



COMMUNICABLE DISEASE CONTROL
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"Partnering to promote, protect and preserve health in our community."

HEALTH ALERT NETWORK HEALTH DISTRICT 4

REPORTING ACUTE FLACCID MYELITIS

Healthcare Providers Should Consider Acute Flaccid Myelitis (AFM) in Patients with Clinically Compatible Illness

November 7, 2016

In 2014, the United States saw an unexpected increase in the number of reports of children experiencing neurologic illness with presentations similar to acute flaccid paralysis (AFP). The syndrome was named acute flaccid myelitis (AFM) to better distinguish it from other forms of AFP.

This year, CDC is investigating another increase in reported AFM. As of September 2016, eighty-nine persons in 33 states were confirmed to have AFM, compared to 120 persons from 34 states in 2014. The neighboring states of Oregon and Washington received reports of acute neurologic illnesses which are being investigated as possible AFM cases. As of November 2, 2016, Washington State has two confirmed AFM cases.

Symptoms of AFM

Most patients with AFM will have sudden onset of limb weakness and loss of muscle tone and reflexes. Some patients, in addition to the limb weakness, will experience facial droop/weakness, difficulty moving the eyes, drooping eyelids, or difficulty with swallowing or slurred speech.

In addition to complete neurologic examinations, findings from magnetic resonance imaging (MRI), electromyogram (EMG) and nerve conduction studies, and cerebrospinal fluid (CSF) help diagnose AFM.

Healthcare providers should consider AFM and report any illness with onset of acute focal limb weakness AND

- An MRI showing a spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments, OR
- CSF with pleocytosis (white blood cell count >5 cells/mm³)

Reporting

Please report suspected AFM cases to Central District Health Department at 208-327-8625 or the Idaho Bureau of Communicable Disease Prevention Epidemiology Program at 208-334-5939.

Reporting providers will be asked to 1) complete the “Acute Flaccid Myelitis: Patient Summary Form” available at: www.cdc.gov/acute-flaccid-myelitis/hcp/data.html and 2) collect specimens for pathogen testing as early in course of illness as possible to increase the chance of identifying an etiologic agent.

Specimens to collect include: CSF, serum, whole blood, stool (required), oropharyngeal swab *and* nasopharyngeal aspirate, wash or swab. Detailed instructions are available at www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html.

For specimen submission, please contact the Idaho Bureau of Laboratories at 208-334-2235.

For More Information

- CDC Frequently Asked Questions for Healthcare Professionals, see <http://www.cdc.gov/acute-flaccid-myelitis/hcp/faqs.html>
- CDC Interim Considerations for Clinical Management of Patients, see <http://www.cdc.gov/acute-flaccid-myelitis/hcp/clinical-management.html>
- CDC Acute Flaccid Myelitis (AFM) Fact Sheet for Patients, see <http://www.cdc.gov/acute-flaccid-myelitis/downloads/fs-acute-flaccid-myelitis.pdf>

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