

# Reporting and Outbreak Response

Botulism is both a medical and a public health emergency. If a health care provider suspects botulism, he or she should immediately notify the Alaska Division of Public Health, Section of Epidemiology so that any possible associated cases can be identified and treated. Reporting should never await laboratory confirmation. Delayed reporting may result in additional persons consuming toxin-containing food and additional cases of botulism. The Section of Epidemiology, assisted by local or regional public health nurses, community health aides and/or environmental health officers, leads investigations of all botulism cases in the state (Table 1).

Possible cases should be reported immediately by telephone to the Section of Epidemiology in Anchorage at (907) 269-8000 or after-hours at (800) 478-0084. Medical epidemiologists from the Section are available 24 hours a day to provide clinical consultation and advice regarding diagnosis, specimen collection, and treatment, as well as access to antitoxin.

Report cases of botulism to the  
Alaska Section of Epidemiology:

907-269-8000

800-478-0084 (after-hours)

Botulism remains an illness that challenges the clinician to make a diagnosis using the classic elements of medical practice — history and physical examination. Practitioners who care for Alaska Natives have a reasonably high likelihood of encountering cases of botulism. They should be alert to this possibility and act decisively if botulism is suspected.

## Table 1. Steps in a botulism outbreak investigation.

1. A health care provider reports suspected botulism to the Section of Epidemiology.
2. If, after discussing the clinical presentation, botulism is considered possible, an investigation is immediately started. Investigation partners may include public health nurses, community health aides and/or environmental health officers.
3. The Section of Epidemiology interviews the patient (or patient's family) to determine the possible meals or foods (including how the foods were prepared) associated with exposure to botulinum toxin.
4. Other persons who ate suspect food(s) are asked their food consumption histories, and presence of recent symptoms to determine the extent of the outbreak and to more precisely define a likely source.
5. Symptomatic persons are immediately evaluated at the nearest health care facility.
6. Asymptomatic exposed persons are warned that they may become ill and are told to immediately seek care if symptoms of botulism develop. Community health aides and local health care providers are alerted and active surveillance is maintained for 10 days. Asymptomatic persons are contacted daily so that they do not become ill without others being aware.
7. The Section of Epidemiology recommends not consuming any suspect food(s) until laboratory testing has been completed.
8. Appropriate food and clinical specimens are collected and shipped to the Alaska State Public Health Laboratory in Anchorage for testing.
9. When laboratory results are received, this information is relayed to health care providers and persons in possession of suspect food(s).
10. If any part of the investigation cannot be completed quickly and reliably by telephone, a site investigation is conducted.