



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

Earl Ray Tomblin
Governor

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Karen L. Bowling
Cabinet Secretary

October 1, 2014

Natalie E. Tennant
Secretary of State
Building 1, Suite 157-K
1900 Kanawha Boulevard East
Charleston, West Virginia 25305-0770

OFFICE WEST VIRGINIA
SECRETARY OF STATE

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Dear Secretary of State Tennant:

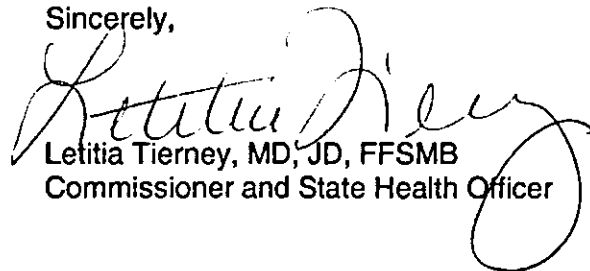
As a part of my legal duties as the Commissioner and State Health Officer of the Bureau for Public Health, I will identify a need, from time to time, to file an ORDER which makes an addition or deletion to the Bureau's Legislative rule, Reportable Disease, Events and Conditions, 64CSR7. The reasons for such changes are varied, but in all cases the Bureau for Public Health has exercised this measure only when we have determined that the change is needed to protect public health.

Please accept for filing the attached ORDER and accompanying CDC Health Advisory document in accordance with my authority under §3.1.a. of the rule, reprinted below:

3.1.a. The Commissioner may, by order filed with the Secretary of State, add or delete a disease or condition in any category. The Commissioner shall select and categorize diseases and conditions for inclusion in this rule based on whether the disease or condition constitutes or has the potential to constitute a public health emergency, whether it requires public health follow up, or whether the collection of data or other information on the disease or condition can assist in either determining the need for or effectively implementing public health programs or other projects to protect and promote the health of the people of West Virginia.

Thank you for your assistance and attention to this matter.

Sincerely,



Letitia Tierney, MD, JD, FFSMB
Commissioner and State Health Officer

LT/ag

Attachment

cc: Karen L. Bowling, Cabinet Secretary



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Kathleen Bowling
Cabinet Secretary

ORDER

In accordance with the provisions of Legislative Rule 64CSR7, Reportable Diseases, Events and Conditions, section 3.1.a., the Commissioner of the Bureau for Public Health does hereby ORDER the following addition to the Reportable Disease rule:

Due to the existing state of medical awareness and concern for the public health, the Commissioner of the Bureau for Public Health is adding an item to the Reportable Disease list in the most urgent category for reporting by health care providers and health care facilities. The addition to §3.3.b. and to §3.3.d. of the rule is as follows:

1. All Health Care Providers and Facilities shall:

- a. IMMEDIATELY report cases of Acute Neurologic Illness with Focal Limb Weakness of Unknown Etiology in Children, as defined below, by telephone to the Local Health Department and file a written report in accordance with §3.3. of the rule, governing Category I diseases and conditions. (see excerpt below)

Patients who meet the following case definition should be reported immediately:

- Patients 21 years of age and younger with
 - o Acute onset of focal limb weakness occurring on or after August 1, 2014; and
 - o An MRI showing spinal cord lesion or brain stem lesion largely restricted to grey matter.

This filing with the Secretary of State includes a CDC Health Advisory from Friday, September 26th, 2014, explaining the background and the need for the change.

This change shall take effect on the date this ORDER is filed and shall expire automatically ninety (90) days later, unless the ORDER is reinstated by the Commissioner of the Bureau for Public Health.

[Signature]
Letitia Tierney, MD, JD, FFSMB
Commissioner & State Health Officer
Bureau for Public Health

Date submitted: 10/1/2014

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SECRETARY OF STATE

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Excerpt from the Legislative Rule, 64CSR7, Reportable Diseases, Events and Conditions.

3.3. Category I. Reportable Diseases and Conditions.

3.3.a. Health care providers and health care facilities shall report cases of Category I diseases or conditions listed in this section by telephone to the local health department serving the patient's county of residence immediately; and file a written report as required in the Reportable Disease Protocol Manual (available at: www.dide.wv.gov). Reports from health care providers and health care facilities shall include the patient's name, address, telephone number, date of birth, sex, race, ethnicity and the patient's physician's name, office address, office phone and fax numbers, and any other information requested by the Commissioner relevant to the purposes of this rule.

