



## DSHS Health Advisory: Call for Cases of Acute Flaccid Myelitis

In May and June 2016, the Department of State Health Services (DSHS) received reports of seven children suspected of having acute flaccid myelitis (AFM). The patients have been reported from Central Texas and the Dallas/Fort Worth Metroplex areas. Prior to May, no AFM cases had been confirmed in Texas in 2016 and five had been reported nationally. Due to the sudden increase in case reports, **DSHS is urging clinicians to be aware of AFM and to report suspect cases to DSHS or their local health department (LHD)**. Reporting of cases will help DSHS monitor clusters or increases in this illness and better understand potential causes, risk factors, and preventive measures.

### **AFM clinical presentation**

Patients with AFM present with acute focal limb weakness, frequently two to three weeks after a respiratory or febrile illness. They may also have facial droop, diplopia, dysphagia, or dysarthria.

### **AFM laboratory evidence**

- A magnetic resonance image (MRI) showing a spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments. OR
- Cerebrospinal fluid (CSF) with pleocytosis (white blood cell count  $>5$  cells/mm<sup>3</sup>, adjusting for presence of red blood cells by subtracting 1 white blood cell for every 500 red blood cells present).

In 2014, there were reports of AFM across the country, coinciding with a multi-state outbreak of enterovirus D-68 (EVD-68). At that time, Texas reported 28 cases of EVD-68 and three cases of AFM. Of the seven current AFM patients reported, two have tested positive for EVD-68 on respiratory specimens. At this time, it is not clear if EVD-68 is associated with the current reports of AFM or if it is an incidental finding. There are many other pathogens that have been previously associated with AFM.

### **Recommendations for increased vigilance for cases of AFM**

CDC and DSHS advise clinicians to maintain heightened suspicion for AFM if a patient presents with compatible signs or symptoms and to consider MRI and additional laboratory studies. If the patient has consistent clinical presentation and imaging, report suspect AFM patients by completing patient summary forms, available at <http://dshs.texas.gov/idcu/investigation/>. Contact information for LHDs can be found at <http://dshs.texas.gov/idcu/investigation/conditions/contacts/> or by calling 800-705-8868.

### **Recommendations for specimen collection and testing**

Clinicians are advised to collect 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). Appropriate specimens include cerebrospinal fluid (CSF), whole blood, serum, stool, a nasopharyngeal aspirate, nasopharyngeal wash, or nasopharyngeal swab [with lower respiratory specimen if indicated], and an oropharyngeal swab. Specimens should not be shipped to DSHS or CDC without first consulting with the LHD. Early specimen collection has the best chance to yield a diagnosis. Additional instructions regarding specimen collection, storage, and shipping can be found at: <http://www.cdc.gov/ncird/investigation/viral/specimen-collection.html>.

- Clinicians treating patients with suspected AFM should pursue laboratory testing for enteroviruses, West Nile virus, and other known infectious etiologies at their usual clinical and reference laboratories. Clinicians may contact the LHD and/or DSHS for assistance with any testing that is not available locally.
- The priority of specimens for testing for AFM at CDC is: CSF, blood (serum and whole blood), stool (if rule out polio testing cannot be conducted at a reference lab outside of CDC), nasopharyngeal aspirate, nasopharyngeal wash, nasopharyngeal swab, and oropharyngeal swab.
  - For stool specimens, CDC recommends that healthcare providers rule out poliovirus infection in cases of acute flaccid paralysis (AFP) that are clinically compatible with polio, including those with anterior myelitis. Recommendations for rule out polio testing can be found at: <http://www.cdc.gov/polio/us/hcp.html>.

### **Recommendations for prevention and clinical management and follow-up of patients**

There is no specific prevention for AFM, however, general hygienic measures, such as frequent hand washing with soap and water, avoiding close contact with sick persons, and disinfecting frequently touched surfaces should reduce the risk of many pathogens that have previously been associated with AFM. Information to help clinicians and public health officials manage care of persons with suspected acute flaccid myelitis can be found at: <http://www.cdc.gov/acute-flaccid-myelitis/downloads/acute-flaccid-myelitis.pdf>