 22 different states. That’s 14 more illnesses since our last update. The new states added today were Mississippi, Tennessee and Wisconsin. Of 87 people with information available, 46, or 53% of them have been hospitalized. This is higher than the hospitalization rate that we normally see with E. coli outbreaks which is about 30%. We also know that ten of the ill people in this outbreak have developed kidney failure or a type of kidney failure called hemolytic uremic syndrome.

Laboratory testing at CDC has confirmed that the strain of Shiga toxin producing E. coli O157:H7 in this outbreak is one that tends to cause more severe illness based on the toxin profile that it produces. For a little bit more background on that - Shiga toxin producing E. coli can produce two types of Shiga toxin - called Stx1 and Stx2. And when we see a strain that only produces Stx2 it tends to cause more severe illness. And so, the strain in this outbreak is what we would call an Stx2 only producing E. coli. This information does not change our advice for consumers in any way but it is one reason why we may be seeing a somewhat higher hospitalization rate than we see in other Shiga toxin reducing E. coli outbreaks.
The last reported illness began on April 20, 2018. And we do expect more reports of illnesses since there’s a two to three week delay between the time that a person gets sick and the time that they can be confirmed as a part of an outbreak. This E. coli outbreak is now actually the largest multistate Shiga toxin producing E. coli outbreak since the 2006 outbreak that was linked to spinach that made over 200 people sick. And that outbreak was also caused by a similar strain of Shiga toxin producing E. coli that had this single Stx2 toxin produced. So, we also saw severe illnesses in that outbreak.

So again, while this outbreak investigation is ongoing the most important thing for people to do is to avoid eating any romaine lettuce whether it’s whole heads, or hearts of romaine, chopped or in a salad mix- unless, they can confirm that it was not grown in the Yuma, Arizona growing region. We certainly recognize that this can be very challenging for a consumer to identify whether their lettuce was from a particular growing region so if in doubt don’t buy it or don’t eat it. So again, thank you for your time today. And I, along with Dr. Harris and Dr. Tauxe. would be happy to answer any questions.

Peter Cassell: Thank you very much Dr. Wise. At this time, we will begin the question and answer portion of the briefing. Operator, we’ll go ahead and take the first question.

Coordinator: Thank you. We’ll now begin the question and answer session. If you would like to ask a question, please press Star 1. You’ll be prompted to record your name. Please be sure to unmute your phone. Once again if you’d like to ask a question, please press Star 1. And one moment for your first question. First question comes from Mike Stobbe. Your line is open.

Mike Stobbe: Hi. Thank you for taking my question, my two questions. One is could you all say a little more about do you think that the outbreak is over? I know you said there’s delays in reporting you also said the growing season is over. Do you think it’s likely that people have gotten sick, have already gotten sick, and now we’re just going to have the lag of a few weeks? Or do you expect more
people to start coming down with symptoms in the days ahead? That’s the first question. I’ll pause for your answer.

Peter Cassell: Can we get your affiliation?

Mike Stobbe: I’m sorry. I’m with the Associated Press.

Peter Cassell: Okay. And just as a reminder to everyone on the line, you know, when you’re taken off mute for a question, if you could give your name and your affiliation that would be great.

Dr. Matthew Wise: So after your first question I mean I think it’s difficult for us to say definitively that there’s not any continued risk. Certainly, you know, we’ve heard that a lot of the harvesting has been completed in this region -- and FDA certainly could weigh in on that -- but I think at this point from a CDC perspective we both have a reporting delay. So we’ll hear reports of more illnesses but I think, you know, at this point we can’t be certain that there aren’t any ongoing exposures which I think is why we have the advice that we have.

Mike Stobbe: Okay, thank you. And the second question you mentioned the 2006 spinach outbreak. What I’m curious about is the origin of the Shiga toxin two in that one. Where did that trace to and then what are your leading suspicions or theories about – this is an usual E. coli isn’t it – where does it come from? Cows or where – what are you looking at as the possible origin of this? Also, I’m sorry I’d like to know more about the farm that was identified. What city was it in that was linked to the whole head lettuce? Thank you.

