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HSS(MD) 3/02

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Medical Directors of Trusts for onward cascade to:

- Staff in A&E Departments
- Staff in Intensive Care Units and HDUs
- Consultant Microbiologists
- Consultant Neurologists
- Consultant Pathologists
- Services dealing with drug misuse

- Chief Executives of HSS Boards and Trusts
- Directors of Public Health (for onward cascade to General Practitioners with electronic mail, and by fax to Out of Hour Co-operatives)
- Consultants in Communicable Disease Control
- Communicable Disease Surveillance Centre
- Drug Co-ordinator Teams
- Members of the Drug Action Team

Dear Colleague

### **TEMPORAL CLUSTER OF SUSPECTED WOUND BOTULISM IN THE UNITED KINGDOM POSSIBLY ASSOCIATED WITH INJECTING DRUG USE**

Three suspected and one confirmed case of wound botulism have been reported to the PHLS Communicable Disease Surveillance Centre and the Scottish Centre for Infection and Environmental Health since the beginning of February, of which three were reported in the last 48 hours. The first date of onset was 28/01/02 and the dates of onset for the subsequent cases, where known, are on or after 14/02/02. There is no geographical clustering.

At least three of the four patients are known to be injecting drug users. All have presented with a descending paralysis and diagnoses of wound botulism are suspected clinically. One case has been confirmed as due to *Clostridium botulinum* type B. Testing of clinical specimens from the remaining cases is underway at the PHLS Food Safety Microbiology Laboratory.

Wound botulism can occur if *Clostridium botulinum* contaminates a wound in which anaerobic conditions develop. Characteristically there is a bilateral cranial nerve impairment and descending flaccid paralysis. Blurred or double vision, dysphagia and a dry mouth are often the first complaints. These symptoms may extend to a symmetrical flaccid paralysis in a paradoxically alert patient. Fever is usually absent. If onset is very rapid there may be no symptoms before sudden respiratory paralysis occurs.

Botulinum antitoxin is held at the Belfast City Hospital - details are available from the Consultant Bacteriologist on call who can be reached at 028 90 329241. The use of antitoxin should also be discussed with a Consultant Neurologist, if feasible.

Guidance on obtaining appropriate clinical specimens can be found at:  
[www.phls.co.uk/advice/botulism\\_guidelines.pdf](http://www.phls.co.uk/advice/botulism_guidelines.pdf)

Clinical specimens should be forwarded to the PHLS Food Safety Microbiology Laboratory, Colindale immediately.

Further information on botulism is available on the PHLS website at:  
[www.phls.co.uk/facts/botulism.htm](http://www.phls.co.uk/facts/botulism.htm)

Guidance for injecting drug users on safer use of heroin is available at:  
[www.phls.co.uk/advice/idu.htm](http://www.phls.co.uk/advice/idu.htm)

Yours sincerely

***H CAMPBELL (Dr)***