NTM in Hospital Water Supply

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Background

- Four patients while housed in the ICU at a single Medical Center had sputum specimens which grew Mycobacterium farcinogenes/senegalense
 - Initial ID by MALDI-TOF at a reference laboratory
- Specimens collected between February 26, 2015 and March 15, 2015
- No patients appeared to have clinical disease due to this mycobacterium species
- Two of the patients housed in the same room on separate days
- One patient housed in the adjacent room
- One patient housed in a non-adjacent room

Background

- No report of recent construction or other engineering problems
- All four patients underwent induced sputum collected for AFB
- Three of the four patients had received nebulizer treatments with inhalation solution as well
 - No solutions with the same lot number as used on these patients remained for testing
- No complaints from other customers to the manufacturers of the solutions
- Lab had not seen any similar cultures of this organism in the rest of the network
- No other trends in the ICU were seen

Maybe the Lab contaminated it?

- Lab was asked to look into their processing
 - Isolate #1
 - Three other specimens processed in the same run. All were no growth.
 - Patient had no record of previous AFB isolates.
 - Isolate #2
 - Two other specimens processed in the same run. One was no growth and the other is isolate #3.
 - Isolate #3
 - Two other specimens processed in the same run. One was no growth and the other is isolate #2.
 - Patient with isolate #2 and #3 had been previously positive for M. xenopi. Also had two recent positive AFB cultures with M. xenopi
 - Isolate #4
 - Three other specimens processed in the same run. All were no growth.
 - Patient had no record of previous AFB isolates.
 - None of these patients had previous M. fortuitum complex isolated from any AFB cultures.
 - Felt at this time that this was not a lab contaminant

What about the Saline?

- Manufacturer of saline used for the induced sputum stated that their sterility testing had been negative and they had no other customer complaints
- Lab helped with investigation by trying to culture the saline and grow on chocolate agar
 - Nothing grew from the Lab's saline cultures
- With additional investigation of the saline, it was determined that the inhalation solution was an unlikely source.

More Patients and Another Hospital

- Since the initial investigation, any additional isolates were tracked.
- A second facility within the same region as the initial Medical Center also started to have positive cultures
 - Medical Centers located 11 miles apart within same urban metropolitan area
- The initial cluster under investigation consisted of:
 - 14 critical care patients at two Medical Centers
 - Isolates from respiratory specimens obtained between 2/26/15 and 09/27/15
 - All specimens processed at Milwaukee Medical Center
 - Milwaukee is able to perform probes in house
 - Perform MTB complex, MAC, gordonae, and kansasii
 - Additional identification performed by an outside reference lab.
 - Specimens identified as M. senegalense/farcinogenes by MALDI
 - Specimens sent to reference lab for PFGE testing

Results from PFGE testing

- All ten isolates from Medical Center #1 had the same pattern
 - Identified as M. senegalense
 - PFGE Pattern Xba I: A1 and Ase I: B1
- All six isolates from Medical Center #2 had the same pattern
 - Identified as M. senegalense
 - PFGE Pattern Xba I: A2 and Ase I: B2

Possible Outbreak Investigation

- November 2015
- Meeting with Public Health Surveillance and Research, CDC, Infectious Disease, and Lab to determine if was a potential outbreak.
- Plans from meeting:
 - Explore possibility of a water source
 - Send specimens to reference lab for 16S sequencing, ITS, hsd, and rpoB gene sequencing
 - Noted that Milwaukee's reference lab changed testing methodology from HPLC to MALDI-TOF in early 2015
 - Previously these would have been reported as M. fortuitum complex
 - Suggestion that maybe this is not a new problem
 - Milwaukee had M. fortuitum complex isolates dating back to 2012
 - Sampling of these isolates also sent to reference lab
 - Determine if this organism type is seen at other Medical Centers outside of the Network

Water Testing

- Under the CDC's instruction, samples were obtained from Medical Center #1
 - Ten one liter samples were obtained from the ICU and sent to reference lab
 - Included sinks and ice machines
 - Reference lab vacuum filtered the samples
 - Filters were placed on Middlebook 7H11 agar plates and incubated at 37°C
 - Colony growth was analyzed by MALDI-TOF and 16S gene sequencing if MALDI-TOF did not provide an identification
 - All 10 water samples had visible growth on agar plates
 - In 7 of 10 water samples an identification was obtained
 - The identification Acidovorax temperans
 - In 3 of the 10 water samples there was bacteria growing
 - Unable to obtain a reliable identification
- No initial water samples had any growth of mycobacterium

Water Testing

- Under the CDC's instruction, samples were obtained from Medical Center #2
 - Sinks and ice machines were tested
 - The endemic strain was not seen from the water cultures
 - An ice machine grew M. mucogenicum

