



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

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PROVIDER HEALTH ADVISORY

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Be Alert for Wound Botulism Associated with Injection Drug Use

Health care providers are advised to be alert for suspected cases of wound botulism, especially in people who have used injection drugs. Recent cases of wound botulism associated with injection drug use have been reported in San Diego, Fresno, and Glenn Counties. Wound botulism is the most common type of botulism in adults in California, with 22 confirmed and probable cases reported in 2017. (Of these, 20 were associated with injection drug use.) Botulism is a rare but potentially fatal illness caused by a neurotoxin produced by *Clostridium botulinum*.

The Public Health Department asks all clinicians to consider botulism as a differential diagnosis for patients exhibiting:

- drooping eyelids (ptosis)
- difficulty swallowing (dysphagia)
- slurred speech
- descending paralysis

Wound botulism may present up to 14 days after drug use. Not all people with wound botulism will present with a visible abscess or infected wound. A high index of suspicion is required in a patient with compatible clinical signs and a history of using injection drugs. If you suspect wound botulism:

- **Immediately report it to the County of San Luis Obispo Public Health Department** by phone at 805-781-5500 (8 a.m. – 5 p.m.) or 805-781-4553 (after hours). The Public Health Department will coordinate with the California Department of Public Health (CDPH) and obtain botulism antitoxin (BAT) if needed. The decision to administer BAT is based on clinical presentation; BAT administration should not be withheld pending laboratory confirmation.
- **Obtain specimens for laboratory testing.** Serum specimens for toxin testing must be collected prior to beginning BAT treatment and should not be frozen, hemolyzed, or heparinized. Specimens should be refrigerated and sent to the Public Health Department laboratory, where they will be forwarded to the CDPH lab as needed. Available debrided material from an infected injection site should also be submitted to the hospital clinical laboratory for anaerobic culture of *C. botulinum*.

Clinicians should alert patients that injecting drugs may increase their risk not only of disease transmission, but also of botulism and other infections. People who inject black tar heroin are at especially high risk for wound botulism. Neither cooking the drug nor cleaning drug paraphernalia decreases risk for botulism as the Clostridial spores are not inactivated by these methods.

For more, see <http://bit.ly/CDPH-Botulism> or contact Christine Gaiger at the details above.

Public Health Department

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