

HEALTH ADVISORY



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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:

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Skamania County Community Health, (509) 427-3850

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Alert categories:

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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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**HEALTH
ADVISORY**
October 31, 2016

Joint investigation into reports of children with acute neurologic illnesses considers possibility of acute flaccid myelitis (AFM)



Washington Department of Health and Seattle Children's Hospital issue media advisory

The following media advisory and accompanying AFM fact sheet were issued on Friday, October 29 by the Washington Department of Health and Seattle Children's Hospital. We are forwarding this information to area providers for situational awareness.

Media Advisory

Washington State Department of Health: Julie Graham 360-810-1628
Seattle Children's Hospital: Alyse Bernal 206-987-5213

Joint investigation into reports of eight illnesses from four WA counties: Children admitted to Seattle Children's Hospital

Seattle WA: The Washington State Department of Health is leading a joint investigation into reports of eight children who were admitted to Seattle Children's Hospital with acute neurologic illnesses. As part of our work to understand their symptoms, we are investigating the possibility of a condition known as acute flaccid myelitis (AFM). Public Health Seattle & King County, Seattle Children's Hospital, and the Centers for Disease Control and Prevention (CDC) are working with the Department of Health on the investigation. At this time, there are no confirmed cases of AFM.

AFM is a rare condition that can be caused by many different things; it affects the nervous system, specifically the spinal cord. Symptoms typically include sudden weakness in one or more arms or legs, along with loss of muscle tone and decreased or absent reflexes. The exact cause of AFM is unknown. Many viruses and germs are linked to AFM, including common germs that can cause colds and sore throats, and respiratory infections. It can also be caused by poliovirus and non-polio enteroviruses, mosquito-borne viruses (such as West Nile virus or Zika virus) and autoimmune conditions.

The eight children were admitted to the hospital with a range of types and severity of symptoms, but all had a loss of strength or movement in one or more arms or legs. The children are from four counties [King County - 3 children, Pierce County - 1 child, Franklin County- 2 children, and Whatcom County - 2 children]. The children range in age from 3 to 14 years. Three of the eight cases are currently hospitalized at Seattle Children's Hospital and five have been released. Out of respect for patient privacy, no further information about specific patient cases can be provided.

"At Seattle Children's, patient safety is our top priority and parents should rest assured that it is safe to bring their children to the hospital," said Dr. Mark Del Beccaro, chief medical officer at Seattle Children's Hospital. "We are following our standard infection control protocols, including putting patients with symptoms of active respiratory infections in isolation so they do not have contact with any other patients."

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Public Health Seattle & King County, the DOH and the CDC are in the process of further evaluating each case and conducting tests to determine if the patients meet the case definition for AFM, and if an underlying cause can be identified. However, the cause of any individual case of AFM can be hard to determine, and often, no cause is found. The CDC makes the final determination regarding whether these are confirmed cases of AFM or not.

“At this point there isn’t evidence that would point to a single source of illness among these cases,” said Dr. Scott Lindquist, state infectious disease epidemiologist at the Department of Health. “However, this investigation is just getting underway and we’re looking at all possibilities as we try to understand what might have contributed to these illnesses.”

There were no cases of AFM reported in Washington State last year, in 2014 there were two. There have been more than 50 cases of AFM in 24 states across the U.S. so far this year. For more information on AFM, visit the [CDC website](#). A fact sheet about this investigation is on the Department of Health’s [website](#).

Thank you for your partnership.

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Subject: Acute flaccid myelitis (AFM)

Q1: What is acute flaccid myelitis (AFM)?

A: AFM is a rare condition with sudden onset of weakness of one or more limbs, sometimes accompanied by weakness of the muscles of the face and eyes. In severe cases, the breathing muscles can be involved. In all cases, there are distinctive lesions in certain areas of the spinal cord seen with an magnetic resonance imaging – an MRI.

- Symptoms of AFM vary in severity and range from mild weakness of a limb to absence of movement in all limbs.
- Unlike most other diseases, suspected AFM are only reports.
- The cases receive a final classification as confirmed or probable AFM (or ruled out) only following a review by CDC's expert neurologists.

Q2: How common is AFM?

