BOTULISM

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General points on treatment

In the context of this document, Botulism caused by exposure to a toxin produced by *Clostridium botulinum* would be acquired via ingestion of toxin-contaminated water or food or inhalation of toxin via the airborne route. Thus, antibacterial agents have no role in the management of this type of botulism.

The trivalent equine antitoxin contains antibodies to botulinum toxin types A, B and E, which are the most common toxin types associated with sporadic cases of human botulism. The quantities of antitoxin are usually expressed in International Units (IU) per unit of volume.
Passive immunisation with equine antitoxin is effective in reducing the severity of symptoms if administered early in the course of the disease.
No specific dose recommendations can be made due to the variability of the properties e.g. strength of the available antitoxin in different EU Member States.
Therefore, the product particular supplied with the vial(s) must be consulted. Availability of antitoxin appears to be very variable across the EU and it is usually only obtainable from designated centres where limited stocks are stored.
Most patients eventually recover after weeks to months of supportive care.

Recommendations are compiled from references 1-3.

References

1. JAMA Consensus statement. Botulinum toxin as a biological weapon. Vol. 285 No. 8, February 28, 2001

2. Afssaps homepage. Plan Biotox (www.agmed.sante.gouv.fr/htm/10/indbio.htm).
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3. PHLS homepage, (www.phls.org.uk/facts/deliberate releases.htm) Last date accessed December 03, 2001. Botulism, Interim PHLS guidelines for action in the event of a deliberate release, Issue 3 / Version 2 ed, vol. 2001. Public Health Laboratory Service, United Kingdom.

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