Acute Flaccid Myelitis: Patient Summary Form

FOR LOCAL USE ONLY

33b. CSF from LP2

Name of person completing		State assigned patient ID:									
Affiliation											
Name of physician who can p	provide additiona	ıl clinical/lab inf	ormation, if nee	ded							
Affiliation		Email:									
Name of main hospital that provided patient's care:											
	DETA	ACH and transm	it only lower po	rtion to <u>AFI</u>	<u> MInfo(</u>	@cdc.gc	v if send	ing to CDC			
										OMB No	m Approved 0. 0920-0009 0. 08/31/2022
Please send the following information along with the patient summary form: □ MRI report □ MRI images											06/31/2022
1 . Today's date/	J	(mm/dd/yyyy	2 . 9	State assig	ned p	atient	ID:			-	
3. Sex: \square M \square 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) □Not Hispanic or Latino											
9. Date of onset of limb w	eakness	JJ	(mm/da	d/yyyy)							
10. Was patient admitted		-						rst hospital/_	/		
12. Date of discharge from	n last hospital_	//	(or 🗆	still hosp	italize	d at tir	ne of fo	rm submission)			
13 . Did the patient die fro	m this illness?	□yes □n	o □unknowr	n 14 . If	yes,	date of	death_	/	_		
SIGNS/SYMPTOMS/CO	NDITION:					D: 1 . A			D: 1		C
					Right Arm			Left Arm	Right Leg		eft Leg
15. Weakness? [indicate	e yes(y), no (n),	unknown (u)	for each limb]		Y N U		U	Y N U	Y N U		N U accid
15a . Tone in affected limb(s) [flaccid, spastic, normal for each limb]					□ s	□ spastic □ normal □ unknown		☐ spastic ☐ normal ☐ unknown	spastic □ spastic normal □ normal		
					Yes	No	Unk	- Unknown	unknown	<u> </u>	nknown
16. Was patient admitte	ed to ICU?							17. If yes, admi	t date: /	· /	
In the 4-weeks BEFORE onset of limb weakness, did patient:						No	Unk				
18. Have a respiratory illness?								19. If yes, onset	date/	'J_	
20. Have a gastrointestinal illness (e.g., diarrhea or vomiting)?								21. If yes, onset		/	
22. Have a fever, measured by parent or provider ≥38.0°C/100.4°F?								23. If yes, onset		<u>'</u>	
24. Have pain in neck or	back?							25. If yes, onset	t date/		
26. At onset of limb weakness, does patient have any underlying illnesses?								27. If yes, list:			
							1	_1			
Magnetic Resonance Ima									,		
28. Was MRI of spinal cor 30. Did the spinal MRI sho		,	no unkn					ine MRI:/] unknown	_/	_	
31. Was MRI of brain perf			no 🗆 unkn	own	32. If	уes, da		ain MRI:/		_	
·		•								_	
CSF examination: 33. Was If yes, complete 33 (a,b) (nown					
	Date of					0/		9/		Chrosss	Drotsin
lumbar % % % puncture WBC/mm³ neutrophils lymph				lympho	cvtes	% mon	ocytes	% eosinophils	RBC/mm ³	Glucose mg/dl	Protein mg/dl
33a. CSF from LP1	P			.,ро	-,	1	20,000	2000p13			

Public reporting burden of this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333.

