

Guidelines for the Diagnosis and Management of Botulism

Diagnosis	<ul style="list-style-type: none"> • Establish the presence of signs and symptoms consistent with the descending paralysis of botulism. • <i>Did the symptoms begin with cranial nerve palsies (ptosis, diplopia, dysarthria) and progress distally?</i> • If the diagnosis is in doubt, consider an infectious diseases consult, a neurology consult, and/or EMG testing which should show augmentation of muscle action potential at 20-50 Hz. <p>Foodborne</p> <ul style="list-style-type: none"> • Collect stool and serum for testing • Submit to Riverside County DOPH Lab • Determine if there are implicated food items and their location <p>Wound</p> <ul style="list-style-type: none"> • Determine if the patient has risk factors for wound botulism. <i>Is the patient an injecting drug user, especially a person who skin-pops black tar heroin?</i> • Look for infected wound(s). Some patients with wound botulism may not have an obvious site of infection.
Obtaining antitoxin	<ul style="list-style-type: none"> • Call the Riverside County Public Health Department at: (951) 358-5107 during business hours, and (951) 782-2974 after hours. • Receive call from the California Department of Public Health (CDPH) Division of Communicable Disease Control Duty Officer (DCDC DOD) who will discuss the case and release of antitoxin. (Note: the state's DCDC DOD <u>should not be contacted directly from the hospital initially</u>. Must call Riverside County Public Health Department first) • Alert the hospital pharmacy that antitoxin is being released from the quarantine station. • Arrange for the transport of antitoxin (the admitting hospital is responsible for transport). Exception: for <u>Infant Botulism</u> cases, the physician should contact the Infant Botulism Program directly at (510) 231-7600.
Required pre-antitoxin administration laboratory testing	<ul style="list-style-type: none"> • Draw 30 cc's of whole blood into red top tubes (this will take more than one tube). • Label each tube with the patient's name, "<u>pre-antitoxin serum</u>," and the date and time of collection. • Bundle the tubes. • Indicate if the patient is taking any of the following interfering medications: neostigmine bromide, neostigmine methyl sulfate, pyridostigmine bromide, mestinon/timespan (used in tensilon test), ambenonim chloride. • Send the tubes to the hospital laboratory with instructions to refrigerate and ship to the Riverside County Public Health lab. Contact the Riverside County Public Health Lab at (951) 358-5070, for questions on specimen submission.
Antitoxin administration	<ul style="list-style-type: none"> • Test the patient for sensitivity to antitoxin and administer Trivalent antitoxin (A, B, E) according to the instructions in the antitoxin packet. Antitoxin should be given as soon as possible after clinical diagnosis of botulism.
Wound debridement	<ul style="list-style-type: none"> • Debride the patient's wound(s) if any. (CDPH recommends starting antitoxin prior to wound debridement.)
Other Considerations	<ul style="list-style-type: none"> • Consider high-dose antibiotics effective against anaerobes. • Consider vaccination against tetanus if not up to date.
Post antitoxin laboratory testing	<ul style="list-style-type: none"> • On January 24, 2007 the California Department of Public Health Division of Communicable Disease Control issued a policy statement indicating that post-antitoxin serum testing is no longer required. • Clinicians should continue to carefully monitor the clinical course of wound botulism patients. • Refer to California CD Brief 01/24/07 (available upon request)

Reporting: Report confirmed and suspected botulism cases to Public Health immediately by telephone during business hours at (951) 358-5107, and after hours (951) 782-2974.