Acute Flaccid Myelitis

Organism: Acute flaccid myelitis (AFM) may be due to a myriad of viral pathogens, including poliovirus, non-polio enteroviruses (e.g., enterovirus-71), flaviviruses (e.g., West Nile virus, Japanese encephalitis virus, Saint Louis encephalitis virus), herpesviruses (cytomegalovirus and Epstein-Barr virus), certain strains of adenoviruses, and others (Figure 1).

Incubation period: Depends on which virus is causing the illness.

Infectious period: Variable, depending upon which virus is causing the illness

Transmission route: The viruses believed to cause AFM may be contagious from one person to another or spread by a mosquito or other vector, depending on which virus causes the AFM.

Treatment: No specific treatment is available for AFM other than supportive care to relieve symptoms. If a pathogen with a known definitive treatment is identified (e.g., herpesviruses), specific treatment, if available, for the identified infection should be given.

Information Needed for the Investigation

In Alaska, clinicians are encouraged to report cases that meet the clinical criteria for AFM regardless of laboratory results or MRI findings. Reports should be made to the Alaska Section of Epidemiology at (907) 269-8000 or after hours at (800) 478-0084.

https://www.cdc.gov/acute-flaccid-myelitis/downloads/job-aid-for-clinicians-508.pdf

Verify the Diagnosis

Clinical picture: An illness with onset of acute flaccid weakness of one or more limbs with distinct abnormalities of the spinal cord gray matter on MRI.

Determine the Extent of Illness

- Confirmed cases will be rare; Alaska should have < 1 case/year.
- For the latest surveillance data from the CDC, visit https://www.cdc.gov/acute-flaccid-myelitis/cases-in-us.html.

Case Classification

The review of case information and assignment of final case classification for all suspected AFM cases will be done by experts in national AFM surveillance. This is similar to the review required for the final classification of paralytic polio cases.

Laboratory Specimens
Clinical specimens (Appendix A) from patients that meet the clinical picture should be collected as early as possible during illness, preferably on the day of onset of limb weakness. Early specimen collection has the best chance of yielding the cause of AFM.

Coordinate shipment of the samples to CDC with the Alaska State Public Health Laboratory-Anchorage. They should ship priority overnight. Contact the CDC before shipment: AFMLab@cdc.gov

https://www.cdc.gov/acute-flaccid-myelitis/hcp/specimen-collection.html#specimens-to-collect

Hospital Considerations
Use Standard Precautions for patients.
http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html

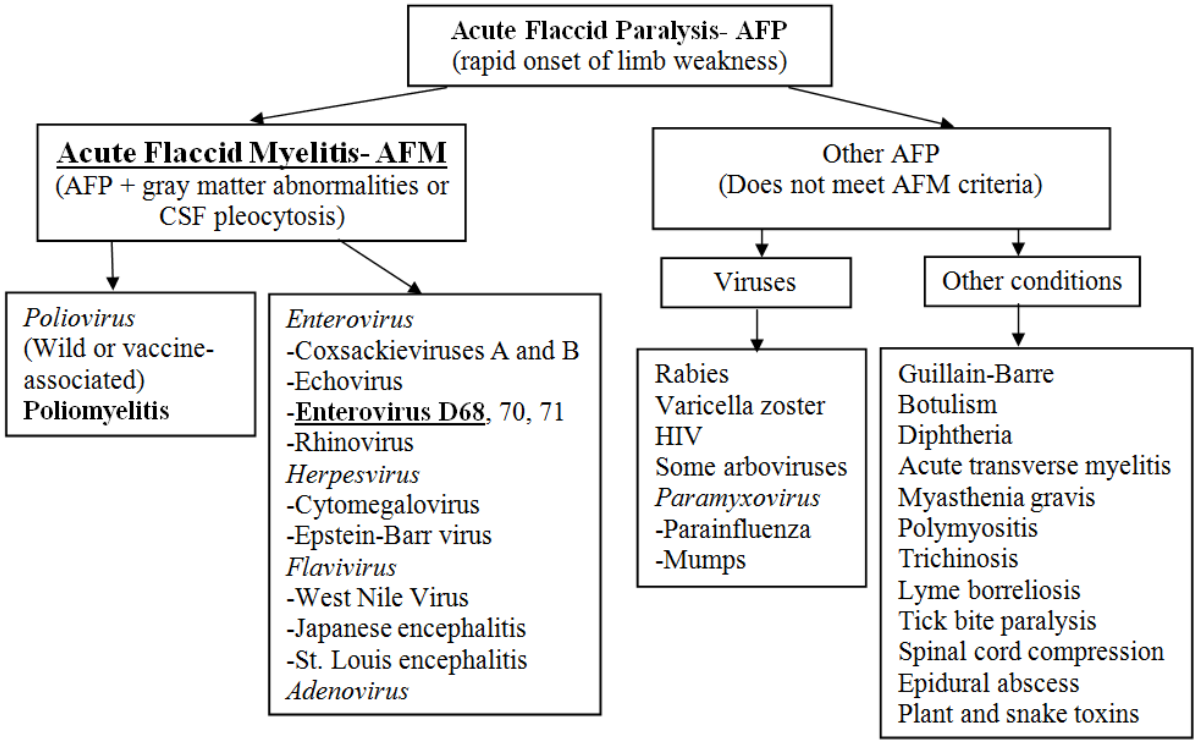
Contact and Control Measures

- Being up to date on all recommended vaccinations, including poliovirus, is one way to protect yourself and your family from a disease that can cause acute flaccid myelitis. Check with your doctor to ensure your family is current on all recommended vaccines.
- You can protect yourself from mosquito-borne viruses such as West Nile virus—another known cause of AFM—
  by using mosquito repellent and staying indoors at dusk and dawn, which is the prime period mosquitoes
  bite. Remove standing or stagnant water from nearby property to minimize the number of mosquitoes.
- Protect yourself from other known causes of AFM by:
  - Washing hands often with soap and water
  - Avoid close contact with sick people, and
  - Cleaning surfaces with a disinfectant, especially those an ill person has touched.

Reporting Requirements

- Complete the AFM Patient Summary Form (Appendix B). Obtain copies of any MRI reports, images, and neurology consult notes (if available).
- Send the completed AFM patient summary form, MRI reports, and MRI images for patients under investigation (PUI) to CDC via the SAMS RedCap AFM Project. Contact CDC by email at AFMinfo@cdc.gov if technical assistance is needed.
- Send information about every death of an AFM case to the CDC.

Figure 1. Acute Flaccid Paralysis and Acute Flaccid Myelitis most common etiologies. Reprinted from Washington State Department of Health by Liliana Sanchez, August 2016.



Appendix A – Job Aid for Clinicians

Appendix B – Patient Summary Form

Instructions for patient summary form