

FOR IMMEDIATE RELEASE 11/4/2016

TO: Grant County Healthcare Providers

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

GRANT COUNTY, WA – Grant County Health Officer, Dr. Alexander Brzezny, issues the following alert to our healthcare provider community: be aware of a cluster of 9 children hospitalized at Seattle Children’s Hospital with an acute onset of weakness/paralysis in one or more limbs since mid-September. These illnesses are being investigated as possible acute flaccid myelitis (AFM) cases. [Updated information about this investigation is available on the DOH website.](#)

Current situation in Washington

- A cluster of suspected acute flaccid myelitis (AFM) has been reported among Washington residents.
- As of November 3rd, 2016, two cases have been confirmed and seven others are 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 Grant County Health District (GCHD) using the **Complete AFM patient summary form:** (<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 GCHD 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 your GCHD 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

[Council of State and Territorial Epidemiologist \(CSTE\) case definition](#)

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

Onset of acute limb weakness

AND

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.

Please note: All patients with no sensory or cognitive loss that present with a syndrome meeting the clinical criteria for AFM also meet the criteria for consideration as a possible paralytic poliomyelitis case, thus can be considered immediately notifiable to local health jurisdictions in Washington under WAC 246-101. Travel and immunization histories should be obtained as soon as possible on all suspected AFM cases to help rule out polio as a possible cause.

Additional information [about AFM](#) and about current surveillance for [AFM in the United States](#) can be found on CDC's website along with [information for healthcare professionals](#) and [frequently asked questions](#).

Contact GCHD for questions, sampling and shipping details.

Clinical Consultation

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