

HEALTH UPDATE



Public Health
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REGION IV PUBLIC HEALTH

Clark, Cowlitz, Skamania, Wahkiakum
counties and Cowlitz Tribe

TO: Physicians and other Healthcare Providers

Please distribute a copy of this information to each provider in your organization.

Questions regarding this information may be directed to the following Region IV health officers:

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Clark County Public Health, (360) 397-8412
Skamania County Community Health, (509) 427-3850

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Wahkiakum County Health & Human Services, (360) 795-6207

Alert categories:
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; no immediate action necessary.

Suspected case of acute flaccid myelitis in Clark County child

Summary

A Clark County child younger than 6 has been identified as a suspected case of acute flaccid myelitis (AFM). The child was hospitalized Dec. 10 for a sudden onset of paralysis in one arm. Prior to the paralysis, the child had symptoms of respiratory illness and fever. Lab specimens and diagnostic images have been sent to the Centers for Disease Control and Prevention (CDC) for confirmation of AFM.

Current situation in Washington

- A cluster of suspected AFM cases has been reported among Washington residents.
- Since Aug. 28, 11 Washington cases have been identified. Nine have been confirmed as AFM by the CDC. The remaining two are suspected cases being evaluated by the CDC.
- All cases are among infants, children and youth.
- The cases are residents of Clark County (1), King County (4), Lewis County (1), Pierce County (2), Skagit County (1), Snohomish County (1), Yakima County (1).

Action requested

Report suspected cases of AFM promptly (see case definition below) to your local health department (contact information below). Your local health department will provide assistance with the following:

- **Complete the AFM patient summary form** when reporting patients to your local health department (<https://www.cdc.gov/acute-flaccid-myelitis/downloads/patient-summary-form.pdf>).
- **Collect surveillance specimens** from patients suspected of having AFM as early as possible in the course of illness (see details below).
- **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.
- **Order viral respiratory and viral stool cultures to be performed locally** if not already done.

Also, please notify your local health department if you are aware of patients of any age that previously presented to your facility and fit the case definition (please have CSF results or MRI report available).

Resources

Clinical Criteria

- An illness 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) with pleocytosis

Case Classification (2017)

Probable:

- An illness with onset of acute focal limb weakness AND
- CSF showing pleocytosis (white blood cell count >5 cells/mm³, may adjust for presence of red blood cells by subtracting 1 white blood cell for every 500 red blood cells present).

Confirmed:

- An illness with onset of acute focal limb weakness AND
- MRI showing spinal cord lesion largely restricted to gray matter

*† and spanning one or more spinal segments

*Terms in the spinal cord MRI report such as “affecting mostly gray matter”, “affecting the anterior horn or anterior horn cells”, “affecting the central cord”, “anterior myelitis”, or “poliomyelitis” would all be consistent with this terminology. If still unsure if this criterion is met, consider consulting the neurologist or radiologist directly.

† Spinal cord lesions may not be present on initial MRI; a negative or normal MRI performed within the first 72 hours after onset of limb weakness does not rule out AFM.

Specimen Collection

Early specimen collection has the best chance to suggest an etiology for AFM. As soon as possible in the course of illness, preferably on the day of onset of limb weakness, clinicians should collect specimens from patients suspected of having AFM due to poliovirus or another enterovirus including:

- Two stool specimens collected as soon after onset of limb weakness and separated by 24 hours, minimum 1gram, AND
- Cerebrospinal fluid (CSF), minimum 1mL. (Should be collected at the same time, or within 24 hours of serum if feasible)
- Serum, minimum 0.4mL. (Should be collected at the same time, or within 24 hours of CSF if feasible)
- A nasopharyngeal or oropharyngeal swab, stored in minimum 1mL viral transport media. Oropharyngeal swab should always be collected in addition to the nasopharyngeal specimen on any patient suspected to have polio.
- For patients suspected to have polio, acute and convalescent serum can be collected.

The acute specimen should be collected as soon as possible and forwarded to PHL along with the specimens listed above. The convalescent specimen should be collected 3 weeks after the acute specimen.

In addition, order a viral respiratory and a viral stool culture to be performed locally if not already done. Contact your local health department for questions, sampling and shipping details.

Thank you for your partnership.

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Clark County Public Health:	(564) 397-8182	(360) 397-8080
Cowlitz County Health Department:	(360) 414-5599	(360) 425-7531
Skamania County Community Health:	(509) 427-3850	(509) 427-0188
Wahkiakum County Health and Human Services:	(360) 795-6207	(360) 795-6143

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