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Increase in Reports of Acute Flaccid Myelitis—2018

Summary

Since August 2018, there has been an increase in reported Acute Flaccid Myelitis (AFM) cases. During the period of January 1 through October 19, 2018, the Centers for Disease Control and Prevention (CDC) received 155 reports, from 35 U.S. states, of patients under investigation for AFM. Of the 155 reports, 62 AFM cases have been confirmed thus far. From January 2018 through October 25, 2018, Kentucky has had one confirmed case, and two other suspect cases are under investigation. Clinicians are encouraged to maintain vigilance for AFM among all age groups and to report patients with acute onset of flaccid limb weakness to the Kentucky Department for Public Health (KDPH). Reporting of cases will assist states and CDC in monitoring the occurrence of AFM and better understanding the factors associated with this illness.

Recommendations

- **CASE REPORTING:** Clinicians should contact KDPH (Immunization Program Telephone No: 502-564-4478) and send the following information about all patients that meet the clinical criterion for AFM (acute onset of flaccid limb weakness) via Secure Fax at 502-696-3803:
    - AFM patient summary form; (https://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.

Note: Information should be sent regardless of specific laboratory or MRI 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 KDPH to submit specimens to CDC for testing. Specimens to collect 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 state public health laboratories.
    - AFM testing at CDC includes:
        - Routine enterovirus/rhinovirus (EV/RV) testing and typing of 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.
        - Additional 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 (CLIA) nor intended for clinical diagnosis.

For more information:

- Council of State and Territorial Epidemiologists (CSTE) standardized case definition for AFM: https://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2017PS/2017PSFinal/17-ID-01.pdf.
- AFM Investigation: https://www.cdc.gov/acute-flaccid-myelitis/afm-surveillance.html
- For Clinicians and Health Departments: https://www.cdc.gov/acute-flaccid-myelitis/hcp/index.html
- References: https://www.cdc.gov/acute-flaccid-myelitis/references.html