

SUSPECTED BOTULISM CASE INVESTIGATION FORM

Please complete (✓ tick appropriate box) and submit with Notification Form (GW17/5) and laboratory results to Provincial Communicable Diseases Control Officer and NICD (outbreak@nicd.ac.za)

SECTION A: INTERVIEWER DETAILS

Interviewer's Name: _____ Surname: _____

Date of Interview (dd/mm/yyyy): _____ Interviewer Tel: _____

Department/Organisation: _____

Respondent was : Case Parent Spouse other, specify:

Name & Surname of person interviewed (if not case) _____ Tel number: _____

SECTION B: PATIENT DETAILS

Surname: _____ Name/s: _____

Date of birth (dd/mm/yyyy): _____ Sex: Male Female

Physical address: _____ City/Town: _____ Province: _____

Tel: (Home) _____ (Cell) _____ (Work) _____

Occupation: _____ Workplace name & address: _____

SECTION C: CLINICAL DETAILS

Date of onset of paralysis (dd/mm/yyyy): _____ Time of onset of paralysis (approx.): _____

Signs and symptoms:

Blurred vision Difficulty swallowing Slurred speech Double vision

Respiratory failure Worsening weakness on both sides of the body

Was there any impairment in the patient ability to feel sensation? Yes No Unknown

Other symptoms, please specify _____

Did patient experience gastrointestinal tract (GIT) symptoms before onset of paralysis?

Yes No Unknown If yes, Date of onset (dd/mm/yyyy): _____

Was patient hospitalised for this illness? Yes No Unknown

If yes, Hospital name: _____

Physician's Name: _____ Physician contact details: _____

Date of admission (dd/mm/yyyy): _____ Discharge date (dd/mm/yyyy): _____

Was patient admitted to ICU? Yes No Unknown

If yes, duration of stay in ICU: _____ still admitted: Yes No

Was the patient ventilated? Yes No Unknown

Outcome: Survived Died Unknown Still hospitalised

If patient died, date of death (dd/mm/yyyy): _____

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SECTION D: EXPOSURES AND RISK FACTORS

Did the patient eat canned (bottled/preserved) foods up within 10 days before illness? Yes No Unknown

If yes, please specify food type: Commercial Home canned/preserved/bottled

If commercial, identify brand etc. _____

| List canned foods consumed | Date consumed (dd/mm/yyyy) | Time consumed before onset of illness |
|----------------------------|----------------------------|--|
| | | 24-48 hrs, 48-72 hrs, >72 hrs to 10 days |
| | | |
| | | |
| | | |
| | | |
| | | |

List other food consumed:

| Meal/Snack | Food consumed | Date (dd/mm/yyyy) | Time consumed before onset of illness 24-48 hrs, 48-72 hrs, >72 hrs to 10 days | Place food purchased or served | Beverages |
|--------------|---------------|-------------------|---|--------------------------------|-----------|
| <u>Day 1</u> | | | | | |
| Breakfast | | | | | |
| Lunch | | | | | |
| Supper | | | | | |
| Other meals | | | | | |
| <u>Day 2</u> | | | | | |
| Breakfast | | | | | |
| Lunch | | | | | |
| Supper | | | | | |
| Other meals | | | | | |
| <u>Day 3</u> | | | | | |
| Breakfast | | | | | |
| Lunch | | | | | |
| Supper | | | | | |
| Other meals | | | | | |

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During the 10 days prior to onset of symptoms, did the patient attend any gatherings?

Yes No Unknown

If yes, list gathering/s attended:

| Gathering/event | Venue/place | Date attended (dd/mm/yyyy) |
|-----------------|-------------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Do you know other people with similar symptoms who shared a meal? Yes No Unknown

If yes, relationship to patient: _____

SECTION E: LABORATORY INVESTIGATIONS

Are any food samples being sent for testing? Yes No Unknown

If yes, list all food samples tested

| Food sample tested | Laboratory results (Pos/Neg) | If positive, specify toxin type |
|--------------------|------------------------------|---------------------------------|
| | | |
| | | |
| | | |

Were clinical samples collected from the patient for botulism testing? Yes No Unknown

If yes, sample type: _____ Date sample collected (dd/mm/yyyy): _____

Was botulism laboratory confirmed from this patient? Yes No Tests results pending