# TABLE OF CONTENTS

## JOB AID FOR CLINICIANS
- Procedure for Investigation and Reporting .......................................................... 1
- Specimens to Collect ............................................................................................... 2

## ACUTE FLACCID MYELITIS PATIENT SUMMARY FORM
- Initial Presentation Form ......................................................................................... 3
- 60-day Follow-Up Form and AFM Case Definition .................................................. 4

## ACUTE FLACCID MYELITIS FACT SHEETS
- CDC Fact Sheet ........................................................................................................ 5
- CDC Clinician and Health Dept. FAQ Sheet ............................................................. 6

## ACUTE FLACCID MYELITIS KEY POINTS
- Main Points ................................................................................................................ 8
- Case Counts ................................................................................................................. 8
- Symptoms, Causes, Clinician Guidance ................................................................... 9
- Guidance for General Public .................................................................................... 10
Job Aid for Clinicians

How to send information about a suspected AFM case to the health department

1. **Identify suspected case of AFM:** patient with onset of acute flaccid limb weakness

2. **Contact your health department when you identify a suspected case of AFM.**

   **SPECIMEN COLLECTION**
   - Collect specimens as close to onset of limb weakness as possible and store as directed (see table on reverse side)
   - CSF, Serum, Stool, NP swab

   **INFORMATION SHARING**
   - Send copies of the following to your health department for sharing with CDC:
     - admission and discharge notes
     - neurology and infectious disease consult notes
     - MRI report
     - MRI images
     - vaccination history
     - laboratory test results

   **SEND TO**
   - HEALTH DEPARTMENT
     - All shipping must be done in consultation with MDHHS Division of Communicable Disease
     - Please contact MDHHS (517-335-8165; after hours 517-335-9030) for assistance with identifying shipping services.

3. **Health department completes** [AFM Patient Summary Form](#), compiles medical records, and sends information to CDC. Patient will be classified by national AFM experts.

4. **After expert review, patient classification is given back to health department and relayed to clinician by health department.**
### Specimens to collect and send to CDC for testing for suspected AFM cases

<table>
<thead>
<tr>
<th>SAMPLE</th>
<th>AMOUNT</th>
<th>TUBE TYPE</th>
<th>PROCESSING</th>
<th>STORAGE</th>
<th>SHIPPING</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSF</td>
<td>1mL (collect at same time or within 24hrs of serum)</td>
<td>Cryovial</td>
<td>Spun and CSF removed to cryovial</td>
<td>Freeze at -20°C</td>
<td>Ship on dry ice</td>
</tr>
<tr>
<td>Serum</td>
<td>≥0.4mL (collect at same time or within 24 hours of CSF)</td>
<td>Tiger/red top</td>
<td>Spun and serum removed to tiger/red top.</td>
<td>Freeze at -20°C</td>
<td>Ship on dry ice</td>
</tr>
<tr>
<td>Stool</td>
<td>≥1 gram (2 samples collected 24hrs apart)</td>
<td>Sterile container</td>
<td>n/a</td>
<td>Freeze at -20°C</td>
<td>Ship on dry ice. Rectal swabs should not be sent in place of stool.</td>
</tr>
<tr>
<td>Respiratory (NP)/Oropharyngeal (OP) swab</td>
<td>1ml (minimum amount)</td>
<td>n/a</td>
<td>Store in viral transport medium</td>
<td>Freeze at -20°C</td>
<td>Ship on dry ice</td>
</tr>
</tbody>
</table>

Coordinate with your health department to send information about suspected AFM cases and ship specimens to CDC.

[www.cdc.gov/acute-flaccid-myelitis](http://www.cdc.gov/acute-flaccid-myelitis)

This job aid was developed by the U.S. Centers for Disease Control and Prevention (CDC).
Acute Flaccid Myelitis: Patient Summary Form

FOR LOCAL USE ONLY

Name of person completing form: ___________________________ State assigned patient ID: ___________________________

Affiliation ___________________________ Phone: ___________________________ Email: ___________________________

Name of physician who can provide additional clinical/lab information, if needed ___________________________

Affiliation ___________________________ Phone: ___________________________ Email: ___________________________

Name of main hospital that provided patient’s care: ___________________________ State: __________________ County: __________________

NAME OF DOCTOR WHO PERFORMED LUMBAR PUNCTURE

Affiliation_____________________________________________ Phone:  ___________________________ Email: ________________________________________

