

Instructions for Completing the AFM Patient Summary Form

GENERAL. Clinicians should remain vigilant and send information to their state or local health department for all patients with acute onset of neurologic illness associated with limb weakness that meet the clinical criteria for AFM (as highlighted on page 3).

- a. Clinicians should send information about patients who meet the clinical criteria regardless of any laboratory and MRI results.
- b. The AFM *Patient Summary Form* should be completed by the state or local health department, in conjunction with a clinician who provided care to the patient during the neurologic illness.

CDC requests that state health departments send the *Patient Summary Form*, along with additional clinical information, to CDC for case classification and to help monitor these cases at the national level. AFM neurology experts will classify patients under investigation (PUIs) for AFM according to the Council of State and Territorial Epidemiologists (CSTE) AFM case definition using the requested clinical information: admission and discharge notes, MRI report, MRI images, neurology consult notes, infectious disease consult notes, vaccination record, diagnostic laboratory results, and EMG report if done and available. When sending this information, please indicate the information included with the *Patient Summary Form* in the box at the top of the form.

Demographics

1. **TODAY'S DATE.** Date that completion of the patient summary form is initiated.
2. **STATE ASSIGNED ID.** Alpha/numeric
3. **SEX.** Indicate whether the case-patient is male or female.
4. **DATE OF BIRTH.** Case-patient birth date.
5. **RESIDENCE.** State in which case-patient resides.
6. **COUNTY.** County in which case-patient resides.
7. **RACE.** Self-reported race of case-patient; more than one option may be reported.
8. **ETHNICITY.** Self-reported ethnicity of case-patient.
9. **DATE OF ONSET OF LIMB WEAKNESS.** Limb weakness onset date of case-patients.
10. **HOSPITALIZED?** Was case-patient hospitalized?
11. **DATE HOSPITALIZED.** Date case-patient FIRST hospitalized.
12. **DATE DISCHARGED.** Date case-patient discharged from LAST hospital (indicate if still hospitalized).
13. **DIED?** Did case-patient die from this illness?
14. **DATE OF DEATH.** Case-patient's date of death.

Signs/symptoms/condition at ANY time during the illness

15. **WEAKNESS.** Specify for each limb (arms and or legs) if there was noted acute onset of weakness.
 - 15a. **TONE IN AFFECTED LIMB.** Specify for each limb (arms and or legs) the tone in the limb with weakness (select one option per limb)
16. **ICU?** Was case-patient admitted to the ICU?
17. **DATE ICU.** Date case-patient admitted to ICU.

Signs/symptoms/condition in the 4-weeks BEFORE onset illness

18. **RESPIRATORY ILLNESS?** Did case-patient have a respiratory illness within the 4-week period before onset of limb weakness?
19. **RESPIRATORY ILLNESS ONSET DATE.** Case-patient's respiratory onset date.
20. **GASTROINTESTINAL ILLNESS?** Did case-patient have a gastrointestinal illness (e.g., diarrhea or vomiting) within the 4-week period before onset of limb weakness?
21. **GASTROINTESTINAL ILLNESS ONSET DATE.** Case-patient's gastrointestinal illness onset date.
22. **FEVER?** Did case-patient have a fever ($\geq 38^{\circ}\text{C}/100.4^{\circ}\text{F}$), measured by parent or provider, within the 4-week period before onset of limb weakness?
23. **FEVER ONSET DATE.** Case-patient's fever onset date.
24. **TRAVEL OUTSIDE U.S.?** Did case-patient travel outside the U.S. within the 4-week period before onset of limb weakness?
25. **IF YES, LIST.** If any, list the country(s) visited by the case-patient.
26. **UNDERLYING ILLNESSES?** Does the case-patient have any underlying illnesses?
27. **IF YES, LIST.** List the case-patient's underlying illness(es).

Other patient information

28. **MRI OF SPINAL CORD PERFORMED?** Indicate whether case-patient had an MRI of the spinal cord performed.
29. **DATE SPINAL MRI PERFORMED.** Date of the case-patient's spinal cord MRI.
30. **MRI OF BRAIN PERFORMED?** Indicate whether case-patient had an MRI of the brain performed.
31. **DATE BRAIN MRI PERFORMED.** Date of the case-patient's brain MRI.

CSF examination

32. **LUMBAR PUNCTURE PERFORMED?** Indicate if there was a CSF examination done (option for up to two. If more than 2 CSF examinations performed, list the first 2 performed).
 - 32a. **CSF from LP1.** Complete findings for lumbar puncture 1.
 - 32b. **CSF from LP2.** Complete findings for lumbar puncture 1.

Acute Flaccid Myelitis Outcome

Follow-up of patients under investigation (PUIs) for AFM conducted at least 60 days after onset of limb weakness, will help ascertain if there is any residual paralysis. Follow-up can be done by contacting the case-patient/family for answers to the questions, reviewing medical records, or contacting the case-patient's regular healthcare provider.

33. **DATE OF 60-DAY FOLLOW-UP.** Date that 60-day follow-up of the case-patient is initiated.
34. **SITES OF PARALYSIS.** Indicate the sites where the case-patient had paralysis.
35. **SPECIFIC SITES.** Specify the specific sites where the case-patient had paralysis.
36. **60-DAY RESIDUAL.** Indicate the status of the case-patient at the point of the 60-day follow-up.
37. **DATE OF DEATH.** Case-patient's date of death during 60-day follow-up.

Case Definition

In June 2015, the Council of State and Territorial Epidemiologists (CSTE) adopted a standardized case definition for AFM that is used by CDC to classify patients under investigation (PUIs) for AFM as confirmed or probable. The case definition was updated in June 2017 and is presented below.

Acute Flaccid Myelitis case definition

(<http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2017PS/2017PSFinal/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/mm³)

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/mm³).

* 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 AFM PUIs will be done by experts in national AFM surveillance. This is similar to the review required for final classification of paralytic polio cases.