BOTULISM CASE REPORT SUMMARY
LOS ANGELES COUNTY, 2011

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Six suspected botulism cases (excluding infant botulism) were reported in 2011 to Los Angeles County Department of Public Health—three were laboratory confirmed, all due to toxin type A. Two of the three confirmed cases were classified as having unspecified botulism, defined as a clinically compatible case that is laboratory confirmed in a patient aged greater than or equal to one year who has no history of ingestion of suspect food and has no wounds.[1] In the first case, a middle aged man with metastatic cancer and history of stroke became ill and ultimately died. His serum was shown to have type A toxin, but tests of stool and gastric specimens were negative for both *Clostridium botulinum* and toxin. Home inspection did not uncover suspicious food items. The second confirmed case was an elderly woman who became ill while out of the country. She was transported home 12 days later, where tests ultimately detected *C. botulinum* producing type A toxin in her stool; her serum was negative for toxin. Tests of suspect food items was not possible since she was exposed while out of the country, but several homeopathic products she was using were screened to rule them out as a source of intoxication.

The third botulism case was an injection drug user with recent skin infection. His serum tested positive for type A toxin, while a culture of his wound was negative; thus his case was classified as wound botulism. According to recently revised botulism surveillance definitions, cases of wound botulism may now be classified as either confirmed or probable. A confirmed case has laboratory evidence of botulism while a probable case is a patient with a clinically compatible illness 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, or a history of injection drug use within the 2 weeks before onset of symptoms.

The other three suspect cases were eventually diagnosed with Guillain-Barré syndrome (GBS). Two received antitoxin treatment and underwent testing of serum or stool, all of which was negative. One GBS case did not receive antitoxin and was not tested due to the delay in reporting his case; he too responded to GBS-specific therapy.

The California Infant Botulism Treatment and Prevention Program[2] reported eight confirmed Los Angeles County cases of infant botulism in infants ranging from 18 days to 36 weeks of age. Six were female; five were Hispanic white, one was non-Hispanic white, one was black, and the last was not specified. Three cases were due to type A toxin and five cases to type B toxin. All survived.

The Centers for Disease Control and Prevention (CDC) research study titled Use of an Investigational New Drug, Heptavalent Equine-Based Botulinum Antitoxin[3] was ongoing in 2011. Heptavalent botulinum antitoxin consists of equine-derived antibody to the seven known botulinum toxin types (A-G). State and local public health agencies, along with the treating physicians, are monitoring the clinical efficacy and adverse events associated with this product. Botulinum antitoxin for treatment of naturally occurring noninfant botulism is available only from CDC. BabyBIG (botulism immune globulin) is available for treating infant botulism through the Infant Botulism Treatment and Prevention Program. BabyBIG consists of human-derived botulism antitoxin antibodies and is approved by FDA for the treatment of infant botulism types A and B.

[1] Centers for Disease Control and Prevention. Botulism (*Clostridium botulinum*) 2011 Case Definition. http://www.cdc.gov/osels/ph_surveillance/nndss/casedef/botulism_current.htm
[2] Infant Botulism Treatment and Prevention Program. Division of Communicable Disease Control, California Department of Public Health. http://www.infantbotulism.org/
[3] Centers for Disease Control and Prevention. Investigational Heptavalent Botulinum Antitoxin (HBAT) to Replace Licensed Botulinum Antitoxin AB and Investigational Botulinum Antitoxin E. MMWR. March 29, 2010. 59(10);299. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5910a4.htm