Date of onset of limb weakness __ __/__ __/ __ __ __ __

If yes, list:

If yes, admit date: __ __/__ __/ __ __ __ __

Weakness  Y       N       U

If yes, list:

Was patient admitted to ICU? ☐ yes ☐ no ☐ unknown

Date of admission to first hospital __ __/__ __/ __ __ __ __

Date of discharge from last hospital __ __/__ __/ __ __ __ __ (or ☐ still hospitalized at time of form submission)

Did the patient die from this illness? ☐ yes ☐ no ☐ unknown

If yes, date of death __ __/__ __/ __ __ __ __

Please send the following information along with the patient summary form (check information included):

☐ History and physical (H&P)  ☐ MRI report  ☐ MRI images  ☐ Neurology consult notes  ☐ EMG report (if done)

☐ Infectious disease consult notes (if available)  ☐ Vaccination record  ☐ Diagnostic laboratory reports

SIGN/SYMPTOMS/CONDITION:

<table>
<thead>
<tr>
<th>15. Weakness? [indicate yes(y), no (n), unknown (u) for each limb]</th>
<th>Right Arm</th>
<th>Left Arm</th>
<th>Right Leg</th>
<th>Left Leg</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a. Tone in affected limb(s) [flaccid, spastic, normal for each limb]</td>
<td>Y N U</td>
<td>Y N U</td>
<td>Y N U</td>
<td>Y N U</td>
</tr>
<tr>
<td>☐ flaccid                      ☐ spastic     ☐ normal     ☐ unknown</td>
<td>☐ flaccid                      ☐ spastic     ☐ normal     ☐ unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ flaccid                      ☐ spastic     ☐ normal     ☐ unknown</td>
<td>☐ flaccid                      ☐ spastic     ☐ normal     ☐ unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ flaccid                      ☐ spastic     ☐ normal     ☐ unknown</td>
<td>☐ flaccid                      ☐ spastic     ☐ normal     ☐ unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ flaccid                      ☐ spastic     ☐ normal     ☐ unknown</td>
<td>☐ flaccid                      ☐ spastic     ☐ normal     ☐ unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Was patient admitted to ICU? ☐ yes ☐ no ☐ unknown

In the 4-weeks BEFORE onset of limb weakness, did patient: ☐ yes ☐ no ☐ unknown

17. If yes, admit date: __ __/__ __/ __ __ __ __

If yes, onset date __ __/__ __/ __ __ __ __

If yes, onset date __ __/__ __/ __ __ __ __

19. If yes, onset date __ __/__ __/ __ __ __ __

20. Have a gastrointestinal illness (e.g., diarrhea or vomiting)? ☐ yes ☐ no ☐ unknown

If yes, onset date __ __/__ __/ __ __ __ __

21. If yes, onset date __ __/__ __/ __ __ __ __

22. Have a fever, measured by parent or provider ≥38.0°C/100.4°F? ☐ yes ☐ no ☐ unknown

If yes, onset date __ __/__ __/ __ __ __ __

23. If yes, onset date __ __/__ __/ __ __ __ __

24. Travel outside the US? ☐ yes ☐ no ☐ unknown

25. If yes, list country:

26. At onset of limb weakness, does patient have any underlying illnesses? ☐ yes ☐ no ☐ unknown

27. If yes, list:

Other patient information:

28. Was MRI of spinal cord performed? ☐ yes ☐ no ☐ unknown

29. If yes, date of spine MRI: __ __/__ __/ __ __ __ __

30. Was MRI of brain performed? ☐ yes ☐ no ☐ unknown

31. If yes, date of brain MRI: __ __/__ __/ __ __ __ __

CSF examination: 32. Was a lumbar puncture performed? ☐ yes ☐ no ☐ unknown

If yes, complete 32 (a,b) (If more than 2 CSF examinations, list the first 2 performed)

<table>
<thead>
<tr>
<th>Date of lumbar puncture</th>
<th>WBC/mm³</th>
<th>% neutrophils</th>
<th>% lymphocytes</th>
<th>% monocytes</th>
<th>% eosinophils</th>
<th>RBC/mm³</th>
<th>Glucose mg/dl</th>
<th>Protein mg/dl</th>
</tr>
</thead>
<tbody>
<tr>
<td>32a. CSF from LP1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32b. CSF from LP2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333.
### Acute Flaccid Myelitis Outcome – 60-day follow-up (completed at least 60 days after onset of limb weakness)

33. Date of 60-day follow-up: __/__/____/____ (mm/dd/yyyy)

34. Sites of Paralysis: □ Spinal □ Bulbar □ Spino-bulbar □

35. Specific sites: ____________________________

36. 60-day residual: □ None □ Minor (any minor involvement) □ Significant (≥2 extremities, major involvement) □ Severe (≥3 extremities and respiratory involvement) □ Death □ Unknown

37. Date of death: __/__/____/____ (mm/dd/yyyy)

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### Acute Flaccid Myelitis case definition


#### 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. MRI studies performed 72 hours or more after onset should also be reviewed if available.