Dr. Rob Tauxe: Hi. This is Rob Tauxe at CDC. Thanks for your question, Mike Stobbe. The Stx2 only profile is not particularly unusual but there are several different profiles. And we know that this one is associated with higher hospitalization rates and more frequent HUS. So, it is the most virulent of the various profiles.
The reservoir typically for the Shiga toxin producing E. coli O157 are animals with rumens -ruminant animals and some other animals, but particularly the ruminants. But, it can be spread through the environment, through water, through other wild animals and through people. And so, it’s not particularly clear what the immediate source is just by knowing what the toxin type is. The outbreak in 2006 from a particular strain of Stx2 producing E. coli O157 was traced to spinach grown in the Salinas Valley.

And there was one particular farm ultimately identified where the same strain was found on the farm. It was found in a nearby stream. And the stream was about a half a mile down from a cattle farm, a pasture, and the cattle wandered into the stream at liberty. And so, there – and the stream was found on the pastureland, as well. And there were also wild pigs running back and forth. And there’s a question about whether they played a role in transporting it from the stream to the field. So, it was one particular area. This is not the exact same strain and just knowing it’s Stx2 doesn’t tell us very much about where it came from.

Mike Stobbe: Thank you.

Dr. Matthew Wise: And then in terms of the farm, Harrison Farm, is in Yuma. They have fields in Yuma, Arizona. And they are the grower of the product in this case.

Peter Cassell: Okay, we’ll take the next question.

Coordinator: Next question comes from Lena Sun with the Washington Post. Your line is open.

Lena Sun: Hi. I think I didn’t hear that last part of that sentence. What is the name of the farm? And can you say whether any of their other – did they just grow romaine? Do they grow other produce? Is there any issue with everything else they’ve grown? Have you identified where the bacteria came from on that
farm? And then sorry, I think my connection was not good I thought I heard you say it earlier that you were looking into dozens of farms for the other clusters. Could you please just clarify that?

Dr. Stic Harris: Yes, ma’am, certainly can. The name of the farm is Harrison Farm in Yuma, Arizona. We have not yet gone to the farm to visit. We just had a firm call over the course of the last couple of days. And we’ll be making an assignment to reach – to go out to the farm and visit with them to find out, you know, what else they are growing but certainly, at this point, we’re not seeing any other implicated products. And to reiterate, you know, these are only the whole head romaine portion of, you know, the ongoing outbreak. And this was the only – this particular correction facility in Alaska was the only place we actually saw the disease linked to whole head romaine. I’m sorry, I think there was another part to your question.

Lena Sun: Yes, how many other farms or sources are you looking into?

Dr. Stic Harris: Yes, over two dozen. You know, we – one of the things about this particular outbreak is there are so many legs to chase. We have several sub-clusters that we’re trying to look at and identify the distribution of product to those locations where the people got sick. And, you know, trying to link those altogether and, you know, there’s a lot of disparity between them. So, that has made it difficult. And to date we’ve narrowed that down to a couple dozen farms out of thousands of fields in Yuma.

Lena Sun: And all of them in Yuma right?

Dr. Stic Harris: Right.

Lena Sun: And these farms are they – have they stopped growing lettuce because I thought the last shipment of lettuce from the Yuma region was like April 15?
Dr. Stic Harris: Are you speaking about Harrison Farm, in particular, or all of them in the area because Harrison Farm has ceased production of lettuce? They’re growing grass on the fields now. There harvest has ended. We haven’t been able to guarantee that there’s no product coming out of Yuma at this point but given the time of year the expectation is that harvesting has moved north from the Yuma growing region.

Lena Sun: Thank you.

Dr. Stic Harris: Sure.

Peter Cassell: Okay, operator…

Coordinator: Our next - I’m sorry our next question comes from Maggie Fox with NBC.

