

BOTULISM, INTESTINAL
(Formerly Infant Botulism)
Last revised December 23, 2011

I. IDENTIFICATION

- A. **CLINICAL DESCRIPTION:** An illness of infants, characterized by constipation, poor feeding, and “failure to thrive” that may be followed by progressive weakness, impaired respiration, and death.
- B. **REPORTING CRITERIA:** Clinical diagnosis in an infant aged less than 12 months. Subsequent laboratory confirmation should follow report of suspect clinical case.
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
- Detection of botulinum toxin in stool or serum, **OR**
 - Isolation of *Clostridium botulinum* from stool
- D. **WISCONSIN CASE DEFINITION:** A clinically compatible illness that is laboratory confirmed, occurring among children aged less than 1 year.

II. ACTIONS REQUIRED / PREVENTION MEASURES

- A. **WISCONSIN DISEASE SURVEILLANCE CATEGORY I:**
Report **IMMEDIATELY BY TELEPHONE** to the patient's local health department upon identification of a confirmed or suspected case. The local health department shall then notify a Wisconsin Communicable Disease Epidemiology Section (CDES) epidemiologist **immediately** of any confirmed or suspected cases. Within 24 hours submit a case report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report ([F-44151](#)), or by other means.
- It is imperative that a physician suspecting botulism in a patient immediately be put in contact with CDES staff to facilitate the required consultation with the Infant Botulism Prevention Program (IBPP) at the California Health Department in order to acquire anti-toxin. Completion of the Botulism Screening Worksheet is needed to convey clinical information to the IBPP and testing laboratory.
- B. **EPIDEMIOLOGY REPORTS REQUIRED:**
- *Electronically* – Report through WEDSS, including appropriate disease-specific tabs
OR
 - *Paper Copy* – Acute and Communicable Diseases Case Report ([F-44151](#)) along with:
 - Botulism Screening Worksheet
- C. **PUBLIC HEALTH INTERVENTIONS:**
In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association.

Wisconsin Division of Public Health Communicable Disease Surveillance Guideline

For further details regarding control measures and source investigation, refer to the Botulism Management Protocol

D. PREVENTION MEASURES:

- *Clostridium botulinum* spores are ubiquitous. Recognized sources of *C. botulinum* such as honey and possibly dark and light corn syrup should not be fed to infants.

III. CONTACTS FOR CONSULTATION

- A. WISCONSIN DIVISION OF PUBLIC HEALTH / BCDER / COMMUNICABLE DISEASE & EPIDEMIOLOGY SECTION: (608) 267-9003
- B. LOCAL HEALTH DEPARTMENT – REGIONAL OFFICES – TRIBAL AGENCIES:
<http://www.dhs.wisconsin.gov/localhealth/index.htm>
- C. *Infant Botulism Treatment and Prevention Program* at the California Dept. of Public Health
(510) 231-7600

IV. RELATED REFERENCES

- Heymann DL, ed. Intestinal Botulism, Formerly Infant Botulism. In: *Control of Communicable Diseases Manual*. 19th ed. Washington, DC: American Public Health Association, 2008: 79-87.
- Pickering LK, ed. [Botulism and Infant Botulism. In: *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2009: 259-262.
- Infant Botulism Treatment and Prevention Program. Division of Communicable Disease Control, CA Dept of Public Health. <http://www.infantbotulism.org/>