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American Academy of Pediatrics

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CDC releases guidance on acute flaccid myelitis

New interim guidance from the Centers for Disease Control and Prevention (CDC) suggest that no targeted therapies or interventions have “definitive efficacy” in the treatment or management of acute flaccid myelitis.

“Interim Considerations for Clinical Management of Patients with Acute Flaccid Myelitis,” issued Nov. 7, is based on consensus guidance drawn from experts in infectious diseases, neurology, pediatrics, critical care medicine, public health epidemiology and virology. The CDC has fielded numerous requests on how to manage and treat children with this illness.

“The most important issue summarized in the document is that there is no clear evidence that therapies intended to modify the immune system (e.g., corticosteroids, immune globulin, plasmapheresis) have a beneficial effect in this condition,” said Mark H. Sawyer, M.D., FAAP, a member of the AAP Committee on Infectious Diseases who provided input for the guidance. “Plasmapheresis is specifically not recommended because the potential for harm is significant in the absence of any evidence of benefit.”

Clinicians are instead advised to use basic standards of care for children with severe neurologic disease, along with physical and occupational therapy.

Aimed at clinicians and public health personnel, the document covers general management of acute flaccid myelitis, including when to consider admitting a patient to an intensive care unit. The guidance does **not** apply to all forms or etiologies of childhood acute flaccid paralysis, such as Guillain-Barre syndrome, transverse myelitis or other immune-mediated etiologies. In fact, “all efforts should be made” to explore any alternative diagnoses, the report noted, and render appropriate interventions.

“Acute flaccid myelitis” was determined to be the most clinically and anatomically accurate term to describe the syndrome, despite the various terms that have been used.

At press time, there were 70 confirmed cases in 29 states with additional cases under investigation. A clear etiology for the neurologic illness still has not been identified.

Patients who meet the case definition for acute flaccid myelitis should be reported to state and local health departments, along with

a completed patient summary form and clinical specimens (see Resources). Cases must meet **all** of the following criteria:

- Patients ages 21 years of age or younger with acute onset of focal limb weakness occurring on or after Aug. 1; and
- Those with magnetic resonance imaging showing a spinal cord lesion largely restricted to gray matter.

While the cases of acute flaccid myelitis have occurred against a backdrop of a nationwide outbreak of severe respiratory illness among children due to enterovirus-D68 (EV-D68), it still is not known whether there is a possible association between these illnesses.

As of Oct. 29, 80% of the 64 patients who met the case definition had a preceding respiratory illness, with 75% reporting fever in the days before limb weakness onset. Onset of limb weakness generally was abrupt.

The CDC will revise the guidance on management of acute flaccid myelitis as needed and update the number of confirmed cases every Thursday on the National Center for Immunization and Respiratory Diseases web page at www.cdc.gov/ncird/investigation/viral/sep2014.html.

RESOURCES

- Acute Flaccid Myelitis: Interim Considerations for Clinical Management, at www.cdc.gov/ncird/downloads/acute-flaccid-myelitis.pdf
- Investigation of Acute Neurologic Illness with Focal Limb Weakness of Unknown Etiology in Children, Fall 2014, www.cdc.gov/ncird/investigation/viral/sep2014.html
- Specimen collection instructions, www.cdc.gov/ncird/investigation/viral/specimen-collection.html
- Patient summary form (updated 10-10-14), www.cdc.gov/ncird/downloads/patient-summary-form.pdf
- Parent information on cases from Colorado, www.cdc.gov/features/unexplainedparalysis/index.html
- For more information on acute flaccid myelitis, email limbweakness@cdc.gov

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