

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** FW: Further information request for cases of fungal septic arthritis post intra-articular steroid injection [SEC=UNCLASSIFIED]  
**Date:** Wednesday, 1 November 2017 1:54:34 PM

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**From:** [REDACTED]  
**Sent:** Monday, 6 March 2017 4:43 PM  
**Subject:** RE: FW: Further information request for cases of fungal septic arthritis post intra-articular steroid injection [SEC=UNCLASSIFIED]

Dear [REDACTED]

As conveyed in previous correspondence, I strongly suggest you liaise with your local Public Health Unit.

Kind regards,

[REDACTED]  
Medical Officer  
Signal Investigation Unit  
Pharmacovigilance and Special Access Branch

Phone: [REDACTED]  
Email: [REDACTED]

**Therapeutic Goods Administration**  
Department of Health  
PO Box 100  
Woden ACT 2606 Australia  
[www.tga.gov.au](http://www.tga.gov.au)

*I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past, present and future.*

**From:** [REDACTED]  
**Sent:** Monday, 6 March 2017 2:23 PM  
**To:** [REDACTED]  
**Subject:** Re: FW: Further information request for cases of fungal septic arthritis post intra-articular steroid injection [SEC=UNCLASSIFIED]

Hi [REDACTED] I have just received the initial path report on scrapings from the air-conditioning unit which I attach, which is positive for fungal hyphae. I will notify my management of this finding, is there any other governmental department that I need to inform?

regards

[REDACTED]

[M30] Pathology - 1300 657 903 Thu 02 Mar 2017 10:52:53 AEST Page 1 of 1  
[M30] PATHOLOGY-

**Pathology Report**  
Added Tests: (07) 3121 4950

Ben ID: 19339-1  
Area: 02A  
SS21A

QUEENSLAND DIAGNOSTIC IMAGING  
PRIMARY MEDICAL & DENTAL CENTRE  
178 MERANG ST  
SOUTHEAST QLD 4215

For Surgery Use:  Urgent  Phys Pathol  Micro Appointment  Toxic in Chair  Fibr

Pathology

Patient: [REDACTED]  
Copy To: [REDACTED]  
Ref Doctor: [REDACTED]  
Specimens: Male 43 Years [REDACTED]

Collected 01/03/17 00:00 URK  
Requested 01/03/17  
Received 02/03/17 10:52

**MYCOLOGICAL EXAMINATION OF Aspirate**  
**MICROSCOPY**  
Fungal hyphae present on direct microscopy.  
Fungal cultures to follow.

Pathology Report

MICROBIOLOGY 01/03/17 Consult for enquiries Dis Volzsa/Appleton/Bartley BIR 17-63964096 Pg 1/1

On 2 March 2017 at 13:06, [REDACTED] wrote:  
Dear [REDACTED]

Thank you for your email. I am unable to comment on whether the air conditioning unit in your facility is likely to be a source of *Scedosporium prolificans*. I suggest that you liaise internally with your infection control representative and as discussed previously, with your local public health unit.

Kind regards,

[REDACTED]  
Medical Officer  
Signal Investigation Unit  
Pharmacovigilance and Special Access Branch

Phone: [REDACTED]  
Email: [REDACTED]

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**From:** [REDACTED]  
**Sent:** Wednesday, 1 March 2017 7:18 PM  
**To:** [REDACTED]  
**Subject:** Re: FW: Further information request for cases of fungal septic arthritis post intra-articular steroid injection [SEC=UNCLASSIFIED]

Hi [REDACTED] we may have found an environmental source (as you alluded to months ago) for the rare infections to 2 patients while undergoing a CT guided injection. There is an airconditioning unit which blows directly onto the CT table where I carry out the procedures. Since installation no one to our knowledge has cleaned the filters until today when my lead radiographer noticed the aircon looking particularly dirty and called maintenance to clean. Attached are the photos taken which are quite gross and show fungus against the white plastic backing. Do you think this is the source? It would certainly explain a lot of things.  
regards

[REDACTED] \_\_\_\_\_

[REDACTED]

On 13 September 2016 at 12:56, HARRIS, Miranda <[Miranda.Harris@tga.gov.au](mailto:Miranda.Harris@tga.gov.au)> wrote:  
Dear [REDACTED]

Apologies for missing your call on Friday – I have been on leave. I returned your call this morning but was told that you are on leave for the next few weeks. Please let me know when you are back from leave and I will return your call then.

In the meantime, if you are able to provide the additional information we requested (see below), that would be greatly appreciated.

Kind regards,

[REDACTED]  
[REDACTED]  
Medical Officer  
Adverse Event Monitoring and Vaccine Safety  
Pharmacovigilance and Special Access Branch

Phone: [REDACTED]

Email: [REDACTED]

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**From:** [REDACTED]  
**Sent:** Friday, 1 July 2016 11:24 AM  
**To:** [REDACTED]  
**Subject:** Further information request for cases of fungal septic arthritis post intra-articular steroid injection [SEC=UNCLASSIFIED]

Dear [REDACTED]

Thank you again for your time on the phone this morning. As discussed we are collecting additional information for the two cases of septic arthritis with *Scedosporium Prolificans* following an intra-articular steroid injection at your imaging practice. Below is the list of additional information we are collecting. I have included questions on patient risk factors and adverse event in case you have this information available to you.

**Procedure Details (if more than one procedure, please provide details for each injection)**

- Date and time of procedure:
- Anatomical site of injection:
- Indication for injection:
- Facility location:
- Room type (e.g. procedure room/outpatient setting):
- Number of procedure list:
- Number of patients on the same list who were injected with Celestone on the same day:

**Medication Details (if more than one procedure, please provide details for each injection)**

- Brand name of steroid injected:
- Batch (if available):
- Expiry (if available):
- Dose:
- Other medications injected? If yes, please provide details for these medications if available:
  - Brand name:
  - Dose/volume:
  - Batch number (if available):
  - Expiry date (if available):
  - How were the other medications mixed with the steroid:

**Procedure Technique (if more than one procedure, please provide details for each injection)**

- Preparation used to clean the skin prior to injection (e.g. alcohol swab / chlorhexidine / betadine), brand name and batch (if available):
- Details of aseptic technique (e.g. were sterile gloves, mask, gown, and/or sterile drape/towel used):
- Was the needle changed between drawing up the steroid and injecting the steroid:
- Description of technique for drawing up medications and administration:

**Patient Risk Factors:**

- Did the patient have any of the following risk factors for septic arthritis:
  - *Previous joint surgery*
  - *Presence of prosthetic material in the joint*
  - *Diabetes mellitus*
  - *Immunosuppressive medication*
  - *Pre-existing joint disease (e.g. rheumatoid arthritis)*

**Adverse Event Details**

- Onset date:

- Clinical details:
- Outcome:

Please feel free to provide any other information that you think may be of use.

Thank you very much for your time and assistance in providing this additional information. Please feel free to contact me if you think of any additional information.

Kind regards,

[Redacted]

[Redacted]

Medical Officer  
Adverse Event Monitoring and Vaccine Safety  
Pharmacovigilance and Special Access Branch

Phone: [Redacted]

Email: [Redacted]

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