Extrapulmonary nontuberculous mycobacterial disease (NTM)

Oregon surveillance for extrapulmonary nontuberculous mycobacterial disease (NTM) started in January 2014. Case reporting identifies outbreaks and potential sources of transmission. Other objectives of reporting are to prevent further transmission, identify epidemiologic trends and educate the exposed persons about signs and symptoms of the disease.

NTM are environmental organisms, usually associated with water and soil; there are more than 100 different species identified. Disease-causing Mycobacterium species frequently identified in the United States include: M. avium complex (MAC), M. marinum, M. abscessus, M. chelonae, M. fortuitum, M. kansasii and M. xenopi (in certain regions).

Extrapulmonary NTM disease presents as cutaneous, bone, joint, lymph node or central nervous system disease. These soft tissue infections cause purplish nodules that drain and may ulcerate or scar.

Cutaneous infections typically result from either:
- Direct inoculation during trauma
- Surgical or medical procedures
- Exposures to whirlpool baths, or
- Settings such as nail salons or tattoo procedures.

Lymphadenitis occurs most in otherwise healthy children, usually <5 years old. Lymph node disease results in large, reddened and tender nodes, which can drain or ulcerate.

Generally, disseminated extrapulmonary disease occurs in immunocompromised patients (e.g., HIV, cancer, transplant and others). Symptoms include cough, fatigue, weight loss, fever and night sweats.

Treatment is based on the species identified and the site of infection. For the immunocompetent, infections are usually curable with a two to three drug regimen for two to six months, depending on site of infection. Susceptibility testing of the organism determines the appropriate antibiotic treatment. For those with disseminated disease, cure is difficult to achieve without restoration of the immune system.
Extrapulmonary NTM became reportable in 2014.


Incidence of extrapulmonary nontuberculous mycobacterial disease (NTM) by age and sex: Oregon, 2017
Thirty-two cases of extrapulmonary NTM were reported among Oregon residents in 2017. The median case age was 57 (range 1–90) years; 18 (56%) were male; 14 (44%) were hospitalized at the time of specimen collection. Tissue and wound cultures accounted for 21 (66%) of the cases. *M. avium* complex accounted for 11 (34%) of cases. In the four cases among those 1 to 5 years of age, *M. avium* complex was isolated from lymph nodes or tissue samples.

No NTM clusters were detected in 2017. In previous years, three NTM clusters were detected. One was an *M. fortuitum* cluster, which included seven cases who had prosthetic joint replacement surgery; two cases of *M. fortuitum* associated with abdominoplasty in an ambulatory surgery center; and two *M. haemophilum* cases associated with a tattoo parlor.

### Prevention

- For surgical procedures, follow infection prevention best practices, which include following sterilization guidelines and not using tap water or ice in the operating room.
- Avoid dusts from potting soil.
- Adequately clean baths in nail salons.
- Tattoo ink should be diluted with sterile water.