

Botulism, Foodborne or Wound

DO NOT USE THIS FORM FOR INFANT BOTULISM

PATIENT DEMOGRAPHICS

Name (last, first): _____
 Address (mailing): _____
 Address (physical): _____
 City/State/Zip: _____
 Phone (home): _____ Phone (work/cell) : _____
 Alternate contact: Parent/Guardian Spouse Other
 Name: _____ Phone: _____

*Birth date: __/__/____ Age: ____
 *Gender: Male Female Unk
 *Ethnicity: Not Hispanic or Latino
 Hispanic or Latino Unk
 *Race: White Black/Afr. Amer.
 Native HI/Other PI
 (Mark all that apply) Am. Ind/AK Native
 Asian Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
 Investigation Start Date: __/__/____
 Earliest date reported to LHD: __/__/____
 Earliest date reported to State: __/__/____

Case Classification:
 Confirmed Probable Suspect
 Not a case Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: Laboratory Hospital Private Provider Public Health Agency Other
 Reporter Name: _____ Reporter Phone : _____
 Primary HCP Name: _____ Primary HCP Phone: _____

CLINICAL

Onset date: __/__/____ Diagnosis date: __/__/____ Recovery date: __/__/____

Clinical Findings

Y N U
 Swallowing or speech difficulty
 Eyelids drooping (ptosis)
 Breathing difficulty or shortness of breath
 Vision blurred or double
 Cranial nerve abnormalities (bulbar weakness)
 Paralysis or weakness
 Acute flaccid paralysis Asymmetric
 Symmetric Ascending Descending
 Diarrhea
 Constipation
 Mechanical ventilation or intubation required
 Abscess or infected lesion

*Hospitalization

Y N U
 Hospitalized for this illness
 Hospital name: _____
 Admit date: __/__/____ Discharge date: __/__/____

*Death

Y N U
 Died due this illness
 Date of death: __/__/____

TREATMENT

Y N U
 *Botulinum antitoxin given
 Date/time given: __/__/____ AM/PM

LABORATORY (Please submit copies of all labs associated with this illness to DIDE)

Specimen source: Serum Stool Other Collection date: __/__/____
 Y N U
 Botulinum toxin detection (serum or stool) Toxin type: A B C D E F G Unknown
 C. botulinum isolation (stool or wound)
 Food specimen submitted for testing

Notes (clinical/laboratory)

INFECTION TIMELINE

*Instructions:
Enter onset date in grey
box. Count backward to
determine probable
exposure period*

FOODOBORNE - Hours
WOUND - Days
from onset
Calendar dates:

| Exposure period | |
|--------------------------------|-------------------------------|
| -48 | -12 |
| -14 <i>(Max Incubation)</i> | -4 <i>(Min Incubation)</i> |
| _ / _ / _ | _ / _ / _ |

Onset date



_ / _ / _

EPIDEMIOLOGIC EXPOSURES

Y N U

- *Home canned food
- *Dried, preserved, or traditionally prepared meat (e.g. sausage, jerky, salami)
- Preserved, smoked, or traditionally prepared fish
- Vacuum packed (modified atmosphere packaging) foods
- Foods stored in oil (e.g. garlic, sun dried tomatoes)
- Group Meal (e.g. potluck, reception)
- Known contaminated food product Specify: _____
- Abdominal surgery
- Travel out of the state, country or outside of usual routine

If yes, dates/locations:

| Date | Location |
|------|----------|
| | |
| | |
| | |

For Wound Cases Only

- Contaminated wound during the 2 wks before onset
- Non-injection street drug use
- *Injection street drug use during the 2 wks before onset. If yes, type of drug used _____
- Trauma or crush injury

PUBLIC HEALTH ISSUES

Y N NA

- Commercial food product possibly implicated
- Antitoxin needed
- Others with similar symptoms
- Case is part of an outbreak
Outbreak Name: _____

PUBLIC HEALTH ACTIONS

Y N NA

- Disease/Transmission Education Provided
- Contacted state to arrange for antitoxin
- Follow up with exposed individuals
*Date: _____
- Patient is lost to follow up
- Other: _____

NOTES