☐ Outbreak ☐ Cluster AK STARS # ____________________

Botulism

Alaska

OUTREACH/CONTACT LOG (For contact with and/or outreach to the client)

	Method (phone call, letter, Home visit, clinic visit)	Date (mm/dd/yyyy)	Outcome (Left msg., interviewed, refused, unable to locate, etc.)
1st Outreach/Contact		____/____/____	
2nd Outreach/Contact		____/____/____	
3rd Outreach/Contact		____/____/____	

CASE IDENTIFICATION

Name: ______________________________________ Phone(s) Home: __________
last *first* *MI* Cell: __________

Address: ____
Street *City* *State* *Zip*

Alternate Contact: ☐ Parent/Guardian ☐ Spouse/Partner ☐ Household Member ☐ Other __________

Name: ______________________________________ Phone(s) Home: __________
last *first* *MI* Cell: __________

DEMOGRAPHICS

Sex: ☐ Male ☐ Female ☐ __________

Hispanic: ☐ Yes ☐ No ☐ Unknown

DOB:_____ / _____ / ______
mm dd yyyy
Or, if unknown, Age _________

Race:
☐ AI/AN
☐ Asian/Pacific Islander
☐ Black
☐ White
☐ Unknown
☐ Refused to answer
☐ Other __________

CLINICAL DATA

Symptomatic? ☐ Yes ☐ No ☐ Unk

If yes, Onset Date: ____ / _____ / _____ Onset time: _____ : _____ ☐ AM ☐ PM
dd mm yyyy

Duration of Illness: ______________ ☐ hours ☐ days -OR- ☐ Ongoing

Yes	No	Unk		Yes	No	Unk	
☐	☐	☐	Nausea/vomiting	☐	☐	☐	Hoarseness (dysphonia)
☐	☐	☐	Diarrhea	☐	☐	☐	Change in voice/difficulty speaking
☐	☐	☐	Constipation	☐	☐	☐	Dry Mouth
☐	☐	☐	Blurred vision	☐	☐	☐	Difficulty swallowing (dysphagia)
☐	☐	☐	Double vision	☐	☐	☐	Difficult/abnormal breathing
☐	☐	☐	Drooping eyelids, weak eye muscles (pstosis)	☐	☐	☐	Urinary retention
☐	☐	☐	Dilated, fixed, or sluggish pupils				

Provider visit (excluding ER visit)? ☐ Yes ☐ No ☐ Unk ER Visit? ☐ Yes ☐ No ☐ Unk

Hospitalized? ☐ Yes ☐ No ☐ Unk Intubated? ☐ Yes ☐ No ☐ Unk

If yes, Hospital name: ______________________________ Admit Date: ____ / ____ / _____

If transferred, Facility Name: ______________________ Date of Transfer: ____ / _____ / _____

Disposition: ☐ Died (Date: ______ / _____ / _____) ☐ Discharged (Date: ____ / _____ / _____)
☐ In patient ☐ Unknown

BAT Recommended ☐ Yes ☐ No ☐ Unk

BAT Administered ☐ Yes ☐ No ☐ Unk Date: ____ / _____ / ______ Time: _____ : _____ AM / PM

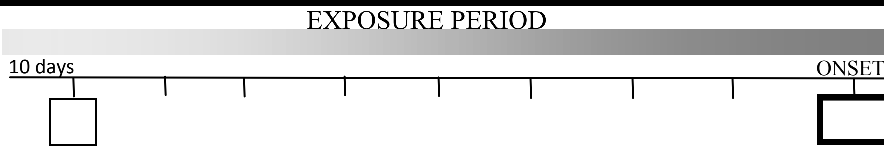
BAT Kit #: ________________ Lot #: ____________________

CASE NAME: ____

AK STARS # ____________________

EXPOSURE TIMELINE

12-26 hours is the typical incubation period (range 6 hours to 10 days).



INTERVIEW

Exposure Information

Native foods eaten prior to illness onset:

Focus on items historically associated with botulism (fermented items), if none, explore other items eaten prior to onset .

Food Item– be as specific as possible, including species and body part if known, (i.e. "bearded seal blubber")	Date(s) consumed:	Did others eat it?	Preparation Details– be as specific as possible (raw, dried for X long, fermented for X long, smoked, etc.)
		☐ Yes ☐ No ☐ Unk	
		☐ Yes ☐ No ☐ Unk	
		☐ Yes ☐ No ☐ Unk	
		☐ Yes ☐ No ☐ Unk	
		☐ Yes ☐ No ☐ Unk	

Provide more information about food source and preparation below

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For food items listed above,

Were any items consumed as part of a group event/gathering?	**Were any items shared with others for later consumption?**
☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unk

If yes to above, provide details: ____

____

____

____

____

CASE NAME: ____

AK STARS # ____________________

If others ate implicated/suspected food, include details below:

Name	Location	DOB or Age	Item(s) Consumed	Date(s) consumed	Ill?	Phone Number	Comments (relationship to case, med care rec'd?)

...use second page if more room needed

Specimens:	Date & Time Collected	Date Shipped	Comments:
Pre BAT Serum:			
Stool:			
Gastric/Emesis:			
Suspect foods:			

*Space for more specimen info:*____

____

____

SOE Actions	Date:
Notifications (see box at right)	
BAT Release form to CDC	
Case entered in STARS	
10-day Bot Watch set up	
Call John/Janet at ASPHL: after hours 1-855-222-9918	

Emails to send:	Date:
Summary to SOE team, Joe, CJ, Lab, local PHN, PHN Manager, and Regional Manager	
EOC	
Hospital IP	
OEH	
CHAP (call or email)	

CHAP name and number:____

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