October 26, 2018

HEALTH ALERT: Acute Flaccid Myelitis

Dear Colleagues,

The Ottawa County Department of Public Health (OCDPH) received notification this week from the Michigan Department of Health and Human Services (MDHHS) of a suspected case of acute flaccid myelitis (AFM) in an Ottawa County resident. Although MDHHS has forwarded this case to the Center for Disease Control and Prevention (CDC) for further investigation it may be several weeks before it can determined whether or not this diagnosis is confirmed.

The OCDPH also received the attached information from the Michigan Health Alert Network (MiHAN) yesterday concerning AFM, particularly case reporting and laboratory testing. Although AFM remains a rare illness please have a heightened level of awareness of this disease and report any clinical concerns to the OCDPH at 616-494-5548.

Sincerely,

[Signature]

Paul A. Heidel, MD, MPH
Medical Director
Ottawa County Department of Public Health
Summary

Nationally there has been an increase in reported acute flaccid myelitis (AFM) cases 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 in persons from 35 U.S. states; 62 AFM cases have been confirmed thus far. In Michigan, four individuals are being evaluated for 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 the Michigan Department of Health and Human Services (MDHHS). Reporting of cases will help states and CDC monitor the occurrence of AFM and better understand factors associated with this illness.

Recommendations

• **CASE REPORTING:** Clinicians should send the following information about all patients that meet the clinical criterion for AFM (acute onset of flaccid limb weakness) to MDHHS:
  o Admission and discharge notes
  o Neurology and infectious disease consult notes
  o Magnetic resonance imaging (MRI) reports AND images
  o Complete vaccination history, and
  o Laboratory test results.

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 MDHHS to submit specimens to CDC for testing. Specimens to collect include:
  o CSF
  o Serum and
  o A nasopharyngeal (NP) or oropharyngeal (OP) swab, and
  o Stool
    - Please note: Collection of stool is 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.
  o Pathogen-specific testing for diagnostic purposes should continue at hospital or state public health laboratories.
  o AFM testing at CDC includes:
    - Routine enterovirus/rhinovirus 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:

AFM resources can be found on the MDHHS CDInfo website under Communicable Diseases A-Z:
www.michigan.gov/cdinfo.

- 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

For more information, please contact the MDHHS Communicable Disease Division: phone, 517-335-8165 and fax, 517-335-8263.