

### Botulism Case Report Form

Case is:  Confirmed  Probable  Suspect

#### Patient Information:

Name: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_  
 Parent's name (if child is <18): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
 Hispanic:  Yes  No  Unknown  
 Race:  White  Black  Asian/Pacific Islander  Native American  Other  Unknown  
 Pregnant:  Yes  No Underlying Immunodeficiency:  Yes  No If yes, specify: \_\_\_\_\_  
 Worksite/school/daycare center: \_\_\_\_\_ Address: \_\_\_\_\_  
 Occupation/grade: \_\_\_\_\_ Employer: \_\_\_\_\_

#### Source of Report

Lab  Infection Preventionist  Physician  Other \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Primary M.D. \_\_\_\_\_ Phone: \_\_\_\_\_

#### Present Illness

Onset date: \_\_\_/\_\_\_/\_\_\_ Attending/consulting physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Hospitalized  Yes  No Hospital name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Admission date: \_\_\_/\_\_\_/\_\_\_ Discharge date: \_\_\_/\_\_\_/\_\_\_  
 Admitted to ICU  Yes  No  Unknown  
 Ventilator  Yes  No  Unknown  
 Type:  Foodborne  Infant  Wound  Other: \_\_\_\_\_  
 Outcome of case: Recovered  Yes  No Died:  Yes  No If yes, date of death: \_\_\_/\_\_\_/\_\_\_

#### Symptoms

Abdominal pain	<input type="checkbox"/> Y <input type="checkbox"/> N	Slurred speech	<input type="checkbox"/> Y <input type="checkbox"/> N	Sensation of thick tongue	<input type="checkbox"/> Y <input type="checkbox"/> N
Nausea	<input type="checkbox"/> Y <input type="checkbox"/> N	Dry mouth	<input type="checkbox"/> Y <input type="checkbox"/> N	Difficulty swallowing	<input type="checkbox"/> Y <input type="checkbox"/> N
Vomiting	<input type="checkbox"/> Y <input type="checkbox"/> N	Change in voice	<input type="checkbox"/> Y <input type="checkbox"/> N	Double vision	<input type="checkbox"/> Y <input type="checkbox"/> N
Diarrhea	<input type="checkbox"/> Y <input type="checkbox"/> N	Blurred vision	<input type="checkbox"/> Y <input type="checkbox"/> N	Dizziness	<input type="checkbox"/> Y <input type="checkbox"/> N
Weakness	<input type="checkbox"/> Y <input type="checkbox"/> N	Fatigue	<input type="checkbox"/> Y <input type="checkbox"/> N	Shortness of breath	<input type="checkbox"/> Y <input type="checkbox"/> N

Other symptoms: \_\_\_\_\_

#### Clinical Data

Vital signs Temp: \_\_\_\_\_ BP \_\_\_/\_\_\_ HR \_\_\_/min RR \_\_\_/min  
 Altered mental status:  Yes  No  Unknown  
 Ptosis (drooping eyelid)  Yes  No  Unknown  Bilateral  
 Pupils  Dilated  Constricted  Fixed  Reactive  
 Facial paralysis  Yes  No  Unknown  Bilateral  
 Impaired gag reflex  Yes  No  Unknown  
 Pre-existing wound  Yes  No  Unknown  
 Weakness/paralysis  
     Upper distal  Yes  No  Unknown  Bilateral  Comment \_\_\_\_\_  
     Upper proximal  Yes  No  Unknown  Bilateral  Comment \_\_\_\_\_  
     Lower distal  Yes  No  Unknown  Bilateral  Comment \_\_\_\_\_  
     Lower proximal  Yes  No  Unknown  Bilateral  Comment \_\_\_\_\_  
 Progression of weakness:  Ascending  Descending  Unknown

### Botulism Case Report Form

**Notes on Antitoxin**

Physician Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Pharmacist Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 CDC Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Antitoxin Released \_\_\_ Yes \_\_\_ No Antitoxin administered: \_\_\_ Yes \_\_\_ No If yes: date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_  
 Details of antitoxin shipping/delivery: \_\_\_\_\_ -

