



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

June 25, 2010

ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

**Re: Revisions to Communicable Disease Control Manual:
Chapter I – Management of Specific Diseases**

Please note the following changes to the Communicable Disease Control Manual, Chapter 1 – Management of Specific Diseases: Botulism.

The formatting of the guidelines has been revised. The ordering of information in the document has changed to ensure that information needed for actions related to case and contact management is near the front and background information is toward the back of the document.

Page 1, Section 1.0 “Authority:”

- Updated. The authority for following up cases of botulism can be found in the 2008 BC Public Health Act.

Page 1, Section 2.0 “Goal:”

- New section.
- Pertinent information from “Introduction” moved here.

Page 2, Section 3.0 “Botulism Flow Chart:”

- New section.
- The flow chart is intended as a quick reference to assist Public Health with follow up of a case of botulism.

Administrative Circular 2010:13

Page 3, Section 4.0 “Case Identification:”

- New section.

Page 3, Subsection 4.1 “Confirm the Diagnosis:”

- Definitions have been updated and are consistent with the National Case Definitions.
- “Colonization botulism” replaces “intestinal botulism in non-infants” for consistency with terminology in National Case Definitions.
- Information previously found in Subsection 5.1 “Alert” moved here.

Page 4, Subsection 5.1 “Notification:”

- Section was previously titled “Section 5.1 Alert.”
- The order in which notification of the different departments at BCCDC has changed. During regular working hours, the MHO should first contact the BCCDC Public Health Laboratory Medical Microbiologist (Environmental Microbiology Program Head). After hours, the MHO should contact the on-call Medical Microbiologist to discuss laboratory testing. During regular work hours, the MHO should next inform the on-call clinical person in Epidemiology Services, BCCDC. After hours, the MHO should inform the BCCDC on-call physician. The Epidemiology/BCCDC on-call person should contact the on-call BCCDC Pharmacist regarding release of botulism antitoxin.

Page 4, Subsection 5.2 “Laboratory Investigation:”

- Description of specimens to be collected has been updated for consistency with the BCCDC Public Health Microbiology and Reference Laboratory “Guide to Programs and Services” available at <http://www.phsa.ca/AgenciesAndServices/Services/PHSA-Labs/About-PHSA-Labs/BCCDC-Public-Health-Microbiology-Lab.htm>.
- Specimens needed for confirmation of Adult colonization Botulism are now included.

Page 5, Subsection 5.3 “Treatment:”

- Section was previously numbered “Section 5.4.”
- General statements regarding treatment have been revised:
 - The recommendation to start antitoxin therapy before receiving lab confirmation has been re-worded to “Initiate treatment with antitoxin as soon as possible. Do not wait for lab confirmation if clinical suspicion is strong.”
 - Skin tests for sensitivity to serum or antitoxin are not required before the administration of either antitoxin product available through BCCDC.

- BCCDC now has a limited supply of **two** types of antitoxin products. The most recently acquired product, Botulism Antitoxin Behring, is trivalent (types A, B, and E). The product Instituto Butantan botulinum antitoxin continues to be supplied as two vials: one vial containing bivalent A/B and one vial containing monovalent E. Either product may be used in the treatment of botulism. The decision regarding which product will be distributed will be made by BCCDC Epidemiology Services and BCCDC Pharmacy.

Page 6, Subsection 5.3.1 “Botulism Antitoxin Behring:”

- New section.
- Information regarding assessment of client for increased risk of allergic reaction is taken from the product monograph and the Canadian Immunization Guide, 7th ed. (2006). Concurrent administration of a medication to treat anaphylactic shock is at the discretion of the attending physician.
- Information added about the timing of the infusion of the product. This information is not in the product monograph and was obtained from the manufacturer.

Page 7, Subsection 5.3.3 “Botulism Immune Globulin IV (BIG-IV); BabyBIG®:”

- Added link to California Department of Health Services (DHS) website (<http://www.infantbotulism.org/>) for more information about infant botulism and BabyBIG®.
- The recommended dose is 100mg/kg given as a single intravenous infusion. The previous recommendation 2ml/kg (100mg/kg) was updated on the California DHS website in December 2009.
- More information has been added to the rationale for not administering antibiotics to treat infant botulism.
- BabyBIG® is an immune globulin product and its receipt may interfere with an infant’s response to live vaccines. Information and a link to Section VII of the BCCDC Immunization Manual have been added.

