

Association of Healthcare and Aesthetic Procedures with Infections Caused by Nontuberculous Mycobacteria, France, 2012–2020

Kiara X. McNamara, Joseph F. Perz,
Kiran M. Perkins

Author affiliation: Centers for Disease Control and Prevention,
Atlanta, Georgia, USA

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To the Editor: Daniau et al. (1) described extrapulmonary nontuberculous mycobacteria (NTM) infections associated with medical procedures in France, highlighting the need for timely case reporting and genomic analysis to identify outbreak causes and prevent infections. On the basis of our experience investigating NTM healthcare-associated infections (HAIs) and outbreaks, we believe that an enhanced approach toward NTM that recognizes early signals of potential outbreaks and promptly uses the skills and investigative expertise of public health professionals is integral to mitigating disease spread. NTM pose substantial costs and burdens for patients, contributing to more hospitalizations and deaths than other waterborne pathogens (2). Among Centers for Disease Control and Prevention consultations for waterborne HAI outbreaks, 30% were caused by NTM, accounting for 40% of cases and further substantiating need to prevent transmission in healthcare facilities (3). Extrapulmonary NTM infections can be challenging to detect because of their long incubation period and nonspecific signs and symptoms, which raises concern that many healthcare-associated cases are unidentified (4).

Clinical vigilance and systematic surveillance for extrapulmonary NTM HAIs are urgently needed to detect cases, assist public health investigations, and reduce patient illness and death (4). Surveillance signals should trigger robust investigations, inclusive of active case-finding efforts, such as notification of potentially exposed patients, which has previously led to discovery of multiple additional cases (3). Investigating NTM HAIs may point to upstream causes of infection in the healthcare delivery process, such as contaminated medical products or poor infection control practices, requiring elimination of sources and appropriate interventions (4). Recommendations from experts and scientific evidence suggest that even a single extrapulmonary NTM

HAI should prompt additional investigation (5). NTM HAIs are an emerging threat to patients and carry serious consequences for patient safety. Comprehensive NTM case investigations with public health engagement are needed to inform best practices and minimize infection burdens for patients and healthcare facilities.

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Address for correspondence: Kiara X. McNamara, Centers for Disease Control and Prevention, 1600 Clifton Rd NE, Atlanta, GA 30329-4027, USA; email: rhw0@cdc.gov

In Response: We thank McNamara and colleagues for their commentary (1) on our article (2). We agree that early recognition of potential outbreaks of healthcare-acquired infections (HAIs) caused by nontuberculous mycobacteria (NTM) is crucial for controlling the spread of those diseases that pose human and financial burdens. Because NTM are not transmissible from human to human and are not on the list of highly pathogenic bacteria, reporting of NTM infections is not mandatory. Consequently, specific reporting methods are needed to organize this information. In France, we had the opportunity to combine the national early warning response system (EWRS) for HAIs diagnosed in healthcare facilities, computerized since 2011, and the networking of clinical microbiologists with the National Reference Centre for Mycobacteria and Resistance of Mycobacteria to Anti-Tuberculosis Agents (CNRMyRMA). In addition,

the French Public Health Agency, which receives data and coordinates the response in the EWRS, directly communicates with the CNRMyRMA, and they can make decisions in common with other professionals and health authorities involved. For each notified case of NTM HAI (from EWRS or from an isolate sent to CNRMyRMA), active research of other previous cases is recommended. However, it is often not easy, because of diagnosis and notification delays, to investigate associated practices and potential environmental sources. After 2 cases are reported in EWRS, investigations can be focused on common expositions or procedures, leading to targeted environmental specimens.

We believe that underestimations of the number of cases in France can be improved by increasing awareness of healthcare professionals through publications describing the risk factors associated with NTM HAI and by triggering clinical and microbiological vigilance through networks and registers. We hope that our article (2) together with this comment will help emphasize the value of the public health approach to NTM infections.

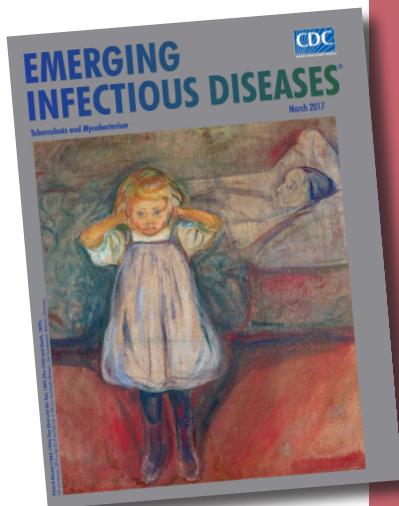
Côme Daniau, Anne Berger-Carbonne,
Emmanuelle Cambau

Author affiliations: Santé Publique France, Saint-Maurice, France (C. Daniau, A. Berger-Carbonne); Assistance Publique Hôpitaux de Paris, Centre National de Référence des Mycobactéries et de la Résistance des Mycobactéries aux Antituberculeux, Paris, France (E. Cambau) DOI: <https://doi.org/10.3201/eid2806.220686>

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Address for correspondence: Côme Daniau, Unité Infections Associées aux Soins et Résistance aux Antibiotiques, Direction de Maladies Infectieuses, Santé Publique France, 12 Rue du Val d'Osne, 94410 Saint-Maurice, France; email: come.daniau@santepubliquefrance.fr



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etymologia revisited

Mycobacterium chimaera

[mī'ko-bak-tēr'e-əm ki-mēr'ə]

Formerly an unnamed *Mycobacterium* sequevar within the *M. avium*–*M. intracellulare*–*M. scrofulaceum* group (MAIS), *M. chimaera* is an emerging opportunistic pathogen that can cause infections of heart valve prostheses, vascular grafts, and disseminated infections after open-heart surgery. Heater-cooler units used to regulate blood temperature during cardiopulmonary bypass have been implicated, although most isolates are respiratory. In 2004, Tortoli et al. proposed the name *M. chimaera* for strains that a reverse hybridization-based line probe assay suggested belonged to MAIS but were different from *M. avium*, *M. intracellulare*, or *M. scrofulaceum*. The new species name comes from the chimera, a mythological being made up of parts of 3 different animals.

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