

SUSPECT BOTULISM INTAKE AND CHECKLIST



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
- Infant Botulism Case - Refer to State Infant Botulism Treatment and Prevention Program (510) 231-7600

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

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.

ACTIONS TAKEN (Check Boxes When Completed)

- 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.**

Refer to the "[Specimen Submission Guidelines for Suspected Botulism \(excluding infant botulism\)](#)".

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: _____

- For suspect foodborne botulism,**

- Request assistance from Environmental Health (EH) Food & Milk with home inspection at (626) 430-5400.**

EH Contact Name: _____ Date: _____ Time: _____

- Interview the case/ family regarding any risky food exposures.**

Whenever possible, go with EH-Food & Milk to search for potentially contaminated food for testing.

