

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	INFECTIOUS AGENT (S)
BOTULISM, INFANT	<i>Clostridium botulinum</i>
PREPARING FOR INVESTIGATION	
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about Botulism in the CD Manual. • See the case definition for Botulism, Infant in the CD Manual. • Study APHA <i>Control of Communicable Diseases Manual</i>, 19th ed., pp 79 - 87. • Refer to "Infant Botulism Treatment and Prevention Program," available at: http://www.infantbotulism.org/ . • Refer to CDC MMWR: Infant Botulism - New York City, 2001 - 2002. January 17, 2003; 52(02); pp 21-24. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5202a1.htm. • Print and review reporting forms: <ul style="list-style-type: none"> <i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: Botulism, Intestinal (Infant), (DHHS/EPI #110)</i>
BIOTERRORISM POTENTIAL CATEGORY A	<ul style="list-style-type: none"> • <i>Clostridium botulinum</i> is a potential bioterrorism agent. If this is likely a BT event, health departments should notify local law enforcement immediately and then contact state public health officials. It is highly UNLIKELY that Infant Botulism is a BT event.
CONDUCTING INVESTIGATION	
COLLECT CLINICAL INFORMATION	<ul style="list-style-type: none"> • If contacted by a healthcare provider for a suspect case of botulism, take a telephone report of clinical information. • Refer the healthcare provider directly to the on call epidemiologist at the state (919) 733-3419 to discuss clinical findings and request antitoxin and specimen testing. Follow up with on call epidemiologist to make sure that healthcare provider was able to speak with epidemiologist. • As soon as possible, obtain medical record (admission note, progress note, lab report(s), and discharge summary). • Look for evidence in the medical record that supports clinical findings described in the case definition. • Review clinical information to determine if illness is the foodborne, wound or intestinal (infant) form of botulism.

REVIEW LABORATORY INFORMATION	<ul style="list-style-type: none"> Laboratory results may not be available when a suspect case is reported. Botulism-related specimens can be submitted to the CDC for culture and toxin testing only after approval by the state and CDC. Instructions for shipping specimens will be provided at that time. Treatment, if indicated, should not be delayed pending test results. Recommended specimens for botulism examination include fresh stool specimens, serum and any implicated food items shipped refrigerated in an insulated container. An epidemiologist at the state will discuss the case with the patient's physician and if botulism is a probable diagnosis, refer the physician directly to the Infant Botulism Treatment and Prevention Program (IBTPP) on call physician (510) 231-7600 to arrange shipment of (BIG) <i>botulinal</i> immune globulin and the CDC (404) 639-3311 for additional testing. Evaluate laboratory results to determine if requirements of the case definition are satisfied.
APPLY THE CASE DEFINITION	<ul style="list-style-type: none"> Use the case definition to determine if the clinical and laboratory findings meet the case definition criteria.
IMPLEMENTING CONTROL MEASURES	
ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE	<ul style="list-style-type: none"> A single case of infant botulism does not usually indicate a public health emergency, but the public health investigator should be aware of outbreak potential when inquiring about ingestion of food by infant. Specifically inquire about the ingestion of honey or non-pasteurized corn syrups.
IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES	<ul style="list-style-type: none"> Assure that the infant's family is made aware of potentially high risk foods for infants, proper food preparation and other potential routes of exposure (dust). Involve NC Department of Agriculture Food and Drug Protection Division if contaminated food product suspected (919) 733-7366 or (919) 280-1979.
REPORTING INVESTIGATION	
REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)	<ul style="list-style-type: none"> Enter Part 1 and Part 2 Communicable Disease Reports into NC EDSS as a new event, or update the existing event if already entered. Assign event to State Disease Registrar when case investigation complete.

CASE FINDING	<ul style="list-style-type: none"> • During the course of the investigation, look for additional cases with similar exposures and risk factors. • Refer symptomatic individuals immediately to health care provider for evaluation.
SPECIAL CONSIDERATIONS	
STATE LABORATORY OF PUBLIC HEALTH (SLPH) TESTING	<ul style="list-style-type: none"> • The SLPH does not perform botulism-related testing.
PUBLIC HEALTH PREPAREDNESS AND RESPONSE (PHPR)	<ul style="list-style-type: none"> • Inform local Preparedness Coordinator, but caution that Infant Botulism is a highly unlikely BT event.
PERSONAL PROTECTIVE MEASURES	<ul style="list-style-type: none"> • If bioterrorism event, crime control and public safety will direct on-site environmental investigation. • If non-bioterrorism event, public health workers should exercise caution in doing environmental investigations. • Handle any specimen suspected of containing <i>botulinum</i> toxin with caution. Protect against accidental ingestion, inhalation or absorption through the eye or skin break with appropriate PPE. If additional guidance is needed contact the on call epidemiologist at the Division of Public Health (919) 733-3419.
RISK COMMUNICATION	<ul style="list-style-type: none"> • Any case of this disease could pique interest among media, health professionals, government officials, and the public. • Since Infant Botulism rarely occurs, reported cases can be used as opportunities to educate the public and health professionals about the disease. • NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.