

**Communicable Disease Epidemiology  
and Immunization Section**

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**Health Advisory – Increase in Suspected Cases of Acute Flaccid Myelitis in Washington State  
11 October, 2018**

**Action requested:**

- **Be aware that a cluster of 5 suspected cases of acute flaccid myelitis (AFM) in Washington residents has been reported among persons 7 months to 5 years of age with onsets during August 28-October 5, 2018; two are King County residents.**
- **Consider AFM in patients presenting with onset of acute focal 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/mm<sup>3</sup>)\***
- **Collect specimens from patients suspected of having AFM as early as possible in the illness (preferably on the day of onset of limb weakness for the best chance to yield a diagnosis):**
  - **CSF (collected within 24 hours of the serum)**
  - **Serum (collected within 24 hours of the CSF)**
  - **Two stool specimens separated by 24 hours (whole stool)**
  - **Upper respiratory tract sample: nasopharyngeal swab or oropharyngeal swab**
    - **Oropharyngeal swab should always be collected in addition to the nasopharyngeal specimen on any patient suspected to have polio.**
  - **Viral respiratory and viral stool cultures to be performed locally if not already done**
- **Report confirmed or suspected cases of AFM promptly to Public Health at (206) 296-4774. Public Health will provide guidance on laboratory testing of specimens for enteroviruses, West Nile virus, and other infectious etiologies known to be associated with AFM.**
  - **Provide the following information: 1) brain and spinal MRI images on a disc 2) MRI reports, 3) H&P notes, 4) neurology consult notes, 5) infectious disease consult notes, and 6) diagnostic laboratory reports**
  - **Please complete the patient summary form found here when reporting patients to Public Health: (<https://www.cdc.gov/acute-flaccid-myelitis/downloads/patient-summary-form.pdf>).**

**Background:** From January 1<sup>st</sup> to September 30<sup>th</sup>, 2018, 38 people (most are children) in 16 states have been confirmed to have AFM. In comparison, 33 confirmed cases of AFM were reported to CDC during all of 2017. As of October 9<sup>th</sup>, five Washington cases are being evaluated by CDC neurologists and other AFM experts. All Washington cases are among children between 7 months and 5 years of age who presented with acute paralysis of one or more limbs and had a prodrome that included respiratory symptoms in the week prior to presentation with symptoms of AFM. Four of the five had fever of 100.4 F or greater. More information about national surveillance for suspected AFM cases, which started in 2014, can be found [here](#). No etiology for AFM has been established although potential associations with enteroviruses (including EVD68 and EVA71), adenovirus, herpes viruses, arboviruses including West Nile virus, and other viruses have been reported. Non-infectious causes have not been ruled out.

\* All patients without sensory or cognitive loss and that present with a syndrome meeting the clinical criteria for AFM also meet the criteria for a possible paralytic poliomyelitis case, considered immediately notifiable to Public Health. Travel and immunization histories should be obtained as soon as possible on all suspected AFM cases to help assess polio as a possible cause.

**Resources**

- <http://www.cdc.gov/acute-flaccid-myelitis/index.html>
- <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/AFM>
- <http://www.cdc.gov/acute-flaccid-myelitis/downloads/acute-flaccid-myelitis.pdf>