



## **HEALTH ADVISORY #142**

### **Vigilance for Cases of Acute Flaccid Myelitis**

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

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WVDHHR, Bureau for Public Health

**DATE:** December 31, 2017

**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 in 2017, 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 departments. Reporting of cases will help public health monitor the occurrence of AFM to better understand factors associated with this illness.

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 local health department using the patient summary form located at [www.cdc.gov/acute-flaccid-myelitis/hcp/data.html](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 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, whole blood, serum, and stool (2 stool specimens collected  $\geq 24$  hours apart). For instructions on specimen collection and testing, visit [www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html](http://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html). If a case is suspected of AFM, local health departments 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, visit [www.dhhr.wv.gov/oeps/disease/atoz/pages/acute-flaccid-myelitis.aspx](http://www.dhhr.wv.gov/oeps/disease/atoz/pages/acute-flaccid-myelitis.aspx). You may also contact your local health department or DIDE at 1-800-423-1271 ext. 1; 304-558-5358 ext. 1; or the 24/7 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.

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West Virginia Health Advisory Number **WV142-12-31-2017**