



Dear Provider:

Your patient has undergone open-chest cardiac surgery at Beth Israel Deaconess Medical Center and has been notified of a potential risk of a rare infection related to this surgery. In our letter to patients, we encourage them to discuss any symptoms with their health care provider.

Heater-cooler devices used during certain open-chest cardiac surgeries that require the use of a heart/lung bypass machine have recently been linked to a rare bacterial infection caused by *Mycobacterium chimaera*, a slow-growing species of nontuberculous mycobacteria (NTM).

Investigations conducted by Centers for Disease Control and Prevention (CDC), in collaboration with National Jewish Health, assessed several clusters of infections that were linked to exposures to LivaNova PLC (formerly Sorin Group Deutschland GmbH) Stöckert 3T heater-cooler devices during cardiac surgery. It was determined that these devices were likely contaminated with *M. chimaera* during manufacturing.

CDC is recommending that clinicians, including cardiologists and general practitioners who take care of cardiac surgery patients before and after their surgery, be aware of the risk and consider NTM as a potential cause of unexplained chronic illness. *M. chimaera* are slow-growing bacteria and infections may take months or even years to cause symptoms.

Symptoms of an invasive NTM infection may include:

- night sweats
- muscle aches
- weight loss
- fatigue
- unexplained fever

Patients with NTM infections following cardiac surgery have presented with a variety of clinical manifestations. Common examples include endocarditis, surgical site infection, or abscess and bacteremia. Other clinical manifestations have included hepatitis, renal insufficiency, splenomegaly, pancytopenia, and osteomyelitis.

Clinicians and patients may not immediately consider an NTM infection when symptoms present. Delayed diagnosis may make treating these infections even more challenging. There is no test to determine whether a person has been exposed to the bacteria. Infections can be diagnosed by detecting the bacteria by laboratory culture; the slow growing nature of the bacteria can require up to two months to rule out infection.

When seeing patients with possible NTM infections and a history of cardiac surgery, clinicians should consider arranging consultation with an infectious disease specialist. If an NTM infection is suspected, it is important to obtain acid fast bacilli (AFB) cultures from an infected wound and/or blood to increase the likelihood of identification of the organism and to obtain an AFB smear in order to have preliminary information while awaiting culture results. If you have a symptomatic patient who may require additional evaluation for potential NTM infection, please consider arranging for evaluation in the BIDMC Infectious Disease clinic. To schedule an appointment, please call the office at (617) 632-7706.

In our letter to patients, we encourage them to discuss any symptoms with their primary care physician or to call our NTM hotline at (617) 975-9770. The hotline is staffed by our Patient Relations team. If you have any questions about how to talk to your patients about the potential infection risk, please contact the NTM hotline at 617-975-9770.

Sincerely,

A handwritten signature in black ink that reads "Patricia H. Folcarelli". The signature is written in a cursive style with a large initial "P".

Patricia Folcarelli, RN, PhD
Interim Senior Vice President, Health Care Quality

A handwritten signature in black ink that reads "Sharon B. Wright". The signature is written in a cursive style with a large initial "S".

Sharon B. Wright MD, MPH
Director, Infection Control/Hospital Epidemiology