COMMONWEALTH of VIRGINIA

Department of Health

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UPDATE: FUNGAL INFECTIONS ASSOCIATED WITH CONTAMINATED PRODUCT

March 7, 2013

Dear Colleague:

This letter is being sent to physicians in southwestern Virginia to update you on the outbreak of fungal infections 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 March 4, 2013, VDH is reporting 53 cases of suspected or confirmed fungal infections, including two (2) deaths; 44 (83%) cases were meningitis only, 4 (8%) cases were spinal or paraspinal infection (e.g., epidural abscess, phlegmon, arachnoiditis, and discitis) only, and 5 (9%) cases were meningitis and spinal or paraspinal infection. No fungal infections of peripheral joints have been reported in Virginia, to date.

Early in the outbreak, most cases in Virginia and other states presented as meningitis. Nationwide, **42% of reported cases presented with only a spinal or paraspinal infection.** The Centers for Disease Control and Prevention (CDC) continues to receive reports of localized spinal or paraspinal infections. Some of these newly identified case-patients initially had been negative for signs of a fungal infection by either lumbar puncture or MRI. **The incubation period for some of these cases has been long;** Virginia's most recently identified case involved a patient diagnosed with osteomyelitis more than 160 days after the last epidural spinal injection.

Updated Guidance Regarding Management of Patients

Because **some exposed persons may have unrecognized spinal or paraspinal infections**, CDC released updated guidance on March 4, 2013 urging clinicians to maintain vigilance for fungal infections among patients who received contaminated steroid injections.

Please review the following recommendations:

- Clinicians should consider re-evaluating patients who received a spinal or paraspinal injection with recalled NECC product for signs and symptoms of infection including symptoms at or near the injection site.

- Clinicians should **obtain an MRI on patients with new or worsening symptoms at or near the injection site, even if they had a negative prior evaluation** (e.g., normal cerebrospinal fluid profile and/or normal MRI finding).
- Clinicians should consider **performing a MRI with contrast for patients with *persistent, but baseline symptoms*** because signs and symptoms of localized infection may be subtle and hard to distinguish from chronic pain.
- Repeat MRI studies for patients who continue to have localized pain are recommended, even if prior MRI results were normal. In addition, CDC recommends that clinicians consider reviewing MRI results with a neuroradiologist because of the potential difficulties in interpreting imaging results.

The updated CDC guidance also includes the following four new topic areas: surgical management of parameningeal disease; duration of fungal treatment; monitoring clinical status after antifungal treatment has been stopped; and information on non-first-line medications (e.g., posaconazole or itraconazole). Consultation with an infectious disease specialist is strongly encouraged for the evaluation and management of these patients; if needed, we can provide contact information for consultants in your area.

Clinicians interested in participating in a CDC-led conference call on March 13, 2013 at 5 p.m. to obtain additional information about patient management and treatment can register and obtain call-in information at http://www.cdc.gov/hai/outbreaks/clinicians/index.html.

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

Sincerely,

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State Epidemiologist & Director, Office of Epidemiology