



Southwest District Health

13307 Miami Lane ♦ Caldwell, Idaho 83607 ♦ (208) 455-5300 ♦ FAX (208) 454-7722

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Emmett, ID 83617
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*1155 3rd Ave. N.
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Weiser, ID 83672
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*132 E. Idaho Street
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MEDICAL ALERT:

FOR IMMEDIATE RELEASE
November 4, 2016

For more information, contact:
(208) 455-5442

Idaho Public Health Advisory: Reporting Acute Flaccid Myelitis

Idaho healthcare providers are advised to consider acute flaccid myelitis (AFM) when evaluating patients presenting with sudden onset of limb weakness, and loss of muscle tone and reflexes.

Background

In 2014, the United States saw an unexpected increase in the number of reports of children experiencing neurologic illness with presentations similar to acute flaccid paralysis (AFP). The syndrome was named acute flaccid myelitis (AFM) to better distinguish it from other forms of AFP.

AFM is most commonly associated with poliovirus, but may be caused by numerous other viral pathogens, including non-polio enteroviruses, flaviviruses, herpesviruses, and adenoviruses. At this time, no specific pathogen has been identified as an etiologic agent responsible for the increase in reported AFM.

Most patients with AFM will have sudden onset of limb weakness and loss of muscle tone and reflexes. Some patients, in addition to the limb weakness, will experience facial droop/weakness, difficulty moving the eyes, drooping eyelids, or difficulty with swallowing or slurred speech. In addition to complete neurologic examinations, findings from magnetic resonance imaging (MRI), electromyogram (EMG) and nerve conduction studies, and cerebrospinal fluid (CSF) help in making a diagnosis of AFM.

CDC is investigating a national increase in reported AFM in 2016. As of September 2016, eighty-nine persons in 33 states were confirmed to have AFM, compared to 120 persons from 34 states in 2014. More recently, the neighboring states of Oregon and Washington received reports of acute neurologic illnesses which are being investigated as possible AFM cases. As of November 2, 2016, Washington State has two confirmed AFM cases.

Reporting

Healthcare providers are advised to consider AFM and to report any illness with onset of acute focal limb weakness, AND

- An MRI showing a spinal cord lesion largely restricted to gray matter, and spanning one or more spinal segments, OR
- CSF with pleocytosis (white blood cell count >5 cells/mm³)

Healthcare providers should report AFM cases to Southwest District Health at 208-455-5442 or the Idaho Bureau of Communicable Disease Prevention Epidemiology Program at 208-334-5939.



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Collaboration of healthcare providers is instrumental to AFM surveillance activities and efforts to identify AFM etiology. Reporting healthcare providers will be asked to 1) complete the “Acute Flaccid Myelitis: Patient Summary Form” – available at: www.cdc.gov/acute-flaccid-myelitis/hcp/data.html — and submit it to their local Public Health District, and 2) collect specimens for pathogen testing as early in course of illness as possible to increase the chance of identifying an etiologic agent. Specimens to collect include: CSF, serum, whole blood, stool (required), oropharyngeal swab, and nasopharyngeal aspirate, wash or swab, more instructions are available at www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html. For specimen submission, please contact the Idaho Bureau of Laboratories at 208-334-2235.

For More Information

- CDC Frequently Asked Questions for Healthcare Professionals, see <http://www.cdc.gov/acute-flaccid-myelitis/hcp/faqs.html>
- CDC Interim Considerations for Clinical Management of Patients, see <http://www.cdc.gov/acute-flaccid-myelitis/hcp/clinical-management.html>
- CDC Acute Flaccid Myelitis (AFM) Fact Sheet for Patients, see <http://www.cdc.gov/acute-flaccid-myelitis/downloads/fs-acute-flaccid-myelitis.pdf>

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