

SUSPECT BOTULISM INTAKE AND CHECKLIST
(Internal Use Only)



AOD Name: _____ Today's Date: _____ Time: _____

Report Source: _____ Agency: _____ Phone: _____

Physician Contact: _____ Phone: _____ Email address: _____

Pharmacist Contact: _____ Phone: _____ Email Address: _____

Hospital Name: _____ Phone: _____

Hospitalized? Yes No Date of Hospitalization: _____ MR No.: _____

PATIENT INFORMATION Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Sex: _____ Pregnant: Yes No Weight: _____ (lbs.)

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ ZIP code: _____

Friend/Family Contact: _____ Phone: _____

OUT OF JURISDICTION REPORTS

Pasadena Resident - Refer to Pasadena HD at (626) 744-6005 General, (626) 744-6089 PH Nursing, (626) 744-6043 After-hours
 Long Beach Resident - Refer to Long Beach HD at (562) 570-4000 General, (562) 570-4302 Epidemiology

For Los Angeles County reports, fill out the Botulism Case Report Form (CDPH 8547). This is required under the Investigational New Drug (IND) protocol.

INITIAL IMPRESSION (refer to B-73 for case definitions)

NOT CASE (No further Public Health action necessary at this time.)

SUSPECT CASE Specify type: Suspect foodborne Suspect wound Unspecified at this time

Infant Botulism Case (≤ 15months) - Refer to State Infant Botulism Treatment and Prevention Program (510) 231-7600 (24/7)

TESTING REQUIREMENT

Public health laboratory testing for botulism is only performed with authorization by ACDC/AOD and is not done for 'rule out' purposes or academic reasons. Testing is **always done in conjunction** with administration of botulinum antitoxin treatment.

AOD ACTIONS TAKEN State/Internal (Check Boxes When Completed)

Email or fax the "[Specimen Submission Guidelines for Suspected Botulism \(excluding infant botulism\)](#)" to the reporting provider and inform them to forward the guideline to the assigned nurse, phlebotomist, and laboratory.

Call Dr. Nicole Green of Public Health Laboratory (PHL) to approve specimen testing and transport of specimen to PHL.
Dr. Green's direct number is in the AOD Botulism Survival Guide or contact the County Operator to reach her. Dr. Green is 24/7 on call.

PHL Contact Name: _____ Date: _____ Time: _____

- For Suspect Wound: Pre-treatment serum Wound aspirate/biopsy
- For Suspect Foodborne: Pre-treatment serum Gastric, Aspirate or Vomitus Stool Food Item
- For Unspecified: Pre-treatment serum Gastric, Aspirate or Vomitus Stool

Explain to physician that the only antitoxin available is the Heptavalent Botulinum Antitoxin under an IND Protocol.

They will need to read the protocol and directions that come with the antitoxin, obtain patient or family consent and fill out the requested forms and send forms directly to CDC.

Approve Antitoxin Release.

Call the **CDC Emergency Operation Center (EOC) at (770) 488-7100.** Explain that you are from California and need to be connected to someone at LAX Quarantine Station.

Quarantine Station Contact Name: _____ Date: _____ Time: _____

Treated with heptavalent antitoxin? Yes No Date started: _____

Notify ACDC staff: Dawn Terashita (dterashita@ph.lacounty.gov), Moon Kim (mokim@ph.lacounty.gov), Susan Hathaway (shathaway@ph.lacounty.gov), Steve Moon (smoon@ph.lacounty.gov), Amy Marutani (amarutani3@ph.lacounty.gov)

Email Case summary to CDPH: Hilary Rosen (Hilary.Rosen@cdph.ca.gov) and Vit Kraushaar (Vit.Kraushaar@cdph.ca.gov)

AOD ACTIONS TAKEN (continued) State/Internal

If foodborne botulism linked to a commercial food item is suspected:

Immediately notify CA Dept. of PH Division of Communicable Disease Control (CDPH DCDC) by calling the Duty Officer at (916) 328- 3605.

Duty Officer Name: _____ Date: _____ Time: _____

Request assistance from LAC DPH Environmental Health (EH) Outbreak Investigation and Evaluation Unit (626) 430-5201.

EH Contact Name: _____ Date: _____ Time: _____

Interview the case/ family regarding any risky food exposures.

Arrange site visit with LAC DPH EH Outbreak Investigation and Evaluation Unit for collecting suspicious food for testing.

ACDC/HOBR ACTIONS TAKEN

Notify PHL staff about which specimens to expect from the hospital laboratory Nicole Green (nicgreen@ph.lacounty.gov) and Robert Tran (robtran@ph.lacounty.gov).

IRIS Entry and Outbreak Log

Case entered into IRIS on next business day Case#: _____

Create a new situation for the ACDC outbreak log using initial information sent to the state. Update as needed.

CONCLUSION OF INVESTIGATION

Complete the Botulism Case Report Form (CDPH 8547) and turn in to Dr. Moon Kim for final review and resolution status (Confirmed, Probable, or False).

Once approved, securely email the Botulism Case Report Form ([CDPH 8547](#)) to Hilary Rosen and Vit Kraushaar.

Scan all related documents (i.e. case report form, medical records, PHL lab results, patient interview, etc.) and save in IRIS filing cabinet [regardless if case confirmed or not].

Update the IRIS record including final IRIS comment and close the IRIS record. Close situation in ACDC outbreak log.

NOTES

Date	Time	Notes