

06 March 2009



Dear Colleagues,

BOTULISM IN INJECTING DRUG USERS

Please bring this information to the attention of all clinical staff

In the week between 22/02/09 and 02/03/09, five heroin injecting drug users (IDUs) (four males and one female) have been reported to the Health Protection Agency Centre for Infections (HPA CfI), from London, East of England and the South East with clinically diagnosed wound botulism. All were injecting drug users who are in the habit of injecting sub-cutaneously ('skin popping'). These cases raise the possibility that a batch of heroin is contaminated with the anaerobic bacterium *Clostridium botulinum*. Wound botulism in injecting drug users is now the most common presentation of botulism seen in the UK today.

If you see a patient with bilateral cranial nerve palsy, muscle weakness/paralysis (typically in a descending pattern of progression) or shortness of breath who gives a history of injecting drug use (especially skin popping) or who has skin marks indicating injecting drug use please consider botulism as a possible diagnosis. There may be a skin abscess indicating the route of entry of the organism.

If needed, botulinum antitoxin is available from the Centre for Infections at Collindale, north London (telephone the duty doctor on 020 8200 6868).

The hospital microbiology laboratory will be able to advise you on suitable clinical samples to take.

More information is available on the HPA website at www.hpa.org.uk .