

Botulism

Merlin reporting code = 00510 (Foodborne) !
 = 00511 (Infant)
 = 00513 (Wound) !
 = 00512 (Other, Unspecified) !

Case report forms (CRFs):

1. [Botulism Alert Summary](#)

2. [National Outbreak Reporting System CDC Form 52.13](#) (Foodborne only)

PAPER CRF REQUIRED

Clinical description

Botulism has several distinct clinical forms:

- Foodborne: An illness caused by ingestion of botulinum toxin with variable severity. Common symptoms are diplopia, blurred vision, and bulbar weakness. Symmetric paralysis may progress rapidly.
- Infant: An illness of infants <12 months of age, characterized by constipation, poor feeding, and “failure to thrive” that may be followed by progressive weakness, impaired respiration, and death.
- Wound: An illness resulting from toxin produced by *Clostridium botulinum* that has infected a wound. A history of a fresh, contaminated wound during the 2 weeks before onset of symptoms should be present. Common symptoms are diplopia, blurred vision, and bulbar weakness. Symmetric paralysis may progress rapidly.
- Other, Unspecified: An illness in a patient aged ≥ 12 months of age who has no history of ingestion of suspect food and has no wounds. Common symptoms are diplopia, blurred vision, and bulbar weakness. Symmetric paralysis may progress rapidly.

Botulism, Foodborne

Clinical description

Ingestion of botulinum toxin results in an illness of variable severity. Common symptoms are diplopia, blurred vision, and bulbar weakness. Symmetric paralysis may progress rapidly.

Laboratory criteria for case classification

- Detection of botulinum toxin in a clinical specimen or food for foodborne botulism
- OR
- Isolation of *Clostridium botulinum* from a clinical specimen.

Case classification

Confirmed:

A clinically compatible illness in a person with laboratory evidence or that occurs among persons who ate the same food as persons who have laboratory evidence of botulism.

Probable:

A clinically compatible illness in a person with an epidemiologic link (e.g., ingestion of a home-canned food within the previous 48 hours).

Comments

Note that this is one of the few diseases in which an epi-linked case without laboratory confirmation is considered confirmed.

Botulism, Infant

Clinical description

An illness of infants, characterized by constipation, poor feeding, and “failure to thrive” that may be followed by progressive weakness, impaired respiration, and death.

Laboratory criteria for case classification

- Detection of botulinum toxin in stool or serum
- OR
- Isolation of *Clostridium botulinum* from stool.

Case classification

Confirmed:

A clinically compatible illness in a person with laboratory evidence, occurring in a child aged less than 1 year.

Botulism, Wound

Clinical description

An illness resulting from toxin produced by *Clostridium botulinum* that has infected a wound. Common symptoms are diplopia, blurred vision, and bulbar weakness. Symmetric paralysis may progress rapidly.

Laboratory criteria for case classification

- Detection of botulinum toxin in serum
- OR
- Isolation of *Clostridium botulinum* from wound.

Case classification

Confirmed:

A clinically compatible illness in a person with laboratory evidence in a patient who has no suspected exposure to contaminated food and who has a history of a fresh, contaminated wound during the 2 weeks before onset of symptoms, or a history of injection drug use within the 2 weeks before onset of symptoms.

Probable:

A clinically compatible illness in a person who has no suspected exposure to contaminated food and who has either a history of a fresh, contaminated wound during the 2 weeks before onset of symptoms, or a history of injection drug use within the 2 weeks before onset of symptoms.

Botulism, Other

Clinical description

An illness in a patient aged ≥ 12 months of age who has no history of ingestion of suspect food and has no wounds. Common symptoms are diplopia, blurred vision, and bulbar weakness. Symmetric paralysis may progress rapidly.

Laboratory criteria for case classification

- Detection of botulinum toxin in clinical specimen
- OR
- Isolation of *Clostridium botulinum* from clinical specimen.

Case classification

Confirmed: A clinically compatible illness in a person with laboratory evidence in a patient aged greater than or equal to 1 year who has no history of ingestion of suspect food and has no wounds.

 **Specimens (food or clinical) must be sent to Bureau of Public Health Laboratories for laboratory diagnosis (toxin testing) from suspected cases of botulism and must be cleared through the Bureau of Epidemiology (850) 245-4401. Heptavalent botulinum antitoxin is available through the Bureau at the above telephone number, 24 hours per day. This condition has been identified as a potential bioterrorism agent by the CDC.**

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