

Philadelphia Department of Public Health

Division of Disease Control

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Health Advisory

Clenbuterol Suspected Contamination of Heroin in Philadelphia January 17, 2007

The Philadelphia Department of Public Health (PDPH) and the Philadelphia Poison Control Center have learned of two cases of possible clenbuterol exposure among heroin users in Philadelphia. Six additional suspect cases are currently being investigated in New Jersey. In 2004, clenbuterol-contaminated heroin caused 26 probable cases of intoxication in the region. Clenbuterol is a beta-adrenergic agonist approved for the treatment of respiratory disease in animals (primarily horses). It is similar to albuterol but has a longer half-life of 25-39 hours if taken orally. Signs and symptoms of clenbuterol intoxication include sinus tachycardia, hypotension, tachypnea, headache, muscle tremors, hyperglycemia, hypokalemia, hypophosphatemia, and an elevated pVO₂. Severe exposures may also present with lactic acidosis.

Patients presenting with the above clinical picture and a history of recent heroin use should be considered suspect cases. Clinicians are advised to collect urine and possibly serum samples to confirm the presence of clenbuterol or to identify other agents. PDPH can facilitate testing of specimens with an appropriate diagnostic laboratory if needed. There is no approved antidote or reversal agent for clenbuterol intoxication. Treatment and patient management guidelines include:

- Supportive care
- Cardiovascular monitoring
- Electrolyte correction
- Treatment of unstable cardiovascular function

For additional recommendations for patient management or to report suspect cases, contact the Philadelphia Poison Control Center at (800) 222-1222. For PDPH help with specimen testing, call the Division of Disease Control (DDC) at (215) 685-6741 during business hours; after business hours call (215) 686-1776 and ask for the on-call person for DDC.

More information on cases of clenbuterol contamination among heroin users can be found at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5432a1.htm