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Health Advisory

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Vigilance for Acute Flaccid Myelitis (AFM) Associated with Enteroviruses including EV-D68 and Poliomyelitis

Situational Update

The Madera County Department of Public Health (MCDPH) in collaboration with the California Department of Public Health (CDPH) is requesting healthcare providers be vigilant for acute flaccid myelitis (AFM). AFM typically presents with sudden limb weakness in children that can lead to permanent paralysis. AFM should be considered in the differential diagnosis of patients with acute onset of flaccid weakness to ensure optimal care.

Before the COVID-19 pandemic, enterovirus D68 (EV-D68) was the most common enterovirus detected among AFM cases that were observed in periodic surges in AFM. These periodic surges occurred typically in late summer and early fall when enteroviruses tend to circulate. Historically, increases in EV-D68 respiratory disease, including severe disease in children requiring hospitalization, have preceded these surges in AFM by several weeks. In August 2022, a similar increase in EV-D68 respiratory disease was detected in sentinel surveillance sites in the United States, including California. From January 1, 2022, through September 14, 2022, CDPH received 11 reports of suspected AFM in persons from California; six were classified by the Centers for Disease Control and Prevention (CDC) as confirmed cases of AFM, thus - warranting increased vigilance for AFM.

Additionally, with the recent identification of a paralytic polio case in an unvaccinated person in New York in July 2022, clinicians should consider polio in patients with suspected AFM who are not fully vaccinated against polio AND have either traveled to or had contact with travelers from areas where polio is circulating.

Actions Requested of Clinicians

- Have increased vigilance for AFM or polio, especially in patients who are not fully vaccinated against polio AND have either traveled to, or had contact with travelers from areas, where polio is circulating.
- When suspecting AFM or polio - Hospitalize the patient immediately:
 - Monitor the respiratory status of patients with acute flaccid weakness, which in AFM can progress rapidly to respiratory failure.

- Order an MRI of the spine and brain with the highest Tesla scanner available.
- Report patients of any age suspected to have AFM or polio as soon as possible:
 - **Contact the MCDPH immediately by phone at (559) 675-7894** if AFM or polio is suspected
 - Submit an [AFM Patient Case Summary Form](#), including MRI reports of the brain and spine, neurology consultation notes, and laboratory test results to the MCDPH.
 - Consult promptly with specialists in neurology and infectious diseases for diagnosis and management, as signs and symptoms of AFM overlap with other neurologic conditions.
 - Follow [CDC's standard, contact and droplet infection control precautions](#) for suspected or confirmed AFM cases.
- Conduct laboratory testing to maximize detection of possible etiologic agents:
 - Please collect cerebrospinal fluid (CSF), serum, stool (x2, 24-hours apart), and respiratory specimens (nasopharyngeal or oropharyngeal swabs). The Madera County Public Health Laboratory (phone: 559- 675-7894) will work with the clinical lab to transfer specimens to the CDPH Viral and Rickettsial Disease Laboratory (VRDL).
 - Collect specimens as early as possible after onset, preferably on the day of onset of limb weakness.
 - Continue testing at the hospital laboratory for specific pathogens as clinically indicated.
 - Please do not delay shipping other specimen types to VRDL while awaiting stool specimens, which can take several days to collect.
 - The [CDPH AFM Quicksheet](#) contains additional instructions on specimen submittal and shipping (assistance with completing any specific specimen submittal forms will be provided upon contacting the MCDPH).

NOTE: For AFM cases, the CDPH VRDL regularly tests cases for SARS-CoV-2, enterovirus (including typing to identify poliovirus), rhinovirus and adenovirus and conditionally for West Nile, St. Louis encephalitis, Zika, dengue, and chikungunya viruses. The timing of results typically precludes their guiding clinical management.

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

Health Information: Provides general health information which is not considered to be of emergent nature



To obtain more details included in the statewide health advisory issued on September 15, 2022, please visit: [Vigilance for Acute Flaccid Myelitis \(AFM\) Warranted - Recent Detections of Enterovirus D68 and Poliovirus in the United States](#)

To obtain more details included in the nationwide health advisory issued on September 9, 2022, please visit: [Severe Respiratory Illnesses Associated with Rhinoviruses and/or Enteroviruses Including EV-D68 – Multistate, 2022](#)

For more information on AFM and Poliomyelitis:

- [AFM information for clinicians and health departments \(CDC\)](#)
- [AFM information for clinicians and health departments \(CDPH\)](#)
- [AFM considerations for clinical management \(CDC\)](#)
- [AFM CDC Infection control \(CDC\)](#)
- [Poliomyelitis: For Healthcare Providers \(CDC\)](#)
- [Polio Fact sheet \(CDC\)](#)
- [Polio vaccine ACIP recommendation \(CDC\)](#)

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