



HEALTH ADVISORY #170 Acute Flaccid Myelitis (AFM)

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

FROM: Ayne Amjad, MD, MPH, Commissioner and State Health Officer
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.

In 2014, the Centers for Disease Control and Prevention (CDC) recognized Acute Flaccid Myelitis (AFM) as a syndrome following increased reports of acute limb weakness and began surveillance for this condition. Since 2014, West Virginia reported two confirmed and one probable cases of AFM. 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). 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).

AFM is a rare but serious neurologic condition that affects the nervous system - predominantly in children. It 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. AFM is a **medical emergency** as the patient's condition can rapidly decline leading to paralysis, respiratory failure, or even death. Patients suspected with AFM must be identified promptly and monitored closely for disease progression. A biennial increase in cases has been reported since 2014 with most cases occurring in the fall. This year is anticipated to be another peak year.

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 found at <https://www.cdc.gov/acute-flaccid-myelitis/downloads/patient-summary-form.pdf>. 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 specimens collected \geq 24 hours apart), and respiratory (nasopharyngeal or oropharyngeal) specimens from patients suspected of having AFM as early as possible in the course of illness. For instructions on specimen collection/testing, see <https://www.cdc.gov/acute-flaccid-myelitis/hcp/specimen-collection.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 DIDE.

Information about AFM, including a provider tool-kit can be found at <https://oepe.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. 2; or the 24/7 answering service at (304) 342-5151.

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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