Maggie Fox: Hi thanks. I’m wondering didn’t you say you have traced the whole lettuce outbreak is - that occurred in Alaska to one farm. Is this still all one outbreak or are there multiple outbreaks involving product have you Genentech – genotyped this one separately? Is it somehow different? And can you tell us a little bit about the production process? What you’re looking at is it possible that the lettuce from Harrison Farms went through some kind of common distributor? Thanks.

Dr. Matthew Wise: So this is Matt Wise at CDC. Maybe I’ll make one initial comment about the illnesses in Alaska. So, all of the illnesses in this outbreak share the same rare DNA fingerprint based on pulsed-field gel electrophoresis or PFGE. We do not have any whole genome sequencing results yet back on the illnesses from Alaska. So, that’s certainly something that we will look into when we get that sequence data to see, you know, how they fall in with other illnesses in the outbreak.

Maggie Fox: So, then how do you square the fact that you’ve got this whole lettuce from Yuma that is linked to Alaska only and then these other cases elsewhere?
Dr. Matthew Wise: Well, again, I mean I think that’s going to be part of the analysis and the discussion there we are doing here is to try and take the whole genome sequence data that we get for those human illnesses and line that up with the information that FDA is collecting to see whether perhaps those correlate in some manner. So, it could be that we see those Alaska illnesses as maybe slightly different from the other ones which would maybe make sense that they had a unique sort of source of lettuce. So again, we don’t know that to be certain now because we don’t have that data. But, again, we – I think we’re going to be – we - engaging in that dialogue and that discussion as we get more results in.

Maggie Fox: I am so sorry to be stupid. You said that all the illnesses in this outbreak showed the same rare DNA fingerprint, but then you say you haven’t done the whole sequencing. So, are they partially similar?

Dr. Matthew Wise: Right. So, again, so, because they all have that same DNA fingerprint that’s rare. We have a very high index of suspicion that these are all linked to a common source. All the people in this outbreak are reporting romaine lettuce. As FDA has been able to do trace back, they’ve been telling us that it all looks like it’s sourced from Yuma. So, we have many lines of evidence, I think, suggesting to us right now that all of these illnesses are connected in some way through romaine grown in the Yuma growing region.

I think as we get more detailed analysis done, I think, what we’ll try and see is if there’s any additional differentiation that we might be able to see in the genetic data that would correlate with some of these different farm sources that FDA is using. So again, we sort of use a two-stage two-step testing process. The first fingerprint is by PFGE. And then we go on to do more characterization by sequencing. So, sequencing will just give us a little higher resolution view to see if we can align sort of the FDA traceback with the bacteria that are coming out of ill people. Does that make sense?
Maggie Fox: It does. It does. I thought I heard you say at the very beginning that the first case, the whole lettuce that was distributed to Alaska, was completely and utterly separate. But, it’s not. It’s part of the outbreak, you just don’t know how it’s part of the outbreak?

Dr. Matthew Wise: Exactly. The Alaska illnesses are part of the outbreak investigation along with all the other states. I think what I’m just saying is we’re trying to examine even more closely how those fit in with where lettuce may have come from other parts of the outbreak. So again, it could be two adjacent fields that share the same water source or things like that. That’s part of the discussion of trying to fit together the sequencing data with the traceback and epidemiologic data that we’re getting.

Maggie Fox: Thank you, thank you.

Dr. Matthew Wise: And I don’t know if FDA wants to add anything on that. I’m sorry I kind of meandered into your region there.

Dr. Stic Harris: No not a problem, sir. No. I think you’re exactly right. I think there’s a perception that, you know, when we do traceback that each leg is just a direct line down. And in this case, you’re looking more at a web and so trying to figure out where all those are coming from. And, you know, ideally we’d love to get those mapped out and try and find convergence someplace to identify that specific cause. We’re just not there yet. And we – it’s entirely possible we may not get there. Often times, we don’t, but we’re continuing to work on it.

Maggie Fox: Thank you.

Peter Cassell: Okay, operator. We’ll take the next question.

