## BOTULISM EMERGENCY INFORMATION:
### TRANSMISSION, PREVENTION, & INFECTION CONTROL

| WHAT IS BOTULISM? | • Caused by *Clostridium botulinum*, a bacterium that is an anaerobic, spore-forming, Gram-positive rod  
• Produces 7 toxins, 4 of which cause disease in humans  
• Symptoms in food-borne botulism include nausea, vomiting, diarrhea, and abdominal cramps; these GI symptoms would **not** occur in an aerosol exposure  
• Neurological symptoms include blurred vision, diplopia, ptosis, dilated sluggishly reactive pupils, progressive symmetric descending flaccid paralysis eventually requiring ventilation support for respirations; Autonomic symptoms include dry mouth, ileus, constipation, & urinary retention  
• Botulinum toxin is one of the most potent toxins known and even minute quantities can cause disease; Any suspected case is a public health emergency |
| TRANSMISSION & INCUBATION | • Person to person transmission does NOT occur  
• Incubation period in food-borne botulism is usually 12-72 hours but may be as short as 6 hours or as long as 10 days depending on quantity of exposure  
• In the event of bio-aerosol release, toxin may be present on patient's skin, clothes, or other objects that could serve as a source of potential secondary cases. |
| HOW LONG CAN BOTULISM BACTERIA EXIST IN THE ENVIRONMENT? | • Sunlight inactivates toxin in 1-3 hours as well as heating to 100o C for 1 minute, 85o C for 5 minutes, or 80o C for 20 minutes.  
• In an aerosolized event and depending on weather conditions, inactivation may take as long as 2 days |
| DECONTAMINATION | • Yes, if recent aerosol exposure is suspected  
• Patient/Companion remove clothes and place in red Biohazard Bag |

### POST-EXPOSURE PROPHYLAXIS and TREATMENT

| • Trivalent antitoxin (types A, B, & E) can be administered within 24 hours after onset of illness or before symptoms occur  
• Skin testing for hypersensitive reaction is required before administration  
• Use of antitoxin for post-exposure prophylaxis is limited by its scarcity |

### PRECAUTIONS FOR STAFF WITHOUT PATIENT CONTACT

| • No special precautions or prophylaxis are recommended for staff who have no contact with patients or their immediate environment such as materials and equipment associated with their care |

### PRECAUTIONS FOR STAFF WITH PATIENT CONTACT

| PRE-DECONTAMINATION | POST-DECONTAMINATION |
| • Surgical mask with goggles or face shield  
• Gloves  
• Long-sleeved gown  
• HCW leaves gown, gloves, & mask in red biohazard bag  
• Hand-washing or alcohol gel | • Gloves  
• Long-sleeved gown |

|Extreme care must be exercised not to touch one's own mucous membranes or conjunctivae with hands or gloves which may be contaminated with small amounts of toxin.|

### PATIENT PRECAUTIONS

| • Standard precautions post decontamination |

### ENVIRONMENTAL PRECAUTIONS

| • Linens and disposable items used during evaluation (gowns, gloves, etc) should be placed in red biohazard bags and disposed of in biological waste containers  
• Non-disposable items used during evaluation (blood pressure cuffs, stethoscopes, etc) should be carefully disinfected with a 0.5% hypochlorite bleach solution before reuse  
• The room where the patient was evaluated, including all fixtures and instruments in the room, should be cleaned with a 0.5% hypochlorite bleach solution. |