



**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  
 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: \_\_\_\_\_

▪ <u>For Suspect Wound:</u>	Pre-treatment serum	Wound aspirate/biopsy		
▪ <u>For Suspect Foodborne:</u>	Pre-treatment serum	Gastric, Aspirate or Vomitus	Stool	Food Item
▪ <u>For Unspecified:</u>	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) Outbreak Investigation and Evaluation Unit (626) 430-5201.**  
 EH Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

**Whenever possible, go with EH Outbreak Investigation and Evaluation Unit to search for potentially contaminated food for testing.**

**ACTIONS TAKEN (continued)**

**State/Internal Notification**

Notify CA Dept. of PH Division of Communicable Disease Control (CDPH DCDC) by calling the Duty Officer at (916) 328-3605. For suspected foodborne botulism, notify Duty Officer of case so he/she can report to the CDC within 4 hours.

Duty Officer Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Summarize case in email Hilary Rosen ([Hilary.Rosen@cdph.ca.gov](mailto:Hilary.Rosen@cdph.ca.gov)) and Vit Kraushaar ([Vit.Kraushaar@cdph.ca.gov](mailto:Vit.Kraushaar@cdph.ca.gov))

Notify appropriate ACDC staff (cc: **All HOBR** staff and ACDC physicians on initial information sent to the state)

Notify PHL staff about which specimens to expect from the hospital (**Nicole Green, Robert Tran**).

**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.

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**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.

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**NOTES**

Date	Time	Notes