



New Hampshire Health Alert Network

Health.Alert@nh.gov

Status: Actual
Message Type: Alert
Severity: Moderate
Sensitive: Not Sensitive
Message Identifier: NH-HAN #20130422 Fungal Meningitis Update #10
Delivery Time: 12 hours
Acknowledgement: No
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

DATE: April 22, 2013

TIME: 1045 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, DHHS Outbreak Team, DPHS Investigation Team, Public Health Network, and DPHS Management Team, Pharmacists

FROM: Sharon Alroy-Preis, MD, NH State Epidemiologist

SUBJECT: Fungal Meningitis Outbreak Update #10

NH Division of Public Health Services (NH DPHS) recommends:

- Remain alert to the potential for infections among patients who were exposed to the contaminated steroid injections and continue vigilance when evaluating them with the following presentations:
 1. Any pain at the injection site
 2. Fever
 3. New onset neurological symptoms
- Awareness of DPHS outreach to patients who were exposed to the contaminated steroid injections.

Outbreak Update:

Nationally, 733 cases, including 53 deaths, have been reported in 20 states as part of the outbreak of fungal infections related to three contaminated lots of Methyl Prednisolone Acetate (MPA) produced at New England Compounding Center (NECC).

In New Hampshire, 14 cases have been reported (9 meningitis cases and 5 cases of arthritis) out of 752 exposed patients. Please refer to previous HANs for detailed information on the outbreak. <http://www.dhhs.nh.gov/dphs/cdcs/alerts/han.htm>

CDC continues to receive new reports of fungal infections among patients who were exposed to the contaminated MPA lots. These are predominantly spinal and paraspinal infections at the steroid injection site. Some of these patients had a negative initial evaluation for fungal infection yet later presented with new neurological symptoms and were diagnosed with active fungal infection. In this setting, outreach to exposed patients with messaging about the need to seek medical evaluation for persistent symptoms was critical in diagnosing these late unrecognized infections.

Based on this important information from late cases recognized in other states, NH DPHS is sending letters to all exposed patients to share this new information about possible delayed symptoms, to alert them of the symptoms and to encourage them to consult with their provider if they develop them. In order to ensure that providers who are/will care for these exposed patients are aware of the recommendations in the letter, we have attached the patient letter to this HAN message.

Clinical guidance from CDC on the diagnosis and treatment of exposed patients is available at <http://www.cdc.gov/hai/outbreaks/clinicians/index.html#han>. The recommendations for evaluating symptomatic patients include a low threshold for MRI in patients with persistent pain at the injection site, even if the pain is at baseline level (i.e., pre-injection pain).

DPHS will continue to provide situation updates on this multistate outbreak as new information becomes available.

Attachment: DPHS Letter to patients

For any questions regarding the contents of this message, please contact NH DHHS Infectious Disease Investigation and Surveillance Sections at 603-271-4496. Contact information is available after hours or toll free at 800-852-3345, ext. 4496.

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



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6503
603-271-4496 1-800-852-3345 Ext. 4496
Fax: 603-271-0545 TDD Access: 1-800-735-2964



April 22, 2013

Dear Sir/Madam:

Our records show that you have received an injection with a potentially contaminated steroid medication, Methyl Prednisolone Acetate, which was produced at the New England Compounding Center (NECC). All patients who received this medication were notified in October 2012 and assessed for symptoms. The New Hampshire Division of Public Health Services (DPHS) has worked primarily with Pain Care Center and other local clinicians to make sure that all patients who received this medication have been appropriately evaluated, based on national guidelines provided by the US Centers for Disease Control and Prevention (CDC).

We are sending this letter to provide you with the most current information and recommendations. As of April 16, 2013, 733 fungal infections have been reported by 20 states. Fourteen cases were identified in New Hampshire. Nationally, the infections that have been reported as part of this outbreak have been meningitis, joint infections, or back infections at the injection site. Many infections developed months after the initial injection and some included mild pain, at times not more than the usual (pre-injection) pain. Some of these patients were identified weeks or months after having had an appropriate initial medical evaluation that did not show infection. These late infections have not been reported in New Hampshire to date.

Therefore, **CDC and the NH DPHS are recommending that you consult with your health care provider for evaluation of unrecognized infection if you experience any of the following symptoms:**

1. Any pain at the injection site.
2. Fever
3. New neurological problems such as limb weakness or reduced sensation, tingling or numbness, or changes in bladder, bowel, or sexual function.

This evaluation may include a physical exam, blood work, Magnetic Resonance Imaging (MRI) test, and/or biopsy.

We know that this information may be very concerning to you, but it is important for you to have the most current information so you can make the best decisions about your health. As such, you may want to copy this letter and bring it with you to your healthcare provider visits. As additional information becomes available, we will update both you and New Hampshire physicians. If you have any questions about this letter, please contact the NH DPHS, Bureau of Infectious Disease Control at (603) 271-4496.

Sincerely,

Sharon Alroy-Preis, MD, MPH
New Hampshire State Epidemiologist