Page 1 of 3 Version 7.2 May 12, 2021

	of 60 day follow-up please collect and send the following information:	
	narge summary	
⊔Infe	tious disease consult notes (if available) 🔲 Vaccine registry record 🔲 Diagnostic laboratory reports	
		_
	Flaccid Myelitis Outcome – follow-up of confirmed and probable AFM cases (completed at 60 days, 6 months months after onset of limb weakness)	
34 . Dat	of follow-up:/	
35. Imp	irment: □ None □ Minor (any minor involvement) □ Significant (≤2 extremities, major involvement) □ Severe (≥3 extremities and respiratory involvement) □ Death □ Unknown	
	35a. Date of death:/ (mm/dd/yyyy)	
36. Phy	ical condition (includes cardiovascular, gastrointestinal, urologic, endocrine as well as neurologic disorders):	
i. ii. iii. iv.	Medical problems sufficiently stable that medical or nursing monitoring is not required more often than 3-month intervals Medical or nurse monitoring is needed more often than 3-month intervals but not each week. Medical problems are sufficiently unstable as to require medical and/or nursing attention at least weekly. Medical problems require intensive medical and/or nursing attention at least daily (excluding personal care assistance)	
	er limb functions: Self-care activities (drink/feed, dress upper/lower, brace/prosthesis, groom, wash, perineal care) dependent mainly up nb function:	on
i. ii. iii. iv.	Age-appropriate independence in self-care without impairment of upper limbs Age-appropriate independence in self-care with some impairment of upper limbs Dependent upon assistance in self-care with or without impairment of upper limbs. Dependent totally in self-care with marked impairment of upper limbs.	
38. Low	er limb functions: Mobility (walk, stairs, wheelchair, transfer chair/toilet/tub or shower) dependent mainly upon lower limb function:	
i. ii. iii. iv.	Independent in mobility without impairment of lower limbs Independent of mobility with some impairment of lower limbs, such as needing ambulatory aids, a brace or prosthesis Dependent upon assistance or supervision in mobility with or without impairment of lower limbs. Dependant totally in mobility with marked impairment of lower limbs.	
39. Sen	ory components: Relating to communication (speech and hearing) and vision:	
i. ii. iii. iv.	Age-appropriate independence in communication and vision without impairment Age-appropriate independence in communication and vision with some impairment such as mild dysarthria, mild aphasia or need for eyeglasses or hearing aid. Dependent upon assistance, an interpreter, or supervision in communication or vision Dependent totally in communication or vision	
	etory functions (bladder and bowel control, age-appropriate):	
i. ii. iii. iv.	Complete voluntary control of bladder and bowel sphincters Control of sphincters allows normal social activities despite urgency or need for catheter, appliance, suppositories, etc. Dependent upon assistance in sphincter management Frequent wetting or soiling from bowel or bladder incontinence	
41. Sup	ort factors:	
i. ii. iii.	Able to fulfil usual age-appropriate roles and perform customary tasks Must make some modifications in usual age-appropriate roles and performance of customary tasks Dependent upon assistance, supervision, and encouragement from an adult due to any of the above considerations	

for specific evaluation or treatment)

iv.

Dependent upon long-term institutional care (chronic hospitalization, residential rehabilitation, etc. Excluding time-limited hospitalization

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333.

Page 2 of 3 Version 7.2 May 12, 2021

Acute Flaccid Myelitis case definition

(https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/positionstatement2020/Interim-20-ID-04 AFM Final.pdf)

Clinical Criteria

An illness with onset of acute flaccid* limb weakness AND

Absence of a clear alternative diagnosis attributable to a nationally notifiable condition.

* Low muscle tone, limp, hanging loosely, not spastic or contracted.

Confirmatory laboratory/imaging evidence:

MRI showing spinal cord lesion with predominant gray matter involvement* and spanning one or more vertebral segments, **AND** Excluding persons with gray matter lesions in the spinal cord resulting from physician diagnosed malignancy, vascular disease, or anatomic abnormalities.

Presumptive laboratory/imaging evidence:

MRI showing spinal cord lesion where gray matter involvement* is present but predominance cannot be determined, **AND** Excluding persons with gray matter lesions in the spinal cord resulting from physician diagnosed malignancy, vascular disease, or anatomic abnormalities.

Supportive laboratory/imaging evidence:

MRI showing a spinal cord lesion in at least some gray matter* and spanning one or more vertebral segments, **AND** Excluding persons with gray matter lesions in the spinal cord resulting from physician diagnosed malignancy, vascular disease, or anatomic abnormalities.

* 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. 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.

Other classification criteria

Autopsy findings that include histopathologic evidence of inflammation largely involving the anterior horn of the spinal cord spanning one or more vertebral segments.

Vital Records Criteria

Any person whose death certificate lists acute flaccid myelitis as a cause of death or a condition contributing to death.

Case Classification

Confirmed:

Meets clinical criteria with confirmatory laboratory/imaging evidence, *OR* Meets other classification criteria.

Probable:

Meets clinical criteria with presumptive laboratory/imaging evidence.

Suspect:

Meets clinical criteria with supportive laboratory/imaging evidence, **AND** Available information is insufficient to classify case as probable or confirmed.

Acute Flaccid Myelitis specimen collection information

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

Acute Flaccid Myelitis job aid

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

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333.