

COMMONWEALTH of VIRGINIA

Maureen E. Dempsey, MD, FAAP ACTING STATE HEALTH COMMISSIONER Department of Health P O BOX 2448 RICHMOND, VA 23218

TTY 7-1-1 OR 1-800-828-1120

UPDATE: FUNGAL INFECTIONS ASSOCIATED WITH CONTAMINATED PRODUCT

November 28, 2012

Dear Clinician,

This letter is being sent to physicians in southwestern Virginia to update you on the outbreak of fungal meningitis among patients who received injections containing contaminated preservative-free methylprednisolone acetate (MPA) from three recalled lots prepared by the New England Compounding Center. In Virginia, this product was only used by Insight Imaging in Roanoke and New River Valley Surgery Center in Christiansburg. As of November 26, 2012, VDH is reporting 51 cases of suspected or confirmed fungal infections, including two (2) deaths; 49 (96%) cases were meningitis and two (4%) were epidural abscesses. No fungal infections of peripheral joints have been reported in Virginia, to date. See the attachment for a descriptive analysis of Virginia's first 50 cases.

Discontinuation of Active Public Health Surveillance

Since October 2012, hospital clinicians at Carilion Roanoke Memorial Hospital and Lewis Gale Regional Health System and VDH staff in the local health districts have been performing active surveillance among those exposed to one of the three recalled lots of MPA. Clinical follow-up has consisted of weekly monitoring of exposed persons who have sought medical evaluation and had a lumbar puncture. Public health follow-up has consisted of weekly telephone calls to exposed persons who have <u>not</u> received a lumbar puncture to determine if they have developed any new symptoms and to recommend immediate medical care if new or worsening signs or symptoms were present.

Based on VDH's risk assessment for persons exposed in Virginia, we have decided to end public health surveillance for exposed persons who have not yet entered clinical care. Some local health districts might opt to continue public health surveillance on a person-by-person basis, but this decision will be left to the discretion of the local health department. Our decision to discontinue active public health surveillance is based on multiple factors. Injections in Virginia with any recalled lot were performed from June 28, 2012 to September 28, 2012. Epidemiologic data reveal a median incubation period of 21 days (range 1 - 100 days) among Virginia cases; these data suggest that the <u>majority</u> of infections associated with contaminated MPA exposures in Virginia should have developed by now. In addition, all persons have been contacted one or more times since their last injection and physicians in the region have received multiple updates about this outbreak.

Over the next 10 days, local health departments will perform one final interview with exposed persons under public health surveillance to assess symptoms, alert them that public health surveillance is ending, and gauge their understanding that they should seek immediate clinical care if any signs or symptoms develop. Symptoms of concern include any new or worsening headache, fever, stiff neck, photophobia, weakness or numbness in any part of the body, slurred speech, increased pain, redness or swelling at the injection site, and cauda equine syndrome (e.g., back or leg pain or numbness or changes in urination or bowel function). In addition, VDH will be sending a letter to all persons under public health surveillance with this information.

Updated CDC Clinical Guidance

On November 20, 2012, CDC issued updated diagnostic guidance, including a recommendation that for patients with new or worsening symptoms at or near their injection site physicians should obtain an MRI with contrast of the symptomatic area. In addition, CDC is recommending that for patients being treated for fungal meningitis, even in absence of new or worsening symptoms at or near the injection site, clinicians should strongly consider obtaining an MRI of injection site 2-3 weeks after the diagnosis of meningitis. For more detailed information regarding treatment and management of exposed persons, please refer to CDC's Fungal Meningitis website found here: http://www.cdc.gov/hai/outbreaks/clinicians/guidance_cns.html

We do expect that fungal infections will be identified in additional patients over the next weeks to months. We strongly recommend consultation with an infectious disease specialist during the diagnostic evaluation of anyone with any new or worsening symptoms who had received an injection with any lot of the contaminated MPA products. VDH continues to monitor the situation closely. We will alert you to any significant changes and, if appropriate, will revise the surveillance plan.

We sincerely thank you for all your assistance in ensuring the health of Virginians during this outbreak. Please contact your local health department to report suspected cases or if you need additional information.

Sincerely,

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