COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

Public Health Department

Jeff Hamm
Health Agency Director

Penny Borenstein, M.D., M.P.H.
Health Officer

Public Health
Prevent. Promote. Protect.

PROVIDER HEALTH ADVISORY

July 27, 2016

Cases of Acute Flaccid Myelitis on the Rise

The County of San Luis Obispo Public Health Department is advising healthcare providers of an increase in cases of acute flaccid myelitis (AFM) in 20 U.S. states and we are requesting increased vigilance and prompt reporting and specimen collection of suspect AFM cases.

From January 1, 2016 through June 30, 2016, the CDC received 36 reports of suspected AFM in persons from 20 U.S. states; a total of 21 met the case definition for a confirmed case of AFM and 3 were classified as probable. During the same period in 2015, CDC received only 8 reports of suspected AFM, of which 5 were classified as confirmed. These cases in 2016 have tested negative for the EV-D68, which had been associated with AFM cases in 2014.

Recommendations for Increased Vigilance and Reporting Procedures

Report any illness to SLO Public Health Communicable Disease Program (805-781-5500) that meets ALL of the following clinical presentation criteria:

- A person with onset of acute focal limb weakness, AND
- A magnetic resonance image showing a spinal cord lesion largely restricted to gray matter*, and spanning one or more spinal segments OR
- Cerebrospinal fluid (CSF) with pleocytosis (CSF white blood cell count >5 cells/mm3, may adjust for presence of red blood cells by subtracting 1 white blood cell for every 500 red blood cells present [fungal meningitis case definition, CDC]); CSF protein may or may not be elevated

** Terms in the spinal cord MRI report such as "affecting mostly gray matter," "affecting the anterior horn or anterior horn cells," "affecting the central cord," "anterior myelitis," or "poliomyelitis" would all be consistent with this terminology. If still unsure if this criterion is met, consider consulting the neurologist or radiologist directly.*

The case definition has been expanded to include all ages; however, the focus of increased vigilance continues to be children because AFM occurs more often in children.

Recommendations for Prompt Specimen Collection and Subsequent Testing

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, including:

- Cerebrospinal fluid (CSF),
- Blood (serum and whole blood),
- Nasopharyngeal aspirate, nasopharyngeal wash, or nasopharyngeal swab with lower respiratory specimen if indicated, and an oropharyngeal swab, AND
- Two stool specimens collected as soon after onset of limb weakness and separated by 24 hours.

CONTACT:
Christine Gaiger, PHN, Communicable Disease Program Manager
San Luis Obispo County Health Agency, Public Health Department
Phone: 805-781-5500