

## 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: 08/31/2022

**Please send the following information along with the patient summary form:**  MRI report  MRI images

- Today's date \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)
- State assigned patient ID: \_\_\_\_\_
- Sex:  M  F
- Date of birth \_\_\_/\_\_\_/\_\_\_ Residence: 5. State \_\_\_\_\_ 6. County \_\_\_\_\_
- Race:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White (check all that apply)
- Ethnicity:  Hispanic or Latino  Not Hispanic or Latino
- Date of onset of limb weakness \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)
- Was patient admitted to a hospital?  yes  no  unknown
- Date of admission to first hospital \_\_\_/\_\_\_/\_\_\_
- Date of discharge from last hospital \_\_\_/\_\_\_/\_\_\_ (or  still hospitalized at time of form submission)
- Did the patient die from this illness?  yes  no  unknown
- 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 $\geq 38.0^{\circ}\text{C}/100.4^{\circ}\text{F}$ ?				23. If yes, onset date ___/___/___								
24. Have pain in neck or back?				25. If yes, onset date ___/___/___								
26. At onset of limb weakness, does patient have any underlying illnesses?				27. If yes, list:								

### Magnetic Resonance Imaging:

- Was MRI of spinal cord performed?  yes  no  unknown
- If yes, date of spine MRI: \_\_\_/\_\_\_/\_\_\_
- Did the spinal MRI show a lesion in at least some spinal cord gray matter?  yes  no  unknown
- Was MRI of brain performed?  yes  no  unknown
- If yes, date of brain MRI: \_\_\_/\_\_\_/\_\_\_

### CSF examination:

- Was a lumbar puncture performed?  yes  no  unknown

If yes, complete 33 (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
33a. CSF from LP1									
33b. CSF from LP2									

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.

**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 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 ( $\leq 2$  extremities, major involvement)  
 Severe ( $\geq 3$  extremities and respiratory involvement)    Death    Unknown

34a. Date of death: \_\_\_/\_\_\_/\_\_\_\_ (mm/dd/yyyy)

35. **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)

36. **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.

37. **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.

38. **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

39. **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

40. **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** ([https://cdn.ymaws.com/www.cste.org/resource/resmgr/2019ps/final/19-ID-05\\_AFM\\_final\\_7.31.19.pdf](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>)