

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 - Report to Pasadena HD at (626) 744-6005 General, (626) 744-6089 PH Nursing, (626) 744-6043 After-hours
Long Beach Resident - Report 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 (≤ 15 months) - 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 (Listed in order of priority. Check boxes when completed.)

Approve Antitoxin Release.

Call **CDC Emergency Operation Center (EOC)** at (770) 488-7100. **DO NOT** let them transfer you to CDC Botulism Consult team (this will delay release of antitoxin). Explain that LAC DPH is authorized to release antitoxin and need to speak to L.A. Port Health Station immediately.

CDC EOC Contact Name: _____ Date: _____ Time: _____

LA Port Health Station Contact Name: _____ Date: _____ Time: _____

Email or fax "**[Specimen Submission Guidelines for Suspected Botulism](#)**" to the reporting provider and inform them to forward to the assigned nurse, phlebotomist, and laboratory. **4 red-top tubes (minimum required volume: 40 mL) are needed for testing.**

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.

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: _____

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|---------------------------------|---------------------|------------------------------|-------|-----------|
| ▪ 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 | |

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. For after-hours/weekend/holiday, contact Environmental Health Duty Officer (213) 270-5568.

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

Refer to HOBR Botulism Investigation Protocol for investigation process - T:\Training and Response\BT Folders\Botulism

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 tab in IRIS Disease Incident (DI). Review/discuss the case with Dr. Moon Kim for resolution status (Confirmed, Probable, or False).

Once ready to close, print IRIS DI (print all tabs) and securely email 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