



County of Santa Cruz

HEALTH SERVICES AGENCY

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COMMUNICABLE DISEASE UNIT

PUBLIC HEALTH ADVISORY

Subject: Acute Flaccid Myelitis

Date: October 13, 2016

Contact: Communicable Disease Unit (831) 454 - 4114

Increase in Reports of Suspected Acute Flaccid Myelitis Cases—2016 Request for continued vigilance for case recognition and reporting

Background:

Acute flaccid myelitis (AFM) is a condition that affects the spinal cord, and which can be caused by a variety of viruses, including enteroviruses. AFM is characterized by a sudden weakness in one or more extremity, along with loss of muscle tone and decreased or absent reflexes. Numbness or other physical symptoms are rare, although some patients may have pain in their arms or legs. In some cases, dysfunction of the nerves controlling the head and neck, resulting in such features as facial weakness, difficulty swallowing, or drooping of the eyes, may accompany the limb weakness.

Surveillance for AFM has been conducted in California since 2012 and nationally since 2015. CDC received an increased number of reports of suspected AFM from May through July 2016; this increase is notable when compared to the same period in 2015. Clinicians are encouraged to maintain vigilance for cases of AFM among all age groups and to report cases of AFM to the patient's local health jurisdiction. Reporting of cases will help the California Department of Health (CDPH) and CDC monitor the occurrence of AFM and better understand factors possibly associated with this illness.

Current situation:

National: From January 1, 2016 through July 31, 2016, 27 reported cases of AFM were confirmed nationwide, as compared to 5 confirmed cases during the same period in 2015.

Among the 27 confirmed cases reported in 2016, median age was 5 years (range, 5 months – 18 years).

California: From January 1, 2016 through September 30, 2016, 24 AFM cases (15 confirmed, 9 probable) were reported to CDPH. Among these cases tested to date, 6 had an enterovirus detected, 4 of which were EV-D68. EV-D68 has been hypothesized as a possible cause of the recent increase in U.S. AFM cases.

Action Steps:

CASE REPORTING:

- Clinicians should report suspect cases of AFM (irrespective of laboratory results suggestive of infection with a particular pathogen) to **Santa Cruz County Public Health / Communicable Disease Unit (CDU)** using the AFM Patient Case Summary Form, found here: http://www.cdph.ca.gov/HealthInfo/discond/Documents/AFMpatient-summary-form_CDPH_11_18_15.pdf and faxing to (831) 454-5049.
- Copies of spinal cord and brain MRI reports, and lumbar puncture results should be provided as well. **For each reported case the CDU will consult with CDPH to determine appropriate next steps for evaluation and testing.**

LABORATORY TESTING:

- **If testing at CDPH is recommended**, clinicians will be asked to collect the following full set of specimens from patients suspected of having AFM as early as possible in the course of illness – preferably on the day of onset of limb weakness: **CSF, serum, stool, oropharyngeal swab, and nasopharyngeal aspirate, wash, or swab** (with lower respiratory tract specimen if indicated).
- Detailed specimen collection information can be found here: http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPH%20AFM%20Quicksheet_Nov%202015.pdf

For more information:

- [http://www.cdph.ca.gov/HealthInfo/discond/Pages/AcuteFlaccidMyelitis\(AFM\).aspx](http://www.cdph.ca.gov/HealthInfo/discond/Pages/AcuteFlaccidMyelitis(AFM).aspx)
- <http://www.cdc.gov/acute-flaccid-myelitis/afm-surveillance.html>

If you have questions call the Public Health Department Communicable Disease Unit at (831) 454-4114.

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.



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