Multi-state Management of Non-notifiable Fungal Infections among Individuals Exposed to Contaminated MPA, Tennessee–2012

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Objectives

- Describe multi-state collaboration
  - Multi-state patient notification
  - Navigating surveillance protocols

- Demonstrate use of TDH informatics/applications
  - Patient case management
  - Data sharing
Communication through e-mail and direct phone contact

Innovative approaches to patient follow-up

- National Park Service
- Motor Vehicles Records Database
- U.S. Marshal Service
- Social media
Surveillance Challenges

- CDC assigned confirmed case responsibility to the state in which exposure occurred

- Non-notifiable disease triggers
  - Voluntary reporting and investigation
  - Non-standardized response
Surveillance Challenges

- Evolving triage status necessitated active communication across state lines
- Protocol differed between states
- TN gained “ownership” of patients when regarded as suspect cases
- In some instances states of residence regained follow-up responsibility when at-risk patients downgraded
Background:
- FL resident stays w/family in TN for several months
- Seeks epidural steroid for chronic back pain
- Receives contaminated epidural steroid in TN

Tasks:
- TDH:
  - Notify FL of at-risk patient
  - Obtain medical records
  - Send records to FL
- FLDOH:
  - Notify patient of risk
Update:
- FL notifies TN that patient had an LP and MRI in TN

Tasks:
- TDH:
  - Contact patient to determine symptoms and provider location
  - Obtain medical records and send to FL
- FLDOH:
  - Await medical records

Responsibility:
Update:
- LP and MRI both normal

Tasks:
- TDH:
  - Refer patient back to FL and ask FL to follow
- FLDOH:
  - Follow-up with patient per FL protocol
  - Update TN on any change of patient status
Update:

- FL notifies TN that patient has increased symptoms i.e. back pain, redness at inj. site

Tasks:

- TDH:
  - Contact patient and advise them to seek health care
  - Obtain new medical records and send to FL
- FLDOH:
  - Await medical records
Initially 13* other states were notified of potentially exposed patients to MPA.

KEY
- Suspect TN exposure
- Confirmed TN exposure
- Confirmed TN exposure (n>1,000)
252* patients from 10 additional states with confirmed exposure to MPA in TN

KEY
- Confirmed TN exposure
- Confirmed TN exposure (n>1,000)

*count as of Jan. 1, 2013
Management decisions:

- Out-of-state patient coordination team formed to manage communications between states

TNCRN database:

- TNCRN used to record patient public health encounters
- Web based training provided to KY and NH
- KY (234 exposures) directly accessed TNCRN for patient management
Outcomes

- 252 “at-risk” patients identified
  - 234 were KY residents + 18 in other states
- 19* cases among out-of-state residents
  - 12.5%* of TN cases were out-of-state residents (19/152)
- 5/15 deaths were out-of-state residents
- 100% success rate in patient follow-up

* Updated June 2013
Patient follow-up across jurisdictions requires novel strategies for patient tracking and ongoing patient management.

Diligence required to avoid duplication of efforts and patients lost for appropriate follow-up.

TNCRN coupled with a dedicated interstate follow-up team, enabled case management and surveillance across 10 states.
At-Risk Patient Coordination
  • Dr. Rendi Murphree

TNCRN Gurus
  • CAPT Robert Newsad, Laina Stanford, Jeff Sexton

Community Health Services
  • James Milliken, Tonya McKennley

State-to-State Communication
  • CDR Jay Roth, Tristan Victoroff

Surveillance Data Team
  • Jennifer Ward, Andrew Wiese, Caleb Wiedeman, Ellyn Marder

Dozens of TDH & field staff