

NEW MEXICO HEALTH ALERT NETWORK (HAN) ADVISORY

Increase Vigilance for Acute Flaccid Myelitis Cases – 2022

September 16, 2022

As of the end of August 2022, national sentinel surveillance sites for respiratory pathogens are reporting increases in pediatric hospitalizations of patients with severe respiratory illness who also tested positive for rhinovirus (RV) and/or enterovirus (EV). New Mexico has also noted an increase in non-COVID respiratory disease outbreaks and positive test results for rhinovirus during July and August, even as other respiratory activity has declined or remained flat. Concurrently, national surveillance sites are reporting a higher proportion of enterovirus D-68 (EV-D68) positivity in children who are RV/EV positive compared to previous years. EV-D68 is also the main enterovirus responsible for cases of acute flaccid myelitis (AFM) during years when we see increases in AFM cases. AFM is a rare outcome of EV-D68 infection and is a serious neurologic condition that affects mostly children. It typically presents with sudden limb weakness that can lead to permanent paralysis. Traditionally, increases in EV-D68 respiratory disease have preceded cases of AFM by about 2 weeks. Therefore, increased vigilance for AFM is important. Clinicians should strongly consider the diagnosis of AFM in patients with acute onset of flaccid weakness, especially during August–November, to ensure prompt hospitalization and referral to specialty care. Recent respiratory illness or fever and the presence of neck or back pain or any neurologic symptom should heighten suspicion for AFM. **Clinicians should report possible cases of AFM to the New Mexico Department of Health 24/7 Epidemiologist On-Call Hotline at 505-827-0006 as soon as they suspect AFM.** Case reporting will help states and CDC monitor AFM and better understand factors associated with this illness.

With the identification of a paralytic polio case in an unvaccinated person in New York in July 2022, healthcare providers should also consider polio in the differential diagnosis of patients with sudden onset of limb weakness, as polio and AFM are clinically similar. Clinicians should obtain stool samples from all patients with suspected AFM to rule out poliovirus infection, especially if the patient is under-vaccinated and has had recent international travel to places where poliovirus is circulating.

From January 1, 2022, through September 6, 2022, CDC has received 35 reports of suspected acute flaccid myelitis (AFM) in persons from 17 U.S. states; 13 have been classified as confirmed

EPIDEMIOLOGY AND RESPONSE

cases of AFM, 2 as probable, 6 as not cases, 1 as suspect, and 13 are waiting information or classification.

Recommendations

In response to a possible increase in cases of AFM, CDC recommends the following:

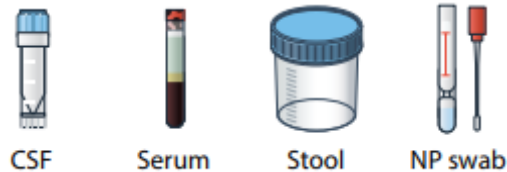
- **THINK AFM:** Clinicians should strongly consider AFM in patients with acute flaccid limb weakness, especially after respiratory illness or fever, and especially between the months of August and November



- **CONSIDER POLIO:** Clinicians should consider polio in patients with sudden onset of limb weakness, especially in persons who are not vaccinated or under-vaccinated for polio and have traveled to areas with higher risk of polio
- **HOSPITALIZE IMMEDIATELY:** Patients with AFM can progress rapidly to respiratory failure. Clinicians should monitor respiratory status of patients and order MRI of the spine and brain with the highest Tesla scanner available. The clinical signs and symptoms of AFM overlap with other neurologic conditions. Therefore, it is critical to consult with specialists in neurology and infectious diseases for appropriate diagnosis and management.

- **LABORATORY TESTING:** Clinicians should collect specimens from patients with possible AFM or polio 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; serum; stool; and a nasopharyngeal (NP) or oropharyngeal (OP) swab**



- Note, it is critical to obtain **two stool samples** collected at least 24 hours apart, both collected as early in illness as possible and ideally within 14 days of illness onset (poliovirus is most likely to be detected in stool)
- Coordinate with the New Mexico Department of Health to send specimens to CDC for AFM/polio testing. Additional instructions regarding specimen collection and shipping can be found at: <https://www.cdc.gov/acute-flaccid-myelitis/hcp/specimen-collection.html>
- **CASE REPORTING:** Clinicians should report possible cases of AFM (acute onset of flaccid limb weakness AND MRI showing a spinal cord lesion in at least some gray matter, excluding persons with gray matter lesions in the spinal cord resulting from physician diagnosed malignancy, vascular disease, or anatomic abnormalities) or polio to the New Mexico Department of Health using the patient summary form (<https://www.cdc.gov/acute-flaccid-myelitis/hcp/data-collection.html>). Copies of the spinal cord and brain MRI reports, images, and the neurology consult note should be provided along with the patient summary form. Patients with gray matter lesions in the spinal cord resulting from physician diagnosed malignancy, vascular disease, or anatomic abnormalities do not need to be reported.
 - Reports from possible cases of AFM will be submitted to CDC as part of surveillance to help track AFM, understand the spectrum of the disease, detect outbreaks, and inform research.
 - Case classification status (i.e., confirmed, probable, suspect, not a case) is for surveillance purposes and based on consistent and specific criteria to ensure cases being tracked are similar.
 - **Clinicians should not wait for CDC's surveillance case classification to diagnose and manage their patient.**

For more information

AFM

- AFM: <https://www.cdc.gov/acute-flaccid-myelitis/index.html>
- AFM physician consult and support portal: <https://wearesrna.org/living-with-myelitis/resources/afm-physician-support-portal/>
- For clinicians and health departments: <https://www.cdc.gov/acute-flaccid-myelitis/hcp/clinicians-health-departments.html>
- Resources and references for AFM: <https://www.cdc.gov/acute-flaccid-myelitis/hcp/references-resources.html>
- The standardized case definition for AFM surveillance is available at: <https://www.cdc.gov/acute-flaccid-myelitis/hcp/case-definitions.html>

POLIO

- Poliomyelitis: For Healthcare Providers: <https://www.cdc.gov/polio/what-is-polio/hcp.html>
- Polio Fact sheet: [Polio Fact Sheet-8-17-22-508 \(cdc.gov\)](#)
- Polio vaccine ACIP recommendation: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/polio.html>
- Resources and references for polio: <https://www.cdc.gov/polio/what-is-polio/resources-refs.html>

New Mexico Health Alert Network: To register for the New Mexico Health Alert Network, click the following link to go directly to the HAN registration page <https://nm.readyop.com/fs/4cjZ/10b2> Please provide all information requested to begin receiving important health alerts and advisories.