



## Health Advisory: Acute Neurologic Illness – Minnesota Surveillance

Minnesota Department of Health Mon Sep 29 14:35 CDT 2014

### **Action Steps:**

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

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

### **Healthcare providers:**

- Identify any patient who meets the following criteria as of August 1st:
  - Age  $\leq$ 21 years; WITH
  - Acute onset of focal limb weakness; AND
  - MRI showing a spinal cord lesion largely restricted to gray matter
- Collect stool, respiratory, cerebral spinal fluid, and serum specimens from these patients and submit to MDH Public Health Laboratory (PHL) for testing.
- Report to MDH patients that meet the above criteria at 651-201-5414 or 1-877-676-5414.

### **Background**

In Colorado, a cluster of nine pediatric patients hospitalized with acute neurologic illness of undetermined etiology characterized by focal limb weakness and abnormalities of the spinal cord gray matter on MRI were identified between August 9 and September 17, 2014.

Within this cluster six nasopharyngeal specimens were positive for rhinovirus/enterovirus. Of those, four have been typed as Enterovirus-D68 (EV-D68), and the remaining two are pending. Similar clusters were seen in California earlier this year.

The Centers for Disease Control and Prevention (CDC) is seeking information about other similar neurologic illnesses in other states, especially cases clustered in time and place. The possible linkage of the Colorado cluster of neurologic disease to the national outbreak of EV-D68 is part of the current investigation.

Reporting of patients meeting the above criteria is consistent with a case of “Unexplained Critical Illness” as per the Communicable Disease Reporting Rule, Chapter 4605.

### **Infection control**

Standard and contact precautions are recommended for hospitalized patients with enterovirus infection. However, as EV-D68 is a cause of clusters of respiratory illness, droplet precautions should be added for patients with respiratory symptoms.

### **Specimen collection**

Providers should send specimens to MDH-PHL. All of the following four specimens should be collected and submitted to MDH-PHL: stool, respiratory, cerebral spinal fluid, and serum. MDH-PHL will test the specimens for enterovirus and other possible causes. Please refer to the MDH Guide to Services website for submission information: <http://www.health.state.mn.us/divs/phl/clin/gts/testse.html#enterovirus>



**For more information**

Please visit <http://www.health.state.mn.us/divs/idepc/diseases/enterovirus/index.html> or call the Minnesota Department of Health at 651-201-5414 or 1-877-676-5414.