

BOTULISM

ALL SUSPECT CASES OF BOTULISM MUST BE REPORTED IMMEDIATELY TO THE PUBLIC HEALTH DEPARTMENT COMMUNICABLE DISEASE CONTROL

Epidemiology:

- Botulism neurotoxins (A-F) could be transmitted by aerosol or contamination of food and water supplies
- **Botulism is not transmitted from person to person**

Clinical:

- Incubation period is 12-36 hours (can be several days)
- Early symptoms include blurred vision, diplopia, and dry mouth
- Later symptoms include dysarthria, dysphagia, dysphonia, ptosis and the development of a symmetrical, descending progressive paralysis and respiratory failure
- Patients are usually alert and afebrile

Laboratory Diagnosis:

- Diagnosis is primarily based on a compatible clinical presentation
- Spinal protein is normal and characteristic findings are seen on EMG (facilitation of the compound muscle action potential on repetitive nerve stimulation)
- Toxin can be detected in serum (collect 30 cc in red top) and stool (foodborne botulism) by mouse neutralization bioassay performed at California Microbial Diseases Laboratory

Patient Isolation:

- Standard precautions. Patients do not require isolation rooms.

Treatment:

- Supportive care is the mainstay of therapy; prolonged ventilatory support is often required in severe cases
- Botulism anti-toxin (for A, B and E toxins) is in limited supply and is available only from the Division of Communicable Disease Control, California Dept of Health Services

Prophylaxis:

- Currently, there is no available post-exposure prophylaxis