

## Acute Flaccid Myelitis: Patient Summary Form

### 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 [AFMInfo@cdc.gov](mailto:AFMInfo@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      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 <b>affected</b> limb(s) [flaccid, spastic, normal for each limb]	<input type="checkbox"/> flaccid			<input type="checkbox"/> flaccid			<input type="checkbox"/> flaccid			<input type="checkbox"/> flaccid		
	<input type="checkbox"/> spastic			<input type="checkbox"/> spastic			<input type="checkbox"/> spastic			<input type="checkbox"/> spastic		
	<input type="checkbox"/> normal			<input type="checkbox"/> normal			<input type="checkbox"/> normal			<input type="checkbox"/> normal		
	<input type="checkbox"/> unknown			<input type="checkbox"/> unknown			<input type="checkbox"/> unknown			<input type="checkbox"/> unknown		
	Yes	No	Unk									
16. Was patient admitted to ICU?				17. If yes, admit date: ___/___/___								
In the 4-weeks <b>BEFORE</b> 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 $\geq 38.0^{\circ}\text{C}/100.4^{\circ}\text{F}$ ?				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 <sup>3</sup>	% neutrophils	% lymphocytes	% monocytes	% eosinophils	RBC/mm <sup>3</sup>	Glucose mg/dl	Protein mg/dl
32a. CSF from LP1									
32b. CSF from LP2									

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**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)

36. Impairment:  None  Minor (any minor involvement)  Significant ( $\leq 2$  extremities, major involvement)  
 Severe ( $\geq 3$  extremities and respiratory involvement)  Death  Unknown

37. Date of death: \_\_\_/\_\_\_/\_\_\_\_ (mm/dd/yyyy)

38. **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)

39. **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.

40. **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.

41. **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

42. **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

43. **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)

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## Acute Flaccid Myelitis case definition

(<http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2015PS/2015PSFinal/15-ID-01.pdf>)

### Criteria

An illness with onset of acute focal limb weakness AND

- a magnetic resonance image (MRI) showing spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments, OR
- cerebrospinal fluid (CSF) with pleocytosis (white blood cell count >5 cells/mm<sup>3</sup>)

### Case Classification

#### *Confirmed:*

- An illness with onset of acute focal limb weakness AND
- MRI showing spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments

#### *Probable:*

- An illness with onset of acute focal limb weakness AND
- CSF showing pleocytosis (white blood cell count >5 cells/mm<sup>3</sup>).

## 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.pdf>)