

This is an official DHEC Health Advisory

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Maintaining Vigilance for Acute Flaccid Myelitis Cases—2018

Summary

From January 1 through October 19, 2018, the Centers for Disease Control and Prevention (CDC) received 155 reports of patients under investigation for acute flaccid myelitis (AFM) in persons from 35 U.S. states; 62 AFM cases have been confirmed thus far. Additionally, reports to CDC regarding suspect AFM cases increased during August and September 2018. Of the confirmed cases, one was identified in South Carolina.

Although enteroviruses, West Nile virus, other flaviviruses, and adenoviruses are associated with AFM, CDC and DHEC remain interested in all possible etiologies for this illness. Clinicians are encouraged to maintain vigilance for AFM among all age groups and to report patients with acute onset of flaccid limb weakness to DHEC. Reporting of cases will help states and CDC monitor the occurrence of AFM and better understand factors associated with this illness.

In response to the increased number of confirmed and suspected AFM cases in the US, the following recommendations are being provided to clinicians.

- **Case Reporting:** Report suspect cases of AFM to DHEC as soon as possible after patient identification to initiate the AFM case classification process (see reporting contact information in the last section). **Information should be sent regardless of any laboratory or MRI results.** Use the CDC patient summary form to provide patient data to DHEC. This form is available at: <https://www.cdc.gov/acute-flaccid-myelitis/hcp/data.html>.

Along with the patient summary form, additional information contained in medical records will be needed to assist with case classification and to assess exposure history. Such information includes:

- Admission and discharge notes
- Neurology and infectious disease consult notes
- Magnetic resonance imaging (MRI) reports and images
- Complete vaccination history
- Laboratory test results.

Clinicians should be prepared to provide this information upon request from DHEC.

- **Laboratory Testing:** Collect specimens from patients under investigation for 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:
 - Cerebrospinal fluid (CSF)
 - Serum
 - Nasopharyngeal (NP) or oropharyngeal swab (OP)
 - Stool
 - 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.

After specimens have been collected and the suspected AFM case has been reported to DHEC, submit specimens to the DHEC Public Health Laboratory (PHL). Prior to shipping, contact the PHL, Virology & Rabies Laboratory at (803)896-0820.

- Samples must be frozen at -20°C (for fresh-frozen tissues, use -70°C) and make arrangements to ship the samples overnight to DHEC frozen on dry ice/cold packs. Fill out Request Form: DHEC 1335. For Test Requested, please write "AFM Testing." The form is available at <http://dhecnet/library/D-1335.pdf>
- Ship samples from each patient with completed hard copies of The Acute Flaccid Myelitis: Patient Summary Form

Shipping Address
 SC Department of Health and Environmental Control
 Public Health Laboratory
 8231 Parklane Road Columbia, SC 29223

PHL will forward the specimens to CDC for testing. AFM testing at CDC includes:

- Routine enterovirus/rhinovirus (EV/RV) testing and typing of CSF, respiratory, and stool specimens and poliovirus testing of stool specimens to rule out the presence of poliovirus.
- Additional testing of CSF and serum to look for etiology/mechanism for AFM. Please note, patient-level results for the additional testing will not be provided since the testing protocols are not performed under the Clinical Laboratory Improvement Amendments (CLIA) nor intended for clinical diagnosis.

Additionally, pathogen-specific testing should continue at hospital laboratories or PHL, if indicated.

Resources for Additional Information

- AFM surveillance
<https://www.cdc.gov/acute-flaccid-myelitis/afm-surveillance.html>
- Specimen collection and shipping
<https://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.htm>
- For Clinicians and Health Departments
<https://www.cdc.gov/acute-flaccid-myelitis/hcp/index.html>

- References
<https://www.cdc.gov/acute-flaccid-myelitis/references.html>
- CSTE standardized case definition for AFM:
<https://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2017PS/2017PSFinal/17-ID-01.pdf>.

DHEC contact information for reportable diseases and reporting requirements

Reporting of Acute Flaccid Myelitis is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2018 List of Reportable Conditions available at:
<https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2018			
Mail or call reports to the Epidemiology Office in each Public Health Region			
MAIL TO:			
<u>Lowcountry</u> 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051	<u>Midlands</u> 2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993	<u>Pee Dee</u> 145 E. Cheves Street Florence, SC 29506 Fax: (843) 661-4859	<u>Upstate</u> 200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373
CALL TO:			
<u>Lowcountry</u> Berkeley, Charleston, Dorchester Phone: (843) 953-0043 Nights/Weekends: (843) 441-1091 Beaufort, Colleton, Hampton, Jasper Phone: (843) 549-1516 ext. 218 Nights/Weekends: (843) 441-1091 Allendale, Bamberg, Calhoun, Orangeburg Phone: (803) 268-5833 Nights/Weekends: (843) 441-1091	<u>Midlands</u> Kershaw, Lexington, Newberry, Richland Phone: (803) 576-2749 Nights/Weekends: (888) 801-1046 Chester, Fairfield, Lancaster, York Phone: (803) 286-9948 Nights/Weekends: (888) 801-1046 Aiken, Barnwell, Edgefield, Saluda Phone: (803) 642-1618 Nights/Weekends: (888) 801-1046	<u>Pee Dee</u> Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion Phone: (843) 661-4830 Nights/Weekends: (843) 915-8845 Clarendon, Lee, Sumter Phone: (803) 773-5511 Nights/Weekends: (843) 915-8845 Georgetown, Horry, Williamsburg Phone: (843) 915-8804 Nights/Weekends: (843) 915-8845	<u>Upstate</u> Anderson, Oconee Phone: (864) 260-5581 Nights/Weekends: (866) 298-4442 Abbeville, Greenwood, McCormick Phone: (864) 260-5581 Nights/Weekends: (866) 298-4442 Cherokee, Greenville, Laurens, Pickens, Spartanburg, Union Phone: (864) 372-3133 Nights/Weekends: (866) 298-4442
For information on reportable conditions, see https://www.scdhec.gov/health-professionals/report-diseases-adverse-events/south-carolina-list-reportable-conditions		DHEC Bureau of Disease Control Division of Acute Disease Epidemiology 2100 Bull St • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902	

Categories of Health Alert messages:

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| 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. |
| Info Service | Provides general information that is not necessarily considered to be of an emergent nature. |