

DR. TRACIE C. COLLINS, M.D. Cabinet Secretary

## NEW MEXICO HEALTH ALERT NETWORK (HAN) < ALERT>

New Mexico Continues to See Wound Botulism Cases Reported

July 20, 2021

In 2021 the New Mexico Department of Health has confirmed three wound botulism cases and is investigating three more potential cases. Cases have been seen in multiple counties, including Bernalillo, Rio Arriba, Eddy and Quay.

Clinicians should be on the alert for patients presenting with signs and symptoms of wound botulism and report any suspect cases to the Department of Health (24/7/365) at (505) 827-0006 so that botulism antitoxin can be obtained as soon as possible.

The suspected source of infection is either abscesses or soiled skin at the injection site, contaminated injection devices, or contaminated illicit substances. Black tar heroin has been linked to wound botulism patients in New Mexico over the last several years, but people who inject other illicit substances are also at risk for wound botulism. Individuals who inject subcutaneously are at higher risk for wound botulism.

Botulism is a rare but serious paralytic illness caused by a nerve toxin that is produced by the bacterium Clostridium botulinum, which is commonly found in soil. These rod-shaped organisms grow best in low oxygen conditions. The bacteria form durable spores which allow them to survive in a dormant state until exposed to conditions that can support their growth.

All providers should maintain a high index of suspicion for botulism in any patient presenting with the following signs and symptoms who also reports injection substance use. The classic symptoms of botulism include:

- double vision
- blurred vision
- drooping eyelids
- slurred speech
- difficulty swallowing
- dry mouth
- muscle weakness/descending paralysis
- difficulty breathing/shortness of breath

These are all symptoms of muscle paralysis caused by the bacterial toxin. If untreated, these symptoms may progress to cause paralysis of the respiratory muscles, arms, legs, and trunk with subsequent death. Physicians should consider the diagnosis if the patient's history (i.e., injection drug use) and physical examination suggest botulism. All specimens for testing should be collected BEFORE administering botulism antitoxin.

The NMDOH recommends that all clinicians be alert for cases of wound botulism, especially in people who inject substances; report any suspect case immediately to the Department of Health at 505-827-0006 so that antitoxin can be obtained as soon as possible if indicated; and warn persons who inject substances about wound botulism and inform them of the signs and symptoms, and the need to seek medical care immediately.