Coordinator: Our next question comes from Coral Beach with Food Safety News. Your line is open.
Coral Beach: Hi. Thank you all for taking the time to do this teleconference today. I wanted to kind of follow-up on the traceability discussion that was just going on and then I also have a question about irrigation. So, regarding traceability. It seems like that is a huge problem, as you’ve been talking about. What can the produce industry do? Is there a chance that government is going to come in and say you absolutely have to adopt some labeling practices that will help with traceability? What’s the situation with that?

Dr. Stic Harris: It’s certainly a difficult situation because, you know, when I walk into a grocery store and I look at a bag of lettuce and it says product of the USA, you know, do I know it’s from Yuma? No. Do I know it’s from California? No. And so, you know, I think the – to me - that’s solved by more descriptive labeling but, you know. It’s in the end, it’s industry’s call at the moment as to how that’s implemented.

Coral Beach: As far as labeling, I wasn’t necessarily talking about at the consumer label, but through the supply chain. I know that blockchain may have some wonderful solutions in the future. But right now, couldn’t we get some sort of labeling at harvest level and then through the supply chain that would kind of provide the traceback you guys need to do this quicker?

Dr. Stic Harris: No, absolutely. And, you know, under FSMA it’s a one step forward, one step back rule. And so, trying to find all those records whether they be digital records, or written records, or handwritten records is extremely tough.

Coral Beach: All righty, moving over to irrigation. Number one – you say dozens of growers. Are their fields adjacent? And if so, do they have common irrigation water or are they positioned where runoff could go from one grower’s field to another? And the last part of that question is would the irrigation water testing rules that were in the produce rules - would they have helped this situation had they been in place?
So, in terms of adjacency we simply just don’t know yet. That’s what we’re trying to figure out. As I mentioned earlier, I want nothing more than to be able to map of all these locations and start comparing that way. In terms of the water, we just don’t know at this point. You know, we can’t – I don’t know if it is the water at this point.

And again, the traceability probably would have sped up this part of the investigation - I'm assuming?

Well, certainly. You know, you mentioned blockchain. And I think that, you know, that certainly seems to be an amazing technology. If it were implemented, you know, to be able to, I think, it took eight seconds what took days in Walmart’s experiment pilot. And so, you know, would I like to see that? Of course. But again, we’ll see what ends up being implemented.

All right. Thank you very much.

Our next question comes from Brenda Goodman with WebMD. Your line is open.

Hi. This is the second time in just a few months that E. coli has been linked to romaine lettuce. And I just wondered if your DNA fingerprinting has been able to determine that they were definitely different strains. Or if you – I didn’t even – were you able to get any DNA fingerprinting on that first outbreak that was in late December that was linked to the Canadian cases?

Yes. This is Matt Wise at CDC. So, we were able to look at the sequence data from both the December outbreak and this outbreak. And they are genetically distinct. So, they are different strains of E. coli. They’re both 0157 but they are different strains.
Brenda Goodman: Thanks. And then my second question was about the Stx2 toxin. Can you – can somebody provide a little insight about exactly how that acts in the body and why it seems to be so just hard on a person when they get infected?

Dr. Rob Tauxe: Yes. This is Rob Tauxe here at CDC. The different Shiga toxins -- and actually there is more than just these two. There are others -- act by binding to the cells that line blood vessels. And they bind with different tightness. And minor variations in the structure of the toxin means they bind more or less well. They are more or less potent as toxins. Even minor genetic variations can lead to difference and binding difference in effect.

The bottom line for what happens is the toxin binds to the cell that lines the blood vessels in certain organs like the gut, and the kidney, and sometimes the brain. And the result after that binding, is it destroys the lining of the blood vessel. And that’s why some people get kidney failure. Lots of people get bloody diarrhea because it binds to the – it interrupts the blood supply to the tissues of the gut, kidney failure when it interrupts the blood supply to the tissues of the kidney, and occasionally stroke or other neurologic complications when it attacks the blood vessels that are in the brain.

Brenda Goodman: Thank you. That was fascinating.

