

# **SPECIMEN SUBMISSION GUIDELINES FOR SUSPECTED BOTULISM (excluding INFANT BOTULISM)**

## **Los Angeles County Department of Public Health**

All suspected botulism cases should be reported immediately by telephone to the Local Health Department (CA Code of Regulations, Title 17, Section 2500).

In Los Angeles County, call the physician on duty at Acute Communicable Disease Control **213-240-7941** or the County Emergency Operator **213-974-1234** after hours and on weekends and holidays to report the suspect case and to obtain botulinum antitoxin. Suspect cases residing in **Long Beach** (562-570-4302) or **Pasadena** (626-744-6000) should be reported to the respective public health department.

- The **Infant Botulism Reporting Hotline** of the California Department of Public Health is **510-231-7600**. See <http://www.infantbotulism.org/> for diagnostics and treatment specific to infant botulism.

For botulinum toxin testing, submit the following specimens to the Los Angeles County Public Health Laboratory; Public Health will arrange for courier pick-up. Please include in the submitted package the name and telephone number of the contact physician and a brief medical/clinical history, including a list of medications the patient has recently received. Anticholinergics, such as ambenonium (Mytelase), neostigmine (Prostigmine), and pyridostigmine (Regonol, Mestinon) are of special concern.

All specimens should be kept refrigerated, not frozen. Place specimens into zip lock bags to contain any leakage. The submitter must complete a separate requisition form for each type of sample (serum, fecal, gastric). Direct questions on specimen submission to the Bacteriology Section at 562-658-1300.

### **1) PRE-ANTITOXIN SERUM**

- Draw three 10 cc red-top, serum-separating, vacutainer tubes (red-top or SST). Refrigerate tubes until well-clotted. Spin down cells and ship all tubes without removing serum.
- Label as PRE-ANTITOXIN SERUM with 1) patient name, 2) date and time collected.
- Note: Testing the patient post-treatment is no longer indicated, according to CA public health officials.

### **2) FECAL SAMPLE -- for both foodborne AND wound botulism**

- Submit at least 25 g feces in a clean, dry container without transport media. If an enema is needed, use only sterile, non-bacteriostatic water. Submit approximately 50 ml of enema effluent.
- Stool can be collected EITHER pre- or post-antitoxin administration.
- Label the container with 1) patient name, 2) date and time collected.

### **3) GASTRIC ASPIRATE -- for both foodborne AND wound botulism**

- Submit 25-50 ml of gastric material taken before lavage in a clean, dry container without transport media.
- Only samples taken within 48 hours of admission will be accepted.
- Label as GASTRIC ASPIRATE with 1) patient name, 2) date and time collected.

### **4) For suspected wound botulism, obtain CULTURES OF ANY WOUND OR ABSCESS identified by a thorough physical examination. If possible, obtain cultures with a laboratorian in attendance for prompt processing and culture by the hospital laboratory. The laboratory may call the Public Health Laboratory for advice on the most productive examination of tissues and cultures.**

- Sample any evident wounds, including fracture sites; submit excisional biopsy, aspirate, or swab.
  - Excision of site is always preferred. Place excised tissue in sterile Petri dish sealed in an anaerobic transport pouch. Tissue should remain moist and chilled at all times.
  - If an I&D is done, perform lavage in the open site with sterile non-bacteriostatic water and submit washings for culture under anaerobic conditions if possible.
  - Needle aspirate; expel all air from the syringe and cap the tip of the syringe.
  - A swab is the least acceptable specimen. If submitted, obtain as much material as possible and place the swab into an anaerobic broth (i.e., cooked-meat-glucose-starch or thioglycolate broth). Do not incubate.
- Submit samples ASAP for botulism anaerobic culture to the hospital laboratory, labeled with: 1) patient name, 2) site of culture/biopsy, 3) date and time collected.

In wound botulism, incision and drainage or debridement may be indicated; infuse botulinum antitoxin prior to surgery to capture unbound toxin released into the bloodstream. High-dose antibiotics effective against anaerobes are indicated. Consider tetanus immunization if indicated by patient history and prior immunization status.

Call Acute Communicable Disease Control for other clinical management questions -- 213-240-7941.

**SUBMIT ALL SAMPLES WITH ADEQUATE GEL-TYPE COLD PACKS. DO NOT FREEZE. HAND-DELIVER OR REQUEST A COUNTY COURIER BY CALLING**

**Los Angeles County Department of Public Health  
Public Health Laboratory, Bacteriology  
Telephone: 562-658-1300 FAX: 562-401-5999**