

Acute Flaccid Myelitis (AFM) Recognize symptoms. Hospitalize immediately.



Want to learn more?
www.cdc.gov/vitalsigns/afm2020

2 in 3

Most patients first sought care at an emergency department.

98%

Most patients with AFM were hospitalized.

54%

Over half were admitted to the ICU. 1 in 4 hospitalized patients required a ventilator.

Overview

Acute flaccid myelitis (AFM) is an uncommon, but life-threatening neurologic condition that affects mostly children and can lead to permanent paralysis. Enteroviruses, particularly EV-D68, are likely responsible for the increase in cases every two years since 2014. AFM is a medical emergency and patients must be hospitalized and monitored in case they progress to respiratory failure. Prompt recognition and immediate action by pediatricians, and emergency department and urgent care providers are critical to achieving the best possible outcomes.

- AFM typically presents with sudden limb weakness. Most patients had respiratory illness or fever before AFM onset.
- Patient health can decline quickly, resulting in paralysis or the need for a ventilator. AFM can lead to permanent disability.
- Patients who tested positive for EV-D68 typically had more severe AFM illness, requiring hospitalized intensive care and ventilation.
- Most cases occur between August and November.



PROBLEM

Delays in recognition can put patients at risk

A third of patients were hospitalized two or more days after limb weakness.

When clinicians recognize AFM early, they can quickly

- Hospitalize patients and provide optimal medical management and rehabilitation.
- Collect clinical specimens and order a brain and spinal cord MRI. Done early, these help detect the cause and distinguish AFM from other conditions with limb weakness.



Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases

Look out for AFM signs and symptoms

Limb weakness and paralysis

The most common symptom of AFM



Some people may experience



Recent or current respiratory illness



Fever



Pain or numbness in the limb(s)



Gait difficulty



Headache



Back or neck pain



Difficulty talking or swallowing



Neck or facial weakness

SOURCE: MMWR, August 2020.

Evaluation checklist for possible AFM



Age-appropriate neurological exam

- Muscle strength in all four limbs (What is their strength? Can they move the limb against gravity with resistance?)
- Muscle tone (Is it loose/floppy?)
- Reflexes (Are they hypo-, hyper-, or absent?)
- Cranial nerve assessment (Are there any cranial nerve deficits?)

THE WAY FORWARD >>>

HEALTHCARE PROVIDERS CAN:

- Suspect AFM in patients with sudden limb weakness, especially between August and November.
- Collect clinical specimens immediately and report cases to the state health department.
- Request specialty consultations such as infectious disease and neurology.

HEALTH DEPARTMENTS CAN:

- Communicate information about AFM to healthcare providers.
- Work with CDC to collect medical information, specimens, MRI images, and classify cases.

PARENTS CAN:

- Seek medical care immediately if a child develops sudden arm or leg weakness.
- Seek support from other parents and families affected by AFM.
- Visit CDC's AFM parent webpage: www.cdc.gov/acute-flaccid-myelitis/parents/index.html

CONTACT AFM SPECIALISTS through the **AFM Physician Consult and Support Portal:** <https://bit.ly/2Y2U3VR>

For more information

1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 | Web: www.cdc.gov

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Publication date: August 4, 2020