



**Immediately notify
DOH Communicable
Disease Epidemiology
Phone: 877-539-4344**

LHJ Use ID _____
 Reported to DOH Date ___/___/___
 LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Other: _____
 Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
 Date Received ___/___/___
 DOH Classification
 Confirmed
 Probable
 No count; reason: _____

Botulism, foodborne

County _____

REPORT SOURCE

Initial report date ___/___/___
 Reporter (check all that apply)
 Lab Hospital HCP
 Public health agency Other
 OK to talk to case? Yes No Don't know
 Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____ Birth date ___/___/___ Age _____
 Address _____ Homeless
 Gender F M Other Unk
 City/State/Zip _____
 Ethnicity Hispanic or Latino
 Not Hispanic or Latino
 Phone(s)/Email _____
 Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other
 Alt. contact Parent/guardian Spouse Other Name: _____
 Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____

CLINICAL INFORMATION

Onset date: ___/___/___ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

- Y N DK NA
 Swallowing or speech difficulty
 Eyelids drooping (ptosis)
 Vision blurred or double
 Breathing difficulty or shortness of breath
 Diarrhea Maximum # of stools in 24 hours: ____
 Constipation

Predisposing Conditions

- Y N DK NA
 Preexisting injury, wound, or break in skin
 Gastric surgery or gastrectomy in past

Clinical Findings

- Y N DK NA
 Cranial nerve abnormalities (bulbar weakness)
 Respiratory distress
 Paralysis or weakness
 Acute flaccid paralysis Asymmetric
 Symmetric Ascending Descending
 Abscess or infected lesion
 Mechanical ventilation or intubation required during hospitalization
 Admitted to intensive care unit

Hospitalization

- Y N DK NA
 Hospitalized for this illness
 Hospital name _____
 Admit date ___/___/___ Discharge date ___/___/___
 Y N DK NA
 Died from illness Death date ___/___/___
 Autopsy

Laboratory

- Collection date ___/___/___
 Y N DK NA
 Botulinum toxin detection (serum, stool, gastric aspirate or food)
 Serum Stool
 Gastric aspirate Food
 C. botulinum isolation (stool or gastric aspirates)
 Food specimen submitted for testing
 Toxin type: A B C D E
 F G Unknown

NOTES

INFECTION TIMELINE

Enter onset date/time (first sx) in heavy box. Count backward to determine probable exposure period

Exposure period

Hours from onset: - 168 - -12

Calendar date/time:

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EXPOSURE (Refer to dates above)

Y N DK NA

- Travel out of the state, out of the country, or outside of usual routine
Out of: County State Country
Dates/Locations: _____
- Does the case know anyone else with similar symptoms or illness
- Epidemiologic link (e.g. ingestion of same food eaten by person with lab-confirmed botulism)**
- Epidemiologic link (e.g. ingestion of a home-canned food within the previous 48 hours)**
- Home-canned food
- Dried, preserved, or traditionally prepared meat (e.g. sausage, salami, jerky)
- Preserved, smoked, or traditionally prepared fish
- Vacuum packed (modified atmosphere packaging) foods
- Foods stored in oil (e.g. garlic, sun dried tomatoes)

- Patient could not be interviewed
- No risk factors or exposures could be identified

Most likely exposure/site: _____

Y N DK NA

- Group meal (e.g. potluck, reception)
- Food from restaurants
- Restaurant name/Location: _____

Y N DK NA

- Suspected exposure to botulism contaminated food**
- Known contaminated food product
 - Asparagus Karo syrup Salsa
 - Beans Mushrooms Spinach
 - Beets Peas Swiss Chard
 - Corn Peppers Tomatoes
 - Honey Potatoes Unknown
 - Other: _____

Food processing method:

- Home canned Commercially canned
- Fermented Boiled
- Unknown Other: _____

Y N DK NA

- Non-injection street drug use
- Injection street drug use
Injection street drug use type: _____
- Source of Botulism exposure identified
Specify: _____

Site name/address: _____

Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

PATIENT PROPHYLAXIS AND TREATMENT

Botulism antitoxin given Y N DK NA Date/time given: ___/___/___ AM / PM

PUBLIC HEALTH ISSUES

Y N DK NA

- Outbreak related

PUBLIC HEALTH ACTIONS

- Initiate trace-back investigation
- Referral to physician
- Follow-up of others who ate suspect food
- Referral of suspect food to regulatory agency
- Restaurant inspection
- Education on proper canning technique provided
- Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ___/___/___

Local health jurisdiction _____