† Terms 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.

#### Comment

To provide consistency in case classification, review of case information and assignment of final case classification for all suspected AFM cases will be done by experts in national AFM surveillance. This is similar to the review required for final classification of paralytic polio cases.

### Acute Flaccid Myelitis specimen collection information

[https://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html](https://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html)

### Acute Flaccid Myelitis job aid


Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333.
Acute flaccid myelitis (AFM) is a condition that affects the nervous system, specifically the spinal cord, which can result from a variety of causes. Practicing good hygiene is one way to protect yourself and your family from diseases that can cause AFM.

What are the symptoms of AFM?
Most patients will have sudden onset of limb weakness and loss of muscle tone and reflexes. Some patients may also experience
- facial droop/weakness,
- difficulty moving the eyes,
- drooping eyelids, or
- difficulty with swallowing or slurred speech.
Rare symptoms include numbness or tingling in the limbs and being unable to pass urine. In rare cases, a patient may have difficulty breathing due to muscle weakness and require urgent ventilator support.

If you or your child develops any of these symptoms, you should seek medical care right away.

How is AFM diagnosed?
A doctor can tell the difference between AFM and other diseases with a careful examination of the nervous system and the spinal cord, looking at the location of the weakness, muscle tone, and reflexes. Magnetic resonance imaging (MRI), lab testing of the cerebrospinal fluid, and checking nerve conduction and response can be very helpful in diagnosing cases of AFM.

How can I prevent AFM?
Being up to date on all recommended vaccinations, including poliovirus, is one way to protect yourself and your family from diseases that can cause AFM. Check with your doctor to make sure your family is up to date on all recommended vaccines.

You can protect yourself from mosquito-borne viruses such as West Nile virus—another known cause of AFM—by using mosquito repellent and staying indoors at dusk and dawn, which is the prime period that mosquitoes bite. Remove standing or stagnant water from nearby property to minimize the number of mosquitoes.

While we don’t know if it is effective in preventing AFM, you can—
- wash your hands often with soap and water,
- avoid close contact with sick people, and
- clean surfaces with a disinfectant, especially surfaces that a sick person has touched.

Washing your hands the right way is one of the best things you and your children can do to protect against getting sick. Wash your hands often, and especially—
- before you touch food;
- after going to the bathroom, blowing your nose, changing a baby’s diaper, or touching an animal, an animal’s food, urine or feces; and
- before and after taking care of a sick person or a cut or wound.

For more information on acute flaccid myelitis, visit www.cdc.gov/acute-flaccid-myelitis.
Acute Flaccid Myelitis (AFM) Frequently Asked Questions by Clinicians and Health Departments

Q: What is a suspected case of AFM?
A: A patient who presents with acute flaccid weakness of one or more limbs. No laboratory or MRI results are needed to alert public health officials about a case, and a diagnosis is not needed. The sooner the suspected case is reported, the likelihood of finding a cause is increased.

Q: How do I report (alert the health authorities about) a suspected case of AFM?
A: Clinicians: If you believe your patient has symptoms of AFM, such as acute flaccid weakness, contact your state or local health department as soon as possible for instructions on how to report. Urgent questions may also be directed to the CDC Emergency Operations Center (770-488-7100). Non-urgent questions can be emailed to the AFM team at limbweakness@cdc.gov. In addition, please collect biological specimens for testing as soon as possible to increase the possibility of finding a cause. These specimens can be tested at a hospital or state public health laboratory for enteroviruses, West Nile virus, and other infectious etiologies known to be associated with AFM. At the same time, additional aliquots of CSF, serum, stool, and respiratory samples should be sent to CDC for testing for both infectious and non-infectious causes. Additional instructions regarding CDC-specific specimen collection and shipping can be found on our Specimen Collection Instructions webpage at www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html. For more information on how to send information about a suspected AFM case, see CDC’s Job Aid for Clinicians.

