



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

LHJ Use ID _____
 Reported to DOH Date ___/___/___
 LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Other: _____
 Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
 Date Received ___/___/___
 DOH Classification
 Confirmed
 Probable
 No count; reason: _____

Botulism, wound

County _____

REPORT SOURCE

Initial report date ___/___/___
 Reporter (check all that apply)
 Lab Hospital HCP
 Public health agency Other
 OK to talk to case? Yes No Don't know
 Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____ Birth date ___/___/___ Age _____
 Address _____ Homeless
 Gender F M Other Unk
 City/State/Zip _____ Ethnicity Hispanic or Latino
 Not Hispanic or Latino
 Phone(s)/Email _____
 Alt. contact Parent/guardian Spouse Other Name: _____
 Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____
 Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other

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
 Contaminated wound during the 2 weeks before onset of symptoms.
 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 for this illness
 Hospital name _____
 Admit date ___/___/___ Discharge date ___/___/___
 Y N DK NA
 Died from illness Death date ___/___/___
 Autopsy

Laboratory

Collection date ___/___/___
 Y N DK NA
 Botulinum toxin detection in serum
 Botulinum toxin isolation in wound
 Toxin type: A B C D E
 F G Unknown

NOTES

