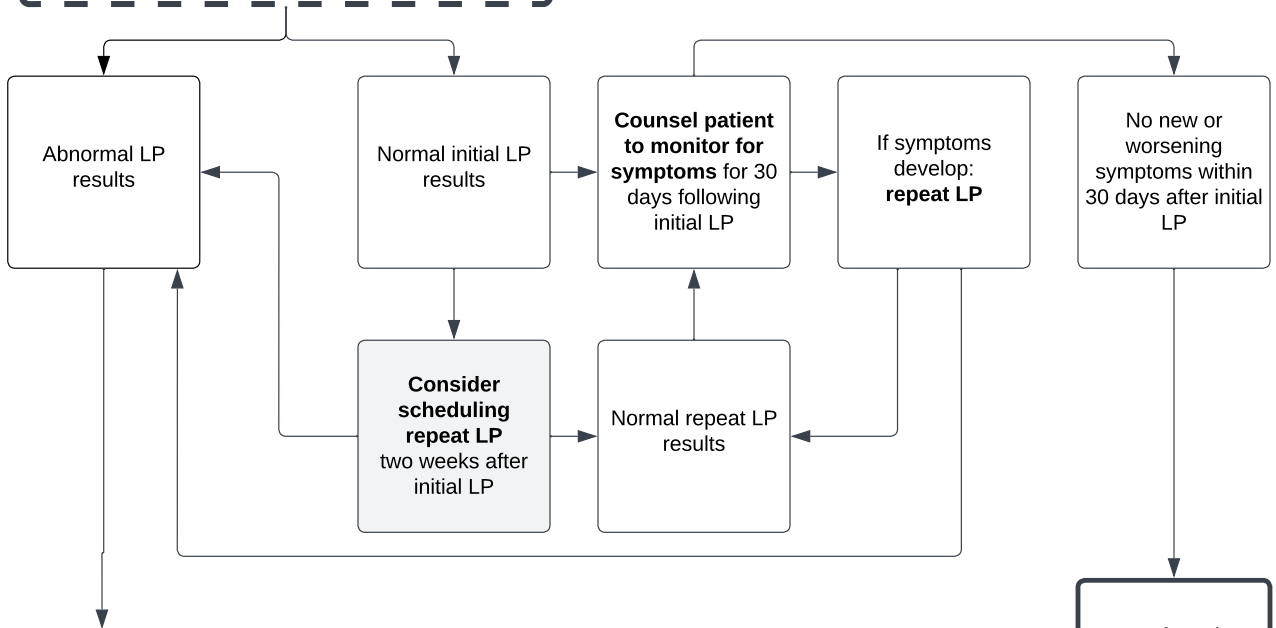


Evaluating and Treating Patients for Fungal Meningitis

Patients at risk for fungal meningitis include those who received epidural anesthesia from Jan. 1, 2023 to May 13, 2023 at Riverside Surgical Center or Clinica in K-3, in Matamoros, Mexico.

For both symptomatic and asymptomatic patients:
perform lumbar puncture (LP) to evaluate CSF for fungal meningitis*



- Begin antifungal therapy:** combination antifungal therapy with IV liposomal amphotericin B (AmBisome®) voriconazole, fosmanogepix (requires IND).
- A minimum of 3 months antifungal therapy is recommended**, but therapy may be needed for >6 months in severe cases
- Check serum voriconazole trough level (minimum target 4–5 mcg/ml) on the 5th day of voriconazole treatment (and at least weekly thereafter)
- MRI brain (w/w/o contrast) is recommended** to assess for meningeal enhancement, vasculitis, stenosis, hemorrhage, or ischemia
- Early and close consultation with an infectious diseases specialist and neurologist** is recommended
- Monitor for fungal meningitis complications (stroke, increased intracranial pressure, brain edema), which indicate a worse prognosis

*Abnormal LP is defined as CSF with >5 WBCs/mm³, accounting for the presence of RBCs (i.e., subtract 1 WBC for every 500 RBCs)

[Interim Recommendations for Diagnosis and Management of Cases of Fungal Meningitis Associated with Epidural Anesthesia Administered in Matamoros, Mexico](#)

Additional information: [CDC website describing fungal meningitis outbreak](#)