

# Botulism Case Report Form

Interviewer \_\_\_\_\_  
 Date of interview \_\_\_/\_\_\_/\_\_\_  
 NETSS # \_\_\_\_\_  
 WDH notified of case \_\_\_/\_\_\_/\_\_\_

Case is:     Confirmed     Probable     Suspect

**Patient Information**

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_

Parent's Name (if child<18) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Hispanic:     Yes     No     Unknown

Race:     White     Black     Asian/Pacific Islander     Native American     Other     Unknown

Pregnant:  Yes     No    Underlying Immunodeficiency:  Yes     No    If yes, specify \_\_\_\_\_

Worksites/school/daycare center \_\_\_\_\_ Address \_\_\_\_\_

Occupation/grade \_\_\_\_\_ Employer \_\_\_\_\_

**Source of Report**

Lab     Infection Control Practitioner     Physician     Other \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Primary M.D. \_\_\_\_\_ Phone \_\_\_\_\_

**Present Illness**

Onset date \_\_\_/\_\_\_/\_\_\_    Attending or consulting physician \_\_\_\_\_ Telephone \_\_\_\_\_

Hospitalized?  Yes     No    Hospital name \_\_\_\_\_ Telephone \_\_\_\_\_

Admission date \_\_\_/\_\_\_/\_\_\_    Discharge date \_\_\_/\_\_\_/\_\_\_

Admitted to intensive care     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	Y	N	Slurred speech	Y	N	Sensation of thick tongue	Y	N
Nausea	Y	N	Dry mouth	Y	N	Difficulty swallowing	Y	N
Vomiting	Y	N	Change in voice	Y	N	Double vision	Y	N
Diarrhea	Y	N	Blurred vision	Y	N	Dizziness	Y	N
Weakness	Y	N	Fatigue	Y	N	Shortness of breath	Y	N

Others: \_\_\_\_\_

**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    *if yes, describe* \_\_\_\_\_



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

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 or a 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)					

**Additional Information**

Similar Illness in Household Member or Close Contact?  Yes  No  Unknown

If yes, complete below:

Name	Relationship	Phone Number	Onset date

Additional Remarks:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Case Definition: Botulism**

CDC/MMWR, May2, 1997/Vol. 46/No. RR-10, "Case Definitions for Public Health Surveillance"

**Botulism, Foodborne**

**Clinical description** Ingestion of botulinal 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 botulinal toxin in serum, stool, or patient's food, or isolation of *Clostridium botulinum* from stool

**Case classification**

Confirmed: a clinically compatible illness that is laboratory confirmed or that occurs among persons who ate the same food as persons with 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 botulinal toxin in stool, or isolation of *Clostridium botulinum* from stool

**Case classification**

Confirmed: a clinically compatible, laboratory-confirmed illness occurring among children <1 year of age

**Botulism, Wound**

**Clinical description** An illness resulting from toxin produced by *Clostridium botulinum* that has infected a wound.

**Laboratory criteria for diagnosis**

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

**Case classification**

Confirmed: a clinically compatible illness that is laboratory confirmed among patients with no suspect food exposure and with a history of a fresh, contaminated wound in the 2 weeks before onset of symptoms