Presentation Type:
Poster Presentation
Subject Category: Outbreaks
Outbreak of Sarocladium kiliense endophthalmitis after cataract surgery associated with contaminated off-label trypan blue use in Japan‡

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Background: Trypan blue is commonly used during mature cataract surgery to improve visualization of the anterior capsule. Although FDA-approved since 2004, it remains unapproved in Japan. Many clinics perform sterile filtration prior to use; however, no standardized sterilization protocol exists. **Methods:** This retrospective case series included all patients diagnosed with Sarocladium kiliense endophthalmitis after cataract surgery at Kyorin University Hospital between 2015 and 2025. **Results:** In 2025, six microbiologically confirmed cases of S. kiliense endophthalmitis were identified; none occurred before 2024. One case originated from Clinic A and five from Clinic B. All cataract surgeries used trypan blue, which had been sterile-filtered at each institution. Discussion: Endophthalmitis is a rare postoperative complication of cataract surgery, and S. kiliense is an uncommon pathogen. We were informed that similar cases occurred sporadically in 2025 from a reference laboratory center. One institution confirmed contamination of the trypan blue product (unpublished data). The same organism was isolated from dye obtained from Clinic B. All affected clinics used trypan blue from the same manufacturer. Off-label product use may pose significant safety concerns due to limited data. While other off-label dyes (e.g., Lugol's solution, India ink) are widely used in Japan, they are applied superficially. We hypothesize that contaminated trypan blue migrated into the vitreous cavity via lens zonules, causing the outbreak. Physicians bear responsibility for off-label use and should employ unapproved products only when benefits clearly outweigh risks.

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Case	Age	Sex	Referred clinic	Period from surgery (days)	Treatment		
					Systemic	Intravitreal injection	Surgery
1	41	M	A	12	VRCZ	VRCZ	
2	80	F	B	10	L-AMB VRCZ	VRCZ	
3	84	F	B	11	L-AMB VRCZ	VRCZ	vitrectomy
4	73	F	B	15	L-AMB VRCZ	VRCZ	
5	79	F	B	18	L-AMB VRCZ	VRCZ	vitrectomy and removal of intraocular lens
6	79	F	B	30	L-AMB VRCZ	VRCZ	

VRCZ: voriconazole, L-AMB: liposomal amphotericin B

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Developing a Measles Flagging System within the Electronic Health Record‡

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Background: In 2025, 50 measles outbreaks drove 87% of confirmed cases reported in the United States. As a highly infectious virus with an estimated R ranging from 12-18, we sought rapidly scalable and implementable measles preparedness measures for our facilities. **Methods:** The electronic health record (EHR) has flags that can be placed on patient records to denote the presence of, or concern for, active, transmissible infections. These flags are highly visible in the EHR and represent a good usability heuristic as front line providers are already trained to look for this information. Infection Prevention and Control (IPAC) worked with nursing informatics to develop measles-specific flags for suspected, confirmed and exposed patients in the EHR, expanding flagging functionality in preparation for potential measles cases and exposures. The flagging was tied to registry functionality to allow for tracking of exposed and confirmed cases longitudinally for supporting IPAC investigations in addition to clinical operations. **Results:** Three different flags were developed in the EHR to address measles. Specific criteria were created for each flag, as shown in Table 1. Table 1: Attached as Image **Conclusion:** As a highly contagious virus, measles presents unique challenges to healthcare facilities managing both cases and exposures. Measles flags within the EHR can be leveraged to assist facilities with case tracking, exposure management, and infection prevention and control.

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Infection Flag	How is flag added?	How is the flag removed?	Flag Guidance
Measles	Automatically triggered by a positive test result.	Flag remains on chart for 14 days.	Airborne precautions are necessary to prevent the spread of measles. Do not enter room or care for the patient if not immune Isolation precautions can be discontinued 4 days after the onset of a rash. For immunocompromised patients, maintain precautions for the duration of the illness. Limit transport to essential purposes that cannot be done in patient room.
Measles suspect	Automatically triggered by a measles test order.	Automatically removed if test result is negative.	
Measles exposed	Manually added by IPAC.	Flag remains on chart for 21 days.	This patient has been exposed to measles and is being monitored for symptoms for 21 days following last exposure date. If patient is calling about appts: Defer non-essential care for the 21 day period. If appts cannot be deferred: Have patient wear a mask during transport and outpatient appointments. For admitted patients: Assess daily for symptoms of rash, fever, cough, or runny nose. If symptomatic, initiate Airborne Isolation precautions.

Presentation Type:
Poster Presentation
Subject Category: Outbreaks
Performance Improvement in Healthcare Facility Measles Management‡

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Background: Advanced planning and adaptable response strategies are essential for preventing measles transmission in healthcare facilities. Objective: To describe a measles management plan and subsequent modifications in response to a cluster of measles cases. **Methods:** Drawing on previously published work (doi:10.1017/ice.2025.49), the Infection Prevention and Control (IPAC) team initiated a multi-disciplinary team and developed a measles preparedness plan with the following domains: Guidance and education; early detection and testing; isolation and patient movement; contact tracing and exposure management (Table 1). In October 2025, a patient was admitted during their fifth healthcare encounter and was diagnosed with measles. Two family members were later

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