

Benton-Franklin Health District

Contact: **Primary Contact**
Dr. Amy Person, Health Officer

Phone: 509-460-4550
E-mail: drperson@bfhd.wa.gov
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Secondary Contact
Heather Hill, RN,
Preventive Health Supervisor
509-460-4232
heatherh@bfhd.wa.gov

Increase in suspected cases of Acute Flaccid Myelitis in Washington State since September 2016

Current situation in Washington

- A cluster of suspected acute flaccid myelitis (AFM) has been reported among Washington residents.
- As of November 3rd, 2016, eight cases have been confirmed and one other is being evaluated by CDC.
- All cases are among **children between 3 and 14 years of age** who presented with acute paralysis of one or more limbs. All had a febrile prodrome 1 to 2 weeks prior to presentation with symptoms of AFM.
- The earliest onset of limb weakness was on September 14th and the most recent on October 27th.
- The cases are residents of King County (3), Pierce County (1), Franklin County (2), Snohomish County (1) and Whatcom County (2).

Actions requested

- **Report suspected cases of AFM promptly** (see case definition below) to Benton-Franklin Health District at 509-539-0416 during regular business hours (Monday – Friday, 8 am – 5 pm) or 509-543-3851 after hours.
- **Complete the AFM patient summary form** when reporting patients to Benton-Franklin Health District (<http://www.cdc.gov/acute-flaccid-myelitis/downloads/patient-summary-form.pdf>)
- **Collect specimens** from patients suspected of having AFM **as early as possible in the course of illness (see details below)***.
- Notify Benton-Franklin Health District if you are aware of patients of any age that presented to your facility or practice in 2016 and fit the case definition (must have CSF results or MRI report available).
- Contact Benton-Franklin Health District for guidance.

Background

From January 1st to September 30th, 2016, a total of 89 people in 33 states across the country have been confirmed to have AFM. This represents an increase over the previous 2 years (reporting only started in 2014). Most of these have been in children. No etiology for the infections has been established although a potential association with enterovirus D68 has been reported. AFM is also known to be associated with other neurotropic enteroviruses, adenovirus, herpes viruses, arboviruses including West Nile virus and other etiologies. Non-infectious causes have not been ruled out.

Resources

CSTE case definition

Clinicians should be vigilant and consider AFM in patients presenting with:

Onset of acute limb weakness

AND a magnetic resonance image (MRI) showing spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments

OR cerebrospinal fluid (CSF) showing pleocytosis (white blood cell count >5 cells/mm³)

Specimen collection guidance

Collect specimens from patients suspected of having **AFM as early as possible in the course of illness** including:

- Cerebrospinal fluid,
- Serum (acute and convalescent) and whole blood*,
- Two stool specimens separated by 24 hours (whole stool preferred over rectal swab),
- Upper respiratory tract sample (in order of preference: nasopharyngeal swap > nasal swab > nasal wash/aspirate > oropharyngeal swab,
- Oropharyngeal swab should always be collected in addition to the nasopharyngeal specimen on any patient suspected to have polio.

*Whole blood should be sent refrigerated to CDC and arrive within 24 hours of collection.

Contact Benton-Franklin Health District at 509-539-0416 for questions, sampling and shipping details.