CURRENT NOTES

Botulism alert for people who inject drugs – update

49/0601 Further to Current note 49/0501 (at http://www.hps.scot.nhs.uk/ewr/redirect.aspx?id=62518), NHS boards, Police Scotland and HPS are continuing to investigate an outbreak of botulism in people who inject drugs (PWID). The source of the infection is believed to be heroin contaminated with *Clostridium botulinum* spores. From 21 December 2014 to 9 February, 21 people in Scotland have been admitted to hospital (seven since 1 February 2015), with illness where botulism has been suspected. Two of the 21 cases have been discounted. Of the remaining 19 cases, six have been confirmed microbiologically as botulism and three as type B. In nine cases, there is clinical evidence to support a diagnosis of wound botulism and laboratory results are either pending (six cases) or negative (three cases); these cases have been classified as probable cases. The remaining four cases are under investigation, being classified as possible cases. In all the cases where information is available, the individuals had obtained their drugs in, or sourced them via, Glasgow. While the hypothesis that these cases are the result of a batch of heroin contaminated with *C. botulinum* spores remains to be positively confirmed, HPS is continuing to stress the urgency of the public health message.

While further cases of botulism have been reported in Norway (n=6), there is no information at this point to suggest a link with the Scottish cases.

Botulism is a rare condition caused by a toxin produced by the anaerobic bacterium *C. botulinum*. Clusters and isolated cases of wound botulism have been reported in PWID (see the current edition of ‘Shooting up’ at https://www.gov.uk/government/publications/shooting-up-infections-among-people-who-inject-drugs-in-the-uk). These are thought to be due to environmental contamination of injectable drugs, usually heroin, with bacterial spores.

Botulism spores can germinate in the anaerobic environments that can be found in the wounds that occur when people inject intramuscularly or subcutaneously. Intramuscular or subcutaneous injections among PWID usually happen as a result of someone missing a vein when trying to inject intravenously. These germinated botulism spores cause a local infection and toxin production.

Patients with botulism may present with blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth and muscle weakness. If left untreated the illness may progress to cause paralysis and death. Botulism is treated using appropriate antibiotics.
and through the administration of an anti-toxin. In Scotland, botulinum antitoxin can be obtained from pharmacy departments in the Royal Infirmary, Glasgow; Raigmore Hospital, Inverness; Ninewells Hospital, Dundee; Aberdeen Royal Infirmary and the Western Isles Hospital, Stornoway.

Botulism is a clinical diagnosis that is supported by laboratory confirmation. Confirmation requires the timely collection of appropriate biological samples before anti-toxin administration. Microbiologists should consider botulism among their differential diagnosis as appropriate, for severe illnesses where a patient reports injecting drug use.

Advice to pregnant women during the lambing season

49/0602 The Scottish Government has issued annual advice for a number of years that pregnant women who come into close contact with sheep during lambing may risk their own health, and that of their unborn children, from infections that such animals can carry. Although the number of human pregnancies affected by contact with an infected animal is extremely small, it is important that pregnant women are aware of the potential risks and take appropriate precautions. These risks are not only associated with sheep, nor confined only to the spring (when the majority of lambs are born). Cattle and goats that have recently given birth can also carry similar infections.

Pregnant women should seek immediate medical advice if they experience fever or influenza-like symptoms, or if they are concerned that they could have acquired infection from a farm environment.

To avoid the possible risk of infection, pregnant women should;

• not help ewes to lamb, or to provide assistance with a cow that is calving or a nanny goat that is kidding;

• avoid contact with aborted or new-born lambs, calves or kids or with the afterbirth, birthing fluids or materials (e.g. bedding) contaminated by such birth products;

• avoid handling (including washing) clothing, boots or any materials that may have come into contact with animals that have recently given birth, their young or afterbirths. Potentially contaminated clothing will be safe to handle after being washed on a hot cycle;

• ensure contacts or partners who have attended lambing ewes or other animals giving birth take appropriate health and hygiene precautions, including the wearing of personal protective equipment and clothing and adequate washing to remove any potential contamination.

Farmers have a responsibility to minimise the risks to pregnant women, including members of their family, the public and professional staff visiting farms. Farmers should consult their veterinary surgeon about suitable vaccination programmes and any other disease control measures in sheep, cattle and goats.

