

Government of the District of Columbia Department of Health



Center for Policy, Planning and Evaluation Administration Division of Epidemiology, Disease Surveillance and Investigation

November 5, 2018

<u>Health Notice for District of Columbia Health Care Providers</u>
Acute Flaccid Myelitis Recommendations and Reporting — 2018

SUMMARY

Acute Flaccid Myelitis (AFM) is a condition that affects the nervous system, causing sudden onset of arm or leg weakness and loss of muscle tone and reflexes. While the condition is not new, there has been an increase in cases since 2014. Currently, the cause is being investigated, and there is no specific treatment. From January 1 through October 19, 2018, the Centers for Disease Control and Prevention (CDC) received 155 reports of patients under investigation for acute flaccid myelitis in persons from 35 U.S. states; 62 AFM cases have been confirmed thus far. This health notice provides recommendations, reporting guidelines in DC, and resources on AFM. Clinicians are encouraged to maintain vigilance for AFM among all age groups and to report patients with acute onset of flaccid limb weakness to DC Department of Health (DC Health). Reporting of cases will help states and CDC monitor the occurrence of AFM and better understand factors associated with this illness.

RECOMMENDATIONS

- CASE REPORTING: An emerging infectious disease or an unusual occurrence of any disease is reportable in the District of Columbia. Cases of AFM must be reported immediately by submitting a Notifiable Disease and Condition Case Report Form online using the DC Reporting and Surveillance Center (DCRC), which can be found on our Infectious Diseases website: (https://dchealth.dc.gov/service/infectious-diseases).
 - Clinicians should send the following information about all patients that meet the clinical criterion for AFM.
 - 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
 - Laboratory test results

If this information is not available at the time of reporting, DC Health Epidemiologist will reach out to you to complete the AFM patient summary form and obtain any additional information.

If you suspect a case that meets the clinical criterion of AFM, please notify DC Health immediately as you wait for pending clinical notes, or 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 DC Health to submit specimens to CDC through the DC Public Health Laboratory for testing. Specimens to collect include:



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- o CSF
- o Serum
- o A nasopharyngeal (NP) or oropharyngeal (OP) swab
- 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.
- o 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.
- O Please note test results and case classification may take up to four weeks.

ADDITIONAL RESOURCES

- 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
- CSTE standardized case definition for AFM: https://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2017PS/2017PSFinal/17-ID-01.pdf.
- AFM Investigation form: https://www.cdc.gov/acute-flaccid-myelitis/afm-surveillance.html

Please contact the DC Health Division of Epidemiology–Disease Surveillance and Investigation at: Phone: 202-442-9370/ 442-8141 (8:15am-4:45pm) | 844-493-2652 (after-hours calls) Fax: 202-442-8060 | Email: doh.epi@dc.gov