



INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

Botulism

Entered in DRSi?

Reported to health dept?

<https://drsi.health.mil/ADRSi>

POC: _____

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference

(____) - ____ - ____

Outbreak investigations must be reported immediately to DRSi through the outbreak module.

DEMOGRAPHICS

NAME: (Last) _____ (First) _____ (MI) _____ PARENT/GUARDIAN: _____

DOB: ____/____/____ AGE: _____ FMP: _____ SEX: M F Unk RACE: _____

UNIT: _____ SERVICE: _____ RANK: _____ DUTY STATUS: _____

ADDRESS: (Street) _____ DoD ID: _____

(City) _____ (State) _____ (Zip) _____ (____) - ____ - ____ (h)

(County) _____ (Country) _____ PHONE: _____ (____) - ____ - ____ (c)

CLINICAL INFORMATION

Provider: _____ Clinic/hospital: _____
Y N

Hospitalized Admit date: ____/____/____ Discharge date: ____/____/____

Deceased Date of death: ____/____/____ Cause of death: _____

Y N

Symptomatic Onset date: ____/____/____ Clinic date: ____/____/____ Diagnosis date: ____/____/____

Difficulty swallowing Max Temp: _____ °F/°C (unk)

Double vision

Blurred vision

Slurred speech

Ptosis (eyelid droop)

Muscle weakness

Respiratory distress

Ocular palsy

Bulbar weakness

Constipation

Epidemiologic Link Y N

Is the case epidemiologically linked to another laboratory-confirmed case of Botulism?

Is this case part of a larger group/community outbreak?

Foodborne botulism signs and symptoms:

Nausea
Abdominal pain
Diarrhea

Infant botulism signs and symptoms:

Poor feeding
Sluggish pupils
Flattened facial expression
Gag/suck reflexes weak
Altered cry
Respiratory distress or failure

TREATMENT

Treated with antitoxin? Y N

Type of antitoxin Date Started Duration

1. _____ /____/____

2. _____ /____/____

Botulism Antitoxin Heptavalent (A, B, C, D, E, F, G) - (Equine) is for treatment of symptomatic serotypes A, B, C, D, E, F or G in adults and pediatric patients. BabyBIG®, Botulism Immune Globulin Intravenous (Human) (BIG-IV), is for treatment of infant botulism types A and B.

LABORATORY RESULTS

COMMENTS

Test <i>(type of test performed)</i>	Collection Date	Source <i>Circle Type</i>	Result	
Antibody	____/____/____	Serum Stool Gastric Aspirate	Food Source Other	Positive Negative
Antigen	____/____/____	Serum Stool Gastric Aspirate	Food Source Other	Positive Negative
PCR (DNA)	____/____/____	Serum Stool Gastric Aspirate	Food Source Other	Positive Negative
Culture	____/____/____	Serum Stool Gastric Aspirate Stool or Wound	Food Source Other	Positive Negative
Screen	____/____/____	Serum Stool Gastric Aspirate	Food Source Other	Positive Negative
Other <i>Describe below</i>	____/____/____	Serum Stool Gastric Aspirate	Food Source Other	Positive Negative

TRAVEL HISTORY

In the **(INCUBATION PERIOD)** before illness onset (when symptoms started), did the case.....

- | | | | | | | |
|---|---|---|-----|-----------------------------------|------------|--------------------|
| 1. Recently travel? | Y | N | Unk | <i>(If yes)</i> Reason for travel | Deployment | Visiting Friends |
| 2. Was travel out of country? | Y | N | Unk | | TDY | Business (non-DoD) |
| 3. Did case receive theater/ country clearance before recent out-of-country trip? | Y | N | Unk | | Vacation | Other: _____ |

*Neurological symptoms of foodborne botulism usually appear within 12–72 hours of toxin ingestion, but onset can range from 2 hours to 8 days. Incubation periods due to intestinal colonization in infants is estimated to be up to 30 days, but for adults is unknown. For wound botulism generally 4–14 days.

Travel History (Deployment history) - Details (start with most recent travel/deployment)

Location (City, State, Country)	# In Group (if applicable)	Principal reason for trip	Date Travel Started	Date Travel Ended