BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

Botulism Case Report Form

Confidential when completed

PERSON REPORTING	
Health Authority:	☐ FHA ☐ IHA ☐ VIHA ☐ NHA ☐ VCH
Name:	*Last* *First*
Phone:	( ) - ext.
Email:	

Date Report Received at HU (YYYY/MM/DD): _____

Contact attempts (date and time)	*Interview?*
1.	☐
2.	☐
3.	☐
4.	☐

Interviewer: ☐ *Not located*

A. CLIENT INFORMATION

Name: *Last* *First* *Middle*			Alternate Name(s):
PHN:	Date of Birth: *YYYY / MM / DD*	Sex: ☐ Male ☐ Female	
Home Address: *Unit #* *Street #* *Street Name*		City:	
Postal code:	Province:	Phone number (home/office/cell) ( ) - ext.	
Email:	Physician Name *Last* *First*	Physician Phone Number:	
Interview conducted with:			

B. ABORIGINAL INFORMATION

Do you wish to self-identify as an Aboriginal Person?		☐ Asked, not provided	☐ No
		☐ Not asked	☐ Yes
Aboriginal Identity:	☐ Asked, but unknown	☐ Asked, not provided	☐ First Nations
☐ First Nations and Inuit	☐ First Nations and Métis	☐ First Nations, Inuit and Métis	☐ Inuit
☐ Inuit and Métis	☐ Métis	☐ Not asked	
First Nations Status:	☐ Asked, but unknown	☐ Asked, not provided	☐ Non-Status Indian
	☐ Not Asked	☐ Status Indian	

C. CLINICAL INFORMATION

Date of onset of symptoms: _____ *YYYY / MM / DD* Onset time: _____ AM / PM ☐ Unknown

Signs and Symptoms Earliest symptom: _____

Other Symptoms:	☐ Blurred vision	☐ Constipation	☐ Diarrhea	☐ Difficulty speaking
☐ Difficulty swallowing	☐ Droopy eyelid	☐ Dry mouth	☐ Fatigue	☐ Loss of appetite
☐ Paralysis	☐ Poor feeding	☐ Vertigo	☐ Vomiting	☐ Weakness
☐ Weak cry	☐ Other: _____			

Infection type: ☐ Foodborne botulism ☐ Wound botulism ☐ Intestinal (infant) botulism

Hospitalization

Admitted to hospital: ☐ Yes ☐ No ☐ Unknown Hospital name: _____

Admission date: _____ *YYYY / MM / DD* Discharge date: _____ *YYYY / MM / DD*

C. CLINICAL INFORMATION *continued*

Outcome

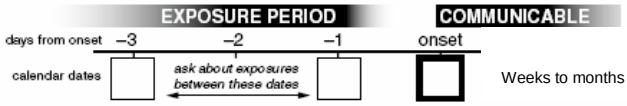
Death: ☐ Yes ☐ No ☐ Unknown *If yes*, death date: _____ *YYYY / MM / DD*

D. LABORATORY INFORMATION

Specimen Type	Reporting Lab	Collection Date	Result
		YYYY / MM / DD	Type: ☐ A ☐ E ☐ B ☐ F

E. RISK FACTORS AND EXPOSURE INFORMATION

Enter onset date in heavy box. Count back to figure the probable exposure period.



Notes:
- Despite excretion, no documented person-to-person transmission
- Inc. period for infant botulism unknown
- Inc. period for wound botulism 4-14 days

Travel

Travel during exposure period: ☐ Yes ☐ No ☐ Unknown *If Yes:* ☐ within BC ☐ outside BC but within Canada ☐ outside Canada

Was travel confirmed as the most likely source of infection? ☐ Yes

Dates: DEPARTURE	Dates: RETURN	Locations (e.g., city, country, resort)	Additional detail	Foods brought back
YYYY / MM / DD	*YYYY / MM / DD*			

Food and Activities

Vegetarian? ☐ Yes ☐ No ☐ Unknown Food allergies / avoidances / special diet? ☐ Yes ☐ No ☐ Unknown

If Yes, Details: _____

E. RISK FACTORS AND EXPOSURE INFORMATION *continued*

Risk Factor	Exposed	Details	Risk Factor	Exposed	Details
Home canned products	☐ Yes ☐ No ☐ U		If wound botulism :		
Smoked salmon/fish	☐ Yes ☐ No ☐ U		Injection drug use	☐ Yes ☐ No ☐ U	
Smoked meat	☐ Yes ☐ No ☐ U		Soil contact	☐ Yes ☐ No ☐ U	
Fermented meats (e.g., sausages)	☐ Yes ☐ No ☐ U		If infant botulism :		
Salted fish/ meat	☐ Yes ☐ No ☐ U		Soil contact	☐ Yes ☐ No ☐ U	
Fermeted fish eggs	☐ Yes ☐ No ☐ U		Honey	☐ Yes ☐ No ☐ U	
Seafood	☐ Yes ☐ No ☐ U		Other weaning foods	☐ Yes ☐ No ☐ U	
Flavoured oils (e.g., garlic oil)	☐ Yes ☐ No ☐ U		Recent construction in/near home	☐ Yes ☐ No ☐ U	

Was food sent for testing? ☐ Yes ☐ No ☐ Unknown *If yes, specify:*

Food Type	Collection Date	Result	Result Date

Attend any social functions (e.g., parties, weddings, showers, potlucks, community events)? ☐ Yes ☐ No ☐ Unknown

Event/Social gathering	Location	Date *(YYYY/MM/DD)*	Foods Eaten

Attend any restaurants (including: take-out, cafeteria, bakery, deli, kiosk)? ☐ Yes ☐ No ☐ Unknown

Restaurants (including: take-out, cafeteria, bakery, deli, kiosk)	Location	Date *(YYYY/MM/DD)*	Foods Eaten

E. RISK FACTORS AND EXPOSURE INFORMATION *continued*

Grocery stores for food consumed during the incubation period	Location	Foods Purchased	Brands/Other details

F. CONTACTS

Other persons who consumed save suspect foods:

Name	Date ill *YYYY/MM/DD*	Foods shared with case	Contact phone

G. INTERVENTIONS

Type	Implemented	Details
Referred for Inspection	☐	
Hygiene Education	☐	
Treatment Administered	☐	☐ Antitoxin ☐ BabyBIG®
Referred to another HA	☐	
Health File Sent	☐	
Public Notification	☐	
Other:	☐	

I. Additional Details Related to Case Investigation

Date	Comment	Initials