



Nebraska Department of Health and Human Services  
**HEALTH ALERT NETWORK**  
**Update**



TO: Nebraska Healthcare Providers, Laboratories, Public Health

FROM: Thomas J. Safranek, M.D.                      Blake Hendrickson, MPH  
State Epidemiologist                              Epidemiologist  
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RE: **Maintaining vigilance for Acute Flaccid Myelitis (AFM) among children in Nebraska**

DATE: September 5, 2018

From January 1 through August 20, 2018, the Centers for Disease Control and Prevention (CDC) received 43 reports of suspected acute flaccid myelitis (AFM) in persons from 20 U.S. states; 14 met the Council of State and Territorial Epidemiologists (CSTE) case definition for a confirmed case of AFM. Among the 14 confirmed cases reported through August 20, 2018, the median age was 3.7 years (range: 1.1–13.7 years). Dates of onset for confirmed cases ranged from February 13 through July 5, 2018.

Although enteroviruses, West Nile virus, other flaviviruses, and adenoviruses are known to cause AFM, CDC remains interested in all possible etiologies for this illness. **Clinicians are urged to contact their state or local health department when suspect cases of AFM are identified, irrespective of enterovirus status or other laboratory results. In Nebraska, this includes your district health department or Blake Hendrickson, vaccine-preventable disease epidemiologist at the Nebraska Department of Health and Human Services (402-471-6450).**

CDC has shortened the AFM patient summary form (<https://www.cdc.gov/acute-flaccid-myelitis/hcp/data.html>) to simplify data collection and revised the testing protocol for specimens from suspect AFM cases to test for potential infectious and post-infectious causes, including immune-mediated mechanisms or host responses to AFM.

### **Vigilance for suspect cases of AFM**

CDC advises clinicians to maintain vigilance for AFM and send information about all patients that meet the clinical criterion for AFM (sudden onset of flaccid limb weakness) to their state or local health department. Clinicians should work with their health department to complete the patient summary form (<https://www.cdc.gov/acute-flaccid-myelitis/hcp/data.html>) as soon as possible after patient identification to initiate the AFM case classification process. Along with the patient summary form, we ask that you include information contained in medical records 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, MRI images, vaccination history, and laboratory test results. **Information should be sent regardless of any laboratory or MRI results.**

The process for AFM case review and classification is consistent with evaluation procedures for suspect polio cases, where a panel of neurology experts review each case. For AFM classification, the patient summary forms and additional case information for each patient with suspected AFM will be sent to CDC by the health department using a secure CDC FTP site. Health departments can contact CDC by email at [limbweakness@cdc.gov](mailto:limbweakness@cdc.gov) for further information on sending forms. Health departments should also send information for patients with suspected AFM, regardless of any laboratory or MRI results.

### **For more information:**

- AFM Investigation: <https://www.cdc.gov/acute-flaccid-myelitis/afm-surveillance.html>
- 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>