



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

FROM: Rahul Gupta, MD, MPH, MBA, 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 acute flaccid myelitis (AFM) was first recognized in the United States in 2014, only two confirmed cases have been reported in West Virginia (both in 2016). Though no cases have been reported since then, healthcare providers are encouraged to continue vigilance for cases of AFM among all age groups and report suspected cases of AFM to their local health department (LHD) as per the WV 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 should report suspect cases of AFM, irrespective of laboratory results suggestive of infection with a particular pathogen, to their LHD using the patient summary form located 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. Clinicians and healthcare facilities should report cases to their LHD as soon as the illness is suspected.

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, serum, stool (2 stool specimens collected ≥ 24 hours apart), and respiratory (nasopharyngeal or oropharyngeal) specimens. For instructions on specimen collection and testing, visit <https://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html>. Pathogen-specific testing should continue at the hospital or state public health laboratory. If a case is suspected of AFM, the LHD should coordinate disease investigation, 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, including a provider tool-kit, please visit www.dhhr.wv.gov/oeps/disease/atoz/pages/acute-flaccid-myelitis.aspx. You may also contact your LHD or DIDE at 1-800-423-1271, ext. 1; or 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.

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