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 require employers and the self-employed to assess risks to health from harmful substances, including micro-organisms, and to take steps to prevent or control those risks, and The Management of Health and Safety at Work Regulations 1999 require employers and the self-employed to further assess any risks which affect pregnant women.

Further information on zoonoses and appropriate control measures can be found on the HSE website (http://www.hse.gov.uk/). This includes links to information on many zoonoses (http://www.hse.gov.uk/agriculture/topics/zoonoses.htm) (including those that can specifically affect pregnant women) and the 1997 publication ‘Infection risks to new and expectant mothers in the workplace - a guide for employers’ (http://www.hse.gov.uk/pubns/books/infection-mothers.htm), by the Advisory Committee on Dangerous Pathogens. [Source: Scottish Government News Release, 10 February 2015. http://news.scotland.gov.uk/].
Review on antimicrobial resistance

49/0603 Responding to mounting international concern about the rise of drug-resistant infections, the UK Prime Minister commissioned Jim O’Neill in July 2014 to chair a major review on antimicrobial resistance. The Review intends to recommend a package of actions that it considers should be agreed internationally to tackle this growing threat by the summer of 2016. The Review operates independently of the UK Government and the Wellcome Trust who are co-funders.

On 5 February, the Review set out its initial recommendations in the paper ‘Tackling a global health crisis: Initial steps’. The Review released this paper (available at http://amr-review.org/Publications) to set out its assessment of the international AMR research funding landscape, and make its first recommendations for global action to address the challenges of rising drug resistance. This includes the establishment of a global AMR Innovation Fund; steps to help maintain the effectiveness of existing antibiotics; and action to address an emerging skills shortage in this crucial field of research.


Low severity avian flu confirmed in Hampshire

49/0604 On 2 February, a low severity case of avian flu was confirmed in chickens on a farm in Hampshire and action was being taken to prevent any spread of the disease, which poses very low risk to human health. Tests confirmed the outbreak as a low severity H7N7 strain of the disease, a much less severe form than the H5N8 strain found at a Yorkshire duck farm in November. There are no links between the two cases.

A 1km poultry movement restriction zone was imposed and all birds at the commercial chicken breeding farm were culled as part of procedures for responding swiftly and thoroughly when an outbreak occurs. The cull to prevent the spread of potential infection was carried out in a safe and humane manner by fully trained APHA staff.

The advice from Public Health England (PHE) is that the risk to public health is very low, and the Food Standards Agency has said there is no food safety risk for consumers. [Source: Defra Press Release, 6 February 2015. https://www.gov.uk/government/news/low-severity-avian-flu-confirmed-in-hampshire]

FSA launches *Campylobacter* e-newsletter

49/0605 The Food Standards Agency (FSA) launched its Acting on *Campylobacter* Together (ACT) e-newsletter on 28 January.

*Campylobacter* is the most common cause of human bacterial food poisoning in the UK. Each year it is estimated to be responsible for about 280,000 cases of food poisoning. Up to 80% of cases can be attributed to raw poultry meat. To tackle this, and reduce contamination on UK-produced chickens, the whole food chain needs to play its part and the FSA is spearheading the ACT campaign from ‘farm to fork’ – including chicken producers, processors, caterers and retailers.

Chemical and radiation incidents - e-learning module

49/0606 The United Kingdom recovery handbooks for chemical and radiation incidents and recovery tools developed by Public Health England (PHE) provide:

- a decision making framework for choosing an effective recovery strategy following a chemical or radiation incident;
- a compendium of practicable, evidence-based recovery options to assist with the remediation of environmental contamination.

PHE has launched an e-learning module providing a summary of UK recovery handbooks for chemical and radiation incidents, and an introduction to recovery tools.

The module, released on 6 February and available at [http://legacyassets.phe.org.uk/tools/CRT_elearning/eguide_rnt.html](http://legacyassets.phe.org.uk/tools/CRT_elearning/eguide_rnt.html) provides an overview of:

- the purpose scope and structure of the recovery handbooks;
- how to use handbooks and tools for developing a recovery strategy following a chemical or radiation hazard;
- the chemical and radiation recovery navigation tool.


Notification table

49/0607 Readers will note that this issue of the Weekly Report does not contain the customary Notification Table section. Owing to a change in the notification reporting procedure, the publication schedule of these tables is currently under review. We hope to resolve this issue as soon as possible.

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