## **AFM Job Aid for Clinicians**

How to send information about a suspected AFM case to the Vermont Department of Health

Identify suspected case of AFM: patient with onset of acute flaccid limb weakness and an MRI showing spinal cord lesions in at least some gray matter.

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Contact the Vermont Department of Health when you identify a suspected case of AFM by calling 802-863-7240.

## **SPECIMEN COLLECTION INFORMATION SHARING** Collect specimens as close to onset of limb Send copies of the following to the Health weakness as possible and store as directed Department for sharing with CDC: (see table on reverse side) admission and discharge notes neurology and infectious disease consult notes MRI report MRI images vaccination history laboratory test results NP swab Serum Stool Work with the Health Department to coordinate submission of specimens for testing at CDC. Specimens should be shipped overnight to arrive at CDC Tuesday through Friday. Specimen submission form should be completed for each specimen submitted.

Vermont Department of Health

Confidential fax: 802-951-4061

To send by e-mail, call: 802-863-7240

The Health Department completes <u>AFM Patient Summary Form</u>, compiles medical records, and sends information to CDC. Patient will be classified by national AFM experts.

After expert review, patient classification is given back to the Health Department and relayed to clinician by the Health Department.

## Specimens to collect and send to CDC for testing for suspected AFM cases

SAMPLE	AMOUNT	TUBE TYPE	PROCESSING	STORAGE	SHIPPING
CSF	0.15 mL, 0.5-2 mL preferred (collect at same time or within 24hrs of serum)	Cryovial	Spun and CSF removed to cryovial	Freeze at ≤-20°C	Ship on dry ice
Serum	0.5 mL, 1 mL preferred (collect at same time or within 24hrs of CSF)	Tiger/red top	Spun and serum removed to tiger/red top.	Freeze at ≤-20°C	Ship on dry ice
Stool	1 gram, 10-20 grams preferred (2 samples collected 24hrs apart)	Sterile container	n/a	Freeze at ≤-20°C	Ship on dry ice. Rectal swabs should not be sent in place of stool.
Respiratory (NP)/ Oropharyngeal (OP) swab	0.5 mL, 1 mL preferred (minimum amount)	n/a	Store in viral transport medium	Freeze at ≤-20°C	Ship on dry ice

Coordinate with the Vermont Department of Health to send information about suspected AFM cases and ship specimens to CDC. ALL submissions to CDC for diagnostic testing require pre-approval at this time.

VERMONT DEPARTMENT OF HEALTH