CONFIDENTIAL lowa Department of Public Health

Botulis	sm	Agenc	у:	FOR STATE USE ONLY Status: Confirmed Probable Suspect Not a case
Investigator:		Phone number	er:	Reviewer initials: Referred to another state:
CASE				
Last name: First and middle		Date of Bi	th: / /	Estimated? Age:
name:			er: Female Ma	le Other Est. delivery
Maiden name:	Suffix:	Pregnai ———— Mar		Unk date: / / Married Separated
Address line:				☐ Parent with partner ☐ Widowed
Zip:	City:	——— Ra	☐ American Indian ce: ☐ Black or African	American White
State:	County:	<u></u>	_	-
Long-term care		Parent/Guardi nan Parent/Guardi	ian ne:	o ☐ Not Hispanic or Latino ☐ Unknown
		phoi	ne: <u>(</u>)	Type:
EVENT				
Disease type	Foodborne Wound		nfant 🗌	Adult intestinal toxemia
Diagnosis date:	Onset / / date:	/ /	Last name:	
Event outcome:	☐ Survived this illness ☐ Died from Died unrelated to this illness ☐ Date of death / / ☐ Case could not be found	m this illness		
Event exception	☐ Case could not be interviewed ☐ Case refused interview ☐ Other – see notes	thcare provider information		
Outbreak related:	☐ Yes ☐ No ☐ Unknown	er info	Provider title: ARN DO	P
Outbreak name:		ovid	Facility name:	
Exposure setting:		are pr	Address line 1:	
Epi-linked:	☐ Yes ☐ No ☐ Unknown	althca	Address line 2:	
Location acquired:	☐ In USA, in reporting state ☐ In USA, outside reporting state ☐ Outside USA	Heal	Zip code:	City:
	☐ Unknown		State:	County:
	State: Country:		Phone :()-	Type:
LABORATORY F	INDINGS			
Laboratory:		Accession #:		Collection date: / /
Date received:	1 1	Specimen source:		Test type:
Result type:	☐ Preliminary ☐ Final	Result date:	/ / A	Result: Positive Negative
Organism:		Toxin Type:	A B	☐ Other
Laboratory:		Accession #:		Collection date: / /
Date received:	/ /	Specimen source:		Test type:
Result type:	☐ Preliminary ☐ Final		/ / A	Result: Positive Negative
Organism:			B F	☐ Other

