



TO: West Virginia Healthcare Providers, Hospitals and other Healthcare Facilities

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West Virginia Department of Health and Human Resources, Bureau for Public Health

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LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors and other applicable partners.

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

West Virginia has confirmed a case of Acute Flaccid Myelitis (AFM). AFM is a rare but serious condition that affects the nervous system, causing muscles and reflexes in the body to become weak. The last confirmed case of AFM in West Virginia was in 2016. The Centers for Disease Control and Prevention (CDC) recognized AFM in 2014 as a syndrome following increased reports of acute limb weakness and began surveillance for this condition. Clinicians are encouraged to continue vigilance for cases of AFM among all age groups and to immediately report suspected cases of AFM to their local health department (LHD) as per the West Virginia Reportable Disease Rule (64 CSR 7).

AFM is characterized by a sudden onset of weakness in one or more limbs following a respiratory or febrile illness. Magnetic resonance imaging (MRI) reveals distinct abnormalities of the spinal cord gray matter.

CASE REPORTING: Clinicians and healthcare facilities should report suspect cases of AFM as soon as the illness is suspected, irrespective of laboratory results suggestive of infection with a particular pathogen, to their LHD using the patient summary form which can be found at <https://www.cdc.gov/acute-flaccid-myelitis/hcp/data.html>. Copies of spinal cord and brain MRI reports should be provided along with the patient summary form.

LABORATORY TESTING: Clinicians should collect cerebral spinal fluid, serum, stool (2 stool specimens collected ≥ 24 hours apart), and respiratory (nasopharyngeal or oropharyngeal) specimens from patients suspected of having AFM as early as possible in the course of illness, preferably on the day of onset of limb weakness. Specimens should be submitted to the CDC after consulting with the LHD and the Bureau for Public Health, Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology (DIDE). For instructions on specimen collection and testing, see <https://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html>. Pathogen-specific testing should continue to be performed at a hospital or state public health laboratory. If a case of AFM is suspected, the LHD should coordinate disease investigation, specimen collection and submission with the DIDE.

Information about AFM, including a provider tool-kit can be found at <https://oeeps.wv.gov/afm/pages/default.aspx>. For more information, contact your LHD or DIDE at 1 (800) 423-1271, ext. 1; (304) 558-5358, ext. 1; or the 24/7 answering service at (304) 347-0843.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

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.