



California  
Department of  
Health Services

**SANDRA SHEWRY**  
Director

State of California—Health and Human Services Agency  
**Department of Health Services**



**ARNOLD SCHWARZENEGGER**  
Governor

March 25, 2005

TO: Infection Control Practitioners  
Hospital Administrators  
Microbiology Laboratories

Subject: *Serratia marcescens* blood stream infections associated with contaminated magnesium sulfate solutions.

This notice is from the California Department of Health Services (CDHS), Division of Communicable Disease Control (DCDC) and the Licensing and Certification (L&C) Program, in follow-up to our notice of March 18, 2005. At that time we reported that a recent investigation by the Centers for Disease Control and Prevention (CDC) linked an outbreak of *Serratia marcescens* bacteremia to a magnesium sulfate solution manufactured by Pharmedium. The Centers for Disease Control and Prevention (CDC) has learned of additional cases of *Serratia marcescens* bloodstream infection (BSI) following infusion of intravenous (IV) magnesium sulfate that was not manufactured or compounded by Pharmedium. This may be related to pharmaceutical components common to various products. We request that hospital infection control personnel (ICP) review their microbiology records from January 2004 to the present to look for clusters or unusual numbers of *S. marcescens* BSI. If *S. marcescens* clusters are identified, the ICP should contact us. We are interested in cases of *S. marcescens* BSI occurring within approximately 72 hours of an IV infusion of magnesium sulfate, regardless of the manufacturer. Additionally, any available *S. marcescens* isolates from suspected cases should be saved for molecular typing to determine relatedness.

Anyone with information regarding potential cases of *S. marcescens* BSI following IV infusion of magnesium sulfate should contact Jon Rosenberg or Chris Cahill at the Division of Communicable Disease Control at (510) 540-2566.