



Communicable Disease Case Reporting and Investigation Protocol **BOTULISM, NON-INFANT**

I. IDENTIFICATION AND DEFINITION OF CASES

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. Laboratory Criteria:

- 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.

C. Wisconsin Surveillance Case Definition:

- **Foodborne:**
 - **Confirmed:** A clinically compatible illness that is laboratory confirmed, or that occurs among persons who ate the same food as persons with laboratory confirmed botulism.
 - **Probable:** A clinically compatible illness with an epidemiologic link (e.g., ingestion of a home-canned food within the previous 48 hours).
- **Wound:**
 - **Confirmed:** 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 two weeks before onset of symptoms, or a history of injection drug use within the two weeks before onset of symptoms.
 - **Probable:** A clinically compatible illness in a patient who has no suspected exposure to contaminated food and who has either a history of a fresh, contaminated wound during the two weeks before onset of symptoms, or a history of injection drug use within the two weeks before onset of symptoms.
- **Adult Intestinal Toxemia:**
 - **Confirmed:** A clinically compatible case that is laboratory-confirmed in a patient older than 12 months who has no history of ingestion of suspect food and has no wounds.

II. REPORTING

- A. **Wisconsin Notifiable Disease Category I – Methods for Reporting:** This disease shall be reported **IMMEDIATELY BY TELEPHONE** to the patient's local health officer or to the local health officer's designee upon identification of a case or suspected case, per Wis. Admin. Code § [DHS 145.04 \(3\) \(a\)](#). In addition to the immediate report, complete and fax, mail or electronically report an Acute and Communicable Disease Case Report (DHS [F-44151](#)) to the address on the form, or enter the data into the Wisconsin Electronic Disease Surveillance System, within 24 hours.

It is imperative that a physician suspecting botulism in a patient immediately be put in contact with Bureau of Communicable Diseases (BCD) staff to facilitate the required consultation with the Centers for Disease Control and Prevention (CDC) in order to acquire antitoxin. Completion of the Botulism Screening Worksheet is needed to convey clinical information to the CDC and testing laboratory.

- B. **Responsibility for Reporting:** According to Wis. Admin. Code § [DHS 145.04\(1\)](#), persons licensed under Wis. Stat. ch. [441](#) or [448](#), laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in [Appendix A](#).

C. **Clinical Criteria for Reporting:**

- Clinical diagnosis in a person >12 months of age; **AND**
- **Foodborne:** A clinically compatible case with an epidemiologic link to consumption of potentially contaminated food.
- **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 two weeks before onset of symptoms, or a history of injection drug use within the two weeks before onset of symptoms.
- **Adult Intestinal Toxemia:** A clinically compatible case in a patient who has no history of ingestion of suspect food and has no wounds.

D. **Laboratory Criteria for Reporting:**

- 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.
- Laboratories will provide positive and negative results for all specimens submitted for *Clostridium botulinum* and botulinum toxin testing.

III. **CASE INVESTIGATION**

- A. **Responsibility for case investigation:** It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.

The State Epidemiologist and BCD staff initiate the response to a suspect case and work closely with the LHD to investigate the potential source.

B. **Required Documentation:**

1. Health care provider completes and faxes to BCD epidemiologist the Botulism Testing Request Screening Worksheet: <https://www.dhs.wisconsin.gov/foodborne/botulism.htm>.
2. Complete the WEDSS disease incident investigation report, including appropriate, non-infant disease-specific tabs and sections.

IV. **PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES**

- A. In accordance with Wis. Admin. Code § [DHS 145.05](#), local public health agencies should follow the methods of control recommended in the current editions of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association, and the American Academy of Pediatrics' *Red Book: Report of the Committee on Infectious Diseases*, unless otherwise specified by the state epidemiologist.

- B. Refer to the Botulism Management Protocol for further details regarding control measures.

- **Immediate treatment is required for a case patient.** Contact the Wisconsin Communicable Diseases Epidemiology Section at 608-267-9003 during office hours, or at the Division of Public Health 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.

V. **CONTACTS FOR CONSULTATION**

- A. Local health departments and tribal health agencies: <https://www.dhs.wisconsin.gov/lh-depts/index.htm>
- B. Bureau of Communicable Diseases, Communicable Diseases Epidemiology Section: 608-267-9003
- C. Wisconsin State Laboratory of Hygiene: 1-800-862-1013

VI. RELATED REFERENCES

- A. Heymann DL, ed. Botulism. In: *Control of Communicable Diseases Manual*. 20th ed. Washington, DC: American Public Health Association, 2015: 71-77.
- B. Wisconsin Botulism Management Protocol: <https://www.dhs.wisconsin.gov/foodborne/botulism.htm>
- C. Centers for Disease Control and Prevention website: <https://www.cdc.gov/botulism/>
- D. Wisconsin Division of Public Health Botulism, Foodborne Disease Fact Sheet: <https://www.dhs.wisconsin.gov/library/P-42031.htm>