

Health Advisory: Acute Flaccid Myelitis (AFM) in Georgia, February 2021

ACTION STEPS

District and County Health Departments: Please forward to hospitals and clinics in your jurisdiction.

Hospitals and clinics: Please distribute to infectious disease doctors, infection preventionists, emergency department physicians, intensive care physicians, neurologists, radiologists, primary care providers, and pediatricians.

Summary

Acute flaccid myelitis (AFM) is a rare, severe, neurologic condition that primarily affects children. Characterized by the sudden onset of limb weakness, AFM can lead to permanent paralysis. The COVID-19 pandemic has impacted healthcare-seeking behaviors which may lead to challenges to the recognition and evaluation of patients with suspect AFM. It is important for parents and clinicians to be aware of the signs and symptoms of AFM to ensure patients receive timely and appropriate care.

National AFM surveillance data on AFM has been collected since 2014. Most cases occurred between August and October. At this same time of year, many viruses commonly circulate, including enteroviruses. National data on AFM shows evidence that viruses, including enteroviruses, likely play a role in AFM in the United States. Most reported cases have been in children, but people of any age can get AFM. Additionally, the U.S. Centers for Disease Control and Prevention (CDC) reported increases in AFM cases, mostly in young children, in 2014, 2016 and 2018. In 2019, 46 confirmed cases of AFM were reported from 18 states, and one case was reported in Georgia. In 2020, 30 confirmed cases of AFM were reported to CDC from 15 states and no confirmed cases of AFM were reported in Georgia.

Recent respiratory illness or fever and the presence of neck or back pain or any neurologic symptom should heighten suspicion of AFM. **Clinicians should immediately report suspect cases of AFM to the Georgia Department of Public Health (DPH).** Reporting suspect cases will allow states and the Centers for Disease Control and Prevention (CDC) to monitor the occurrence of AFM and better understand factors associated with this condition.

DPH Recommendations:

- **SUSPECT AFM:** Clinicians should suspect AFM in patients with acute flaccid limb weakness, especially after respiratory illness or fever. Clinicians should remain vigilant for AFM throughout the year, but most AFM cases have been reported between August and November.
- **HOSPITALIZE IMMEDIATELY:** Patients with AFM can progress rapidly to respiratory failure. Clinicians should closely monitor the respiratory status of patients, order an MRI of the spine and brain with the highest Tesla scanner available, and consult with a neurologist and infectious disease specialists.
- **COLLECT SPECIMENS:** Clinicians should collect specimens from patients suspected of having AFM as early as possible in the course of illness (preferably on the day of onset of limb weakness)
 - The following specimens should be collected: **CSF; serum; stool; and a nasopharyngeal (NP) or oropharyngeal (OP) swab.**

- **DO NOT send specimens directly to CDC.** Contact DPH at 404-657-2588 for approval to ship specimens to the Georgia Public Health Laboratory (GPHL) for forwarding to CDC's AFM laboratory.
- Additional instructions regarding specimen collection and shipping can be found at <https://www.cdc.gov/acute-flaccid-myelitis/hcp/specimen-collection.html>
- **REPORT CASES:** AFM is a reportable condition in Georgia, and suspect AFM cases who meet the below clinical and laboratory criteria should be reported to DPH within seven (7) days.
 - Clinical Criteria
 - An illness with onset of acute flaccid* limb weakness.
 - *Low muscle tone, limp, hanging loosely, not spastic or contracted.*
 - Laboratory/Imaging Criteria
 - A magnetic resonance image (MRI) showing a spinal cord lesion in at least some gray matter¹ and spanning one or more vertebral segments, AND
 - Excluding persons with gray matter lesions in the spinal cord resulting from physician-diagnosed malignancy, vascular disease, or anatomic abnormalities.
- **HOW TO REPORT:**
 - **Report cases through the State Electronic Notifiable Disease Surveillance System (SendSS) (available at <https://sendss.state.ga.us/sendss/login.screen>), OR**
 - **By calling your District Public Health or DPH at 404-657-2588 (during business hours), or 1-866-PUB-HLTH after hours or weekends.**
 - Information collected on suspect AFM cases includes the DPH AFM Case Report Form (found at <https://dph.ga.gov/acute-flaccid-myelitis>)
 - Reports from suspect cases of AFM will be submitted to CDC for determination of case status (i.e., confirmed, probable, not a case)

Additional information

- AFM in Georgia: <https://dph.georgia.gov/acute-flaccid-myelitis>
- AFM in the United States: <https://www.cdc.gov/acute-flaccid-myelitis/index.html>
- AFM physician consult and support portal: <https://wearesrna.org/living-with-myelitis/resources/afm-physician-support-portal/>
- Resources and references for AFM: <https://www.cdc.gov/acute-flaccid-myelitis/hcp/references-resources.html>
- The CSTE standardized case definition for AFM surveillance is available at: (https://cdn.ymaws.com/www.cste.org/resource/resmgr/2019ps/final/19-ID-05_AFM_final_7.31.19.pdf)

DPH CONTACT INFORMATION

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¹ 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.