Botulism Antitoxin Heptavalent (Equine) Types A, B, C, D, E, F, & G

Date: September 6, 2018

Rationale for update: Updated to incorporate revised product monograph. Special Access Program forms no longer required.

Please consult the Product Monograph\(^1\) for further information about this product.

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Emergent BioSolutions (Cangene Corporation)</th>
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Authorization and access

Special authorization and access procedures must be followed:

**Botulism Antitoxin** Heptavalent - types A, B, C, D, E, F, & G

- The Office of the Chief Medical Officer of Health (OCMOH) must be notified by the fastest means possible of all cases for which botulism antitoxin is required.
- Available on a 24-hour basis from Alberta Health by calling OCMOH pager: 780-638-3630.

Indications for use of botulism antitoxins (equine)

Treatment of botulism – suspected or confirmed (administer immediately on suspicion of botulism - do not delay treatment waiting for lengthy clinical observations or confirmatory lab results)\(^1\)

**Notes:**

- Baby BIG\(^\circ\) (Baby Botulism Immune Globulin) is the first-line therapy for naturally occurring infant botulism.\(^2\) See Baby BIG\(^\circ\).
- Botulism Antitoxin (BAT) Heptavalent is not generally recommended for infants younger than one year of age.\(^2\)
- Botulism Antitoxin Heptavalent may be considered for non-type A & B infant botulism, on a case-by-case basis.\(^2\)

For further information about the disease and reporting requirements refer to Public Health Notifiable Disease Management Guidelines – Botulism.\(^3\)

Dose

Dose depends on age and weight. Refer to Product Monograph\(^1\).

**Note:** This is a treatment product administered under the direction of a physician in an acute care setting.

Route

Slow IV infusion. Refer to Product Monograph \(^1\).

Schedule

Treatment: Infusion depends on age and weight. Refer to Product Monograph \(^1\).

Contraindications

None

Precautions

Before administering Botulism-Antitoxin Heptavalent, the patient’s history should be carefully reviewed in order to determine whether the patient is at risk of an allergic reaction to equine protein (i.e., history of previous allergic reaction to equine protein, history of repeated use of antitoxin products). Refer to the current Product Monograph.

Possible reactions

**Common:**
- Headache, nausea, pruritus, urticaria\(^1\)
- Fever, chills, edema\(^1\)

**Rare:**
- Allergic reaction\(^1\)
Post-Marketing surveillance:
- Hypersensitivity/allergic reactions\(^1\)
- Anaphylactic shock\(^1\)

**Pregnancy**

There are no human or animal data to establish the presence or absence of risk associated with heptavalent BAT.\(^1\) Trivalent (A, B and E) BAT has been given to pregnant women without causing harm to mother or fetus. The benefit to the mother and the fetus from receiving heptavalent BAT for botulism should be weighed against the risk of harm from the treatment; decisions should be made on a case-by-case basis.

**Lactation**

It is not known whether BAT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when BAT is administered to a nursing mother.\(^1\) Botulism Antitoxin Heptavalent may considered on a case by case basis.

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**References**

