

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (s)
BOTULISM, FOODBORNE	10	<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, Foodborne in the CD Manual. • Study APHA <i>Control of Communicable Diseases Manual</i>, 19th ed., pp 79 - 87. • Refer to CDC publication: "Botulism in the United States, 1899 -1996, Handbook for Epidemiologists, Clinicians, and Laboratory Workers," available at: www.cdc.gov/ncidod/dbmd/diseaseinfo/files/botulism.pdf • Refer to CDC MMWR: Botulism Associated with Commercial Carrot Juice - Georgia and Florida, September 2006. October 13, 2006; 55(40); pp 1098-1099. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5540a5.htm • Print and review reporting forms: <p style="margin-left: 20px;"><i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: Botulism, Foodborne (DHHS/EPI #10)</i></p>	
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. 	
CONDUCTING INVESTIGATION		
COLLECT CLINICAL INFORMATION	<ul style="list-style-type: none"> • If contacted by a healthcare provider for a suspect case of botulism, take 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. 	

<p>REVIEW LABORATORY INFORMATION</p>	<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 (25g), serum (15 ml) 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 CDC (770) 488-7100 to arrange for testing and shipment of botulism antitoxin. Evaluate laboratory results to determine if the requirements of the case definition are satisfied.
<p>APPLY THE CASE DEFINITION</p>	<ul style="list-style-type: none"> Use the case definition to determine if the clinical and laboratory findings meet the case definition criteria.
<p>IMPLEMENTING CONTROL MEASURES</p>	
<p>ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE</p>	<ul style="list-style-type: none"> A single case of foodborne botulism could represent a public health emergency that may be the precursor to a larger outbreak.
<p>IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES</p>	<ul style="list-style-type: none"> The local health department is responsible for performing a thorough food history, assessing whether others may be at risk for botulism, and urgently visiting the patient's home to remove suspect food items. Removing suspect food items will protect others from exposure and facilitate testing of food items. Look for evidence of food contamination. Involve NC Department of Agriculture Food and Drug Protection Division if contaminated food product suspected (919) 733-7366 or (919) 280-1979.
<p>REPORTING INVESTIGATION</p>	
<p>REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)</p>	<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. Do an "Event_Print" in NC EDSS after assigning to the state. Keep for one year along with any additional notes. Maintain as a surveillance file, not a medical record.
<p>CASE FINDING</p>	<ul style="list-style-type: none"> During the course of the investigation, interview other exposed individuals for symptoms of illness. Refer symptomatic individuals immediately to health care provider for evaluation. A single case of Botulism, Foodborne represents an outbreak. Submit outbreak summary report within 30 days from close of outbreak.

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. • If bioterrorism event likely, call the PHPR 24/7 pager (877) 236-7477.
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 will pique interest among media, health professionals, government officials, and the public. • Consider using risk communication tools conservatively if this is a low profile, naturally-occurring case. • Outbreaks of even naturally-occurring cases will need NC HAN alerts, EPI-X reports, MD alerts, and probably a press release. • In a bioterrorism event, pre-existing crisis communication plans should be enacted. • NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.