

Botulism Fact Sheet

I. **Etiology**

Clostridium botulinum is a gram-positive bacillus that produces a potent neurotoxin, botulinum toxin. Foodborne botulism is the most common form of disease in adults. An inhalational form of botulism is also possible.

II. **Clinical features**

Foodborne botulism is accompanied by GI symptoms – nausea, vomiting, and diarrhea. Inhalation botulism and foodborne botulism are likely to share other symptoms including:

- Responsive patient with absence of fever.
- Symmetric cranial neuropathies (drooping eyelids, weakened jaw clench, difficulty swallowing or speaking).
- Blurred vision and diplopia due to extra-ocular muscle palsies.
- Paralysis of arms first, followed by respiratory muscles, then legs.
- Respiratory dysfunction from respiratory muscle paralysis or upper airway obstruction due to weakened glottis.
- No sensory deficits.

III. **Mode of transmission**

Botulinum toxin is generally transmitted by ingestion of toxin-contaminated food. Aerosolization of botulinum toxin has been described and may be a mechanism for bioterrorism exposure.

IV. **Incubation Period**

- Neurologic symptoms begin 12-36 hours after ingestion.
- Neurologic symptoms begin 24-72 hours after aerosol exposure.

Botulism is not transmitted from person to person.

Infection Control Practices for Patient Management

- a. Standard Precautions with emphasis on hand washing. Standard precautions include the use of PPE, to avoid direct contact with a patient's body fluids.
- b. Patient-to-patient transmission does not occur. Patient room selection and care should be consistent with individual assessment.
- c. Standard Precautions with emphasis on hand washing is used for transport.
- d. No special discharge instructions are indicated.
- e. Standard Precautions is used for post-mortem care.

V. **Post Exposure Management**

Suspicion of even a single case of botulism should immediately raise concerns of an outbreak potentially associated with shared contaminated food. Call the Infection Control Department at 5110 if you have **any** patients admitted with this diagnosis. In collaboration with CDC and local/state health departments, attempts should be made to locate the contaminated food source and identify other persons who may have been exposed. Any individual suspected to have been exposed to botulinum toxin will be carefully monitored for evidence of respiratory compromise.

- Contamination does not place persons at risk for dermal exposure or risk associated with re-aerosolization. Therefore, decontamination of patients and their environment is not required.

