

What is Acute Flaccid Myelitis?

Acute Flaccid Myelitis (AFM) is characterized by a neurologic illness accompanied by limb weakness. It was first identified as a public health issue in 2014 when clusters of children with disease fitting this description were identified in several hospitals in the United States. The cause of AFM is unknown and may originate from multiple sources, including viral infections, environmental toxins, and genetic disorders.

What causes AFM?

AFM has been associated with a variety of infectious agents, such as:

- Enteroviruses (polio and non-polio)
- West Nile virus (WNV) and viruses in the same family as WNV, like Japanese Encephalitis and Saint Louis Encephalitis
- Herpesviruses, such as cytomegalovirus and Epstein-Barr virus
- Adenoviruses

It is common for a case of AFM to not have an identified cause.

Who is at risk for AFM?

Anyone of any age can get AFM, but it is more commonly reported in children.

What are the symptoms of AFM?

Sudden limb weakness or paralysis is the primary symptom of AFM. Some patients may experience facial droop or weakness, difficulty moving the eyes, drooping eyelids, or difficulty with swallowing or slurred speech. In rare cases, a patient may have a difficult time breathing due to muscle weakness.

How soon do symptoms appear?

AFM symptoms usually appear suddenly. Some people who have had AFM reported minor respiratory illnesses in the weeks before onset of other symptoms. The incubation period and time until symptom development are not well known.

How is AFM spread?

AFM is a rare and specific clinical presentation and cannot be spread person-to-person. However, the viruses associated with AFM may spread person-to-person or may be spread by a mosquito or other vector.

When and for how long is a person able to spread the disease?

AFM is not spread person-to-person.

How is a person diagnosed?

Diagnosis is based on a combination of limb weakness or paralysis and certain diagnostic test findings. A magnetic resonance imaging (MRI) may be helpful in diagnosing cases of AFM.

What is the treatment?

There is no known specific treatment for AFM. A doctor who specializes in treating brain and spinal cord illnesses, such as a neurologist, may recommend certain interventions on a case-by-case basis. Supportive care to relieve symptoms may be provided.

Should children or others be excluded from child care, school, work or other activities if they have AFM?

There are no exclusion criteria specific to people with AFM. Exclusions for diseases that are associated AFM, or for symptoms presenting concurrently (such as fever) may exist.

What can be done to prevent the spread of AFM?

The best way to prevent AFM is to protect yourself from general infections. Being up to date on all recommended vaccinations, including poliovirus, is one way to protect yourself from diseases that can cause AFM. You can protect yourself from mosquito-borne viruses such as West Nile virus, by using mosquito repellent and staying indoors and dusk and dawn. Handwashing, good cleaning and disinfecting practices, and staying away from sick people are other ways you can protect yourself from AFM.

Additional Information:

Additional information is available at www.ndhealth.gov/disease or by calling the North Dakota Department of Health at 800.472.2180.

Resource: CDC <http://www.cdc.gov/acute-flaccid-myelitis/index.html>.