DALLAS COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
EPIDEMIOLOGY

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To: **Dallas County Healthcare Providers and Clinical Laboratories**

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HEALTH ADVISORY: Acute Flaccid Myelitis

During the past four weeks, 2 cases of acute flaccid myelitis (AFM) have been confirmed in pediatric patients from Dallas. At least 5 additional pediatric patients with AFM have also been reported within the past two months from other locales in Texas.[1] These clusters appear to represent a sudden increase in case reports, although AFM has not been a required reportable condition in Texas. **Healthcare providers are therefore requested to report cases of suspected AFM to DCHHS, to assist with statewide and national efforts to characterize the etiology and epidemiology of such cases**.

Acute flaccid paralysis is relatively rare syndrome which has been associated with infections with viruses such as West Nile, poliovirus, and enterovirus A71. In 2014, clusters of pediatric AFM cases had been reported in the US, coincident with a national outbreak of severe respiratory illness in children caused by enterovirus D68 (EV-D68). Most of these patients experienced a respiratory or febrile illness in the days before the onset of acute neurologic symptoms. The linkage between EV-D68 and AFM, however, remains inconclusive.[2] EV-D68 infections have been confirmed in both of the recent AFM cases in Dallas. Existing regional surveillance systems have not identified any unusual increases in patients seeking care in emergency departments for respiratory illness or outbreaks over the preceding few months.

Providers should report to DCHHS any illness that meets the following **case definition** for AFM:[3]

- Patients with acute onset of focal limb weakness occurring after January 1, 2016; AND
- Cerebrospinal fluid (CSF) pleocytosis (WBC >5 cells/mm^3) OR
  MRI showing a spinal cord lesion largely restricted to gray matter, spanning ≥1 spinal segments

Clinical specimens should be collected from patients with suspected AFM as early as possible in the course of illness. Clinicians treating patients meeting the above case definition should continue to evaluate for known potential infectious etiologies of acute flaccid paralysis, including West Nile virus and enterovirus, at their usual clinical laboratories. Preferred specimens to additionally retain for possible testing at public health labs include: blood (serum and whole blood), CSF, stool, and nasopharyngeal aspirates or swabs. Instructions for collection and storage of these clinical specimens are available from CDC at: http://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html. For patients meeting case criteria, the DCHHS laboratory will perform EV-D68 PCR of respiratory specimens, and will coordinate further testing and shipping as appropriate to referral laboratories.

Prior to sending any clinical specimens, please report any suspected AFM cases to DCHHS by fax (214) 819-1933 or phone (214) 819-2004.

1. Texas Department of State Health Services. DSHS Health Advisory: Call for Cases of Acute Flaccid Myelitis, July 2016. www.dshs.**texas**.gov/IDCU/AFM-**health**-advisory-Jul-2016.pdf
2. Sejvar JJ et al. Acute Flaccid Myelitis in the US, August–December 2014. Clin Infect Dis. *Published online: June 17, 2016*.
3. CDC. Acute Flaccid Myelitis Case Definitions. http://www.cdc.gov/acute-flaccid-myelitis/hcp/case-definition.html