



Maine Department of Health and Human Services  
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## Maine Health Alert Network (HAN) System

### PUBLIC HEALTH ADVISORY

**To:** Health Care Providers  
**From:** Dr. Siiri Bennett, State Epidemiologist  
**Subject:** **Maintaining Vigilance for Acute Flaccid Myelitis Cases**  
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#### Abstract:

**Summary:** Clinicians are encouraged to maintain vigilance for cases of AFM among all age groups and to report cases of AFM to Maine Center for Disease Control and Prevention (Maine CDC) by phone to 1-800-821-5821 or by fax to 207-287-6865. Reporting of cases will help states and federal CDC monitor the occurrence of AFM and better understand factors possibly associated with this illness.

#### Background

From January 1 through October 23, 2018, federal Centers for Disease Control and Prevention (CDC) received 155 reports of suspected cases of acute flaccid myelitis (AFM) in persons from 22 U.S. states; 62 met the Council of State and Territorial Epidemiologists (CSTE) case definition for a confirmed case of AFM. Among the 62 confirmed cases reported through October 23, 2018, the median age was 4.1 years (range: 0.7 – 32.7 years) and 53% of the cases were male.

Maine has not identified any AFM cases to date in 2018, but had one case each in 2014, 2015, and 2016.

# Maintaining Vigilance for Acute Flaccid Myelitis Cases

The federal Centers for Disease Control and Prevention (CDC) has recently seen an increase in the number of reported cases of suspected acute flaccid myelitis (AFM). From January 1 through October 23, 2018, CDC received 155 reports of suspected AFM in persons from 22 U.S. states; 62 met the Council of State and Territorial Epidemiologists (CSTE) case definition for a confirmed case of AFM. Among the 62 confirmed cases, the median age was 4.1 years (range: 0.7 – 32.7 years) and 53% of the cases were male.

Although enteroviruses, West Nile virus, other flaviviruses, and adenoviruses are known to cause AFM, federal CDC remains interested in all possible etiologies for this illness. Clinicians are urged to contact Maine CDC when suspect cases of AFM are identified, irrespective of enterovirus status or other laboratory results.

Federal CDC has shortened the AFM patient summary form (available at: <https://www.cdc.gov/acute-flaccid-myelitis/hcp/data.html>) to simplify data collection and revised the testing protocol for specimens from suspect AFM cases to test for potential infectious and post-infectious causes, including immune-mediated mechanisms or host responses to AFM.

## Vigilance for suspect cases of AFM

Maine CDC advises clinicians to maintain vigilance for AFM and report to Maine CDC any patients that meet the clinical criteria for AFM which is sudden onset of flaccid limb weakness. Since AFM is a relatively new condition, more information is needed to better understand the spectrum of AFM illness, all possible causes, risk factors, and outcomes for this condition.

Clinicians should work with Maine CDC to complete the patient summary form (<https://www.cdc.gov/acute-flaccid-myelitis/hcp/data.html>) as soon as possible after patient identification to initiate the AFM case classification process. Along with the patient summary form, federal CDC asks that providers include information contained in medical records to assist with case classification and to assess exposure history. Such information includes admission and discharge notes, neurology and infectious disease consult notes, magnetic resonance imaging (MRI) reports, MRI images, vaccination history, and laboratory test results. **Clinicians should send information on patients who meet the clinical criteria regardless of any laboratory results or MRI findings.**

## AFM case definition

The clinical criteria for AFM is:

- An illness with onset of acute flaccid limb weakness

The CSTE standardized case definition for AFM can be found at:  
<https://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2017PS/2017PSFinal/17-ID-01.pdf>.

## Recommendations for specimen collection and testing

Federal CDC advises clinicians 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. Early specimen collection has the best chance to yield etiologies for AFM. Specimens to collect include all of the following:

- **CSF;**
- **serum;**
- **stool; and**
- **a nasopharyngeal (NP) or oropharyngeal (OP) swab**

Pathogen-specific testing should continue at the hospital or Maine's Health and Environmental Testing Laboratory (HETL) and may include testing of CSF, sera, stool, and respiratory specimens.

Federal CDC will prioritize testing of CSF and serum to optimize yield of an etiologic agent or possible mechanism for AFM.

Federal CDC will also conduct routine enterovirus/rhinovirus (EV/RV) testing and typing of respiratory specimens and poliovirus testing of stool specimens to rule out the presence of poliovirus.

Additional instructions regarding specimen collection and shipping can be found at <https://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html>.

#### **More information and federal CDC resources:**

- Maine CDC Disease Reporting and Consultation Line 1-800-821-5821
- AFM Investigation: <https://www.cdc.gov/acute-flaccid-myelitis/afm-surveillance.html>
- For Clinicians: <https://www.cdc.gov/acute-flaccid-myelitis/hcp/index.html>
- Frequently Asked Questions by Clinicians and Health Departments: <https://www.cdc.gov/acute-flaccid-myelitis/downloads/2018-afm-faq-fact-sheet-2018-508.pdf>
- Specimen Collection Information: <https://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html>
- Resources and References: <https://www.cdc.gov/acute-flaccid-myelitis/references.html>