Breaking Bad News to the Public:

Lessons Learned from the Fungal Meningitis and Other Infections Outbreak

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Healthcare-associated Infections

Healthcare-associated infections (HAIs) are infections that patients acquire during the course of receiving healthcare treatment for other conditions.

More than 1 million infections occur across healthcare every year

Cost an estimated $30 billion per year
Key Winnable Public Health Battles for the United States

- Tobacco
- Healthcare-Associated Infections
- Teen Pregnancy
- Nutrition, Physical Activity, Obesity and Food Safety
- Motor Vehicle Injuries
- HIV
Communication Landscape

- HAIs generate significant press
  - Shift to regional or local focus
- Wide and varied audiences
  - Need for reaching a broad healthcare team
- Our science is complex
  - Topics are difficult for consumers to grasp
- Numerous prevention recommendations
  - No one behavior can prevent all HAI threats
- Need for strong risk communications
  - Patients may feel variety of feelings: fear, loss of trust, lack of control
TIMELINE

May 21, 2012
First lot of contaminated steroid injections produced by NECC

September 18, 2012
First meningitis case reported to TN Dept. of Health

September 25, 2012
Seven more patients identified by TN Dept. of Health all were treated at the same ambulatory surgical center

September 26, 2012
NECC voluntarily recalls three implicated lots of steroid injections
**TIMELINE**

- **September 27, 2012**
  NC Dept. of Health and Human Services informs CDC of a patient with similar symptoms to those in TN

- **October 4, 2012**
  CDC activates its Emergency Operations Center. FDA confirms the presence of fungi in unopened vials of NECC steroid injections

- **October 15, 2012**
  FDA releases an alert stating the sterility of any injectable drugs produced by NECC are of significant concern

- **October 18, 2012**
  CDC announces that the environmental mold *Exserohilum rostratum*, has been recovered from unopened vials of steroid injections

- **October 19, 2012**
  More than 99% of potentially exposed patients have been contacted by local, state, or CDC personnel informing them of their risk

- **October 28, 2012**
  State and local health departments work with the clinical facilities that administered the medication to begin contacting exposed patients

- **October 6, 2012**
  NECC expands its recall to include all products distributed from the Framingham, MA facility
A Tragedy for 14,000 Patients

- Diane Reed – a 56yo primary caretaker of her wheelchair-bound husband; became the 3rd TN death

- George Carey – 65yo husband of Lillian who lost her life to fungal meningitis. George is still battling symptoms.
Outbreak of Fungal Meningitis and Other Infections

- Significant past experience with patient notifications
- Most patient notifications are around injection safety issues (bloodborne pathogen issues)

**Differences from past experience**
- Geographic spread (23 states received one of the three contaminated lots)
- Rarity and the severity of the illness

**During patient notifications, clinicians and patients need “action” steps**
Communication Strategy: Fungal Meningitis

Patient Outreach

- Ensuring patients had the necessary information
  - Provided names and locations of facilities that received product in a clickable map
  - 2 new websites with daily updates with English and Spanish info
  - Thousands of CDC INFO calls answered
  - Monitored and responded to social media in real-time

- Based patient outreach on previous formative research and experience

99% of patients warned of the need to seek immediate care in less than one month
Communication Strategy: Fungal Meningitis

Media Outreach

- Provided media with information to disseminate the message broadly
  - Multiple press conferences
  - Invited press to CDC for tour of EOC and laboratory
  - Provided daily 2pm updates
  - B-roll package and still images
  - Digital Press Kit updated regularly
  - 2 PIOs working full-time
  - Provided Spanish-speaking spokesperson
A Challenge for Clinicians

- **Novel pathogen**
  - Little literature and limited clinical experience

- **Drugs were difficult for patients**

- **Patients were presenting with new syndromes**
  - Epidural abscess
  - Osteomyelitis
  - Septic arthritis
  - Stroke
  - Arachnoiditis

- **Slow growing pathogen**
  - Patients could have long-term complications

- **Concern over other medications**
Enhancing clinician outreach

- Reached out to 245 professional organizations
- Provided rapid notification to clinicians
  - 10 Health Alert Network notifications
  - 4 new treatment guidelines, updated regularly
- Held clinical conference calls
  - 4 COCA calls and two webinars (reaching >5,500 clinicians)
- Facilitated mechanisms to answer clinical questions directly
- Enlisted public-private partnerships
Keys to Success

- Be transparent by demonstrating
  - Openness, honesty, empathy, & caring
  - Acknowledge uncertainty and patients’ fears

- Staying ahead of the communication curve
  - Traditional and social media strategy

- Close collaboration with numerous partners
  - Federal, state, local
  - Clinical groups
  - Private sector partners
  - Internal CDC

- Prepare in advance so you can ACT FAST!
“... one of the most shocking outbreaks in the annals of American medicine.”

Lawrence Altman
New York Times
November 5, 2012

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