Coordinator: Our next question comes from Amy Birnbaum with CBS.

Amy Birnbaum: Hi. Thanks for taking my call. I just wanted to clarify you said that this particular - I’m sorry that most of these are not linked to this particular field. Could you clarify? Do you mean not yet linked or you’ve definitely ruled out that the other illnesses are not linked to this particular field?

Dr. Stic Harris: Certainly. You know the overall national outbreak is not – is currently as Dr. Wise said 98 sick people. The few that were sick in the Alaska correctional facility were – they had the same bug but they are – they were infected from whole head romaine. And that whole head romaine was from this particular
farm. We have not yet determined the cause of the chopped romaine that is indicated in all the rest of the cases.

Amy Birnbaum: Okay thank you.

Coordinator: Our next question comes from JoNel Aleccia with Kaiser Health News. Your line is open.

Jonel Aleccia: Hi there. Thanks for taking my questions. I have a question about the victims in the case. And I’m wondering about their characteristics. I’m wondering, you know, HUS is usually typically worse for kids younger than five and older folks. I’m wondering if you can tell me the proportion of people who are either elderly or very young. I saw that the, you know, the ages are one to 88 and the median age is 31. But wondering if you can tell me a little bit about the proportion of people and whether any particular groups of people need to be more concerned than others?

Dr. Matthew Wise: Hey JoNel. It’s Matt at CDC.

Jonel Aleccia: Hi there.

Dr. Matthew Wise: So I can give you a little bit more information about the people that are ill with HUS in this outbreak investigation. So, that group of ten people that have been diagnosed with hemolytic uremic syndrome their ages are from 13 to 87 years. And we do have three people that were diagnosed with HUS that are children. And we do see in general that HUS is a more common complication in children in these outbreaks.

Again, I mean this is a serious E. coli. And so, I think, you know, everybody should be concerned and everybody should be avoiding romaine. I mean this is not one of the times where I think we’d want to tailor our advice to risk groups. It’s about E. coli and anybody that consumes it can get really sick. So, I think that’s probably our main message that we’d want to get across.
Jonel Aleccia: Great, that’s helpful. Just one other thing, you’re saying that you can’t guarantee that there’s no product coming out of Yuma. Why not after, you know, so much emphasis on this outbreak?

Dr. Matthew Wise: That’s simply the information we’re getting from industry organizations at this time.

Jonel Aleccia: Okay thanks.

Peter Cassell: Okay, operator next question.

Coordinator: Our next question comes from Blake Herzog of the Yuma Sun. Your line is open.

Blake Herzog: Yes, can you tell me specifically where this field is that’s been identified for the whole head? Is it – do you have an address or a location?

Dr. Stic Harris: I don’t believe we do. At least, I don’t have it with me, at this time. I’ll have to get back to you with that information- if we have it.

Blake Herzog: Okay. And besides the two dozen or more fields that are being looked at are there any other processors or shippers, anyone else in the supply chain at this point?

Dr. Stic Harris: At this point we’re looking at the whole spectrum, you know, for each of our legs. So yes, we’re looking at a lot of, you know, across the board from the growers on up all the way to the sub-clusters at the individual restaurants.

Blake Herzog: Okay. So, there are – so the 24 plus-- are fields but, then there are others. Yes, other locations that are being investigated or looked at?
Dr. Stic Harris: Well, as we go through the distribution of the product, you know, we’re looking for convergence between multiple, you know, where the romaine lettuce got contaminated and trying to identify places of convergence where that may have happened. And so, you know, as we get those records we’re looking at each location, or grower, or shipper or distributor and trying to see if there’s convergence with those organizations.

Blake Herzog: Okay, thank you.

Peter Cassell: Okay, operator next question.

Coordinator: Next question comes from Jamie Ducharme with Time Magazine. Your line is open.

Jamie Ducharme: Hi. Thank you. A pretty straightforward question, I’m just wondering if you know approximately the percentage of lettuce that is grown in Yuma. If this is a major supplier of the US’s romaine?