Fax: 515-281-5698

CONFIDENTIAL	PA	TIENT I	NAME:				lowa l	Department of Publ	lic Health
Laboratory:				Accession #:			Collection date:	/ /	
Date received:				Specimen source:					
Result type:	☐ Prelimii	nary 🔲 F	-inal	Result date:				☐ Positive ☐ N	
0				Toxin Type:	ПВ	□ E □ F		Other	
Organism: OCCUPATIONS				Toxin Type:					
	tion' very l	oosely an	nd consider eve	ery person to have a	at least one	'occupatio	on'.		
Occupation type	:			Job title:					
:			Unknown						
Date worked from	: /	/							
Date worked to									
Removed from	1		Unknown				State:		
	_	_					Type:		
Date removed	. ,			1 Hone.			Турс.		
Occupation type Worked after				Job title:					
symptom onset		☐ No	Unknown	Facility name:					
Date worked from	:/	/		Address:					
Date worked to Removed from		/		Zip code:					
		☐ No	Unknown	City:			State:	County:	
Date removed	: /	/		Phone:	()-	-	Туре:		
HOSPITALIZATIO	NS								
HUSPITALIZATIO									
Was the case hos	_] Yes 🔲	No Unknow	wn					
Was the case hos	pitalized?		No Unknow	wn Isolated at entr	y: 🗌 Yes	□ No □] Unk Isolation typ	pe (entry):	
Was the case hos	pitalized? [pe (entry):spitalized:	
Was the case hosp	pitalized? :	/		Isolated at entr	e: <u>/</u>				
Was the case hospital Admission date	pitalized? :	/		Isolated at entr	e: <u>/</u>				
Was the case hosportal Hospital Admission date Currently isolated	pitalized?	/ No [IS Dr Er Fe Sl	Unk y Mouth ythema	Isolated at entr	e: <u>/</u>				
Was the case hose Hospital Admission date Currently isolated CLINICAL INFO 8 Symptoms: Abdominal crar Blurred vision Constipation Diarrhea Diplopia (doubl	pitalized? :	/ No [IS Dr Fe Vo	Unk Ty Mouth Tythema Ever Speech Dmiting	Isolated at entr	e: <u>/</u>				
Was the case hosy Hospital Admission date Currently isolated CLINICAL INFO 8 Symptoms: Abdominal crar Blurred vision Constipation Diarrhea Diplopia (doubl Dizziness Preexisting wound Wound location: Head Trunk Upper extremity Lower extremity	pitalized? :	/ No [IS Dr Fe Si Vo	☐ Unk Ty Mouth ythema ever urred Speech omiting nset? ☐ Ye nd type: brasion vulsion urn ompound fractu	Isolated at entry Discharge date Current isolation type S No Unk Crush Frostbite Linear lacer Puncture Stellate lace	e: //e:	/ Wounc			on:
Was the case hose Hospital Admission date Currently isolated CLINICAL INFO 8 Symptoms: Abdominal crar Blurred vision Constipation Diarrhea Diplopia (doubl Dizziness Preexisting wound Wound location: Head Trunk Upper extremity	pitalized? :	/ No [IS Dr Fe SI Vo prior to o AA Ba Ca Devit You	Unk Ty Mouth Tythema ever urred Speech omiting nset? Ye nd type: brasion vulsion urn ompound fractu talized, ischem es No U	Isolated at entry Discharge date Current isolation type S No Unk Crush Frostbite Linear lacer Puncture Stellate lace ic, or denervated tis	e: //e:	/ Wound	Days hos	Signs of infection ☐ Yes ☐ No	on:
Was the case hosy Hospital Admission date Currently isolated CLINICAL INFO 8 Symptoms: Abdominal crar Blurred vision Constipation Diarrhea Diplopia (doubl Dizziness Preexisting wound Wound location: Head Trunk Upper extremity Lower extremity Contaminated: Yes No Setting: Automobile Farm/yard	ic in the price of	/ No [IS Dr Fe Si Vo prior to o Ai Ai Bi Co Deviit You	Unk Ty Mouth Tythema ever urred Speech omiting nset? Ye nd type: brasion vulsion urn ompound fractu talized, ischem es No U	Isolated at entry Discharge date Current isolation type S No Unk Crush Frostbite Linear lacer Puncture Stellate lace ic, or denervated tis	e: //e:	/ Wound	Days hosed depth: n or less □ >1 cm	Signs of infection ☐ Yes ☐ No	on:
Was the case hosy Hospital Admission date Currently isolated CLINICAL INFO 8 Symptoms: Abdominal crar Blurred vision Constipation Diarrhea Diplopia (doubl) Dizziness Preexisting woun Wound location: Head Trunk Upper extremity Lower extremity Contaminated: Yes No Setting: Automobile Farm/yard Home	ic in the price of	/ No [IS Dr Fe Si Vo prior to o Ai Ai Bi Co Deviit You	Unk Ty Mouth Tythema ever urred Speech omiting nset? Ye nd type: brasion vulsion urn ompound fractu talized, ischem es No U	Isolated at entry Discharge date Current isolation type S No Unk Crush Frostbite Linear lacer Puncture Stellate lace ic, or denervated tis	e: //e:	/ Wound	Days hosed depth: n or less □ >1 cm	Signs of infection ☐ Yes ☐ No	on:

Center for Acute Disease Epidemiology

CONFIDENTIAL	PATIEN	I NAME: _				Iowa Depart	ment of Pu	blic Health
(If Yes, complete the f	ollowing sectio	n. If No, skip t	o the next section.)					
Injection date: /	/	Facility nan	ne:		Provider name):		
Address:					City:	Stat	e:	Zip:
County:				Phone:	()		Type:	
Tensilon test perform	ned: 🔲 Y	es □ No □] Unk Date:	/ /	Results:		Negative Unknown	
EMG test performed:	□Y	es □ No □			Compatible w ☐ Yes ☐ No	ith Botulism diagnos	is?	
OTHER LAB FINDING	SS							
Food, medication or (If Yes, complete the f Tested for preform	ollowing section	n. If No, then s	skip to the next section	n.)] <u>A</u>	
			Jnk Laboratory: _]F 🗆	
Describe samp	oles:			List positive sa	amples:			
_								
Tested for C. botuling		□ No □ L	Jnk Laboratory:					
Describe sam	-							
200000 00			_	o. poo				
TREATMENT								
For the illness, were	any of the fol	lowing treatm	ents required:					
Tracheotomy:	′es □ No □] Unk	Ventilato	or: Yes	No 🗌 Unk	Duration in days:		
Antitoxins prescribe	d? ☐ Yes ☐	No 🗌 Unk	Therapeutic r	nedications pres	scribed? 🗌 Ye	es 🗌 No 🔲 Unk		
Date started:			List medicat	tions:				
Dose:		Unit:						
# days:		times day:	_					
Route:								
INFECTION TIMELIN	E							
Enter onset date in dar		1	EXPOSURE PERI	<u>OD</u> O	nset	COMMUNICABLE PER	RIOD	<u> </u>
box. Enter dates for sta exposure period and s	tart and		The incubation period for 12-80 hours, depending of		' ¬	There are no documer cases of person to per		
end of communicable p	period.	1	type. The shorter the incu period, the more severe t	ubation		transmission.		
		•	disease and higher case rate.	•				
In the 36 hours prior	to onset of sy	mptoms did						
Home canned foods:	☐ Yes ☐	No 🗌 Unk	From dates consu	med:/	1	To dates consumed	:/	1
List all source/types:								
Fish:	☐ Yes ☐	No 🗌 Unk	From dates consul	med:/	/	To dates consumed	:/	/
List all source/types:				List all bra	and names:			
Meat other than fish:	☐ Yes ☐	No 🗌 Unk	From dates consul	med:/	/	To dates consumed	:/	/
List all source/types:				List all bra	and names:			
Potato or potato products:	☐ Yes ☐	No 🗌 Unk	From dates consur	med:/	/	To dates consumed	: /	/
List all source/types:				List all bra	and names:			

