LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
BOTULISM, WOUND	**111**	***Clostridium botulinum***

PREPARING FOR INVESTIGATION	
KNOW THE DISEASE/CONDITION	- Read about Botulism in the CD Manual. - See the case definition for Botulism, Wound in the CD Manual. - Study APHA *Control of Communicable Diseases Manual*, 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 - Print and review reporting forms: *Part 1: Confidential Disease Report (DHHS 2124)* *Part 2: Botulism, Wound (DHHS/EPI #111)*
BIOTERRORISM POTENTIAL CATEGORY A	***Clostridium botulinum* is a potential bioterrorism agent. It is highly UNLIKELY that Wound Botulism is a BT event.**

CONDUCTING INVESTIGATION	
COLLECT CLINICAL INFORMATION	- If contacted by a healthcare provider for a suspect case of botulism, take a telephone report of the 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 the illness is the foodborne, wound or intestinal (infant) form of botulism.
REVIEW LABORATORY INFORMATION	- 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 serum, exudate, tissue or swabs.

	• **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 requirements of the case definition are satisfied.
APPLY THE CASE DEFINITION	• 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	• An isolated case of wound botulism does not usually indicate a public health emergency.
IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES	• Ensure that proper infection control practices are in place for wound precautions.

REPORTING INVESTIGATION	
REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)	• 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.
CASE FINDING	• 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	• The SLPH does not perform botulism-related testing.
PUBLIC HEALTH PREPAREDNESS AND RESPONSE (PHPR)	• Inform local Preparedness Coordinator, but caution that Wound Botulism is a highly unlikely BT event.
PERSONAL PROTECTIVE MEASURES	• 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.
RISK COMMUNICATION	• Any case of this disease could pique interest among media, health professionals, government officials, and the public. • NC DHHS Public Information Office (919) 733-9190 is available to assist local health departments as needed.