FOR LOCAL USE ONLY

Name of person completing form: _____ State assigned patient ID: _____

Affiliation_____ Phone: _____Email: _____

Name of physician who can provide additional clinical/lab information, if needed _____

Affiliation_____ Phone: _____ Email: _____

Name of main hospital that provided patient's care: _____ State: _____ County: _____

----------***DETACH and transmit only lower portion to AFM@cdc.gov if sending to CDC***----------

Acute Flaccid Myelitis: Patient Summary Form

Form Approved
OMB No. 0920-0009
Exp Date: 06/30/2019

Please send the following information along with the patient summary form (check information included):
☐ *History and physical (H&P)* ☐ *MRI report* ☐ *MRI images* ☐ *Neurology consult notes* ☐ *EMG report (if done)*
☐ *Infectious disease consult notes (if available)* ☐ *Vaccination record* ☐ *Diagnostic laboratory reports*

1. Today's date__ __/__ __/__ __ __ __ *(mm/dd/yyyy)* **2**. State assigned patient ID: _____

3. Sex: ☐ M ☐F **4.** Date of birth __ __/ __ __/ __ __ __ __ Residence: **5**. State_____ **6.** County_____

7. Race: ☐American Indian or Alaska Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Islander ☐White *(check all that apply)*

8. Ethnicity: ☐Hispanic or Latino ☐Not Hispanic or Latino

9. Date of onset of limb weakness __ __/__ __/__ __ __ __ *(mm/dd/yyyy)*

10. Was patient admitted to a hospital? ☐yes ☐no ☐unknown **11.**Date of admission to **first** hospital__ __/__ __/__ __ __ __

12. Date of discharge from **last** hospital__ __/__ __/__ __ __ __(or ☐ still hospitalized at time of form submission)

13. Did the patient die from this illness? ☐yes ☐no ☐unknown **14**. If yes, date of death__ __/__ __/__ __ __

SIGNS/SYMPTOMS/CONDITION:				
	Right Arm	Left Arm	Right Leg	Left Leg
15. Weakness? [*indicate yes(y), no (n), unknown (u)* ***for each limb***]	Y N U	Y N U	Y N U	Y N U
15a. Tone in **affected** limb(s) [*flaccid, spastic, normal* ***for each limb***]	☐ flaccid ☐ spastic ☐ normal ☐ unknown	☐ flaccid ☐ spastic ☐ normal ☐ unknown	☐ flaccid ☐ spastic ☐ normal ☐ unknown	☐ flaccid ☐ spastic ☐ normal ☐ unknown

	Yes	No	Unk	
16. Was patient admitted to ICU?				**17.** If yes, admit date: __ __/__ __/__ __ __ __
In the 4-weeks **BEFORE onset** of **limb weakness**, did patient:	Yes	No	Unk	
18. Have a respiratory illness?				**19**. If yes, onset date __ __/__ __/__ __ __ __
20. Have a gastrointestinal illness (e.g., diarrhea or vomiting)?				**21**. If yes, onset date __ __/__ __/__ __ __ __
22. Have a fever, measured by parent or provider ≥38.0°C/100.4°F?				**23**. If yes, onset date __ __/__ __/__ __ __ __
24. Travel outside the US?				**25.** If yes, list country:
26. At onset of limb weakness, does patient have any underlying illnesses?				**27.** If yes, list:

Other patient information:

28. Was MRI of spinal cord performed? ☐ yes ☐ no ☐ unknown **29.** If yes, date of spine MRI: __ __/__ __/__ __ __ __

30. Was MRI of brain performed? ☐ yes ☐ no ☐ unknown **31.** If yes, date of brain MRI: __ __/__ __/__ __ __ __

CSF examination: **32**. Was a lumbar puncture performed? ☐ yes ☐ no ☐ unknown

If yes, complete 32 (a,b) (*If more than 2 CSF examinations, list the first 2 performed)*

	Date of lumbar puncture	WBC/mm^3	% neutrophils	% lymphocytes	% monocytes	% eosinophils	RBC/mm^3	Glucose mg/dl	Protein mg/dl
32a. CSF from LP1									
32b. CSF from LP2									

Acute Flaccid Myelitis Outcome – 60-day follow-up (*completed at least 60 days after onset of limb weakness*)

33. Date of 60-day follow-up: __ __/__ __/__ __ __ __ *(mm/dd/yyyy)*

34. Sites of Paralysis: ☐ Spinal ☐ Bulbar ☐ Spino-bulbar **35.** Specific sites: _____

36. 60-day residual: ☐ None ☐ Minor (any minor involvement) ☐ Significant (≤2 extremities, major involvement)
☐ Severe (≥3 extremities and respiratory involvement) ☐ Death ☐ Unknown

37. Date of death: __ __/__ __/__ __ __ __ *(mm/dd/yyyy)*

Acute Flaccid Myelitis case definition

(http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2017PS/2017PSFin al/17-ID-01.pdf)

Clinical Criteria

An illness with onset of acute flaccid limb weakness

Laboratory Criteria

- Confirmatory Laboratory Evidence: a magnetic resonance image (MRI) showing spinal cord lesion largely restricted to gray matter*† and spanning one or more vertebral segments
- Supportive Laboratory Evidence: cerebrospinal fluid (CSF) with pleocytosis (white blood cell count >5 cells/mm^3)

Case Classification

Confirmed:

- Clinically compatible case AND
- Confirmatory laboratory evidence: MRI showing spinal cord lesion largely restricted to gray matter*† and spanning one or more spinal segments

Probable:

- Clinically compatible case AND
- Supportive laboratory evidence: CSF showing pleocytosis (white blood cell count >5 cells/mm^3).

** Spinal cord lesions may not be present on initial MRI; a negative or normal MRI performed within the first 72 hours after onset of limb weakness does not rule out AFM. MRI studies performed 72 hours or more after onset should also be reviewed if available.*

† 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.

Comment

To provide consistency in case classification, review of case information and assignment of final case classification for all patients under investigation (PUIs) for AFM will be done by experts in national AFM surveillance. This is similar to the review required for final classification of paralytic polio cases.

Acute Flaccid Myelitis specimen collection information

(https://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html)

Acute Flaccid Myelitis job aid

(https://www.cdc.gov/acute-flaccid-myelitis/downloads/job-aid-for-clinicians-508.pdf)