Eurosurveillance
Free of charge for authors, free of charge for readers.

Back to Table of Contents
Previous Next

Eurosurveillance, Volume 8, Issue 39, 23 September 2004

Articles

Citation style for this article: Hope V, Ncube F, Dennis J, McLauchlin J. Wound botulism: increase in cases in injecting drug users, United Kingdom, 2004. Euro Surveill. 2004;8(39):pii=2555. Available online: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=2555

Wound botulism: increase in cases in injecting drug users, United Kingdom, 2004

Vivian Hope[1] (vivian.hope@hpa.org.uk), Fortune Ncube[1], Jeff Dennis[1], Jim McLauchlin[2]

[1]Health Protection Agency Communicable Disease Surveillance Centre, London, United Kingdom
[2]Health Protection Agency Specialist and Reference Microbiology Division, London, United Kingdom

Twenty seven suspected cases of wound botulism in injecting drug users (IDUs) were reported to the Health Protection Agency (England and Wales) between 1 January and 25 August 2004 [1]. Twenty five of these were in England, and six were laboratory confirmed. Of the confirmed cases, three occurred in London during January and February, and the remaining three in northeast England during June and July. Reports of suspected cases continue to be received, especially from northeast and northwest regions.

In comparison, there were 14 reports of suspected cases of wound botulism among IDUs reported for the whole of 2003, seven of which were confirmed by laboratory tests.
Between March 2000 and December 2002 there were 33 clinically diagnosed cases in IDUs in the United Kingdom and Republic of Ireland: none were reported before 2000 [2]. Twenty of these 33 cases were confirmed in the laboratory by either detection of *Clostridium botulinum* neurotoxin in serum, or culture of *C. botulinum* from wound tissue or pus. During September and October 2002 there was an outbreak of eight cases possibly related to a contaminated batch of heroin [3].

Wound botulism occurs when spores of *C. botulinum* contaminate a wound, germinate and produce botulinum neurotoxin in vivo. All of the wound botulism cases detected so far in the UK have been among IDUs. Those IDUs who intentionally or accidentally inject subcutaneously or intramuscularly may be particularly vulnerable to infection.
Clinicians should suspect botulism in any patient with an afebrile, descending, flaccid paralysis. Botulinum antitoxin is effective in reducing the severity of symptoms for all forms of botulism if administered early in the course of the disease and should not be delayed for the results of microbiological testing. In cases of wound botulism, antimicrobial therapy and surgical debridement are necessary to remove the organism and avoid relapse after antitoxin treatment. *C. botulinum* is sensitive to benzyl penicillin and metronidazole.

As well as these cases in the United Kingdom and Ireland, wound botulism in IDUs in Europe has previously been reported in Switzerland and Norway [4,5]. It is suspected that this type of botulism is underreported. The authors would be interested to get information on any suspected cases of wound botulism in IDUs from other countries in Europe.

This article is adapted from reference 1.

References:

1. HPA. Increased reports of suspected cases of wound botulism among injecting drug users during 2004. *Commun Dis Wkly CDR* 2004; **14**(35): news. (http://www.hpa.org.uk/cdr/PDFfiles/2004/cdr3504.pdf)
2. Brett MM, Hallas G, Mpamugo O. Wound botulism in the UK and Ireland. *J Med Microbiol* 2004; **53**: 555-61.
3. Horby P, Brown A. Cluster of wound botulism cases in injecting drug users in England – update. *Eurosurveillance Weekly* 2002; **6**(46): 14/11/2002. (http://www.eurosurveillance.org/ew/2002/021114.asp#2)
4. Burnens A. Cases of wound botulism in Switzerland. *Eurosurveillance Weekly* 2000;**4**(5): 03/02/2000. (http://www.eurosurveillance.org/ew/2000/000203.asp#1)
5. Kuusi M, Hasselvedt V, Aavitsland P. Botulism in Norway. *Euro Surveill* 1999; **4**(1) :11-2. (http://www.eurosurveillance.org/em/v04n01/0401-225.asp)

back to top

Back to Table of Contents
Previous Next

To top | Recommend this page