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TEXAS Health and Human Services | Texas Department of State Health Services

Acute Flaccid Myelitis
Patient Summary Form

CASE STATUS:

☐ CONFIRMED
☐ PROBABLE
☐ RULED OUT/NOT A CASE
☐ UNDER CDC REVIEW

NBS PATIENT ID#:

_____

NBS CASE INVESTIGATION ID#:

_____

Patient's Name:

_____
last first

Address: _____

City: _____ County: _____

Zip: _____ Region: _____

Phone: ( ) _____

Parent/Guardian:

_____

Physician: _____

Phone: ( ) _____

Address: _____

_____

☐ Check box if history of homelessness in last 6 months

Reported by:

_____

Agency: _____

Phone: ( )_____

Date reported: ____/____/____

Investigated by:

_____

Agency: _____

Phone: ( ) _____

Email:

_____

Investigation start date: ____/____/____

Date investigation completed: ____/____/____

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 limbweakness@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 ☐Native Hawaiian or Other Pacific Islander ☐White *(check all that apply)*

8. Ethnicity: ☐Hispanic or Latino ☐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***]	☐ flaccid ☐ spastic ☐ normal ☐ unknown	☐ flaccid ☐ spastic ☐ normal ☐ unknown	☐ flaccid ☐ spastic ☐ normal ☐ unknown	☐ flaccid ☐ spastic ☐ normal ☐ unknown

	Yes	No	Unk	
16. Was patient admitted to ICU?	☐	☐	☐	**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. 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^3	% neutrophils	% lymphocytes	% monocytes	% eosinophils	RBC/mm^3	Glucose mg/dl	Protein mg/dl
32a. CSF from LP1									
32b. CSF from LP2									

Acute Flaccid Myelitis Outcome – follow-up (*completed at least 60 days after onset of limb weakness*)

33. Date of follow-up: __ __/__ __/__ __ __ __ *(mm/dd/yyyy)*

34. Impairment:

☐ None ☐ Minor (any minor involvement) ☐ Significant (impacts daily life and independence)

☐ Death (Date: __ __/__ __/__ __ __ __ *(mm/dd/yyyy)* ☐ Unknown

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

a) ☐ Medical problems sufficiently stable that medical or nursing monitoring is not required more often than 3-month intervals
b) ☐ Medical or nurse monitoring is needed more often than 3-month intervals but not each week.
c) ☐ Medical problems are sufficiently unstable as to require medical and/or nursing attention at least weekly.
d) ☐ 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, groom, wash) dependent mainly upon upper limb function:

a) ☐ Age-appropriate independence in self-care without impairment of upper limbs
b) ☐ Age-appropriate independence in self-care with some impairment of upper limbs
c) ☐ Dependent upon assistance in self-care with or without impairment of upper limbs.
d) ☐ Dependent totally in self-care with marked impairment of upper limbs.

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

a) ☐ Independent in mobility without impairment of lower limbs
b) ☐ Independent of mobility with some impairment of lower limbs, such as needing ambulatory aids such as a brace or prosthesis.
c) ☐ Dependent upon assistance or supervision in mobility with or without impairment of lower limbs.
d) ☐ Dependant totally in mobility with marked impairment of lower limbs.

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

a) ☐ Age-appropriate independence in communication and vision without impairment
b) ☐ Age-appropriate independence in communication and vision with some impairment such as mild slurred speech, delayed speech or need for eyeglasses or hearing aid.
c) ☐ Dependent upon assistance, an interpreter, or supervision in communication or vision
d) ☐ Dependent totally in communication or vision

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

a) ☐ Complete voluntary control of bladder and bowel sphincters (at least as well as prior to AFM diagnosis)
b) ☐ Control of sphincters allows normal social activities despite urgency or need for catheter, appliance, suppositories, etc.
c) ☐ Dependent upon assistance in bowel and bladder sphincter management
d) ☐ Frequent wetting or soiling from bowel or bladder incontinence

40. **Support factors**:

a) ☐ Able to fulfil usual age-appropriate roles and perform customary tasks (at least as well as prior to AFM diagnosis)
b) ☐ Must make some modifications in usual age-appropriate roles and performance of customary tasks
c) ☐ Dependent upon assistance, supervision, and encouragement from an adult due to any residual limb weakness or impairment?
d) ☐ Dependent upon long-term institutional care (chronic hospitalization, residential rehabilitation)

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^3)

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^3).

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)