October 4, 2012

To: NC Clinicians and Pharmacists
From: Megan Davies, MD, State Epidemiologist
Re: Meningitis Cluster Investigation Associated with Spinal Injection Procedures – UPDATE #1

The North Carolina Division of Public Health is continuing to work with other state and federal agencies to investigate a cluster of meningitis cases among patients who had received epidural steroid injections.

As of October 3rd, 27 cases from five states had been identified, including one case from North Carolina. Many of these patients have also had strokes that are believed to have resulted from their infection. At least four deaths have been reported (none in North Carolina). Fungal meningitis, which is not transmitted from person to person, from a potentially contaminated product is suspected to be the cause of the outbreak.

Interim data show that all infected patients received injection with preservative-free methylprednisolone acetate (80mg/ml) prepared by New England Compounding Center, located in Framingham, MA. The lots of medication that were used on infected patients have been recalled. The lots are:

- Methylprednisolone Acetate (PF) 80 mg/ml Injection, Lot #05212012@68, Beyond-use date 11/17/2012
- Methylprednisolone Acetate (PF) 80 mg/ml Injection, Lot #06292012@26, Beyond-use date 12/26/2012
- Methylprednisolone Acetate (PF) 80 mg/ml Injection, Lot #08102012@51, Beyond-use date 2/6/2013

All North Carolina providers listed as having received the recalled steroid product have been individually notified. We are continuing to work with these providers to contact all patients who received these products for epidural injection or any other use. If you have received this product with the lot numbers listed above but have not yet been contacted, please contact the North Carolina Division of Public Health at 919-733-3419.

Infected patients have presented approximately one to four weeks following their injection with a variety of symptoms including: fever, new or worsening headache, nausea, and/or new neurological deficit (consistent with deep brain stroke). Some of these patients’ symptoms were initially very mild in nature. Cerebrospinal fluid (CSF) obtained from these patients has typically shown elevated white cell count (with a predominance of neutrophils), low glucose, and elevated protein.

Although interim data suggest a contaminated product, investigation into the exact source of infection is still underway. Therefore, we are continuing to seek information on any patient with:

- Diagnosed aspergillus meningitis following an epidural injection on or after July 1, 2012
- Meningitis of unknown etiology following an epidural injection on or after July 1, 2012, with a CSF profile including high, neutrophil-predominant white cell count, high or normal protein and low or normal glucose.

Please continue to report any patients who meet these criteria to the North Carolina Division of Public Health at 919-733-3419.