

Meningitis outbreak related to compounding pharmacy

On September 26, 2012 the New England Compounding Center (NECC) sent notice of a product recall to healthcare providers/clinics. The recall was on three lots of preservative-free methylprednisolone acetate (80 mg/ml) steroid injections due to potential fungal contamination. This recall was announced following reports of patients being diagnosed with meningitis following an epidural methylprednisolone shot. NECC distributed approximately 17,000 vials of methylprednisolone (3 lots) to pain clinics in 23 different states. Approximately 14,000 patients were exposed to the steroid and 12,000 of these patients have been contacted by state and local health officials. The current numbers stand: 185 cases of meningitis across 12 different states and at least 14 confirmed deaths. The CDC is stating that there are approximately 25 confirmed fungal infections of the central nervous system and the most common pathogen is *exserohilum*.

Meningitis is an inflammation of the meninges surrounding the brain and spinal cord. Most cases of meningitis are caused by a viral infection, but bacterial and fungal infections also can lead to meningitis. Signs and symptoms of meningitis include high fever, severe and persistent headache, stiff neck, nausea, and vomiting. Changes in behavior such as confusion, sleepiness, and difficulty waking up may also occur. The CDC states that the incubation period for fungal infections can be long so any patient receiving the methylprednisolone injection should be aware of the symptoms and followed for several months. The CDC is currently recommending the following for treatment “the agency is recommending intravenous voriconazole (VFEND), preferably at a dose of 6.0 mg/kg every 12 hours, combined with daily intravenous liposomal amphotericin B, preferably at a dose of 7.5 mg/kg. The agency added that the dose of amphotericin B can be reduced to 5.0 mg/kg if physicians are concerned about the potential for nephrotoxicity, especially in older patients.” Physicians should be aware of treatment for meningitis and signs/symptoms associated with the infection.

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