Page 8, Section 6.0 “Outbreak Management:”

- In foodborne botulism, one case is considered an outbreak.
- Added link to the Botulism Follow-Up Form located on the Surveillance Forms section of the BCCDC website (http://www.bccdc.ca/NR/rdonlyres/0F77E474-2E3C-4E65-A412-49B4F5A90E20/0/Epid_Form_Botulism_20090609.pdf).
- The form is intended to assist with case and contact management only and does not need to be submitted to BCCDC unless specifically requested.

Page 8, Section 7.0 “Food Source Investigation (Foodborne Botulism Only):”

- Added “(Foodborne botulism only)” to section title to clarify that investigation of a food source is only applicable in a case of foodborne botulism.
- Section was previously “Section 5.3.”
- Recommendation changed to investigate case’s food source within the two or three days prior to symptom onset.
- Deleted the recommendation that the MHO discuss the situation with the family physician(s) of suspected food contacts.

Page 9, Section 8.0 “Management of Other Persons Who Consumed the Same Sources of Suspect Foods:”

- Section was previously titled “Section 6.0 Management of Contacts.” Title was changed to reflect knowledge that botulism is not transmitted from person-to-person.
- Wording changed from “intestinal” to “infant and colonization.”

Page 10, Subsection 8.1 “Immunoprophylaxis of Other Persons Who Consumed the Same Sources of Suspect Foods:”

- Added information regarding recommendations for the use of Botulism Antitoxin Behring.

Page 10, Section 9.0 “Reporting:”

- Added information that a case of botulism should be reported in iPHIS or PARIS within one business day.
- Added link to the BC Botulism Follow-Up Form.

Page 11, Section 10.0 “Clinical Description:”

- Section was previously number “Section 2.0.”
- Added statement that Types A, B, E, and rarely F cause human botulism.
- **Wound:** added description of how infection occurs; added information for consistency with National Case Definition.
- **Infant:** added information regarding process of infection.
- **Adult colonization:** replaces “Intestinal (older children and adults).”

Page 11, Subsection 10.1 “Modes of Transmission:”

- “Infant and colonization botulism” replaces “Intestinal (infant and adult) botulism.”

Page 12, Subsection 10.2 “Incubation Periods:”

- **Foodborne botulism:** added the statement “The shorter the incubation period, the more severe the disease and the higher the case-fatality rate.”
- **Wound botulism:** added “onset of symptoms usually occurs.”

- **Infant botulism:** added “from the time of exposure to the spore-containing material.”
- **Added “Colonization botulism:** unknown since the precise time of spore ingestion is often unknown.”

Page 12, Section 11.0 “Epidemiology:”

- Section was previously number “Section 3.0.”
- Updated.

Page 13, Section 12.0 “References:”

- Updated.

Please remove and destroy the following pages from the Communicable Disease Control Manual, Chapter 1 – Management of Specific Diseases: Botulism

Pages 1 – 3, 5 – 10
Page 4

Dated January 2008
Dated October 2009

Please insert the following pages in the Communicable Disease Control Manual, Chapter 1 – Management of Specific Diseases: Botulism

Table of Contents
Pages 1 – 13

Dated June 2010

If you have any questions or concerns, please contact Dr. Eleni Galanis, Physician Epidemiologist, at telephone (604) 707-2558, fax (604) 707-2516 or by email at eleni.galanis@bccdc.ca.

Sincerely,



Dr. Eleni Galanis
Physician Epidemiologist
Epidemiology Services
BC Centre for Disease Control

pc: Ministry of Healthy Living and Sport:

Dr. Perry Kendall
Provincial Health Officer

Dr. Eric Young
Deputy Provincial Health Officer

Dr. Bob Fisk
Medical Consultant
Non-Communicable Disease

Craig Thompson
Director, CD Prevention – Immunization

Warren O'Briain
Executive Director
Communicable Disease and Addiction Prevention