Clinical Guidance for Physicians Regarding Patients at Risk of NTM Infection

This information is intended to provide clinical guidance to community physicians, advanced practice clinicians, specialists and primary care providers (PCPs) regarding potential Nontuberculous Mycobacteria (NTM) exposure to patients who underwent open-heart surgery between Oct. 1, 2011 and July 24, 2015 at WellSpan York Hospital.

WellSpan’s Nurse Call Center has been working diligently to answer questions from both patients and health care providers. The goal of this call center has been to reduce patient anxiety and triage patients either to their PCP or to an infectious disease specialist. In recent days, new concerns have been raised about the PCP’s specific role in patient assessment, diagnosis and treatment. The following update should serve as a guide for patient care.

Patient Assessment
- Every effort should be made by the primary care provider (PCP) to perform an initial patient visit/screening prior to placing an Infectious Disease (ID) referral. The PCP will know the patient’s medical history and symptomatology best. This will help prevent unnecessary ID referrals for asymptomatic patients and those with explained illness.
  - Symptoms are nonspecific and may include fever, malaise, weight loss, weakness/fatigue and night sweats.
  - If a patient has concerning symptoms, or cannot be seen in a timely fashion by their PCP, the patient should be referred to the dedicated Nurse Navigator at 866-217-2970. During that call, a recommendation will be made for triage to either the PCP or an ID specialist.

Patient Diagnosis
- There is no recommended screening lab test, culture, or imaging modality for the asymptomatic patient. Please reassure the asymptomatic patient that, to date, less than 1 percent of open-heart patients at WellSpan York Hospital have acquired this infection.
  - For the truly symptomatic patient with an unexplained illness, consider an initial routine work-up based on clinical picture.
  - For the truly symptomatic patient with a prolonged (2-4 weeks) unexplained illness despite routine work-up, strongly consider referring that patient to an ID specialist by calling 717-812-4933.
  - AFB cultures should not be ordered routinely in asymptomatic patients.
  - However, while not medically or biologically appropriate, we recognize that some testing may be required for anxiety reduction in some patients. Patients should be informed of the risk and limitations of such tests in asymptomatic patients. Sputum cultures should be avoided in this situation due to the risk of false positive results.
  - Respiratory AFB cultures should be particularly avoided in asymptomatic patients as they are at high risk for false positives (particularly in patients with structural lung disease) as NTM are ubiquitously found in water, air, soil and animals.
  - Consideration for AFB culture MAY be appropriate in the right clinical scenario. Please consult with an ID specialist by calling 717-812-4933.
  - Disseminated NTM infection should be considered in the symptomatic patient with unexplained anemia, thrombocytopenia, pancytopenia or elevated liver function tests.

Patient Treatment
- There is no antimicrobial prophylaxis for the potentially exposed patient. In fact, antimicrobial prophylaxis could promote resistance.
  - The treatment for true NTM infection is complex and should be prescribed by an ID specialist.

Patient Referrals
- If you have a patient who requires additional evaluation for risk of infection from potential exposure to this bacteria, please call 717-812-4933. You will be connected to a physician assistant who is working with our Infectious Disease specialists to answer your questions and expedite care.

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