Q: Should I send information about a suspected case of AFM even if his/her clinical specimen was negative for enteroviruses?
A: Yes, we encourage information about all suspected cases of AFM to be sent to the health department regardless of laboratory testing results. Although the outbreak of severe respiratory illness caused by enterovirus D68 (EV-D68) and the national cluster of AFM cases occurred around the same time in 2014, the pathogen or biologic mechanism responsible for AFM has not been identified yet. We request information and biological specimens from ANY patient suspected of having AFM (an illness with onset of acute flaccid limb weakness), regardless of whether they test positive or negative for an enterovirus.

Health departments: If you have received information about a suspected case of AFM, complete the patient summary form in conjunction with the clinician, collect the requested clinical information (i.e., admission and discharge notes, MRI report, MRI images, neurology consult notes, infectious disease consult notes, vaccination record, diagnostic laboratory results, and EMG report if done and available), and contact CDC (limbweakness@cdc.gov), to coordinate the case classification process.

For more information, visit:
www.cdc.gov/acute-flaccid-myelitis

U.S. Department of Health and Human Services Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases (NCIRD) Division of Viral Diseases
Q: Should I send specimens to CDC even if the hospital laboratory or state public health laboratory can test for enteroviruses?

A: Yes, we request that specimens (i.e., cerebrospinal fluid, serum, stool, and respiratory samples) be sent to CDC for standardized testing and for our expanded testing protocols. Contact your health department to coordinate sending of specimens to CDC for testing. Results from certain tests, such as enterovirus/rhinovirus testing and typing and stool testing, will be shared with specimen submitter and health department upon completion. The health department will then share the results with the clinician. For instructions on how to submit specimens to CDC, see our Specimen Collection Instructions webpage at www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html.

Q: When should I expect AFM case classification results back from CDC?

A: The process for case classification requires collection of many different pieces of information, including hospital notes and MRI images, which are then reviewed by several experts. Case classification is used for surveillance purposes and should not interfere with the differential or final clinical diagnosis or treatment of the patient. The case classification will be communicated through the state or local health department when the review is complete, generally about 4 weeks after all of the information is received.

Q: Will CDC conduct extended follow-up on cases of AFM after their initial clinical presentation?

A: Currently, we are working with health departments to collect short-term follow-up information (2 months after onset of limb weakness) about suspected cases of AFM. The health department may reach out to the treating clinician to collect this information. We conducted a short-term follow-up survey on cases with information collected during the 2014 investigation, and received responses from roughly half (56) of the identified cases. A small number described complete recovery of limb function after a median of about 4 months after onset of limb weakness. The majority described some improvement of function. A small number described no improvement in limb function. Information on long-term follow-up conducted on AFM cases from Colorado that occurred in 2014 can be found at www.neurology.org/content/89/2/129.

Q: What happens to the patient specimens that I send to CDC, and when should I expect to receive the testing results?

A: All specimens submitted to CDC help us learn more about AFM, including possible causes and how the immune system responds to this condition. Results from these tests should not be used to inform clinical management of your patient because results may not be available in real-time. Results from the respiratory testing for enterovirus/rhinovirus and typing and stool testing for poliovirus will be shared with the specimen submitter and health department as soon as they are completed. The health department will then share the results with the clinician. Results from other specimens (e.g., CSF and serum) will be used for exploratory testing to learn more about immune responses to AFM, and results will not be immediately available. Since CDC testing protocols include several immunoassays that are not approved by the Clinical Laboratory Improvement Amendments (CLIA) nor are intended for clinical diagnosis, CDC will be unable to provide patient-specific results for certain tests that are performed. However, results from exploratory testing of samples from multiple cases which may indicate a possible cause of AFM will be rapidly disseminated.

For more information on AFM, visit our For Clinicians and Health Departments webpage at www.cdc.gov/acute-flaccid-myelitis/hcp/index.html.
Key Points—Acute Flaccid Myelitis in the U.S., 2014-2018
Note: Newly added information is in red.