Dr. Stic Harris: So, romaine is grown seasonably in this region from November-ish to March-ish. And then it moves gradually north to the Salinas Valley in California for the summer growing season. And so, you know, it – there’s a transition time which is generally the March, April as well as the, you know, October, November as it moves between the locations.

Jamie Ducharme: Okay, thank you.

Peter Cassell: Okay, operator next question.

Coordinator: The next question comes from David Neal with Miami Herald. Your line is open.

David Neal: Hi, gentlemen. I was wondering if anybody could address why does it seem that romaine lettuce repeatedly crops up in these E. coli outbreaks not just
obviously two of the last three but several over the last, you know, ten, twenty years?

Dr. Stic Harris: Certainly, sir. And one of the biggest things is it’s so common. You know I eat bagged lettuce a couple times a week and it includes romaine lettuce. It’s also, you know, it’s not something that’s cooked. And so, there is no kill step. You’re just eating the raw agricultural product that grew in Mother Earth. And so, that adds to the possibility that you’re going to pick up a bug. Obviously, that’s not what we want and we want to eliminate the potential exposure to this, but that’s why it happens more often.

David Neal: Okay, so, I’m sorry which - who answered the question? I’m sorry?

Dr. Stic Harris: This is Stic Harris from FDA.

David Neal: Okay, thanks. That’s what I thought.

Dr. Stic Harris: Sure thing.

Peter Cassell: Okay, operator next question.

Coordinator: The next question comes from Ariel Hart with the Atlanta Journal-Constitution. Your line is open.

Ariel Hart: Hi. I’m seeing a cluster or a least a number of cases suddenly pop up in the South. We had the Georgia DPH announce our case yesterday or the day before and then today we’ve got Tennessee and Mississippi. So, is it right to say that it’s spreading in the South? And how does it go as opposed to something like the flu that goes person to person? I’m having a hard time visualizing how bacterium from a farm seems to spread or pop up geographically?
Dr. Matthew Wise: So, this is Matt at CDC. I mean, I’ll take kind of a crack from the human illness side of things and then FDA may have something to add. I mean, you know, as we kind of alluded to in the beginning, because it takes some time for the DNA fingerprinting to occur and for an illness to be sort of confirmed as part of an outbreak, a multistate outbreak, we are in some extent a couple of weeks behind at any time to sort of define where we are in the outbreak. I think, as we said in the beginning, we do have some concern that there’s still ongoing risk. But, a lot of times when we’re seeing illnesses added on at this point, these are reflective of food exposures that were happening a couple of weeks ago.

I think in terms of how the outbreak itself unfolds and moves into different regions, you know, again the outbreak is sort of an echo of how the contaminated food moves through the country. And so, you know, food travels on trucks and things like that and has to go from place to place. And so, the order in which people in the country might be exposed to a contaminated food item can vary. And we see that in many outbreaks they may start in one part of the country and move to others as that food is sort of moved through commerce.

Ariel Hart: So yes, so that might be an FDA question because, you know, I can’t imagine food is going first up to the north and then coming south?

Dr. Matthew Wise: I’m sorry. Can you repeat the question?

Ariel Hart: Yes. That may be an industry or FDA type of question. I can’t imagine, you know, that romaine is being shipped from Yuma up to Idaho or Pennsylvania and then coming back down south.

Dr. Stic Harris: Yes, it would be…
Dr. Matthew Wise: So, this is Matt at CDC. Can I clarify one thing? Stic sorry - efore you 
jump in. Just because I think this might make it a little easier? So, one thing 
it’s important to say is, you know, that reporting delay is not…

Ariel Hart: Yes.

Dr. Matthew Wise: …exactly the same for every single illness. So, sometimes it might take 
one state ten days to confirm an illness and another state three weeks. And so, 
some of that variability is also (unintelligible). So, I think it’s both how the 
food is distributed, but there can be a bit of variability in how quickly did the 
person go to the doctor or how quickly was the hospital lab able to isolate the 
bacteria. So, both of those things are happening in parallel. So, just wanted to 
clarify that and then Dr. Harris - sorry to cut you off there. I just wanted to 
interject that one piece.

