The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) have found a link between devices used to heat and cool the blood during open-heart surgery and a rare infection caused by the bacteria *Mycobacterium chimaera*, a type of nontuberculous mycobacterium (NTM). For patients who have had open-heart surgeries, the chances of getting this infection are very low. The CDC estimates the risk to be less than 1 percent.

The devices identified are a number of Stockert 3T heater-cooler machines that were discovered to be contaminated at the manufacturing facility, Liva Nova PLC (formerly Sorin Group Deutchland GmbH). University of Illinois Hospital and Health Science Systems (UI Health) has used this device in the past, but has since stopped using it.

**UI Health is not aware of any infections associated with our facility or whether the device we used in the past was actually contaminated, but in an abundance of caution in accordance with the CDC’s and FDA’s suggestion, we are notifying patients who have had open-heart surgery as a precaution.**

Your patient has undergone open-chest cardiac surgery at UI Health and has been notified of a potential risk of this rare infection related to this surgery. In our letter to patients, we encourage them to discuss any symptoms with their healthcare provider.

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 infection as a potential cause of unexplained chronic illness. The *M. chimaera* bacteria is slow-growing and infections may take months or even years to cause symptoms.

Symptoms of an invasive NTM infection may include:

- Persistent night sweats
- Severe muscle aches
- Significant un-intended weight loss
- Severe 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. Patients have also presented with granulomatous disease which can imitate sarcoidosis.
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 may be diagnosed by detecting the bacteria by laboratory culture, but 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 they have symptoms. 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.

UI Health has created a number, 312.355.5720 or 855.456.3493 for patients to call with questions and to facilitate evaluation for possible infection. If you have a clinical question pertaining to one of your patients, or if you have a symptomatic patient who requires additional evaluation for potential NTM infection, please call this number and someone will schedule your patient or I will return your call to discuss the case.

If you have any questions about talking to your patients or anything else regarding this infection, please do not hesitate to contact us.

Sincerely,

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