

Health Advisory: Increase in Pediatric Acute Flaccid Myelitis Cases

Minnesota Department of Health Thu October 4 14:00 CDT 2018

Action Steps:

Local and tribal health departments: Please forward to hospitals and clinics in your jurisdiction.

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

Health care providers:

- Report suspected cases of acute flaccid myelitis (AFM) to MDH, which includes acute onset of weakness in any limb in a person of any age **AND**
 - MRI showing a spinal cord lesion largely restricted to gray matter and spanning one or more vertebral segments, **OR**
 - CSF pleocytosis (i.e., white blood cell count >5 cells/mm³)
- Consult immediately with an infectious disease provider and neurologist
- Collect specimens early from patients who meet the above criteria and submit to MDH Public Health Laboratory (PHL): respiratory, cerebral spinal fluid, serum and stool
- Contact MDH at 651-201-5414 or 1-877-676-5414 before submitting specimens

Background: Since September 20, 2018, six pediatric cases of AFM have been reported to MDH. Patients have presented with single or multi-limb weakness; most experienced a viral prodrome 3–14 days prior to weakness onset. All cases have been hospitalized, two patients experienced rapid ascending weakness requiring ICU management for respiratory support.

Diagnostic evaluation for suspect case patients includes neurological exam, MRI of the brain and spinal cord, and specimen collection (i.e., CSF, serum, stool, and respiratory samples). Imaging and specimen collection should be performed as early as possible in the course of illness. Consultation with an infectious disease provider and neurologist is necessary for management. Patients who meet the clinical criteria should be reported to MDH regardless of any laboratory results or MRI findings. MDH PHL will forward specimens to the CDC for testing for respiratory pathogens and other possible causes of AFM.

AFM is a rare condition that affects the spinal cord, resulting in muscle and nerve weakness. Most people with AFM have sudden onset of arm or leg weakness with loss of muscle tone and reflexes in the affected limb. Although AFM has a variety of possible causes, experts suspect AFM is due to a neuroinvasive infectious process.

For specimen collection guidance and more information on AFM

- Visit (www.health.state.mn.us/divs/idepc/dtopics/unexplained/afm.html), OR
- Call MDH at 651-201- 5414 or 1-877-676-5414.

For clinical guidance:

- “Acute Flaccid Myelitis: Interim Considerations for Clinical Management” (<https://www.cdc.gov/acute-flaccid-myelitis/downloads/Interim-Considerations-AFM.pdf>)

A copy of this HAN is available at: <http://www.health.state.mn.us/han/>

The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.