



## County of San Luis Obispo • Public Health Department

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### PUBLIC HEALTH ALERT

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#### CASES OF WOUND BOTULISM IN INJECTION DRUG USERS

Since 1994, California has experienced an epidemic of wound botulism among injecting drug users (IDUs). Over the past 5 years, 20-24 cases of laboratory-confirmed wound botulism among IDUs have been reported on a yearly basis in California. From January 1, 2006 to date, California has already logged 22 laboratory-confirmed cases, and has released antitoxin for another 14 IDU patients whose laboratory tests are pending. We do not know the reason for this year's increase, but the primary cause of wound botulism among IDUs has been skin-popping contaminated black tar heroin.

#### Actions Requested of all Clinicians:

1. **Be alert** for cases of wound botulism especially in injection drug users.
2. **Report** suspect cases to the **Communicable Disease Program Manager** at (805) 781-5500 or after hours, weekends and holidays at (805) 781-4800. Ask to have the Health Officer paged.
3. Consider Neurology and Infectious Disease consultation.
4. Conduct a thorough search for a wound, and consider Surgical consultation.
5. Obtain **serum for toxin assays** (in serum separator tubes).
6. **Warn** patients who inject drugs about wound botulism and **inform** them of symptoms, the need to seek medical care promptly and prevention methods (see below).
7. Because of a higher risk of tetanus in injection drug users, provide tetanus vaccine every 5 years.

#### **Description of wound botulism:**

Wound botulism is caused by an infection with *Clostridium botulinum*, toxin-producing bacteria. Since 1988 it has been predominantly associated with subcutaneous or intramuscular black tar heroin use. Wound botulism usually begins with bilateral cranial nerve signs and symptoms including blurred vision, diplopia, ptosis, dysphagia, dysarthria, impaired gag reflex and facial weakness. It then proceeds to generalized weakness and dyspnea. On close inspection an abscess containing the bacteria may be found at a site of injection.

#### **Treatment:**

Supportive care is the mainstay of treatment. Wounds should receive debridement. Antitoxin therapy should be provided as early as possible to reduce the incidence of respiratory failure; ideally administer antitoxin within 12 hours of presentation and prior to wound debridement. Antibiotics are recommended (e.g. penicillin or metronidazole) although aminoglycosides and tetracyclines are generally contraindicated.

**Instructions for drug users:** (A flyer for patients is appended and posted on the San Luis Obispo County Public Health Department website ([www.slocounty.ca.gov](http://www.slocounty.ca.gov))).

- A. Stop or reduce injecting.
- B. Do not use black tar heroin. It isn't possible to prevent wound botulism by cooking or cleaning the dope.
- C. If they must continue injecting: Use new sterile syringes with each injection or clean syringes with bleach.
- D. Before injecting: Thoroughly clean the injection site with soap and hot water or with alcohol swabs.
- E. Do not share needles, syringes, cookers, cottons, mixing or rinse water with anyone else.
- F. If they experience symptoms of wound botulism: GO IMMEDIATELY TO THE NEAREST EMERGENCY ROOM.