

DALLAS COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

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To: Dallas County Medical Providers

Date: December 21, 2020

HEALTH ADVISORY: Wound Botulism Cases Associated with Heroin

Since December 9, 2020, five suspected cases of botulism in patients with recent history of injecting heroin have been reported to Dallas County Health and Human Services. All cases had skin abscesses from subcutaneous or intramuscular injection (e.g. "skin popping") of black tar heroin, and four have progressed to respiratory failure. All patients have been treated with heptavalent botulinum antitoxin.

Wound botulism is a rare and potentially fatal paralytic illness that is caused when a wound is contaminated by *Clostridium botulinum* spores that germinate and produce neurotoxins inside the wound. Affected patients typically present with an acute onset of bilateral cranial nerve palsies (e.g. blurred vision, diplopia, ptosis, dysphagia, slurred speech, dysphonia, impaired gag reflex, and facial weakness), followed by progressive descending symmetrical flaccid weakness and respiratory failure.

Although supportive care is a mainstay of treatment, **botulinum antitoxin therapy should be provided as early as possible** with suspected cases, in order to reduce symptom progression. Treatment should not wait for laboratory confirmation. Infected wounds should be debrided and treated with antibiotics effective against anaerobes; aminoglycosides and tetracyclines are generally contraindicated.

Clinicians are requested to be aware of the following recommendations:

- Be alert for possible cases of wound botulism in persons with compatible symptoms and recent history of heroin use, regardless of whether dermal wounds are visible. Initial presentations can be mild, but then subsequently quickly progress to severe illness. Refer suspected cases immediately to the nearest emergency department.
- Consider neurology and infectious disease consultations to evaluate for botulism. Consider surgical consultations for thorough debridement of wounds and abscesses.
- Any wound specimens should be sent for anaerobic culture. Serum testing for *C. botulinum* toxin can also be conducted by public health laboratories.
- Suspected cases should be reported to DCHHS immediately at 877-605-2660 (24/7). Supporting information can be faxed to: (214) 819-1933. Public health staff involvement is necessary to facilitate laboratory testing at the state health department and release of antitoxin treatment from CDC.
- Following notification of DCHHS, physicians can obtain direct clinical consultation regarding potential cases by reaching the 24/7 CDC Botulism Clinical Consultation Service, through the CDC Emergency Operations Center at 770-488-7100 and asking for the clinical emergency botulism officer on call.

Additional information about botulism is available at: www.cdc.gov/botulism/health-professional.html and emergency.cdc.gov/agent/Botulism/clinicians/treatment.asp.

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