**Botulism, Other**

### Administrative Information

- **Investigator**: __________________________
- **LHJ Case ID (optional)**: __________________________
- **LHJ notification date**: __/__/__
- **Classification**:
  - Not reportable
  - Probable
  - Ruled out
  - Suspicious
- **Investigation status**:
  - In progress
  - Complete
  - Complete – not reportable to DOH
  - Unable to complete
  - Reason: __________________________

### Clinical Information

- **Complainant ill**:
  - Yes
  - No
  - Unk
- **Symptom Onset**: __/__/__
- **Derived**:
- **Diagnosis date**: __/__/__
- **Illness duration**:
  - Days
  - Weeks
  - Months
  - Years
- **Illness is still ongoing**:
  - Yes
  - No
  - Unk
- **Toxin type**: __________________________

### Clinical Features

- **Y**: Yes
- **N**: No
- **Unk**: Unknown
- **Bulbar weakness (cranial nerve abnormalities)**
- **Blurred vision**
- **Diplopia (double vision)**
- **Ptosis (drooping eyelids)**
- **Swallowing or speech difficulty**
- **Dyspnea (shortness of breath)**
- **Progressive symmetric descending paralysis**
- **Respiratory distress**
- **Constipation**
- **Diarrhea (3 or more loose stools within a 24 hour period)**
- **Abscess, infected lesion, wound or break in skin**

Other Botulism required variables are in **bold**. Answers are: Yes, No, Unknown to case

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**Other Botulism required variables are in bold. Answers are: Yes, No, Unknown to case.**

**DOH 420-215 (Rev. 3/1/18)**
### Predisposing Conditions

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Unk</th>
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### Hospitalization

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#### Other Botulism required variables are in **bold**.

### Risk and Exposure Information

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#### Food Exposure - Food exposure timeframe: 12 hours to 7 days prior to onset of illness. **Only ask about detailed food exposures if no risk exposure is identified, but Foodborne Botulism is suspected**

<table>
<thead>
<tr>
<th>Source of botulism exposure suspected</th>
<th>Name, location, dates shopped</th>
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<tbody>
<tr>
<td>Food</td>
<td>Name, location, dates shopped</td>
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<tr>
<td>Inhalation</td>
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<tr>
<td>Wound</td>
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Sources of food:

- Ethnic specialty markets
- Farmer's markets or purchases at a farm
- Grocery store or supermarket
- Health food; Co-op; Fish or meat specialty shop
- School or institution
- Small or mini market, convenience store
- Warehouse store
- Other
- Other
<table>
<thead>
<tr>
<th>Name, location</th>
<th>Date and time (mm/dd/yyyy #:# AM/PM)</th>
<th>Foods eaten</th>
<th>Type (see list above)</th>
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**Y M N Unk**

**Details**

During food exposure timeframe, did you eat food outside the home (including take-out)

Restaurant (type: Asian; BBQ/Steak/Grill; Breakfast/Brunch/Diner; Chinese; Fast food; French; Italian; Jamaican/Cuban/Caribbean; Mexican; Middle Eastern/Arabic/Lebanese; Seafood; Sushi; Vegetarian/Vegan; Other)

**Y M N Unk**

**Group meal (e.g., potluck, reception)**

**Exposure and Transmission Summary**

**Y N Unk**

**Epidemiologic link (e.g., ingestion of home-canned food within the previous 48 hours)**

Ingestion of the same food as persons who have laboratory-confirmed botulism

**Likely geographic region of exposure**

- In Washington – county ______________
- Not in US - country ______________
- Unk

International travel related
- During entire exposure period
- During part of exposure period
- No international travel

**Suspected exposure type**

- Foodborne
- Unk
- Other __________________________

Describe _____________________________________________________________________________________________

**Suspected exposure setting**

- Day care/Childcare
- School (not college)
- Doctor’s office
- Hospital ward
- Hospital ER
- Hospital outpatient facility
- Home
- Work
- College
- Military
- Correctional facility
- Place of worship
- Laboratory
- Long term care facility
- Homeless/shelter
- Social event
- Large public gathering
- Restaurant
- Hotel/motel/hostel
- Other __________________________

Describe _____________________________________________________________________________________________

**Exposure summary**

**Public Health Interventions/Actions**

**Y N Unk**

- Notify others potentially exposed
- Date initiated __/__/____
- Letter sent
- Date __/__/____
- Batch date __/__/____
- Any other public health action ______________________________________________________________________

**TREATMENT**

**Y N Unk**

- Did patient receive prophylaxis/treatment
- Specify antitoxin __________________________
- Treatment start date __/__/____
- Treatment end date __/__/____
- Other medication ________________________

**NOTES**
**LAB RESULTS**

**Lab report information**
- **Lab report reviewed** – LJH
- WDRS user-entered lab report note

**Submitter**
- ____________________________

**Performing lab for entire report**
- ____________________________

**Referring lab**
- ____________________________

**Specimen**
- **Specimen identifier/accession number**
- ____________________________

- **Specimen collection date** ___/___/___
- **Specimen received date** ___/___/___

- **WDRS specimen type**
- ____________________________

- **WDRS specimen source site**
- ____________________________

- **WDRS specimen reject reason**
- ____________________________

**Test performed and result**
- **WDRS test performed**
- ____________________________

- **WDRS test result, coded**
- ____________________________

- **WDRS test result, numeric only** (enter only if given, including as necessary Comparator and Unit of measure)
- ______

- **WDRS unit of measure**
- ______

- **Test method**
- ____________________________

- **WDRS interpretation code**
- ____________________________

- **Test result – Other, specify**
- ____________________________

**WDRS result summary**
- **Positive**
- **Negative**
- **Indeterminate**
- **Equivocal**
- **Test not performed**
- **Pending**

- **Test result status**
- Final results: Can only be changed with a corrected result
  - Preliminary results
  - Record coming over is a correction and thus replaces a final result
  - Results cannot be obtained for this observation
  - Specimen in lab; results pending

**Result date** ___/___/___

**Upload document**

**Ordering Provider**
- WDRS ordering provider ____________________________

**Ordering facility**
- WDRS ordering facility name ____________________________

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