

PENNSYLVANIA DEPARTMENT OF HEALTH

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Pennsylvania Department of Health Requests Reporting of Suspected Acute Flaccid Myelitis (AFM) Cases

DATE:	November 13, 2018
TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	Pennsylvania Department of Health Requests Reporting of Suspected Acute Flaccid Myelitis (AFM) Cases
DISTRIBUTION:	Statewide
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This transmission is a “Health Advisory” provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, INFECTION CONTROL, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; EMS COUNCILS: PLEASE DISTRIBUTE AS APPROPRIATE; FQHCs: PLEASE DISTRIBUTE AS APPROPRIATE; LOCAL HEALTH JURISDICTIONS: PLEASE DISTRIBUTE AS APPROPRIATE; PROFESSIONAL ORGANIZATIONS: PLEASE DISTRIBUTE TO YOUR MEMBERSHIP

The Pennsylvania Department of Health (DOH) is releasing the following advisory to healthcare providers, “Pennsylvania Department of Health Requests Reporting of Suspected Acute Flaccid Myelitis (AFM) Cases.” Please report any suspected cases of AFM **immediately** by calling DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department. Additionally, all cases of AFM should be reported via PA-NEDSS.

- Summary**
- The Pennsylvania Department of Health (DOH) has recently received reports of individuals with signs/symptoms consistent with acute flaccid myelitis (AFM).
 - In Pennsylvania from January 1 through November 13, 2018, there have been 8 confirmed AFM cases.
 - Similarly, there has been an increase in reports and cases of AFM across the United States.
 - From January 1 through November 13, 2018, the Centers for Disease Control and Prevention (CDC) has received 252 reports of patients under investigation (PUI) for AFM, of which 90 cases have been confirmed.
 - Clinicians are encouraged to maintain vigilance for suspected cases of AFM among all age groups and to **report cases of AFM by calling DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department. Additionally, all cases of AFM should be reported via PA-NEDSS.**
 - Reporting of cases will help DOH and CDC monitor the occurrence of AFM and better understand factors possibly associated with this illness.

BACKGROUND

AFM is a rare but serious condition that affects the nervous system, particularly the gray matter of the spinal cord. Most cases present with a sudden onset of limb weakness or loss of muscle tone and reflexes. Some cases may also present with facial droop or weakness, drooping eyelids, difficulty moving the eyes, or difficulty swallowing/slurred speech in addition to limb weakness. Rarely, respiratory failure may occur if the muscles involved with breathing are also affected. The current etiology of AFM remains unknown, but it is thought that an infectious process or environmental toxins may play a role in the development of the illness. CDC's case definition can be found at: [Standardized Case Definition for Acute Flaccid Myelitis](#)

RECOMMENDATIONS

Pennsylvania currently requests **immediate** reporting of any suspected AFM cases. **All disease outbreaks and/or unusual occurrences of disease are reportable within the Commonwealth.** Clinicians are encouraged to maintain vigilance for AFM among all age groups and **report patients with any acute onset of flaccid limb weakness immediately upon suspicion to DOH by calling 1-877-PA-HEALTH (1-877-724-3258) or your local health department. Additionally, all cases of AFM should be reported via PA-NEDSS.**

In response to the increase in the number of reports of suspect AFM, DOH recommends the following:

- **CASE REPORTING:** Clinicians should **immediately** report any suspected cases of AFM to the DOH through the PA-NEDSS online application at <https://www.nedss.state.pa.us>.
 - Reports from suspect cases of AFM will be submitted to CDC for determination of case status (i.e., confirmed, probable, not a case).
 - DOH will work with clinicians to coordinate the submission of specimens and copies of spinal cord and brain MRI reports to CDC.
- **LABORATORY TESTING:** Clinicians should 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).
- The following specimens should be collected: **CSF; whole blood; serum; stool; upper respiratory tract specimens, preferably nasopharyngeal or nasal mid-turbinate plus oropharyngeal swabs** (<https://www.cdc.gov/acute-flaccid-myelitis/hcp/specimens.html>).
 - Please note: Collection of stool is required for AFM surveillance. Two stool specimens should be collected at least 24 hours apart early during the course of illness to rule out poliovirus infection.
- **CONFIRMATORY LABORATORY EVIDENCE:** a **magnetic resonance image (MRI)** showing spinal cord lesions largely restricted to gray matter and spanning one or more vertebral segments.
 - If suspect cases are determined by CDC to meet the AFM case definition, DOH will work with clinicians to facilitate submission of remaining samples of these specimens to CDC for additional testing. Additional instructions regarding specimen collection and shipping can be found at: <http://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html>.
 - DOH will conduct a 60-day follow-up of confirmed and probable AFM cases. CDC's AFM surveillance team will communicate final case classifications back to DOH for dissemination to clinicians, patients, and families.

Reporting of cases will help states and CDC monitor the occurrence of AFM and better understand factors possibly associated with this condition. DOH will work with clinicians to coordinate the submission of specimens and copies of spinal cord and brain MRI reports to CDC.

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of November 13, 2018, but may be modified in the future.
