

# Hot Issues Brief

## Courier Mail media enquiry - patient who died of a fungal infection at RBWH 17 November 2023

### Issue

- On 17 November 2023, Metro North Health (MNH) received a media enquiry on behalf of [REDACTED] regarding the care provided to [REDACTED] at the Royal Brisbane and Women’s Hospital (RBWH).

### Background

- In March 2023, [REDACTED] underwent a bone marrow transplant at the RBWH.
- On [REDACTED] April 2023, [REDACTED] passed away. [REDACTED] passed away due to multi organ failure related to systemic fungal infection.

[REDACTED]

- Further, MNH have confirmed that the fungus linked to [REDACTED] is in no way related to the fungus linked to the Prince Charles Hospital patients.

### Actions to date

[REDACTED]

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### Media response

- A media holding statement has been prepared and copy submitted with this HIB.

## Contact person

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Phone: [REDACTED]

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## FUNGAL

The death reported this morning is in no way related to the fungus linked to TPOCH patients.

No source or related cases have been identified at RBWH.

Fungi are typically found and contracted in the community, and fungal infections are very uncommonly linked to hospital-acquired infection.

All post-bone marrow transplant (BMT) patients receive antibiotic prophylaxis against fungal infections for a minimum of 75 days post BMT, as part of their routine care

Transplant surgery is lifesaving surgery, it is not undertaken without a clinical evaluation of risks and benefits. The ongoing coverage and misrepresentation of the nature of fungi infections is causing unnecessary fear amongst a community who needs lifesaving treatments.

Post BMT, patients have ongoing deficits in their immunity, which can persist for 6-12 months or even longer. Because of this, infection prevention protocols extend well beyond an individual hospitalization.

If I may reiterate, BMT is a lifesaving procedure, it is not undertaken without full evaluation of individual risks and benefits, and our outcomes are reported to independent national and international registries.

The ongoing coverage and misrepresentation of nature of fungi infections is causing unnecessary fear amongst a community who needs this potentially lifesaving treatment, including those patients currently and recently undergoing BMT.

## **ADDITIONAL NOTES FROM DR KENNEDY**

Accreditation to perform BMT is obtained by independent assessment by national and / or international accreditation bodies.

The RBWH BMT unit is one of only 2 adult BMT units in Australia with both national and international accreditation. International accreditation for BMT is performed by FACT, or the Foundation for the Accreditation of Cellular Therapy.

The RBWH initially achieved FACT accreditation in 2009, and has only recently, in 2023, undergone re-assessment and was re-accredited by independent national and international assessors reporting to FACT.

As part of our international accreditation process, defined indications for transplantation, pathways for patient selection and patient education, and guidelines for prevention and management of post-transplant complications, including all types of infections, including viral, bacterial and fungal, are required. These guidelines include reporting transplant related complications and outcomes to both national and international registries. All patients are educated on infection mitigation strategies as part of infection control and their ongoing care.

Based on National registry data, which is analysed yearly, compared to other Australian and New Zealand BMT centres, the RBWH BMT unit survival rates post allogeneic transplantation are higher than the national average, and our post-transplant mortality rates are lower than the National average.

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## Confidential

- [REDACTED] is in a stable condition in [REDACTED] TPCH.
- At no stage this year, has this patient received treatment in wards where two heart transplant patients with fungal infections who passed away, were cared for – [REDACTED]  
[REDACTED]

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