



Public Health Department

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Health Advisory

To: Healthcare Providers
From: Linda Lewis, DVM, MPVM (signed original on file)
Date: September 24, 2021
Re: Wound Botulism

Butte County Department of Public Health (BCPH) is investigating a case of wound botulism in a person who injected black tar heroin. Laboratory testing to confirm the diagnosis is pending, if confirmed, this will be the 3rd case this year in Butte County. As the source of the heroin is unknown, it is possible that contaminated black tar heroin is available and being used locally. **BCPH asks that providers be aware of the signs and symptoms of botulism and immediately contact BCPH at one of the numbers below in the event of a suspect case of botulism.**

Background

Wound botulism occurs when a wound is infected with *Clostridium botulinum* bacteria, or sometimes rare strains of *C. butyricum*, or *C. baratii* bacteria, resulting in in-situ production of botulinum toxin. Since 2016, there have been 22 to 59 cases of wound botulism annually in California. Persons injecting black tar heroin (street names H, dope, horse, chiva, and black) are at highest risk of wound botulism. Intramuscular and subcutaneous injection practices carry a higher risk of wound botulism. Cooking the drug or cleaning drug paraphernalia (“works”) is not effective at decreasing risk as these actions do not inactivate *C. botulinum* spores.

Signs and Symptoms

Similar to foodborne botulism, symptoms may include weak or drooping eyelids, blurred or double vision, dry mouth, sore throat, slurred speech, trouble swallowing, difficulty breathing, and progressive descending symmetric paralysis. Most patients with injection-related wound botulism have visibly infected wounds at the injection sites. Botulism can be fatal especially if treatment is delayed.

Infection Control

Standard precautions should be used in patient care. Botulism is not transmitted person-to-person. Patients with botulism do not need to be isolated.

RECOMMENDATIONS/GUIDANCE:

Identify and report cases

Providers are requested to consider wound botulism in patients with compatible symptoms and history, especially in patients with visibly infected wounds. Some symptoms can be mistaken for drug overdose, however, patients with botulism typically have ptosis and/or other cranial nerve palsies. Early identification and treatment is critical to decreasing the duration and severity of symptoms. Antitoxin administration should be initiated based upon presumptive diagnosis and should not be delayed pending laboratory confirmation.

Immediately report by phone any suspected cases of any type of botulism (wound, foodborne, or infant) to BCPH. BCPH will facilitate testing and antitoxin acquisition. Clinical specimens, which may include serum and/or wound specimens, should be collected prior to antitoxin administration. Laboratory testing, performed at California Department of Public Health (CDPH), requires prior approval. Upon report of a suspected case, BCPH staff will work with providers and CDPH to ensure proper specimen collection and submittal (see: <https://www.cdc.gov/laboratory/specimen-submission/detail.html?CDCTestCode=CDC-10132>).

Treatment

- Intravenous botulinum antitoxin **as soon as possible**.
- Supportive care

Antitoxin is most effective if given early in the course of the illness and can prevent symptoms from progressing. Antitoxin is only available through the Centers for Disease Control (CDC). **Notify BCPH immediately, including after hours, of a suspected case of botulism so the process of obtaining antitoxin can be initiated.**

To report a suspect case or for more information, call BCPH at: (530) 552-3929 or after hours/weekends/holidays at: (530) 332-2462.

Additional information on botulism can be found on the CDC and California Department of Public Health websites:

- [Wound Botulism Poster](#)
- <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Botulism.aspx>
- <https://www.cdc.gov/botulism/>
- <https://www.cdc.gov/botulism/wound-botulism.html>

Under Title 17, California Code of Regulations (CCR), failure to report is a misdemeanor (Health and Safety Code § 120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR, § 1364).

Categories of urgency levels:

Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action