Topline Points

- CDC continues to receive information about cases of acute flaccid myelitis (AFM), a serious condition that causes weakness in the arms or legs. So far in 2018, CDC has confirmed 38 cases of sudden onset AFM in 16 states. Of these, 35 cases are 18 years old and younger.
- CDC does not know the causes of most of these AFM cases despite extensive lab testing. All of the AFM cases have tested negative for poliovirus.
- AFM is a serious condition, and there is no specific treatment. AFM remains very rare (less than one in a million) even with an increase in cases.
- There are several possible causes of AFM such as viruses (e.g., poliovirus, non-polio enteroviruses such as EV-A71, adenoviruses, and West Nile virus), environmental toxins, and genetic disorders. A condition where the body’s immune system attacks and destroys body tissue that it mistakes for foreign material may also cause AFM.
- CDC continues to actively investigate the AFM cases, test specimens, and monitor disease activity. We are working closely with health professionals to increase awareness, provide guidance, and conduct lab testing to better understand the AFM cases, risk factors, and possible causes.
- CDC understands that people, especially parents, may be concerned about AFM. Severe illnesses like AFM are always a concern for CDC. We’ll continue sharing information as soon as we have it, and post updates on our AFM website.
- Since poliovirus and West Nile virus can sometimes cause AFM, CDC recommends being up to date on polio vaccination and protecting yourself against mosquito bites. While we don’t know if effective in preventing AFM, washing your hands often is one of the best ways to avoid getting sick and spreading germs to other people.

Additional Points

AFM case information and investigations

CDC’s process for classifying suspect cases of AFM according to the Council of State and Territorial Epidemiologist (CSTE) case definition requires thorough review of medical and radiologic information by at least two AFM medical experts. Case classifications generally take up to a month to complete due to the time it takes to collect and review the clinical information. However, clinical diagnosis, management, and treatment of the patient should not rely on the case classification process.

Number of confirmed cases by year

- In 2018, CDC confirmed 38 cases of AFM in 16 states.
  - CDC and states are investigating additional reports to determine whether they are confirmed AFM cases.
  - Since it takes about a month to confirm AFM, the case counts provided by CDC do not represent the situation in real-time. Also, any increases in AFM cases do not reflect changes in real time or mean that the situation is getting worse.
- In 2017, CDC confirmed 33 cases of AFM in 16 states. There was one death in a case with confirmed AFM although it is unclear what role AFM played in the death.
- In 2016, a total of 149 people in 39 states and DC were confirmed to have AFM.
- In 2015, 22 people in 17 states were confirmed to have AFM.
- From August 1 to December 31, 2014, CDC confirmed 120 children in 34 states with AFM. Most of these cases occurred between August 1 and October 31, 2014.
Symptoms

- Most patients will have sudden onset of weakness and loss of muscle tone and reflexes in the arms and legs. Some patients, in addition to the limb weakness, will experience:
  - facial droop or weakness,
  - difficulty moving the eyes,
  - drooping eyelids, or
  - difficulty with swallowing or slurred speech.
- Numbness or tingling is rare in patients with AFM, though some patients have pain in their arms or legs. Some patients with AFM may be unable to pass urine. The most severe symptom of AFM is respiratory failure that can happen when the muscles involved with breathing become weak. This can require urgent ventilator support (breathing machines).

Causes

- The specific causes of most AFM cases are still being investigated.
- Poliovirus is not the cause of these AFM cases.
  - CDC tests every stool specimen from the AFM patients that is sent to us; none of the specimens have tested positive for poliovirus.
  - Because of high vaccination coverage against polio in the United States and globally, we no longer see cases of poliomyelitis in the United States.
- There are a variety of possible causes of AFM such as viruses (e.g., poliovirus, non-polio enteroviruses such as EV-A71, adenoviruses, and West Nile virus), environmental toxins, and genetic disorders. A condition where the body’s immune system attacks and destroys body tissue that it mistakes for foreign material may also cause AFM.
- CDC has not found a clear association between enterovirus D68 (EV-D68) and the AFM cases reported since 2014.
  - CDC is testing all specimens from suspected cases of AFM for enteroviruses, including EV-D68 and EV-A71.
  - The increase in AFM cases in 2014 coincided with a national outbreak of severe respiratory illness caused by EV-D68. CDC did not consistently detect EV-D68 in patients confirmed to have AFM.
  - CDC observed another increase of AFM cases in 2016. During that year, we were informed of only a few localized clusters of EV-D68 in the United States.
  - Non-polio enteroviruses most commonly cause mild illness, such as rash illness in children. They can also cause neurologic illness, such as meningitis, encephalitis, and AFM, but these are uncommon.
- In 2018, the Colorado Department of Public Health and Environment and the Children’s Hospital Colorado notified CDC of an increase in neurologic illness, including 3 cases of AFM due to EV-A71, a known cause of AFM (Notes from the Field: [https://www.cdc.gov/mmwr/volumes/67/wr/mm6736a5.htm](https://www.cdc.gov/mmwr/volumes/67/wr/mm6736a5.htm)).

