



New Hampshire Health Alert Network

Health.Alert@nh.gov

Status: Actual
Message Type: Update HAN #20121010 Fungal Meningitis Update #2
Severity: Severe
Sensitive: Not Sensitive
Message Identifier: NH-HAN #20121014 Fungal Meningitis Update #3
Delivery Time: 12 hours
Acknowledgement: No
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

DATE: October 14, 2012

TIME: 1730EDT

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, NHHHA, NH School Nurses and Administrators, Community Health Centers, DHHS Outbreak Team, DPHS Investigation Team, Ambulatory Surgical Centers, Pharmacists, Public Health Network, and DPHS Management Team

FROM: Sharon Alroy-Preis MD, State Epidemiologist

SUBJECT: Fungal Meningitis Outbreak Following Epidural Steroid Injection Update #3

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

- Awareness of 4 cases associated with the outbreak in NH: three consistent with meningitis, one with septic arthritis.
- High vigilance in evaluating any patient who received injectable New England Compounding Center (NECC) products and consideration of fungal etiology in the differential diagnosis.
- Low threshold for lumbar puncture and imaging for patients presenting with CNS symptoms (headache, stiff neck, photophobia, stroke-like symptoms), even subtle, s/p epidural or paraspinal injection of a NECC product.
- Low threshold for arthrocentesis and/or imaging for patients presenting with worsening joint symptoms (pain and swelling) s/p joint injection of a NECC product. **There is NO indication to perform an LP in those patients in the absence of CNS symptoms.**
- Awareness of potentially long incubation periods: 6 weeks noted for fungal meningitis post-epidural injection (may be even longer than that). Unknown incubation period for fungal joint infection is possibly months.
- Timely reporting to NH DPHS of any suspect cases that may be related to this outbreak.
- Discontinue use of all products distributed by the NECC of Massachusetts. All products manufactured by NECC since January 2012 have been recalled.
- Please refer to previous HANs (10/4/12, 10/6/12, 10/10/12 at <http://www.dhhs.nh.gov/dphs/cdcs/alerts/han.htm>) for previous specific information on this outbreak.

National Outbreak Update:

The national case count as of October 14, 2012, related to this outbreak is 205 cases in 14 states and 15 deaths. An initial report on the clinical syndrome seen in the patients associated with this outbreak is available at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm61e1012a1.htm?s_cid=mm61e1012a1_w

In summary, this new MMWR report includes preliminary national data on the first 70 patients associated with the outbreak:

- Incubation period: ranged from 4 to 42 days.
- Presentation: The majority (81%) presented with headache and only 34% had fever and 14% had meningeal signs. Atypical neurological symptoms (e.g., subtle gait disturbance) were seen in a minority of patients.
- Stroke, either as a presenting sign, or as a complication of infection, occurred in 12 (17%).
- Although the most common diagnosis was meningitis, four patients (5%) presented with an epidural abscess or osteomyelitis.
- CSF analysis: Median white cell count was 1,299/ μ L (the lowest documented: 13/ μ L) with neutrophilic predominance. Glucose was usually normal (median 42 mg/dL, range: 11–121mg/dL), and protein usually elevated (median 129 mg/dL, range: 45–588).
- Confirmation of fungal etiology: as of October 10, evidence of a fungal infection had been found in 26 (37%) patients by culture, histopathology, or PCR. The fungal species had been identified in 14 patients; *Exserohilum* spp was identified in 13, and *Aspergillus fumigatus* was identified in one patient.

Additional information from CDC on this outbreak (including national epidemiology, case definitions, and guidance on diagnosis and treatment from national experts) is available at the following link: <http://www.cdc.gov/HAI/outbreaks/meningitis.html>.

NH Specific Information:

In New Hampshire 741 patients were exposed to the initially recalled lots of Methylprednisolone Acetate, including 217 patients who received epidural injection. Of those exposed, 4 patients are associated with the outbreak: three with meningitis and one with septic arthritis of a peripheral joint. Investigation of additional symptomatic patients is underway.

You can refer to NH DHHS website for NH specific information:

<http://www.dhhs.state.nh.us/dphs/cdcs/fungal-meningitis.htm>

Other NECC products:

It is unclear whether other products by NECC could have been contaminated and all NECC products produced since January 2012 have been recalled. Please discontinue use of all NECC products but do not discard products as they may be needed in the future for testing.

The complete list of NECC products can be found at:

http://www.neccrx.com/List_of_all_products_manufactured_since_January_2012.pdf

Please remain vigilant in evaluation of patients who received other NECC products and consider fungal etiology in the differential diagnosis.

Please contact the NH DPHS Infectious Disease Investigation and Surveillance Sections at 603-271-4496 (after hours 1-800-852-3345, x5300) to report any suspect or confirmed cases.

This outbreak is rapidly evolving and NH DPHS will continue to provide updates as new information is learned.

For any questions regarding the contents of this message, 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:

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