



## COMMONWEALTH of VIRGINIA

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### **UPDATE: FUNGAL MENINGITIS ASSOCIATED WITH POTENTIALLY CONTAMINATED PRODUCT**

October 7, 2012

Dear Clinician,

This letter is being sent to physicians in southwestern Virginia to update you on the outbreak of fungal meningitis that has presented in patients who received epidural spinal injections (ESI) containing potentially contaminated preservative-free methylprednisolone acetate from three lots prepared by the New England Compounding Center (NECC). Virginia Department of Health (VDH) is working closely with the only two medical facilities known to have received and used this product from NECC. Insight Imaging in Roanoke contacted more than 600 patients and New River Valley Surgery Center in Christiansburg contacted less than 30 patients, who received this product via any form of injection.

As of Sunday October 7, VDH is reporting 18 cases of suspect fungal meningitis, including one (1) death. Fifteen (15) cases are residents of southwest Virginia; three (3) cases are residents of West Virginia who received an ESI at one of the Virginia facilities. Other cases are under investigation and Virginia's numbers will increase.

A preliminary descriptive analysis of Virginia's first 11 cases found:

- 64% were male, 36% were female. Median age was 59 years (range 40 – 80).
- All 11 have been hospitalized.
- Symptom onset dates ranged from 9/10/2012 – 10/1/2012. Symptoms included: headache, 91%; fever or chills, 73%; stiff neck/neck pain, 64%; and /or photophobia/other visual changes, 36%.
- CSF findings were: median WBCs 1,960 per mm<sup>3</sup> (range 303 – 7,454) with neutrophil predominance; protein 103 mg/dL (range 47 – 164); and glucose 43 mg/dL (range 23 – 91).
- Incubation period (date of last injection to symptom onset date) was a median 20 days (range 4 – 27 days).
- By procedure, 9 (82%) received lumbar ESIs; 2 (18%) received cervical ESIs.
- All received methylprednisolone acetate from NECC lot number 06292012. Two (2) also received ESIs with product from one of the other two lots.

**Symptoms AND CSF pleocytosis (regardless of CSF protein and glucose values) AND history of having an ESI with one of the three lots of methylprednisolone in the recall issued September 25, 2012 are the key criteria for a case and are an indication for initiating empiric antifungal therapy.** Consultation with an infectious disease specialist is strongly recommended for the management of these patients.

The decision to perform an LP on a patient who received an ESI with the recalled product requires clinician decision making. **We are asking you to have a low threshold for performing an LP on symptomatic patients who had an ESI with any one of the three lots of methylprednisolone.** Some patients' symptoms have been mild in nature. Some patients may present with neurologic symptoms.

Virginia's data, to date, indicate that the risk of infection is most strongly associated with receiving at least one ESI with NECC lot number 06292012. Because of the presumptive incubation period, illness may still develop in persons who only received NECC lot number 08102012.

- Insight Imaging used NECC lot numbers 06292012 and 08102012 on or after August 9, 2012. These products were last used September 25, 2012.
- New River Valley Surgery Center only used NECC lot number 06292012 on or after August 8, 2012. This product was last used September 26, 2012.
- Insight Imaging did use NECC lot number 05212012 primarily on or before August 8, 2012.

Together clinical medicine and public health are facing an unknown number of persons ill or potentially ill with fungal meningitis, a serious and potentially life threatening condition. We hope this information is helpful as you communicate with patients about their symptoms and their risk of infection and as you make clinical decisions regarding diagnostic testing, hospitalization/treatment, and follow-up.

The VDH homepage (<http://www.vdh.virginia.gov/>) has links to CDC's Meningitis Outbreak webpage, which will have the most current guidelines on diagnostic testing and treatment.

My continuing thanks for the great work being done by physicians and all health care professionals in multiple hospitals and the public health professional in multiple health districts on the ongoing investigation, patient contact, and public information as we respond to this outbreak of fungal meningitis.

Sincerely,

David H. Trump, MD, MPH, MPA  
State Epidemiologist & Director, Office of Epidemiology