

HEALTH ADVISORY



Public Health
Prevent. Promote. Protect.

REGION IV PUBLIC HEALTH

Clark, Cowlitz, Skamania, Wahkiakum
counties and Cowlitz Tribe

TO: Physicians and other Healthcare Providers

Please distribute a copy of this information to each provider in your organization.

Questions regarding this information may be directed to the following Region IV health officers:

Alan Melnick, MD, MPH, CPH

Clark County Public Health, (360) 397-8412

Sarah D. Present MD, MPH

Skamania County Community Health, (509) 427-3850

Wahkiakum County Health & Human Services, (360) 795-6207

Jennifer Vines, MD, MPH

Cowlitz County Health & Human Services, (360) 414-5599

Alert categories:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.

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Background

Twenty-one confirmed cases of acute flaccid myelitis (AFM) and 3 probable cases have been reported to CDC from January 1 through June 30, 2016.

- Among the 21 confirmed cases reported, median age was 7 years (range 6 months to 64 years).
- Dates of onset for confirmed cases ranged from Dec.1, 2015 through June 18, 2016.
- 48% (10/21) had onset of limb weakness after May 1, 2016.
- Cerebrospinal fluid (CSF) specimens available from 86% (18/21) of confirmed cases were tested at CDC; all specimens were negative for enterovirus at CDC.
- Pleocytosis was present in 81% (17/21) of confirmed AFM cases with a median of 50/mm³ (range, 6-758/mm³).

Reporting

Clinicians are urged to report cases of AFM.

Reporting cases will help states and CDC monitor this illness. CDC advises clinicians to report cases of AFM classified as confirmed or probable, irrespective of laboratory results, to their local health department using the patient summary form ([link](#)). CDC also requests that copies of spinal cord and brain MRI reports be provided along with the patient summary form.

The Council of State and Territorial Epidemiologists standardized case definition for AFM is:

Clinical Criteria:

- An illness with onset of acute focal limb weakness **AND**
- a magnetic resonance image (MRI) showing spinal cord lesion largely restricted to gray matter* and spanning one or more spinal segments, **OR**
- cerebrospinal fluid (CSF) with pleocytosis (white blood cell count >5 cells/mm³)

Case Classification:

Confirmed:

- An illness with onset of acute focal limb weakness AND
- MRI showing spinal cord lesion largely restricted to gray matter* and spanning one or more spinal segments

Probable:

- An illness with onset of acute focal limb weakness AND
- CSF showing pleocytosis (white blood cell count >5 cells/mm³).

**Terms in the spinal cord MRI report such as "affecting mostly gray matter", "affecting the anterior horn or anterior horn cells", "affecting the central cord", "anterior myelitis", or "poliomyelitis" would all be consistent with this terminology. If still unsure if this criterion is met, consider consulting a*

neurologist or radiologist directly.

(<http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2015PS/2015PSFinal/15-ID-01.pdf>).

Recommendations for specimen collection and testing

CDC advises clinicians to collect specimens from patients suspected of having AFM as early as possible in the course of illness (preferably on the day of onset of limb weakness) including **CSF; whole blood; serum; peripheral blood mononuclear cells (PBMC); stool; a nasopharyngeal aspirate, nasopharyngeal wash, or nasopharyngeal swab** (with lower respiratory specimen if indicated); and an oropharyngeal swab. Collection of specimens as close to the onset of illness as possible has the best chance to yield a diagnosis.

- Clinicians treating patients meeting the AFM case definition should consult with their local health department for laboratory testing of CSF, blood, serum, respiratory, and/or stool specimens for enteroviruses, West Nile virus, and other infectious etiologies known to be associated with AFM.
- If suspect cases are confirmed at CDC to meet the AFM case definition, CDC would like any remaining samples of these specimens to be provided to CDC for additional testing. Additional instructions regarding specimen collection and shipping can be found at: <http://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html>

Recommendations for clinical management and follow-up of patients

Information to help clinicians manage care of persons with AFM that meet CDC's case definition was posted in 2014 and can be found at:

<http://www.cdc.gov/acute-flaccid-myelitis/downloads/acute-flaccid-myelitis.pdf>

Local Health Department Contact Info

Call your local health department to report a confirmed or probable case or for any questions.

- Clark County Public Health: (360) 397-8182
- Cowlitz County Health Department: (360) 414-5599
- Skamania County Community Health: (509) 427-3850
- Wahkiakum County Health and Human Services: (360) 795-6207

Additional Resources

- CDC Resources and References page: <http://www.cdc.gov/acute-flaccid-myelitis/references.html>
- Surveillance information about AFM can be found at <http://www.cdc.gov/acute-flaccid-myelitis/afm-surveillance.html>.
- June, 2016 EpiTrends article about AFM: <http://www.doh.wa.gov/Portals/1/Documents/5100/420-002-epitrends2016-06.pdf>
<http://www.cdc.gov/acute-flaccid-myelitis/references.html>

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