

Acute Flaccid Myelitis (AFM) Guide

What is AFM?

Acute flaccid myelitis (AFM) is a rare but serious condition. It affects the nervous system, specifically gray matter, which causes the muscles and reflexes in the body to become weak.

Symptoms of AFM

Most people will have sudden onset of:

- Arm or leg weakness
- Loss of muscle tone and reflexes



Some people will also have:

- Facial droop or weakness
- Difficulty moving eyes
- Drooping eyelids
- Difficulty swallowing
- Slurred speech
- Pain in arms or legs



In rare cases, people may also:

- Have numbness or tingling
- Be unable to pass urine

Severe cases:

- Respiratory failure
- Serious neurologic complications

Causes and Prevention of AFM

- Federal CDC thinks viruses, including enteroviruses, likely play a role in AFM. It is currently unknown why a small number of people develop AFM, while most others recover.
- All stool specimens from AFM patients tested negative for poliovirus.
- There is no specific action to prevent AFM.

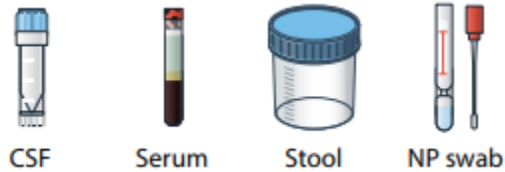
Suspect Cases of AFM

1. If you have a suspect case of AFM, contact Maine CDC as soon as possible to report the suspect case. Send information for all patients with acute onset of neurologic illness associated with limb weakness that meet clinical criteria for AFM regardless of laboratory results or MRI findings. You can contact Maine CDC by phone at 1-800-821-5821 or email disease.reporting@maine.gov. This email is not secure and personal information should not be sent.

Urgent questions can also be directed to federal CDC's Emergency Operations Center at 770-488-7100.

2. Collect Specimens
 - a. Collect specimens as close to onset of limb weakness as possible. Handle and store as directed.

- b. Work with Maine CDC to coordinate submission of specimens for testing at federal CDC.
 - i. Specimens should be shipped overnight to arrive at federal CDC Tuesday through Friday.
 - ii. Complete the specimen submission DASH form for each specimen submitted.
 - iii. For specimen collection instructions, visit <https://www.cdc.gov/acute-flaccid-myelitis/hcp/specimen-collection.html>.



3. Complete the Patient Summary Form and fax to Maine CDC at 800-293-7534. Coordinate with Maine CDC to send information and specimens to federal CDC. Also send:
 - a. Admission and discharge notes
 - b. Neurology and infectious disease consult notes
 - c. MRI report
 - d. MRI images
 - e. Vaccination history
 - f. Laboratory test results

Diagnosis of AFM

It is important that tests are done as soon as possible after a patient develops symptoms. AFM is diagnosed by examining a patient's nervous system and nerve conduction in combination with:

- Magnetic resonance imaging (MRI)
- Lab tests on the cerebrospinal fluid (CSF)

AFM can be difficult to diagnose because the signs and symptoms are similar to other neurologic diseases, like transverse myelitis and Guillain-Barre syndrome.

Case Definition for AFM

Clinical Criteria: An illness with onset of acute flaccid limb weakness.

Laboratory Criteria:

- Confirmatory Laboratory Evidence: a magnetic resonance image (MRI) showing spinal cord lesion largely restricted to gray matter*† and spanning one or more vertebral segments
- Supportive Laboratory Evidence: cerebrospinal fluid (CSF) with pleocytosis (white blood cell count >5 cells/mm³)

Case Classification:

Confirmed

- Clinically compatible case AND
- Confirmatory laboratory evidence: MRI showing spinal cord lesion largely restricted to gray matter*† and spanning one or more spinal segments

Probable

- Clinically compatible case AND
- Supportive laboratory evidence: CSF showing pleocytosis (white blood cell count >5 cells/mm³)

**Spinal cord lesions may not be present on initial MRI; a negative or normal MRI performed within the first 72 hours after onset of limb weakness does not rule out AFM.*

^TTerms in the spinal cord MRI report such as “affecting mostly gray matter,” “affecting the anterior horn or anterior horn cells,” “affecting the central cord,” “anterior myelitis,” or “poliomyelitis” would all be consistent with this terminology.

Treatment of AFM

There is no specific treatment for AFM. A neurologist may recommend certain interventions on a case-by-case basis.

For more information, see federal CDC’s interim considerations for clinical management website:

<https://www.cdc.gov/acute-flaccid-myelitis/hcp/clinical-management.html>.

References and Resources

- Federal CDC Acute Flaccid Myelitis Website: www.cdc.gov/acute-flaccid-myelitis
- Acute Flaccid Myelitis: Interim Considerations for Clinical Management: <https://www.cdc.gov/acute-flaccid-myelitis/hcp/clinical-management.html>
- Transverse Myelitis Association’s AFM Physician Consult and Support Portal: <https://myelitis.org/living-with-myelitis/resources/afm-physician-support-portal/>
- Maine CDC’s AFM website: www.maine.gov/dhhs/afm