



**Immediately notify  
DOH Communicable  
Disease Epidemiology  
Phone: 877-539-4344**

LHJ Use ID \_\_\_\_\_

☐ Reported to DOH

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: \_\_\_\_\_

☐ Outbreak-related

LHJ Cluster# \_\_\_\_\_

LHJ Cluster  
Name: \_\_\_\_\_

DOH Outbreak # \_\_\_\_\_

# Botulism, foodborne

County \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_\_/\_\_\_\_/\_\_\_\_

Investigation start date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter (check all that apply) ☐ Lab ☐ Hospital ☐ HCP

Reporter phone \_\_\_\_\_

☐ Public health agency ☐ Other

Primary HCP name \_\_\_\_\_

OK to talk to case? ☐ Yes ☐ No ☐ DK

Date of interview \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other ☐ Unk

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_ days

### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Swallowing or speech difficulty**

☐ ☐ ☐ ☐ **Eyelids drooping (ptosis)**

☐ ☐ ☐ ☐ **Vision blurred or double**

☐ ☐ ☐ ☐ Breathing difficulty or shortness of breath

☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: \_\_\_\_

☐ ☐ ☐ ☐ Constipation

### Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Preexisting injury, wound, or break in skin

☐ ☐ ☐ ☐ Gastric surgery or gastrectomy in past

### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Cranial nerve abnormalities (bulbar weakness)**

☐ ☐ ☐ ☐ **Respiratory distress**

☐ ☐ ☐ ☐ **Paralysis or weakness**

☐ Acute flaccid paralysis ☐ Asymmetric

☐ Symmetric ☐ Ascending ☐ Descending

☐ ☐ ☐ ☐ Abscess or infected lesion

☐ ☐ ☐ ☐ Mechanical ventilation or intubation required during hospitalization

☐ ☐ ☐ ☐ Admitted to intensive care unit

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Hospitalized at least overnight for this illness**

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ **Died from illness** Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

Source \_\_\_\_\_

P = Positive O = Other

N = Negative NT = Not Tested

I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ **Botulinum toxin detection** (serum, stool or food)

☐ Serum ☐ Stool ☐ Food

☐ ☐ ☐ ☐ ☐ **C. botulinum culture** (stool)

☐ ☐ ☐ ☐ ☐ Food specimen submitted for testing

Toxin type: ☐ A ☐ B ☐ C ☐ D ☐ E

☐ F ☐ G ☐ Unknown

## NOTES

**INFECTION TIMELINE**

Enter onset date/time  
(first sx) in heavy box.  
Count backward to  
determine probable  
exposure period

Hours from  
onset:

Exposure period

- 168 -12

o  
n  
s  
e  
t

Calendar date/time:

**EXPOSURE (Refer to dates above)**

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or  
outside of usual routine  
Out of: ☐ County ☐ State ☐ Country  
Dates/Locations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ ☐ ☐ ☐ Does the case know anyone else with similar  
symptoms or illness

☐ ☐ ☐ ☐ **Epidemiologic link (e.g. ingestion of same food  
eaten by person with lab-confirmed botulism)**

☐ ☐ ☐ ☐ **Epidemiologic link (e.g. ingestion of a home-  
canned food within the previous 48 hours)**

☐ ☐ ☐ ☐ Home-canned food

☐ ☐ ☐ ☐ Dried, preserved, or traditionally prepared meat  
(e.g. sausage, salami, jerky)

☐ ☐ ☐ ☐ Preserved, smoked, or traditionally prepared fish

☐ ☐ ☐ ☐ Vacuum packed (modified atmosphere packaging)  
foods

☐ ☐ ☐ ☐ Foods stored in oil (e.g. garlic, sun dried  
tomatoes)

☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

☐ ☐ ☐ ☐ Food from restaurants

Restaurant name/Location: \_\_\_\_\_  
\_\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ **Suspected exposure to botulism  
contaminated food**

☐ ☐ ☐ ☐ Known contaminated food product

☐ Asparagus ☐ Karo syrup ☐ Salsa  
☐ Beans ☐ Mushrooms ☐ Spinach  
☐ Beets ☐ Peas ☐ Swiss Chard  
☐ Corn ☐ Peppers ☐ Tomatoes  
☐ Honey ☐ Potatoes ☐ Unknown  
☐ Other: \_\_\_\_\_

Food processing method:

☐ Home canned ☐ Commercially canned  
☐ Fermented ☐ Boiled  
☐ Unknown ☐ Other: \_\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Non-injection street drug use

☐ ☐ ☐ ☐ Injection street drug use

Injection street drug use type: \_\_\_\_\_

☐ ☐ ☐ ☐ Source of Botulism exposure identified

Specify: \_\_\_\_\_

**Where did exposure probably occur?** ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**Exposure details:** \_\_\_\_\_

☐ **No risk factors or exposures could be identified**

☐ **Patient could not be interviewed**

**PATIENT PROPHYLAXIS AND TREATMENT**

Botulism antitoxin given ☐ Y ☐ N ☐ DK ☐ NA

Date/time given: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM / PM

**PUBLIC HEALTH ISSUES****PUBLIC HEALTH ACTIONS**

☐ Initiate trace-back investigation  
☐ Referral to physician  
☐ **Follow-up of others who ate suspect food**  
Date initiated: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Referral of suspect food to regulatory agency  
☐ Restaurant inspection  
☐ Education on proper canning technique provided  
☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_