

January 2021

Instructions for Michigan Clinical Laboratories, Providers, and Local Health Departments Requesting Enterovirus Testing for Patients with Neurological Presentations

Please use the attached **CDC Patient Summary Form for Acute Flaccid Myelitis** to collect demographic, epidemiologic, and clinical information on patients with neurological presentations that you wish to have tested for enterovirus. All specimens must be approved by a subject matter expert (SME) at the Michigan Department of Health & Human Services (MDHHS) Communicable Disease Division **1-517-335-8165** prior to submission of the specimen(s) to the MDHHS Bureau of Laboratories (BOL). **The completed CDC Patient Summary Form with intact cover sheet (with patient identifiers below) should be faxed to the MDHHS Communicable Disease Division at 1-517-335-8263.** After approval for testing by a MDHHS SME, specimens may be submitted to the MDHHS BOL with a completed MDHHS BOL and CDC lab requisition forms; they may then be shipped to CDC. Links to the requisition forms are given below.

(This cover sheet with patient identifiers will be removed by MDHHS BOL before sending the Patient Summary Form to the CDC.)

Patient Information:

First name _____	Last name _____
Date of birth ____/____/____ Age _____	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Street address _____	City _____ County _____
Hospital ID number _____	State ID number _____ (MDHHS use)

For MDHHS BOL and CDC requisition forms:

https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5103_5278-14806--,00.html

For additional information about Acute Flaccid Myelitis:

<https://www.cdc.gov/acute-flaccid-myelitis/about-afm.html>

PROVIDERS: DO NOT TEAR OFF THIS COVER SHEET – KEEP ATTACHED TO THE CDC PATIENT SUMMARY FORM when you fax to MDHHS Communicable Disease Division at 517-335-8263



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 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

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		
				Y	N	U	Y	N	U	Y	N	U	Y	N	U
15. Weakness? [indicate yes(y), no (n), unknown (u) for each limb]				<input type="checkbox"/> flaccid			<input type="checkbox"/> flaccid			<input type="checkbox"/> flaccid			<input type="checkbox"/> flaccid		
15a. Tone in affected limb(s) [flaccid, spastic, normal for each limb]				<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 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. 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:

28. Was MRI of spinal cord performed? yes no unknown 29. If yes, date of spine MRI: ___/___/___
30. Did the spinal MRI show a lesion in at least some spinal cord gray matter? yes no unknown
31. Was MRI of brain performed? yes no unknown 32. If yes, date of brain MRI: ___/___/___

CSF examination: 33. 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 ³	% neutrophils	% lymphocytes	% monocytes	% eosinophils	RBC/mm ³	Glucose mg/dl	Protein mg/dl
33a. CSF from LP1									
33b. CSF from LP2									

Acute Flaccid Myelitis case definition

(https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/positionstatement2020/Interim-20-ID-04_AFM_Final.pdf)

Clinical Criteria

An illness with onset of acute flaccid* limb weakness **AND**

Absence of a clear alternative diagnosis attributable to a nationally notifiable condition.

** Low muscle tone, limp, hanging loosely, not spastic or contracted.*

Confirmatory laboratory/imaging evidence:

MRI showing spinal cord lesion with predominant gray matter involvement* and spanning one or more vertebral segments, **AND**
Excluding persons with gray matter lesions in the spinal cord resulting from physician diagnosed malignancy, vascular disease, or anatomic abnormalities.

Presumptive laboratory/imaging evidence:

MRI showing spinal cord lesion where gray matter involvement* is present but predominance cannot be determined, **AND**
Excluding persons with gray matter lesions in the spinal cord resulting from physician diagnosed malignancy, vascular disease, or anatomic abnormalities.

Supportive laboratory/imaging evidence:

MRI showing a spinal cord lesion in at least some gray matter* and spanning one or more vertebral segments, **AND**
Excluding persons with gray matter lesions in the spinal cord resulting from physician diagnosed malignancy, vascular disease, or anatomic abnormalities.

** 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. 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.*

Other classification criteria

Autopsy findings that include histopathologic evidence of inflammation largely involving the anterior horn of the spinal cord spanning one or more vertebral segments.

Vital Records Criteria

Any person whose death certificate lists acute flaccid myelitis as a cause of death or a condition contributing to death.

Case Classification

Confirmed:

Meets clinical criteria with confirmatory laboratory/imaging evidence, **OR**

Meets other classification criteria.

Probable:

Meets clinical criteria with presumptive laboratory/imaging evidence.

Suspect:

Meets clinical criteria with supportive laboratory/imaging evidence, **AND**

Available information is insufficient to classify case as probable or confirmed.

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>)