Job Aid for Clinicians
How to send information about a suspected AFM case to the health department

Ensure that patient meets **confirmed** or **probable** case definition for acute flaccid myelitis (AFM).

**Confirmed:**
Patient with acute onset of focal limb weakness and an MRI showing a spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments.

**Probable:**
Patient with acute onset of focal limb weakness and cerebrospinal fluid (CSF) with pleocytosis [white blood cell (WBC) count >5 cells/mm³]

Contact your health department when you identify a suspect case of AFM.

**SPECIMEN COLLECTION**
Collect specimens as close to onset of limb weakness as possible and store as directed (see table on reverse side)
- CSF
- Serum
- Whole blood
- Stool
- NP swab

Work with your health department to coordinate submission of specimens for testing at CDC.
- Specimens should be shipped overnight to arrive at CDC Tuesday through Friday.
- Specimens should be shipped within 24–48 hours of collection, if possible.

**INFORMATION SHARING**
Complete **AFM Patient Summary Form** available at: [www.cdc.gov/acute-flaccid-myelitis/hcp/data.html](http://www.cdc.gov/acute-flaccid-myelitis/hcp/data.html)

Send copies of **Patient Summary Form** and other clinical information to health department for sharing with CDC.
# Specimens to collect and send to CDC for testing for suspect AFM cases

<table>
<thead>
<tr>
<th>SAMPLE</th>
<th>AMOUNT</th>
<th>TUBE TYPE</th>
<th>PROCESSING</th>
<th>STORAGE</th>
<th>SHIPPING</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSF</td>
<td>1mL (collect at same time or within 24hrs of whole blood)</td>
<td>Cryovial</td>
<td>Spun and CSF removed to cryovial</td>
<td>Freeze at -20°C</td>
<td>Ship on dry ice</td>
</tr>
<tr>
<td>CSF</td>
<td>2 mL (collect at same time or within 24hrs of whole blood)</td>
<td>Cryovial</td>
<td>Unspun</td>
<td>Refrigerate at 4°C</td>
<td>Ship overnight on cold packs within 24–48 hours of collection*</td>
</tr>
<tr>
<td>Serum</td>
<td>≥0.4mL</td>
<td>Tiger/red top</td>
<td>Spun and serum removed to tiger/red top</td>
<td>Freeze at -20°C</td>
<td>Ship on dry ice</td>
</tr>
<tr>
<td>Whole blood</td>
<td>3 to 5mL (collect at same time or within 24hrs of CSF)</td>
<td>EDTA/heparin tube (lavender or green top)</td>
<td>Unspun</td>
<td>Refrigerate at 4°C</td>
<td>Ship overnight on cold packs within 24–48 hours of collection*</td>
</tr>
<tr>
<td>Stool</td>
<td>≥1 gram (2 samples collected 24hrs apart)</td>
<td>Sterile container</td>
<td>n/a</td>
<td>Freeze at -20°C</td>
<td>Ship on dry ice</td>
</tr>
<tr>
<td>Rectal swab</td>
<td>≥1 gram (2 samples collected 24hrs apart)</td>
<td>n/a</td>
<td>Store in viral transport medium</td>
<td>Freeze at -20°C</td>
<td>Ship on dry ice</td>
</tr>
<tr>
<td>Respiratory NP or nasal (mid-turbinate [MT]+OP) swab</td>
<td>1ml (minimum amount)</td>
<td>n/a</td>
<td>Store in viral transport medium</td>
<td>Freeze at -20°C</td>
<td>Ship on dry ice; send ONLY if EV/RV positive for typing</td>
</tr>
</tbody>
</table>

*If specimens cannot be shipped within 24-48 hours of collection, consider repeat collection, if feasible.

**Coordinate with health department to send information about suspect AFM cases and ship specimens to CDC.**