Guidance for Health Professionals

Clinicians should

- be vigilant for and immediately report to their state or local health department any patients who meet the clinical criteria for AFM (sudden onset of flaccid limb weakness) regardless of any laboratory results or MRI findings using the patient summary form available on CDC’s website ([www.cdc.gov/acute-flaccid-myelitis/hcp/data.html](http://www.cdc.gov/acute-flaccid-myelitis/hcp/data.html))
- consult with their local and state health department for laboratory testing of stool, respiratory, sera, and cerebrospinal fluid specimens for enteroviruses (including poliovirus), West Nile virus, and other known infectious etiologies for patients meeting the AFM clinical criteria
- collect specimens from patients suspected of having AFM as early as possible in the course of illness. Additional instructions regarding specimen collection and shipping can be found at: [www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html](http://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html)
- refer to CDC’s "Interim Considerations for Clinical Management of Patients with Acute Flaccid Myelitis," released November 7, 2014 with consensus from experts in infectious diseases, neurology, pediatrics, critical care medicine, public health epidemiology, and virology ([www.cdc.gov/acute-flaccid-myelitis/downloads/acute-flaccid-myelitis.pdf](http://www.cdc.gov/acute-flaccid-myelitis/downloads/acute-flaccid-myelitis.pdf)). CDC is currently updating this guidance with input from national experts
- consult with infectious diseases and neurology experts to assist with diagnostic and treatment recommendations
Health departments should

- inform CDC about patients with suspected AFM using the brief patient summary form available on the CDC website (www.cdc.gov/acute-flaccid-myelitis/hcp/data.html). Information about suspect cases should be shared with CDC regardless of any laboratory or MRI results
- ship available clinical specimens to CDC as soon as possible after case identification to optimize likelihood for identifying a cause
- contact CDC by email at limbweakness@cdc.gov or via secure fax at 404-471-8442 to arrange further laboratory testing or to discuss any additional questions

Guidance for the General Public

- You should seek medical care right away if you or your child develops any of these symptoms: weakness or loss of muscle tone and reflexes in the arms or legs, facial droop or weakness, difficulty moving the eyes, drooping eyelids, or difficulty with swallowing or slurred speech.
- There are no specific ways to prevent most cases of AFM. Since poliovirus and West Nile virus can sometimes cause AFM, CDC recommends the following:
  - Be up to date on polio vaccination. Polio vaccine contains inactivated (not live) virus, and protects against poliovirus. This vaccine does not protect against other viruses that may cause AFM.
  - Protect yourself from mosquito-borne viruses, such as West Nile virus, by using mosquito repellent, staying indoors at dusk and dawn, which is the prime period that mosquitoes bite, and removing standing or stagnant water near your home (where mosquitoes can breed).

While we don’t know if effective in preventing AFM, washing your hands often is one of the best ways to avoid getting sick and spreading germs to other people.

What CDC is Doing

CDC has closely monitored the AFM situation since August 2014, when we first received information about cases of AFM from hospitals and health departments. We are actively working with healthcare professionals and state and local health departments to increase awareness and sharing of information about suspected AFM cases with CDC, and investigate the AFM cases, risk factors, and possible causes of this condition.

Activities that CDC is doing include:

- urging healthcare providers to be vigilant for AFM among their patients, and to send information about suspected cases to their health departments
- verifying clinical information of suspected AFM cases submitted by health departments, and working with health departments and neurologists to classify cases using a case definition adopted by the CSTE
- testing specimens, including stool, blood, respiratory, and cerebrospinal fluid, from suspected AFM cases
- working with healthcare providers, experts, and state and local health departments to investigate and better understand the AFM cases, including potential causes and how often the condition occurs
- providing new and updated information to healthcare providers, health departments, policymakers, the public, and partners in various formats, such as scientific journals and meetings, and CDC’s AFM website and social media
- using multiple research methods to further explore the potential association of AFM with possible causes as well as risk factors for AFM

More information

- AFM website: www.cdc.gov/acute-flaccid-myelitis/index.html
- For Clinicians and Health Departments: www.cdc.gov/acute-flaccid-myelitis/hcp/index.html