**Laboratory Data**

CSF Date: \_\_\_/\_\_\_/\_\_\_ RBC \_\_\_\_\_ WBC \_\_\_\_\_ Protein \_\_\_\_\_ Glucose \_\_\_\_\_ \_\_\_ Not done  
 Serum for toxin Collection date: \_\_\_/\_\_\_/\_\_\_ \_\_\_ Positive \_\_\_ Negative \_\_\_ Not done  
 Stool for toxin Collection date: \_\_\_/\_\_\_/\_\_\_ \_\_\_ Positive \_\_\_ Negative \_\_\_ Not done  
 Stool culture Collection date: \_\_\_/\_\_\_/\_\_\_ \_\_\_ Positive \_\_\_ Negative \_\_\_ Not done  
 Food \_\_\_\_\_ Collection date: \_\_\_/\_\_\_/\_\_\_ \_\_\_ Positive \_\_\_ Negative \_\_\_ Not done  
 Other \_\_\_\_\_ Collection date: \_\_\_/\_\_\_/\_\_\_ \_\_\_ Positive \_\_\_ Negative \_\_\_ Not done  
 Toxin type \_\_\_ A \_\_\_ B \_\_\_ E \_\_\_ Other \_\_\_\_\_  
 Other relevant testing: \_\_\_\_\_

**Foodborne: Possible Sources of Infection During Exposure Period (within 7 days of illness onset)**

Home canned food \_\_\_ Yes \_\_\_ No  
 Commercially canned food \_\_\_ Yes \_\_\_ No  
 Sausage/other preserved meats \_\_\_ Yes \_\_\_ No  
 Preserved fish \_\_\_ Yes \_\_\_ No  
 Items stored in oil \_\_\_ Yes \_\_\_ No  
 Baked potato stored in foil \_\_\_ Yes \_\_\_ No

Provide details about potential sources (brand names, size, lot number, expiration date, where purchased, when consumed)

**Infant: Possible Sources of Infection During Exposure Period (within 30 days of illness onset)**

Was the infant exposed to soil, dust, or dirt \_\_\_ Yes \_\_\_ No \_\_\_ Unknown If yes where: \_\_\_\_\_  
 Was infant ever breast fed \_\_\_ Yes \_\_\_ No \_\_\_ Unknown If yes, for how many weeks \_\_\_\_\_  
 Was infant ever formula fed \_\_\_ Yes \_\_\_ No \_\_\_ Unknown If yes, for how many weeks \_\_\_\_\_  
 Did infant eat or taste any of the following:

Food/liquid	Never	Once/Few Times	Many Times	Daily	Principal Brand
Cow's milk					
Fruit juice					
Syrup					
Honey					
Sugar					
Tea					
Cooked fruits					
Raw fruits					
Cooked vegetables					
Raw vegetables					
Home canned foods					
Baby food (from a jar)					

### Botulism Case Report Form

#### Additional Information

Similar illness in household member or close contact  Yes  No  Unknown

If yes, complete below:

Name	Relationship	Phone Number	Onset Date

#### Wound: Sources of Infection (within 2 weeks of illness onset)

Details of wound infection: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

### Case Definition

#### Botulism, Foodborne

**Clinical description:** Ingestion of botulinum toxin results in an illness of variable severity. Common symptoms are diplopia, blurred vision, and bulbar weakness. Symmetric paralysis may progress rapidly.

#### Laboratory criteria for diagnosis:

Detection of botulinum toxin in serum, stool, or patient's food, or  
Isolation of *Clostridium botulinum* from stool

#### Case classification

**Probable:** a clinically compatible case with an epidemiologic link (e.g., ingestion of a home-canned food within the previous 48 hours)

**Confirmed:** a clinically compatible case that is laboratory confirmed or that occurs among persons who ate the same food as persons who have laboratory-confirmed botulism

#### Botulism, Infant

**Clinical description:** An illness of infants, characterized by constipation, poor feeding, and "failure to thrive" that may be followed by progressive weakness, impaired respiration, and death

#### Laboratory criteria for diagnosis:

Detection of botulinum toxin in stool or serum, or  
Isolation of *Clostridium botulinum* from stool

#### Case classification

**Confirmed:** a clinically compatible case that is laboratory-confirmed, occurring in a child aged less than 1 year

#### Botulism, Wound

**Clinical description:** An illness resulting from toxin produced by *Clostridium botulinum* that has infected a wound. Common symptoms are diplopia, blurred vision, and bulbar weakness. Symmetric paralysis may progress rapidly.

#### Laboratory criteria for diagnosis

Detection of botulinum toxin in serum, or  
Isolation of *Clostridium botulinum* from wound

#### Case classification

**Confirmed:** a clinically compatible case that is laboratory confirmed in a patient who has no suspected exposure to contaminated food and who has a history of a fresh, contaminated wound during the 2 weeks before onset of symptoms

#### Botulism, Other

#### Clinical description

See Botulism, Foodborne.

#### Laboratory criteria for diagnosis

Detection of botulinum toxin in clinical specimen, or  
Isolation of *Clostridium botulinum* from clinical specimen

#### Case classification

**Confirmed:** a clinically compatible case that is laboratory confirmed in a patient aged greater than or equal to 1 year who has no history of ingestion of suspect food and has no wounds