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Communicable Disease Control & Prevention

[sfdph.org/cdcp](http://sfdph.org/cdcp)

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## HEALTH ADVISORY

DECEMBER 17, 2013

### WOUND BOTULISM in SF INJECTION DRUG USER

Wound botulism has been confirmed in one injection drug user in San Francisco. Symptoms began 11/30/2013. Additional cases may occur. Because this condition is quickly progressive and life threatening, we are alerting clinicians and requesting they follow these recommendations.

#### Actions requested of all clinicians:

1. **Be alert** for cases of wound botulism especially in injection drug users.
2. **Report** suspect cases to **Communicable Disease Control Unit (CDCU) at 415-554-2830**. CDCU staff can facilitate release of antitoxin.
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). Instructions for specimen collection may be found at <http://sfdcdp.org/botulism.html>.
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 and the appended flyers).
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*, a 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 injection drug users:

(A flyer for patients is appended and posted with this Alert at <http://sfdcdp.org/healthalerts.html>)

- 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.
- D. If they must reuse: Clean syringes with bleach.
- E. Before injecting: Thoroughly clean the injection site with soap and hot water or with alcohol swabs.
- F. Do not share needles, syringes, cookers, cottons, mixing or rinse water with anybody.
- G. If they experience symptoms of wound botulism: Go Immediately To The Nearest Emergency Room

#### 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



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## **Warning:**

### **\*Heroin Users\***

If you inject heroin in your veins, muscles or under your skin (skin popping), you can get a disease called:

## **WOUND BOTULISM**

**WOUND BOTULISM CAN KILL**

### **SYMPTOMS OCCUR WITHIN 1-2 DAYS:**

- **Increased Shortness of Breath**
- **Difficulty with Vision**
- **Difficulty with Breathing**
- **Difficulty with Swallowing and Talking**

**If you have any of these symptoms, GO IMMEDIATELY TO THE NEAREST EMERGENCY ROOM**

To Reduce the Risk of Wound Botulism:

- Do not use Black Tar Heroin. You cannot kill the germ by cooking the dope.
- Stop or reduce injecting
- If you must inject, use a sterile syringe each time, or clean used syringes with bleach
- DON'T share needles, syringes, water, filters, or cookers.
- **Don't shoot alone.**
- *Always clean injection sites with soap & hot water or with alcohol swabs.*



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## **ALERTA:**

### **\*Para Personas Que Usan Heroína\***

Si te inyectas heroína en las venas, músculos o debajo de la piel puedes agarrar la enfermedad que se llama:

## **"Botulismo" en las Heridas**

**EL "BOTULISMO" EN LAS HERIDAS PUEDE CAUSAR LA MUERTE**

### **Los síntomas suceden dentro de 1 a 2 días:**

- **Falta de aire al respirar**
- **Dificultad para ver**
- **Dificultad para respirar**
- **Dificultad para tragar o hablar**

**Si tienes algunos de estos síntomas, VE INMEDIATAMENTE A LA SALA DE EMERGENCIA MÁS CERCANA**

Para Reducir el Riesgo de "Botulismo" en las Heridas:

- No uses heroína de alquitrán negro. Este germen no se muere al preparar la heroína.
- No te inyectes o limita las inyecciones.
- Si tienes que inyectarte, usa una jeringa estéril cada vez, o limpia con cloro la jeringa usada.
- NO compartas agujas, jeringas, agua, filtros o los utensilios para preparar la heroína.
- **NO** te inyectes cuando estés solo o sola.
- **Siempre limpia con agua y jabón o alcohol el sitio de inyección.**