November 16, 2018

Health Care Provider Update - Acute Flaccid Myelitis

Summary
In some areas of the country there has been an increase in reported cases of acute flaccid myelitis (AFM) since August 2018. From January 1 through November 14, 2018, the Centers for Disease Control and Prevention (CDC) received reports of 90 confirmed AFM cases in persons from 25 U.S. states. Most cases have occurred in children. During this time, the Florida Department of Health received reports of three patients with clinically suspected AFM that are pending case classification. While rare, it is not uncommon for Florida to receive a handful of these AFM reports every year. None have been linked to an outbreak nor has a common etiology been identified. Clinicians are encouraged to maintain vigilance for AFM among all age groups and to report patients with acute onset of flaccid limb weakness to their county health department (www.floridahealth.gov/chdepicontact). Reporting of cases will help contribute to the understanding of the frequency of and potential causes or risk factors (i.e. infectious, environment, or other) for AFM.

Recommendations
Case Reporting: Clinicians should send the following information about all patients that meet the clinical criterion for AFM (acute onset of flaccid limb weakness) to their county health department:
- AFM patient summary form (www.cdc.gov/acute-flaccid-myelitis/hcp/data.html),
- Admission and discharge notes,
- Neurology and infectious disease consult notes,
- Magnetic resonance imaging (MRI) reports AND images,
- Complete vaccination history, and
- Laboratory test results.

Laboratory Testing: Clinicians should collect specimens from patients under investigation for AFM as early as possible in the course of illness, preferably on the day of onset of limb weakness and coordinate with the county health department to submit specimens to Florida Health and CDC for testing. Specimens to collect (as clinically indicated) include:
- CSF;
- Serum; and
- A nasopharyngeal (NP) or oropharyngeal (OP) swab; and
- Stool (Please note: Collection of stool is required for AFM surveillance. Two stool specimens should be collected at least 24 hours apart early during the course of illness to rule out poliovirus infection.)

Pathogen-specific testing for diagnostic purposes should continue at hospital or commercial laboratories.
Testing of specimens from patients with clinically suspected AFM at Florida Health and CDC include:

- Routine enterovirus/rhinovirus (EV/RV) testing and typing of virus detected in CSF, respiratory, and stool specimens and poliovirus testing of stool specimens to rule out the presence of poliovirus. Results will be provided to the submitter once testing is completed.
- For certain cases, arbovirus testing or additional testing for suspected etiologies of public health importance with need for a public health response may be conducted.
- Additional specialized and non-diagnostic testing of CSF and serum to look for etiology/mechanism for AFM. Patient-level results for the additional testing will not be provided since the testing protocols are not performed under the Clinical Laboratory Improvement Amendments nor intended for clinical diagnosis.

For more information:
- AFM Investigation: www.cdc.gov/acute-flaccid-myelitis/afm-surveillance.html
- For Clinicians and Health Departments: www.cdc.gov/acute-flaccid-myelitis/hcp/index.html
- References: www.cdc.gov/acute-flaccid-myelitis/references.html