

**TO:** Vermont Hospitals and Health Care Providers  
**FROM:** Patsy Kelso PhD, State Epidemiologist for Infectious Disease

## **National Increase in Reports of Acute Flaccid Myelitis (AFM) — 2018**

### **Summary**

There has been an increase in reported Acute Flaccid Myelitis (AFM) cases nationally since August 2018. From January 1 through October 19, 2018, the Centers for Disease Control and Prevention (CDC) received 155 reports of patients under investigation for AFM from 35 states; 62 cases have been confirmed. There have been no cases among Vermont residents in 2018.

### **Requested Actions**

Watch for AFM among all age groups, and report patients with acute onset of flaccid limb weakness to the Health Department. Most people will have sudden onset of arm or leg weakness and loss of muscle tone and reflexes. In addition, some people will have facial droop/weakness, difficulty moving the eyes, drooping eyelids, or difficulty with swallowing or slurred speech. Reporting cases will help states and CDC monitor the occurrence of AFM and better understand factors associated with this illness.

**REPORT CASES:** Send the following information about patients that meet the clinical criteria for AFM – acute onset of flaccid limb weakness – to the Health Department by confidential fax at 802-951-4061:

- AFM patient summary form (<https://www.cdc.gov/acute-flaccid-myelitis/hcp/data.html>)
- Admission and discharge notes
- Neurology and infectious disease consultation notes
- Magnetic resonance imaging (MRI) reports AND images
- Complete vaccination history
- Laboratory test results

**Please send this information regardless of specific laboratory or MRI results.**

**LABORATORY TESTING:** 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 the Health Department Laboratory to submit specimens to CDC for testing.

Specimens to collect:

- Cerebrospinal fluid (CSF); and
- Serum; and
- A nasopharyngeal (NP) or oropharyngeal (OP) swab; and
- Unpreserved stool (required for AFM surveillance). Two stool specimens should be collected at least 24 hours apart early in the course of illness to rule out poliovirus infection.

**Continue pathogen-specific testing for diagnostic purposes at the hospital or the Health Department laboratory.**

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. 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 –**

- Health Department Infectious Disease Epidemiology Program: 802-863-7240
- 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: <https://www.cdc.gov/acute-flaccid-myelitis/hcp/index.html>
- Specimen collection instructions: <https://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html>
- References: <https://www.cdc.gov/acute-flaccid-myelitis/references.html>

**HAN Message Type Definitions**

*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; unlikely to require immediate action.

*Info Service Message:* Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.