Further Investigation

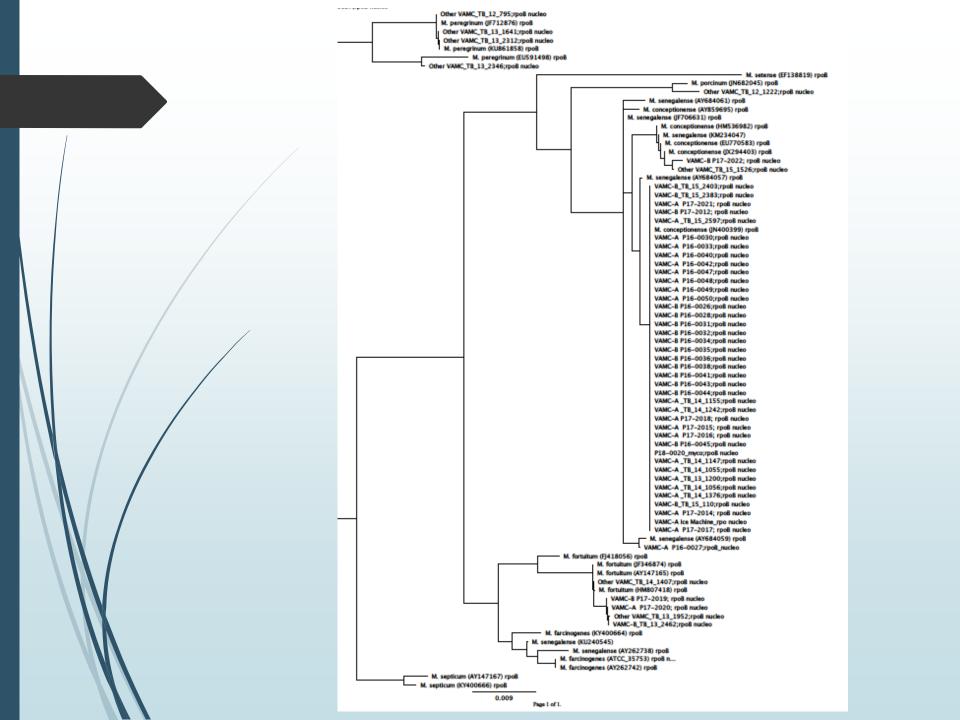
- Found that a private hospital within the same urban area as Medical Center #1 and #2 had two cultures with M. senegalense in November/December
- Lab processing was reviewed for the eight additional specimens from 04/22/15 to 09/27/2015
 - All specimens processed on the same date as the isolate containing M. farcinogenes/sengalense either had no growth or contained MAC, M. gorondae, M. xenopi, or M kansasii.
 - Again, no indication of a contamination issue from Lab processing
- Additional water sent for testing

Results

- Initially twenty-six isolates from 23 different patients were tested
 - Collection dates ranged from 03/02/2012 to 10/23/15
 - 16S results indicate that isolates were aligned with the M. fortuitum group
 - ITS, hsd, and rpoB gene testing suggested that the isolates were most closely aligned to M. conceptionense
 - Phylogenic analyses further indicated that all isolates (except possibly one) were the same strain.
 - The three patients with two isolates, and one patient with isolates collected 15 months apart also had identical strains

Results

- Additional isolates were sent for testing, this also included M. fortuitum complex isolates from the Milwaukee area.
- There were 46 isolates (25 from Medical Center #1, and 21 from Medical Center#2) tested
 - 37 isolates were identified via rpoB gene sequencing to be an endemic strain of M. conceptionense
 - The strain was also isolated from an ice machine located in the ICU from Medical Center #1
 - Two isolates (1 from each Medical Center) were a strain of M. conceptionense differing by 6 nucleotide sequences out of a total of 727 from the endemic strain
- Of 9 M. fortuitum complex isolates from other Medical Centers, there was one M. conceptionense strain that differed by 6 nucleotide sequences out of a total of 727 from the endemic strain
 - Other specimens tested were not closely related



Conclusions

- A single strain of M. conceptionense was isolated from multiple patients at two Medical Centers between 12/21/2012 and 11/04/2016
- Of patients who had the M. conceptionense endemic strain isolated, 89% were located in the critical care units of the Medical Center
- The ice machine from Medical Center #1 that was found to be positive with the endemic strain was removed from service on 11/29/2016. No further M. conceptionense isolates have occurred at that Medical Center since its removal
- No definitive water source was found at Medical Center #2
 - A common municipal water source cannot be ruled out
- Possible mechanisms for colonization for direct or indirect patient-to-patient transmission remain unknown

M. conceptionense

- Part of the M. fortuitum complex
 - Others in complex include M. fortuitum, M. houstonense, M. farcingenes, M. peregrinum, M. porcinum, M. senegalense, and M. septicum
 - Species differentiation is difficult
- Nonpigmented rapid grower
- First identified in 2006 from a patient with post-traumatic osteitis
- Emerging opportunistic pathogen
- Water is a common source of this group
- Usually cause skin and soft tissue infection
- If found in respiratory isolates, normally representative of colonization or transient infection

Questions?