Fact Sheet

MOG Antibody Disease for Educators

What is MOG Antibody Disease?

- MOG Antibody Disease (MOGAD) is a rare neuroimmune condition that typically causes inflammation in the optic nerve, spinal cord and/or brain.
- MOGAD is an immune disease, which occurs, at least in part, due to attack of a person's own immune cells on the MOG protein present in their brain, optic nerve or spine.
- MOGAD is not infectious and cannot be passed on to others (i.e., it is not transmissible).
- There is no cure, but treatments are available to prevent inflammatory attacks and to manage symptoms.
- MOGAD symptoms often come (relapses) and go (remissions). Patients can feel well one day and have new symptoms the next.
- MOGAD relapses are not brought on by physical activity or by reading or schoolwork. However, during a relapse, and as a child recovers from a relapse, schoolwork may need to be adjusted.

Symptoms

- Loss or blurring of vision in one or both eyes
- Loss of color vision
- Eye pain
- Paralysis or weakness of a limb or limbs
- Loss of sensation
- Cognitive issues (e.g., learning, memorization, concentration)
- Behavioral changes/issues
- Loss of bladder or bowel control
- Fatigue related to the diagnosis or medications
- Seizures
- Vomiting
- Headaches
- Altered mental status (requires emergency care), defined as a loss of awareness, reduced responsiveness, confusion or loss of consciousness. Altered mental status can occur suddenly (as in the case of a seizure) or more gradually over a few days in a severe relapse.

Treatments

- Short-term treatments to reduce inflammation during an acute attack include IV or oral steroids, plasma exchange (PLEX), and intravenous immunoglobulin (IVIg).
- Students diagnosed with MOGAD may be on long-term treatment with medications such as intravenous (IVIg) or subcutaneous (SCIg) immunoglobulin or medications that suppress the immune system, such as mycophenolate mofetil (CellCept), rituximab (Rituxan), azathioprine (Imuran), or low-dose steroids.

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Classroom Accommodations

- Some treatments carry an increased risk of infection to the student with MOGAD, so it is important to keep the classroom clean and sanitized.
- Good hygiene and hand washing are important.
- Alert parents/guardians to any illnesses in the classroom (e.g., flu, strep throat, stomach virus).
- An action plan for medical emergencies, including seizure should be put in place.
- Provide accommodations, required by law, for students who use wheelchairs or other mobility or assistive devices.
- An emergency plan should be in place for exiting the building (when appropriate).

Learning Considerations

- Student may need plans in place to assist with learning challenges (e.g., 504, IEP, EHC).
- Be cognizant of potential vision issues and their impact on learning.
- Multiple absences are common due to doctor appointments, multi-hour infusions, MRIs, and adverse treatment reactions. Providing a "homework buddy" to ensure that the MOGAD patient keeps pace with school assignments, as well as recording key lectures for later learning are helpful.
- Inform parents/guardians of any changes in behavior (e.g., anger outbursts, anxiety, crying, student acting withdrawn) or new learning challenges.
- Students may be struggling with their diagnosis and the changes MOGAD has caused in their life. School counselors may be very helpful.
- Consult with student's parents/guardians regarding privacy preferences around their condition.

Other Considerations

- Parents/caregivers should discuss the student's current, specific neurological symptoms with educators. Parents should be made aware of any new symptoms or anything out of the ordinary immediately, as symptoms vary widely, and some symptoms may require emergency care.
- Note: Some symptoms may be triggered as a result of prolonged exposure to heat or over-exertion that leads to an increase in body temperature (Uhthoff's Phenomenon).

Additional Resources

SRNA
wearesrna.org

The MOG Project
mogproject.org

More information on MOGAD:
srna.ngo/mog

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