

PHEP Surveillance Control Measure Tracking Form – Adult Botulism (Food, Wound, Other)

Patient Name: _____

Case Status: _____

Onset Date: ___/___/___

Date Reported: ___/___/___

Date Reported to Central Office: ___/___/___

Action	Public Health Control Measure Initiated	Date Initiated	Within 1 day of Report?
1. Contact IDCU when you first hear of a suspected case. Antitoxin is released based on symptoms and should not wait for testing.	<input type="checkbox"/> Discuss information available. <input type="checkbox"/> Request call to CDC for consultation, and possible antitoxin release. IDCU must approve antitoxin release. <input type="checkbox"/> IDCU must approve testing and will arrange specimen collection, if appropriate.	1. ___/___/___	1. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
2. Interview case patient or household member to identify possible botulism source, and other persons with symptoms.	<input type="checkbox"/> Collect food history for 36 hours prior to onset utilizing the Foodborne Botulism Alert Summary form. <input type="checkbox"/> Collect wound history including needle exposures, especially in the previous 2 weeks <input type="checkbox"/> Ask about other close contacts that may be exhibiting milder botulism-associated symptoms.	2. ___/___/___	2. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
3. Investigate possible food sources, if appropriate.	<input type="checkbox"/> Arrange for a sanitarian to collect suspected food items from the trash, refrigerator, and pantry for testing, if requested by IDCU. <input type="checkbox"/> Contact IDCU to arrange shipping and testing. Food items should never be sent to the DSHS lab without prior arrangements made through IDCU.	3. ___/___/___	3. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:

Note: Outbreaks will always be investigated in collaboration with IDCU and, if appropriate, CDC. Additional control measures may be initiated depending on investigation findings.