CONFIDENTIAL	PATIENT NAME:				owa Department of	Public Health
Describe preparation:						
Other root vegetable:	☐ Yes ☐ No ☐ Unk F	rom dates consu	med:/_/	To dates	consumed:	1 1
List all source/types:			List all brand r	names:		
In the 14 days prior to	symptoms did the case Inject	street drugs or	steroids? Yes	No ☐ Unknown		
	ne exposures Yes No					
Name	DOB	Gender		Address/P	none	
	/ /		Zip code:	Dh	none: -	
Rel	ationship to case:		_ist symptoms	Symptom	Same foods	Is contact a
Spouse	☐ Sexual contact			onset date	consumed? ☐ Yes	case?
☐ Child	Family member (non-house)	nold) ———		, ,	_	□ No
☐ Sibling ☐ Roommate ☐ Parent/ guardian	☐ Friend/acquaintance ☐ Contact- work/school/etc				_	
☐ Parent/ guardian	Unknown/Other			a fau thia aantaat		
Name	DOB	s a case create a Gender	new event and/or cas	e for this contact. Address/P	Phone	
	1 1	□ Mala				
	, ,					
			Zip code:		none: -	-
Rel	ationship to case:	I	ist symptoms	Symptom onset date	Same foods consumed?	Is contact a case?
Spouse	Sexual contact			/ /	Yes	Yes
☐ Child☐ Sibling	☐ Family member (non-houseld ☐ Friend/acquaintance	noia) ———			_	□No
☐ Sibling ☐ Roommate	☐ Contact- work/school/etc				_	
☐ Parent/ guardian	Unknown/Other	s a case create a	new event and/or cas	e for this contact		
Name	DOB	Gender	now event and, or eas	Address/P	hone	
Name	ров	Ochlaci				
Name	/ /	_				
Name	/ /					
	/ /		Zip code:		none: -	- Is contact a
	/ / ationship to case:		Zip code:	Ph Symptom onset date	Same foods consumed?	- Is contact a case?
Rel ☐ Spouse	/ / ationship to case:		•	Symptom	Same foods consumed?	case?
Rel	/ / ationship to case:		•	Symptom onset date	Same foods consumed?	case?
Rel Spouse Child Sibling Roommate	ationship to case: Sexual contact Family member (non-housel) Friend/acquaintance Contact- work/school/etc		•	Symptom onset date	Same foods consumed?	case?
Rel	ationship to case: Sexual contact Family member (non-housel) Friend/acquaintance Contact- work/school/etc Unknown/Other		•	Symptom onset date	Same foods consumed?	case?
Rel Spouse Child Sibling Roommate	ationship to case: Sexual contact Family member (non-housel) Friend/acquaintance Contact- work/school/etc Unknown/Other		List symptoms	Symptom onset date	Same foods consumed? Yes No	case?
Rel Spouse Child Sibling Roommate Parent/ guardian	ationship to case: Sexual contact Family member (non-house) Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is		List symptoms	Symptom onset date / / e for this contact.	Same foods consumed? Yes No	case?
Rel Spouse Child Sibling Roommate Parent/ guardian	ationship to case: Sexual contact Family member (non-housel Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is DOB		ist symptoms new event and/or cas	Symptom onset date / / e for this contact. Address/P	Same foods consumed? Yes No	case?
Rel Spouse Child Sibling Roommate Parent/ guardian Name	ationship to case: Sexual contact Family member (non-housel Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is DOB	Male Female Inold) s a case create a Gender Male Female	new event and/or cas Zip code:	Symptom onset date / / e for this contact. Address/P	Same foods consumed? Yes No Phone	case?
Rel Spouse Child Sibling Roommate Parent/ guardian Name	/ / ationship to case: Sexual contact Family member (non-housel) Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is DOB / /	Male Female Inold) s a case create a Gender Male Female	ist symptoms new event and/or cas	Symptom onset date / / e for this contact. Address/P	Same foods consumed? Yes No Phone Same foods consumed?	case? Yes No Is contact a case?
Rel Spouse Child Sibling Roommate Parent/ guardian Name Rel	ationship to case: Sexual contact Family member (non-housel Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is DOB / / ationship to case: Sexual contact	Male Female Inold) S a case create a Gender Male Female	new event and/or cas Zip code:	Symptom onset date / / e for this contact. Address/P Symptom	Same foods consumed? Yes No Phone Same foods consumed? Yes	case? ☐ Yes ☐ No ☐ No ☐ Secontact a case? ☐ Yes
