

*BOTULISM, NON-INFANT*

Last revised December 23, 2011

**I. IDENTIFICATION**

- A. **CLINICAL DESCRIPTION:** Three natural forms (Foodborne, Wound and Adult Intestinal/Other) of non-infant Botulism can occur following the ingestion of botulinum toxin, infection of a wound with *Clostridium botulinum* or an undetermined gastrointestinal exposure to the bacterium resulting in an illness of variable severity. Common symptoms are double vision, blurred vision, difficulty swallowing, and dry mouth. Descending symmetric flaccid paralysis may progress rapidly.
- B. **REPORTING CRITERIA:** Clinical diagnosis in a person >12 months of age.
1. **Foodborne:** a clinically compatible case with an epidemiologic link to consumption of potentially contaminated food.
  2. **Wound:** a clinically compatible case in a patient who has NO suspected exposure to contaminated food and who has a history of a fresh, contaminated wound during the 2 weeks before onset of symptoms, or a history of injection drug use within the 2 weeks before onset of symptoms.
  3. **Adult Intestinal Toxemia:** a clinically compatible case in a patient who has no history of ingestion of suspect food and has no wounds

Subsequent laboratory confirmation should follow the report of a suspect clinical case. Diagnosis without laboratory confirmation occurs if the clinical and epidemiologic evidence is overwhelming.

C. **LABORATORY CRITERIA FOR CONFIRMATION:**

- Detection of botulinum toxin in stool, serum, other patient specimen or food consumed by patient.
- Isolation of *Clostridium botulinum* from stool, wound or other patient specimen.

D. **WISCONSIN CASE DEFINITION:**

- **Foodborne:** A clinically compatible illness that is laboratory confirmed, or that occurs among persons who ate the same food as persons with laboratory confirmed botulism.
- **Wound:** a clinically compatible case that is laboratory confirmed in a patient who has no suspected exposure to contaminated food and who has a history of a fresh, contaminated wound during the 2 weeks before onset of symptoms, or a history of injection drug use within the 2 weeks before onset of symptoms.
- **Adult Intestinal Toxemia:** a clinically compatible case that is laboratory-confirmed in a patient aged greater than or equal to 1 year who has no history of ingestion of suspect food and has no wounds.

**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

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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 CDC in order to acquire anti-toxin. Completion of the Botulism Screening Worksheet is needed to convey clinical information to the CDC 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.

#### Protocol for Disease Management:

For further details regarding control measures, refer to the Botulism Management Protocol.

- Immediate treatment required for case patient. Contact the Wisconsin Communicable Disease Epidemiology Section at (608) 267-9003 during office hours, or at the DPH Emergency Hotline (608) 258-0099 for protocol on receiving botulism antitoxin.
- Determine if others consumed suspect food items or used implicated drug.
- Source investigation by LHD.

## 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>

## IV. RELATED REFERENCES

- Heymann DL, ed. Botulism and Infant Botulism. In: *Control of Communicable Diseases Manual*. 19th ed. Washington, DC: American Public Health Association, 2008: 79-87.
- Pickering LK, ed. 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.
- Centers for Disease Control and Prevention: Botulism in the United States, 1899-1996. Handbook for Epidemiologists, Clinicians, and Laboratory Workers, Atlanta, GA. CDCP, 1998.