

Acute Flaccid Myelitis: Patient Summary Form



FOR LOCAL USE ONLY

Name of submitting/requesting physician: _____ State assigned patient ID: _____

Affiliation _____ Phone (required): _____ Email (required): _____

Name of primary care physician who can provide additional clinical/lab information (required): _____

Affiliation _____ Phone (required): _____ Email (required): _____

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

Parent/Guardian Name (if patient <18): _____ Phone: _____ Email: _____

Home Address: _____ City: _____ State: _____ ZIP Code: _____

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

Acute Flaccid Myelitis: Patient Summary Form

Form Approved
OMB No. 0920-0009
Exp Date: 08/31/2022

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 8. Ethnicity: Hispanic or Latino
 Native Hawaiian or Other Pacific Islander White (check all that apply) 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]	<input type="checkbox"/> flaccid <input type="checkbox"/> spastic <input type="checkbox"/> normal <input type="checkbox"/> unknown			<input type="checkbox"/> flaccid <input type="checkbox"/> spastic <input type="checkbox"/> normal <input type="checkbox"/> unknown			<input type="checkbox"/> flaccid <input type="checkbox"/> spastic <input type="checkbox"/> normal <input type="checkbox"/> unknown			<input type="checkbox"/> flaccid <input type="checkbox"/> spastic <input type="checkbox"/> normal <input type="checkbox"/> unknown		
	Yes	No	Unk									
16. Was patient admitted to ICU?	Yes	No	Unk	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. Have pain in neck or back?				27. If yes, onset date ___/___/___								
28. At onset of limb weakness, does patient have any underlying illnesses?				29. If yes, list:								

- Other patient information:**
30. Was MRI of spinal cord performed? yes no unknown 31. If yes, date of spine MRI: ___/___/___
 32. Did the spinal MRI show a lesion in at least some spinal cord gray matter? yes no unknown
 33. Was MRI of brain performed? yes no unknown 34. If yes, date of brain MRI: ___/___/___

CSF examination: 35. Was a lumbar puncture performed? yes no unknown
 If yes, complete 35 (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
35a. CSF from LP1									
35b. CSF from LP2									

Acute Flaccid Myelitis Outcome – follow-up of confirmed and probable AFM cases (completed at 60 days, 6 months and 12 months after onset of limb weakness)

33. Date of follow-up: ___/___/____ (mm/dd/yyyy)

34. Impairment: None Minor (any minor involvement) Significant (≤ 2 extremities, major involvement)
 Severe (≥ 3 extremities and respiratory involvement) Death Unknown

35. Date of death: ___/___/____ (mm/dd/yyyy)

36. **Physical condition** (includes cardiovascular, gastrointestinal, urologic, endocrine as well as neurologic disorders):

- i. Medical problems sufficiently stable that medical or nursing monitoring is not required more often than 3-month intervals
- ii. Medical or nurse monitoring is needed more often than 3-month intervals but not each week.
- iii. Medical problems are sufficiently unstable as to require medical and/or nursing attention at least weekly.
- iv. Medical problems require intensive medical and/or nursing attention at least daily (excluding personal care assistance)

37. **Upper limb functions:** Self-care activities (drink/feed, dress upper/lower, brace/prosthesis, groom, wash, perineal care) dependent mainly upon upper limb function:

- i. Age-appropriate independence in self-care without impairment of upper limbs
- ii. Age-appropriate independence in self-care with some impairment of upper limbs
- iii. Dependent upon assistance in self-care with or without impairment of upper limbs.
- iv. Dependent totally in self-care with marked impairment of upper limbs.

38. **Lower limb functions:** Mobility (walk, stairs, wheelchair, transfer chair/toilet/tub or shower) dependent mainly upon lower limb function:

- i. Independent in mobility without impairment of lower limbs
- ii. Independent of mobility with some impairment of lower limbs, such as needing ambulatory aids, a brace or prosthesis
- iii. Dependent upon assistance or supervision in mobility with or without impairment of lower limbs.
- iv. Dependant totally in mobility with marked impairment of lower limbs.

39. **Sensory components:** Relating to communication (speech and hearing) and vision:

- i. Age-appropriate independence in communication and vision without impairment
- ii. Age-appropriate independence in communication and vision with some impairment such as mild dysarthria, mild aphasia or need for eyeglasses or hearing aid.
- iii. Dependent upon assistance, an interpreter, or supervision in communication or vision
- iv. Dependent totally in communication or vision

40. **Excretory functions** (bladder and bowel control, age-appropriate):

- i. Complete voluntary control of bladder and bowel sphincters
- ii. Control of sphincters allows normal social activities despite urgency or need for catheter, appliance, suppositories, etc.
- iii. Dependent upon assistance in sphincter management
- iv. Frequent wetting or soiling from bowel or bladder incontinence

41. **Support factors:**

- i. Able to fulfil usual age-appropriate roles and perform customary tasks
- ii. Must make some modifications in usual age-appropriate roles and performance of customary tasks
- iii. Dependent upon assistance, supervision, and encouragement from an adult due to any of the above considerations
- iv. Dependent upon long-term institutional care (chronic hospitalization, residential rehabilitation, etc. Excluding time-limited hospitalization for specific evaluation or treatment)

At time of 60 day follow-up please collect and send the following information:

- Discharge summary History and physical (H&P) Neurology consult notes EMG report (if done)
 Infectious disease consult notes (if available) Vaccine registry record Diagnostic laboratory reports

Acute Flaccid Myelitis case definition (https://cdn.ymaws.com/www.cste.org/resource/resmgr/2019ps/final/19-ID-05_AFM_final_7.31.19.pdf)

Clinical Criteria

- An illness with onset of acute flaccid limb weakness AND

Laboratory/imaging Criteria

- A magnetic resonance image (MRI) showing spinal cord lesion in at least some gray matter and spanning one or more spinal segments, AND
- Excluding persons with gray matter lesions in the spinal cord resulting from physician diagnosed malignancy, vascular disease, or anatomic abnormalities.

Case Classification

Confirmed:

- An illness with onset of acute flaccid limb weakness AND
- MRI showing spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments
 - Excluding persons with gray matter lesions in the spinal cord resulting from physician diagnosed malignancy, vascular disease, or anatomic abnormalities AND
- Absence of a clear alternative diagnosis attributable to a nationally notifiable condition.

Probable:

- An illness with onset of acute flaccid limb weakness AND
- MRI showing spinal cord lesion where gray matter involvement is present but predominance cannot be determined,
 - Excluding persons with gray matter lesions in the spinal cord resulting from physician diagnosed malignancy, vascular disease, or anatomic abnormalities AND
- Absence of a clear alternative diagnosis attributable to a nationally notifiable condition.

Suspect:

- An illness with onset of acute flaccid limb weakness AND
- MRI showing spinal cord lesion in at least some gray matter and spanning one or more spinal segments,
 - Excluding persons with gray matter lesions in the spinal cord resulting from physician diagnosed malignancy, vascular disease, or anatomic abnormalities AND
 - Available information is insufficient to classify case as probable or confirmed AND
- Absence of a clear alternative diagnosis attributable to a nationally notifiable condition.

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>)