



# COMMONWEALTH of VIRGINIA

## Department of Health

M. NORMAN OLIVER, MD, MA  
STATE HEALTH COMMISSIONER

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Dear Colleague,

The Virginia Department of Health has recently received reports of individuals with signs/symptoms consistent with acute flaccid myelitis (AFM). Similarly, there has been an increase in reports and cases of AFM across the United States. From January 1 through October 26, 2018, the Centers for Disease Control and Prevention (CDC) has received 191 reports of patients under investigation (PUI) for AFM, of which 72 cases have been confirmed.

AFM is a rare but serious condition that affects the nervous system, particularly the gray matter of the spinal cord. Most cases present with a sudden onset of limb weakness or loss of muscle tone and reflexes. Some cases may also present with facial droop or weakness, drooping eyelids, difficulty moving the eyes, or difficulty swallowing/slurred speech in addition to limb weakness. Rarely, respiratory failure may occur if the muscles involved with breathing are also affected. The current etiology of AFM remains unknown, but it is thought an infectious process or environmental toxins may play a role in the development of the illness.

Clinicians are encouraged to maintain vigilance for AFM among all age groups and **report patients with any acute onset of flaccid limb weakness immediately upon suspicion to their [local health department](#)**. Although AFM is not currently included specifically on the [Virginia Reportable Disease List](#), it is rapidly reportable to the health department under the category of an “unusual occurrence of disease of public health concern.”

Epidemiology staff at local health departments, in partnership with staff in the VDH Office of Epidemiology, is available to facilitate specimen submission as well as collection of relevant clinical information needed for public health surveillance efforts. Please note that review and classification of a suspect AFM case for public health surveillance purposes is a lengthy process and clinicians should not wait for surveillance case classification before initiating treatment for suspect AFM cases.

If you would like more information on AFM, please refer to the [CDC AFM website](#) or contact your local health department, or Marshall Vogt, Epidemiologist, Division of Immunization at 804-864-8076. Thank you for your support of AFM surveillance in the Commonwealth and for your continued efforts to protect, promote and preserve optimum health for all Virginians.

Sincerely,

M. Norman Oliver, MD, MA  
State Health Commissioner