

New Hampshire Health Alert Network Health.Alert@nh.gov

Status: Actual
Message Type: Alert
Severity: Severe
Sensitive: Not Sensitive

Message Identifier: NH-HAN #20121121 Fungal Meningitis Update #7

Delivery Time: 12 hours **Acknowledgement:** No

Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

DATE: November 21, 2012 **TIME:** 1200 EDT

TO: Physicians, Physician Assistants, Nurses, Infection Control Practitioners, Infectious Disease Specialists, Hospital Emergency Departments, Hospital CEOs, Laboratory Response Network, Manchester Health Department, Nashua Health Department, NHHA, NH School Nurses and Administrators, Community Health Centers, DHHS Outbreak Team, DPHS Investigation Team, Ambulatory Surgical Centers, Public Health Network,

and DPHS Management Team

FROM: Jodie Dionne-Odom MD, Deputy State Epidemiologist

SUBJECT: Fungal Meningitis Outbreak Update #7

New Hampshire DHHS, Division of Public Health Service (NH DPHS) recommends:

- Review of the attached updated CDC Health Alert Advisory and clinical guidance for patients who have received NECC Methylprednisolone Acetate implicated lots.
- Low threshold for MRI with contrast of the symptomatic area(s), if not contraindicated in patients with new or worsening symptoms at the injection site.
- Timely reporting to NH DPHS of any suspect cases that may be related to NECC products

National Outbreak Update:

As of November 19, 2012, a total of 490 cases have been reported in 19 states with 34 deaths. *Exserohilum rostratum* continues to be the predominant fungus identified in patients and confirmed by the CDC laboratory. CDC has confirmed infections from the three initially recalled lots of methylprednisolone from NECC. No other products are implicated in the outbreak to date.

Nationally, complications at the injection site are being reported more frequently, including epidural fluid collections, arachnoiditis and cauda equina syndrome. Some patients have developed these complications while on targeted antifungal therapy and some have had complicated site infections in the absence of meningitis. Close clinical follow up is recommended for patients with worsening symptoms and clinicians should have a low threshold for ordering an MRI of the injection site.

NH Specific Information:

To date, New Hampshire has reported 13 cases associated with this national outbreak, 9 with meningitis and 4 with joint infection. All patients have been in care and any patient who received an injection with the three contaminated lots of methlyprednisolone has been contacted.

Please refer to previous HANs (10/4/12, 10/6/12, 10/10/12, 10/14/12, 10/19/12, 11/1/12) http://www.dhhs.nh.gov/dphs/cdcs/alerts/han.htm for additional information on this outbreak.

For any questions regarding the contents of this message, or to report cases, please contact NH DHHS Infectious Disease Investigation and Surveillance Sections at 603-271-4496. After hours or toll free (In NH) at 800-852-3345, ext. 4496 or 603-271-5300 and ask for the public health professional on call.

DEFINITION OF TERMS AND ALERTING VOCABULARY

Message Type

Alert: Original alert

Update: Prior alert has been updated and superseded

Cancel: Prior alert has been cancelled Error: Prior alert has been retracted

Status

Actual: Refers to a live event

Exercise: Designated recipients must respond to the communication or alert

Test: Related to a technical and/or system test

Severity

Extreme: Extraordinary threat to life or property
Severe: Significant threat to life or property
Moderate: Possible threat to life or property
Minor: Minimal threat to life or property
Unknown: Unknown threat to life or property

Sensitive

Sensitive: Indicates the alert contains sensitive content

Not Sensitive: Indicates non-sensitive content

Message Identifier A unique alert identifier that is generated upon alert activation

Delivery Time Indicates the time frame for the delivery of the alert

Acknowledgement Indicates whether an acknowledgement on the part of the recipient is

required to confirm that the alert was received, and the time frame in which a

response is required.

Originating Agency A guaranteed unique identifier for the agency originating the alert.

Alerting Program The program sending the alert or engaging in alerts and communications

using PHIN Communication and Alerting (PCA) as a vehicle for their

delivery.

You have received this message based upon the information contained within our emergency notification database.

If you have a different or additional e-mail or fax address that you would prefer to be used, please contact: Denise M. Krol, MS NH HAN Coordinator

Denise.Krol@dhhs.state.nh.us

Business Hours: 8 AM – 4 PM

Tel: 603-271-4596 Fax: 603-271-0545