Rel Spouse Child Sibling Roommate Parent/ guardian Name Rel Spouse Child Sibling	ationship to case: Sexual contact Family member (non-housel) Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is DOB / / ationship to case: Sexual contact Family member (non-housel) Friend/acquaintance	Male Female Inold) S a case create a Gender Male Female	new event and/or cas Zip code:	Symptom onset date / / e for this contact. Address/P Symptom onset date	Same foods consumed? Yes No Phone Same foods consumed?	case? Yes No Is contact a case?
Rel Spouse Child Sibling Roommate Parent/ guardian Name Rel Spouse Child Sibling Roommate	ationship to case: Sexual contact Family member (non-housel Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is DOB / / ationship to case: Sexual contact Family member (non-housel Friend/acquaintance Contact- work/school/etc	Male Female Inold) S a case create a Gender Male Female	new event and/or cas Zip code:	Symptom onset date / / e for this contact. Address/P Symptom onset date	Same foods consumed? Yes No Phone Same foods consumed? Yes	case? ☐ Yes ☐ No ☐ No ☐ Secontact a case? ☐ Yes
Rel Spouse Child Sibling Roommate Parent/ guardian Name Rel Spouse Child Sibling	ationship to case: Sexual contact Family member (non-housel Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is DOB / / ationship to case: Sexual contact Family member (non-housel Friend/acquaintance Contact- work/school/etc Unknown/Other	Male Female Inold) S a case create a Gender Male Female Inold)	new event and/or cas Zip code:	Symptom onset date / / e for this contact. Address/P Symptom onset date / /	Same foods consumed? Yes No Phone Same foods consumed? Yes	case? ☐ Yes ☐ No ☐ No ☐ Secontact a case? ☐ Yes
Rel Spouse Child Sibling Roommate Parent/ guardian Name Rel Spouse Child Sibling Roommate	ationship to case: Sexual contact Family member (non-housel Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is DOB / / ationship to case: Sexual contact Family member (non-housel Friend/acquaintance Contact- work/school/etc Unknown/Other	Male Female Inold) S a case create a Gender Male Female Inold)	new event and/or cas Zip code: List symptoms	Symptom onset date / / e for this contact. Address/P Symptom onset date / /	Same foods consumed? Yes No Phone Same foods consumed? Yes	case? ☐ Yes ☐ No ☐ No ☐ Secontact a case? ☐ Yes
Rel Spouse Child Sibling Roommate Parent/ guardian Name Rel Spouse Child Sibling Roommate Parent/ guardian	ationship to case: Sexual contact Family member (non-housel Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is DOB / / ationship to case: Sexual contact Family member (non-housel Friend/acquaintance Contact- work/school/etc Unknown/Other	Male Female Inold) S a case create a Gender Male Female Inold)	new event and/or cas Zip code: List symptoms	Symptom onset date / / e for this contact. Address/P Symptom onset date / /	Same foods consumed? Yes No Phone Same foods consumed? Yes	case? ☐ Yes ☐ No ☐ No ☐ Secontact a case? ☐ Yes
Rel Spouse Child Sibling Roommate Parent/ guardian Name Rel Spouse Child Sibling Roommate Parent/ guardian	ationship to case: Sexual contact Family member (non-housel Friend/acquaintance Contact- work/school/etc Unknown/Other If this contact is DOB / / ationship to case: Sexual contact Family member (non-housel Friend/acquaintance Contact- work/school/etc Unknown/Other	Male Female Inold) S a case create a Gender Male Female Inold)	new event and/or cas Zip code: List symptoms	Symptom onset date / / e for this contact. Address/P Symptom onset date / /	Same foods consumed? Yes No Phone Same foods consumed? Yes	case? ☐ Yes ☐ No ☐ No ☐ Secontact a case? ☐ Yes

Fax: 515-281-5698