# **Acute Flaccid Myelitis**Provider Guidance









Acute Flaccid Myelitis (AFM) is a rare syndrome characterized by rapid onset of flaccid weakness in one or more limbs with abnormalities of the spinal cord or brain grey matter on magnetic resonance imaging (MRI).

# **Early detection is vital for AFM.**



### **Recognizing AFM**

- AFM tends to occur in late summer or fall.
- Most cases occur in children.
- The majority of patients with AFM had a mild respiratory illness or fever consistent with a viral infection before they developed AFM.
- Hospitalize the patient immediately upon suspicion of AFM.
- Don't wait for CDC's case classification to diagnosis or treat.

### **Symptoms**

- Arm or leg weakness
- Difficulty moving the eyes
- Difficulty with swallowing
- Pain in arms, legs, neck or back
- Loss of muscle tone
- Loss of reflexes
- Facial droop or weakness
- Slurred speech



#### **Collect Specimens and Get an MRI**

- Specimens should be collected as early as possible in the course of illness, preferably on the day of limb weakness onset.
- Coordinate with the Wisconsin State Lab of Hygiene (WSLH) and Division of Public Health (DPH) to ship samples to CDC.
- Order an MRI of the entire spine and brain with and without contrast (three Tesla scanners are preferred and axial/sagittal images are the most helpful).

Additional information concerning specimen collection can be found in the **Job Aid for Clinicians**.



#### **Report to Public Health**

Report all cases of onset of acute flaccid limb weakness to DPH within 24 hours (after-hours reporting is not required) by calling the Bureau of Communicable Diseases (BCD) at (608) 267-9003.

For each case under investigation, BCD epidemiologists will request the following information be sent securely to DPH:

- AFM Patient Summary Form
- History and physical (H&P)
- Vaccination record
- MRI images
- MRI report
- Neurology consult notes
- Infectious disease consult notes
- Diagnostic laboratory reports
- EMĞ report
- Discharge summary



## **Diagnosis and Medical Management**

There is no specific treatment for AFM. However, certain interventions like supportive care and physical rehabilitation might improve long-term outcomes if implemented early.

Providers should expedite neurology and infectious disease consults to discuss management and treatment.

The AFM Physician Consult and Support Portal is available to help with patient diagnosis and medical management:

https://wearesrna.org/living-with-myelitis/resources/afm-physician-support-portal/

