



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

FROM: Rahul Gupta, MD, MPH, FACP - Commissioner and State Health Officer
WVDHHR, 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.

Since September 2016, West Virginia has had two confirmed cases of Acute Flaccid Myelitis (AFM). Two additional suspected cases are currently being investigated at this time. These are the first cases identified in West Virginia since the syndrome was first recognized in 2014.

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.

Clinicians are encouraged to maintain vigilance for cases of AFM among all age groups and report suspected cases of AFM to their local health departments. Reporting of cases will help us monitor the occurrence of AFM to better understand factors associated with this illness.

CASE REPORTING: Clinicians should report suspect 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 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) for a better chance of diagnosing the disease. The following specimens should be collected: cerebral spinal fluid; whole blood; serum; and stool (two stool specimens collected ≥ 24 hours apart). For instructions on specimen collection and testing, visit www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html. If a case is suspected of AFM, the local health department should coordinate disease investigation and specimen collection and submission with the Bureau for Public Health, Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology (DIDE).

For more information about AFM, visit www.dhhr.wv.gov/oeps/disease/atoz/pages/acute-flaccid-myelitis.aspx. You may also contact your local health department or DIDE at (800) 423-1271 ext. 1; (304) 558-5358, ext. 1; or the answering service at (304) 925-9946.

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.