



## Communicable Disease Case Reporting and Investigation Protocol **BOTULISM, INFANT INTESTINAL**

### I. IDENTIFICATION AND DEFINITION OF CASES

#### A. Clinical Description:

An afebrile illness of infants, characterized by constipation, poor feeding, and “failure to thrive,” that progresses to weakness, impaired respiration, and possibly death within four days.

#### B. Laboratory Criteria:

- Detection of botulinum toxin in infant stool or serum.
- Isolation of *Clostridium botulinum* from stool.

#### C. Wisconsin Surveillance Case Definition:

A clinically compatible illness that is laboratory confirmed, occurring in an infant aged less than 12 months.

### 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 Diseases 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 an infant immediately be put in contact with Bureau of Communicable Diseases (BCD) staff to facilitate the required consultation with the Infant Botulism Prevention Program (IBPP) at the California Health Department in order to acquire antitoxin.** Completion of the Botulism Screening Worksheet is needed to convey clinical information to the IBPP 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 an infant aged less than 12 months. Subsequent laboratory testing should follow report of suspected clinical case.
- D. **Laboratory Criteria for Reporting:**
- Subsequent laboratory confirmation should follow the report of a suspected 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 members initiate the response to a suspected 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 Wisconsin Electronic Disease Surveillance System (WEDSS) disease incident investigation report, including appropriate 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 Wisconsin Botulism Management Protocol for further details regarding control measures.
- C. **Immediate treatment is required for a case patient.** Contact the Wisconsin Communicable Disease 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 anti-toxin.
- C. *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.

**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. Pickering LK, ed. Clostridial Infections. In: *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2015: 294-297.
- C. Wisconsin Botulism Management Protocol: <https://www.dhs.wisconsin.gov/foodborne/botulism.htm>
- D. Centers for Disease Control and Prevention website: <https://www.cdc.gov/botulism/>
- E. Wisconsin Division of Public Health Botulism, Foodborne Disease Fact Sheet: <https://www.dhs.wisconsin.gov/library/P-42031.htm>