A: AFM is quite rare - last year WA State had no cases, and in 2014 there were only two, so this number of suspected cases within about a six week time span is unusual. Clusters of similar size to the one we are currently seeing have happened elsewhere in the US, for example in Colorado and Arizona.

Even with an increase in cases in 2016, AFM remains a very rare disease (less than one in a million people will ever develop it).

Q3: What causes AFM?

A: AFM can be caused by a variety of germs, such as enteroviruses, which typically cause milder illness in children such as respiratory infections. Other causes may be West Nile Virus, autoimmune disease or environmental toxins. For most reported cases across the US, the cause has not been identified.

It can also be mistaken for conditions that cause inflammation of the nerves such as transverse myelitis and Guillain-Barré syndrome.

However, when enteroviruses get into the central nervous system, they can cause more serious illnesses like inflammation of the brain. Polio virus, which is not being considered as the cause of these children's illnesses, is a cause of AFM that is rare now in the US due to vaccination.

Q4: Do you know what caused any of these potential cases?

At this point we do not know what has caused these potential AFM cases.

- Oftentimes, despite extensive laboratory testing, a cause for AFM is not able to be identified.
- It's not known why some people develop AFM while others don't.

Q5: Is AFM contagious?

A: AFM is a syndrome, which is basically a group of symptoms caused by many different things. Many of the germs that cause AFM are contagious, such as enteroviruses, which typically cause milder illnesses in children such as respiratory infections. Enteroviruses can get into the central nervous system and cause more serious illnesses like inflammation of the brain, although this is uncommon.

- Some of the germs known to cause AFM are contagious between people while others are not. WNV for example is only transmitted by mosquitos while common cold germs are transmitted between people. Most to these infections do not result in AFM.

Q6: Are these cases connected to each other?

A: At this point we don't know if these cases are connected in any way.

- They came from four different counties (Whatcom, King, Pierce and Franklin).
- Their age ranges between 3 to age 14.
- And while we can't discuss specific cases, some have unique symptoms from the others.

Q7: Could this be something else?

A: AFM is one of a number of conditions that can result in neurologic illness with limb weakness. Such illnesses can result from a variety of causes, including viral infections, environmental toxins, genetic disorders, and an abnormal immune response that attacks the body's nerves.

Q8: How is AFM diagnosed?

A: AFM is difficult to diagnose because it can look nearly identical to other conditions or syndromes. It is diagnosed based on a combination of symptoms and a type of imaging test called an MRI or laboratory results.

A doctor can rule out other neurological disease by careful examination, for example, looking at the location of muscle weakness, muscle tone, and reflexes. An MRI is essential to diagnose AFM.

Q9: Can Adults Get It?

A: Yes, but it may be more likely to affect children, perhaps because they typically haven't built up as much immunity to germs as adults.

Q10: Is there a treatment?

A: There is no specific treatment for acute flaccid myelitis, other than what doctors call supportive care, treating symptoms. A doctor who specializes in treating brain and spinal cord illnesses (neurologist) may recommend certain interventions on a case-by-case basis.

Q11: Do people who get it get their movement back?

A: According to the CDC some do. The CDC did a survey of patients from cases in 2014 investigation and got 56 responses. A small number had complete recovery of limb function after about 4 months, but some had no improvement.

- Right now there is no long-term information is available, but the CDC is working with states to collect the information.

Q12: Is there any way to prevent it?

A: Because being infected by any one of a number of viruses are possible causes of AFM, steps to avoid infections include good hand washing and avoiding contact with people with respiratory and diarrhea infections may help.

AFM can be caused by different things, and because doctors know so little about the cause, there are no known specific preventative measures to recommend.

- You can help protect yourselves from some of the known causes of acute flaccid myelitis by:
 - washing your hands often with soap and water,
 - avoiding close contact with sick people, and
 - cleaning surfaces with a disinfectant, especially those that a sick person has touched.

Q13: What is the investigation looking at?

A: We've worked to make sure that tests are being done that might point to a cause – these tests are now being reviewed by us and the CDC and we hope to have some preliminary information back soon.

- We are investigating whether the cases have any links to one another and are reviewing other information including if they had recent illnesses.
- While the types of tests are really comprehensive, sometimes no direct cause is found.