Distributed via the CDC Health Alert Network
September 26, 2014, 17:00 ET
CDCHAN-00370

Acute Neurologic Illness with Focal Limb Weakness of Unknown Etiology in Children

Summary: *The Centers for Disease Control and Prevention (CDC) is working closely with the Colorado Department of Public Health and Environment (CDPHE) and Children's Hospital Colorado to investigate a cluster of nine pediatric patients hospitalized with acute neurologic illness of undetermined etiology. The illness is characterized by focal limb weakness and abnormalities of the spinal cord gray matter on MRI. These illnesses have occurred since August 1, 2014 coincident with an increase of respiratory illnesses among children in Colorado. The purpose of this HAN Advisory is to provide awareness of this neurologic syndrome under investigation with the aim of determining if children with similar clinical and radiographic findings are being cared for in other geographic areas. Guidance about reporting cases to state and local health departments and CDC is provided. Please disseminate this information to infectious disease specialists, intensive care physicians, pediatricians, neurologists, radiologists/neuroradiologists, infection preventionists, and primary care providers, as well as to emergency departments and microbiology laboratories.*

Background

The CDPHE, Children's Hospital Colorado, and CDC are investigating nine cases of acute neurologic illness among pediatric patients. The cases were identified during August 9–September 17, 2014 among children aged 1–18 years (median age 10 years). Most of the children were from the Denver metropolitan area. All were hospitalized. Common features included acute focal limb weakness and specific findings on magnetic resonance imaging (MRI) of the spinal cord consisting of non-enhancing lesions largely restricted to the gray matter. In most cases, these lesions spanned more than one level of the spinal cord. Some also had acute cranial nerve dysfunction with correlating non-enhancing brainstem lesions on MRI. None of the children experienced altered mental status or seizures. None had any cortical, subcortical, basal ganglia, or thalamic lesions on MRI. Most children reported a febrile respiratory illness in the two weeks preceding development of neurologic symptoms. In most cases, cerebrospinal fluid (CSF) analyses demonstrated mild-moderate pleocytosis (increased cell count in the CSF) consistent with an inflammatory or infectious process. CSF testing to date has been negative for enteroviruses, including poliovirus and West Nile virus. Nasopharyngeal specimens were positive for rhinovirus/enterovirus in six out of eight patients that were tested. Of the six positive specimens, four were typed as EV-D68, and the other two are pending typing results. Testing of other specimens is still in process. Eight out of nine children have been confirmed to be up to date on polio vaccinations. Epidemiologic and laboratory investigations of these cases are ongoing.

The United States is currently experiencing a nationwide outbreak of EV-D68 associated with severe respiratory disease. The possible linkage of this cluster of neurologic disease to this large EV-D68 outbreak is part of the current investigation. CDC is seeking information about other similar neurologic illnesses in all states, especially cases clustered in time and place. CDC has particular interest in characterizing the epidemiology and etiology of such cases.

Recommendations

- Patients who meet the following case definition should be reported to state and local health departments:

Patients ≤ 21 years of age with

- 1) Acute onset of focal limb weakness occurring on or after August 1, 2014;

AND

- 2) An MRI showing a spinal cord lesion largely restricted to gray matter.

- State and local health departments should report patients meeting the case definition to CDC using a brief patient summary form (www.cdc.gov/non-polio-enterovirus/investigation/). State health departments should send completed summary forms to CDC by email at limbweakness@cdc.gov.
- Providers treating patients meeting the above case definition should consult with their local and state health department for laboratory testing of stool, respiratory, and cerebrospinal fluid specimens for enteroviruses, West Nile virus, and other known infectious etiologies.
- Health departments may contact CDC for further laboratory and epidemiologic support by phone through the CDC Emergency Operations Center (770-488-7100), or by email at limbweakness@cdc.gov. Confirmation of the presence of EV-D68 currently requires typing by molecular sequencing.

For more information:

Please visit the CDC enterovirus website (<http://www.cdc.gov/non-polio-enterovirus/>) for general information about enterovirus infections, including EVD-68, and for up-to-date guidance about infection control measures. For information about poliovirus, please visit the CDC poliovirus website (<http://www.cdc.gov/vaccines/vpd-vac-polio-in-short-both.htm>). For information about West Nile Virus, please visit the CDC West Nile Virus website (<http://www.cdc.gov/westnile/>). State and local health departments with questions should contact the CDC Emergency Operations Center (770-488-7100).

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance
Health Advisory May not require immediate action; provides important information for a specific incident or situation
Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service Does not require immediate action; provides general public health information

This message was distributed to state and local health officers, state and local public health lab directors, public information officers, epidemiologists, HAN coordinators, and clinician organizations