Health Advisory

KITSAP PUBLIC HEALTH DISTRICT

October 11, 2018

Increase in Suspected Cases of Acute Flaccid Myelitis in Washington State since August 2018

Actions Requested

- **Report suspected case of AFM promptly** to KPHD (see case definition below).
- **Complete the AFM patient summary form** when reporting patients (link to form below).
- **Collect surveillance specimens** from patients suspected of having AFM as early as possible in the course of illness
- **Provide the following information**: 1) brain and spinal MRI images on a disc, 2) MRI reports, 3) H&P notes, 4) neurology consult notes, 5) infectious disease consult notes, and 6) diagnostic laboratory reports
- **Order viral respiratory and viral stool cultures to be performed locally** if not already done
- **Notify KPHD if you are aware of patients of any age that previously presented to your facility and fit the case definition** (please have CSF results or MRI report available)

For questions, or to report suspected cases please contact our Communicable Disease staff at 360-728-2235.

Background

A cluster of suspected Acute Flaccid Myelitis (AFM) cases has been reported among Washington residents. As of October 9th, five WA cases are being evaluated by CDC neurologists and other AFM experts. All cases are among **children between 7 months and 5 years of age** who presented with acute paralysis of one or more limbs. All had a prodrome that included respiratory symptoms in the week prior to presentation with symptoms of AFM. Four of the five had fever of 100.4 F or greater. The earliest onset of limb weakness was on August 28, 2018 and the most recent was on October 5th. The cases are residents of King County (2), Pierce County (1), Lewis County (1), and Snohomish County (1).

From January 1st to September 30th, 2018 a total of 38 people in 16 states across the U.S. have been confirmed to have AFM. Most of these have been in children. More information about national surveillance for suspected AFM cases, which started in 2014 can be found here. No etiology for AFM has been established although potential associations with enteroviruses (including EVD68 and EVA71), adenovirus, herpes viruses, arboviruses including West Nile virus, and other viruses have been reported. Non-infectious causes have not been ruled out.

CSTE Case Definition

Clinicians should be vigilant and consider AFM in patients presenting with:

Onset of acute limb weakness

AND

MRI showing spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments

OR

CSF showing pleocytosis (WBC >5 cells/mm3)

Specimen Collection Guidance

- CSF (collected with 24 hours of the serum)
- Serum (collected within 24 hours of the CSF)
- Two stool specimens separated by 24 hours (whole stool)
- Upper respiratory tract sample: nasopharyngeal swab or oropharyngeal swab. Collect both if polio is suspected.
- **Order a viral respiratory and viral stool culture to be performed locally** if not already done

Resources

AFM patient summary form: https://www.cdc.gov/acute-flaccid-myelitis/downloads/patient-summary-form.pdf