Ariel Hart: Right.

Dr. Stic Harris: No and that sums up what needed to be said, so I had nothing additional.

Ariel Hart: Thank you.

Peter Cassell: Operator, we have time for one more question.

Coordinator: This question comes from Madelaine Braggs with NBC News Radio. Your 
line is open.

Madelaine Braggs: Higentlemen. Thank you so much. I’m glad my last question is the one for 
you. I just wanted to know you said tracing has been really difficult and these 
E. coli’s are similar but could have different sources. I was just curious if you 
guys could confirm how many of the illnesses that have been reported have 
been directly linked to the Arizona field?

Dr. Stic Harris: Are you speaking just in terms of the Harrison Farm field?
Madelaine Braggs: Yes, sir.

Dr. Stic Harris: All of the cases from the correctional facility in Alaska.

Madelaine Braggs: Okay and then…

Dr. Stic Harris: And I’ll let CDC…

((Crosstalk))

Dr. Matthew Wise: And that’s eight.

Dr. Stic Harris: Yes, that’s eight illnesses in Alaska…

((Crosstalk))

Dr. Stic Harris: …eight illnesses. And so, it’s important to point out that that’s, you know, we’ve so far we’ve only been able to identify one specific farm that is responsible for these eight cases. But, you know, we still have a lot of work to do to identify other legs of this outbreak.

Madelaine Braggs: Okay. But you wouldn’t say that this outbreak was sourced from this one farm. So, all these illnesses across the many different states you guys are still investigating where all those came from -- correct?

Dr. Stic Harris: Absolutely.

Madelaine Braggs: Okay. And then just for further confirmation only so far these eight from Alaska have been directly connected to the Harrison Farm?

Dr. Stic Harris: Exactly. You got it.
Madelaine Braggs: All right, perfect. Thank you.

Dr. Stic Harris: Thank you.

Peter Cassell: All right, thank you for questions. I want to turn it over to Dr. Harris to get some brief closing remarks and then we’ll – and see if CDC has anything they want to emphasize and then we can wrap up the call?

Dr. Stic Harris: Yes, thank you. I just wanted to reiterate, you know, at this point we’re still working to elucidate the remainder of the outbreak. But, as Dr. Wise mentioned the eight cases out of Alaska are linked to this specific chain down to the single farm we’ve mentioned today, Harrison Farm. But, the - and that is the whole head romaine lettuce that has been identified for this outbreak. The remainder has all been chopped, bagged romaine. And we’re continuing to work to figure out those other legs and identify the fields where that was grown and ensure that Americans are safe and not eating that anymore.

Dr. Matthew Wise: Okay and this is Matt Wise at CDC. And I think just to kind of conclude from our end. I mean, again, I think despite, I think, the new information we have today, our advice to consumers remains and I think the folks on the phone here are an important partner to make sure that actionable advice can get out to consumers so they can do something. So again, from our end, people should not be eating any type of romaine lettuce unless they know for certain that it does not come from the Yuma growing region. And again, restaurants and retailers should not under any circumstances be serving any romaine lettuce that was sourced from the Yuma growing region. So, we just want to, you know, make sure that we can emphasize those points.

Peter Cassell: Okay. Thank you very much, Dr. Wise. And thank you everyone for participating. I want to just make sure everyone knows that our website is updated as well as CDC’s. So, we can confirm that. You can go to our outbreak posting for more information. A replay of this Media Availability will be available in about an hour and will be out for approximately three
days. So, if you have any follow-up questions don’t hesitate to reach out to me at FDA. My phone number is 240-402-6537. It’s also online on our website or you can reach out to CDC’s media office at 404-639-3286. Thank you very much. Operator, that concludes the conference.

Coordinator: Thank you. That concludes today’s conference. Thank you for participating. You may now disconnect.

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