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WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

HEALTH ADVISORY #181
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

DATE: **September 28, 2021**

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 the United States, between 2014 and 2020, a total of 665 confirmed cases of Acute Flaccid Myelitis (AFM) and 1 death were reported with peaks occurring mostly in young children in 2014, 2016, and 2018. In West Virginia, 2 cases were reported in 2016 and 1 case in 2019. No cases were reported in 2020. 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 CSR7).

AFM is a rare neurologic syndrome characterized by:
- acute onset of limb weakness (low muscle tone, limp, hanging loosely, not spastic or contracted), and
- distinct abnormalities of the spinal cord gray matter on magnetic resonance imaging (MRI) revealing spinal cord lesion with predominant gray matter involvement with no known cause.

AFM can result from a variety of causes, such as viral infections, environmental toxins, genetic disorders, transverse myelitis, and Guillain-Barre' syndrome. Numerous tests have been conducted but no specific viral or bacterial etiology has been implicated as the primary cause of AFM. Since no specific etiology has been identified, the West Virginia Bureau for Public Health is assisting the Centers for Disease Control and Prevention (CDC) in looking for possible risk factors and causes.

Clinicians should use the following instructions for investigating patients suspected with AFM:

1. Evaluate patients suspected with AFM using CDC's *Initial Evaluation and Diagnostic Studies for AFM* at https://www.cdc.gov/acute-flaccid-myelitis/hcp/clinicians-health-departments/evaluation.html

2. If AFM is suspected, complete the *AFM Patient Summary Form* found at https://www.cdc.gov/acute-flaccid-myelitis/downloads/patient-summary-form.pdf. Fax the completed form, consultation notes, imaging, and laboratory test results to the LHD **as soon as possible**. A form that has pending information should still be sent. Pending results can be provided when they become available.

3. Clinicians should collect cerebrospinal fluid (CSF), blood, stool, and respiratory specimens from patients as early as possible in the course of the illness, preferably the **day of onset of limb weakness**. For instructions

on specimen collection, see the *Job Aid for Clinicians* at https://www.cdc.gov/acute-flaccid-myelitis/downloads/job-aid-for-clinicians-508.pdf. Specimens collected early in the illness have the best chance of yielding a diagnosis. CDC will conduct testing of CSF, respiratory specimens and stool for enterovirus/rhinovirus, and poliovirus testing of stool specimens to rule out the presence of poliovirus. For other pathogen-specific tests, this can be done at the hospital or commercial laboratory.

4. Notify the LHD to coordinate shipment of specimens. The LHD will help coordinate specimen shipment to the CDC via the public health laboratory.

For more information about AFM, visit https://www.cdc.gov/acute-flaccid-myelitis/index.html.

For questions about this advisory, contact the Office of Epidemiology and Prevention Services (OEPS) at 304-558-5358, ext. 2; or the 24/7 answering service at 304-342-5151.