



HEALTH ADVISORY #0125

Increase in Reports of Suspected Acute Flaccid Myelitis Cases

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

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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.

The Centers for Disease Control and Prevention (CDC) has received an increased number of reports of suspected acute flaccid myelitis (AFM) from May through July 2016; this increase is notable when compared to the same period in 2015. Clinicians are encouraged to maintain vigilance for cases of AFM among all age groups and to report cases of AFM to their local health department. Reporting of cases will help states and CDC monitor the occurrence of AFM and better understand factors possibly associated with this illness.

In response to the increase in the number of reports of suspected AFM, the Bureau for Public Health (BPH), Division of Infectious Disease Epidemiology (DIDE) recommends the following:

CASE REPORTING: Clinicians should report suspected cases of AFM, irrespective of laboratory results suggestive of infection with a particular pathogen, to their local health department using the patient summary form located at <http://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. Clinicians and healthcare facilities should report cases to their local health department within a week of diagnosis.

LABORATORY TESTING: Clinicians should collect 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). The following specimens should be collected: CSF; whole blood; serum; peripheral blood mononuclear cells (PBMC); stool; a nasopharyngeal aspirate, nasopharyngeal wash, or nasopharyngeal swab (with lower respiratory specimen if indicated); and an oropharyngeal swab. If suspect cases are determined to meet the AFM case definition, local health departments should coordinate disease investigation and specimen collection and submission with DIDE, respectively.

Information about AFM can be found at www.dhhr.wv.gov/oeps/disease/atoz/pages/acute-flaccid-myelitis.aspx. For more information, contact your local health department or DIDE at 1 (800) 423-1271, ext. 1 or (304) 558-5358, ext. 1.

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.

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