

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 that meet the clinical and laboratory/imaging criteria for AFM (as highlighted on page 3).

- a. Clinicians should send information about patients who meet the clinical and laboratory/imaging criteria regardless of any laboratory 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 the MRI report and images, to CDC for case classification and to help monitor these cases at the national level. AFM neurology experts will classify cases meeting the criteria for AFM according to the Council of State and Territorial Epidemiologists (CSTE) AFM case definition using the *Patient Summary Form*, MRI report, and MRI images. 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 the patient summary form is initiated.
2. **STATE ASSIGNED ID.** Alpha/numeric
3. **SEX.** Indicate whether the patient is male or female.
4. **DATE OF BIRTH.** Patient birth date.
5. **RESIDENCE.** State in which patient resides.
6. **COUNTY.** County in which patient resides.
7. **RACE.** Self-reported race of patient; more than one option may be reported.
8. **ETHNICITY.** Self-reported ethnicity of patient.
9. **DATE OF ONSET OF LIMB WEAKNESS.** Indicate the date of limb weakness onset of patient.
10. **PATIENT ADMITTED TO HOSPITAL.** Was the patient admitted to a hospital?
11. **DATE OF ADMISSION TO FIRST HOSPITAL.** Date the patient was FIRST hospitalized.
12. **DATE OF DISCHARGE FROM LAST HOSPITAL.** Date the patient was discharged from LAST hospital (if patient is still hospitalized, check box for "still hospitalized at time of form submission").
13. **PATIENT DIED FROM THIS ILLNESS.** Did the patient die from this illness?
14. **DATE OF DEATH.** If the patient died from this illness, indicate the 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) – *this question is used as a screening tool for the classification process so please ensure this question is complete*
16. **PATIENT ADMITTED TO ICU.** Was the patient admitted to the ICU?
17. **DATE ADMITTED TO ICU.** If the patient was admitted to ICU, indicate date of admission.

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

18. **PATIENT HAS RESPIRATORY ILLNESS.** Did the patient have a respiratory illness within the 4-week period before onset of limb weakness?
19. **RESPIRATORY ILLNESS ONSET DATE.** If the patient has respiratory illness, indicate onset date.
20. **PATIENT HAS GASTROINTESTINAL ILLNESS.** Did the 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.** If the patient has gastrointestinal illness, indicate onset date.
22. **PATIENT HAS FEVER.** Did the 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.** If the patient has fever, indicate onset date.
24. **PATIENT HAS PAIN IN NECK OR BACK.** Did the patient have pain in their neck or back within the 4-week period before onset of limb weakness?
25. **PAIN ONSET DATE.** If the patient has pain in neck or back, indicate onset date.
26. **PATIENT HAS UNDERLYING ILLNESSES.** Does the patient have any underlying illnesses other than the presenting illness?
27. **IF YES, LIST.** List the patient's underlying illness(es).

Magnetic Resonance Imaging

28. **MRI OF SPINAL CORD PERFORMED.** Indicate whether the patient had an MRI of the spinal cord performed.
29. **DATE SPINAL MRI PERFORMED.** If a spinal MRI was performed, indicate date of the spinal cord MRI.
30. **SPINAL MRI SHOWS LESION IN AT LEAST SOME SPINAL CORD GRAY MATTER.** Indicate whether the patient's spinal MRI shows lesions in at least some of the spinal cord gray matter (*this is used as a screening tool for the classification process so please ensure this question is complete*)
31. **MRI OF BRAIN PERFORMED.** Indicate whether the patient had an MRI of the brain performed.
32. **DATE BRAIN MRI PERFORMED.** If a brain MRI was performed, indicate date of the brain MRI.

CSF examination

33. **LUMBAR PUNCTURE PERFORMED.** Indicate if there was a CSF examination done (option for including up to two exams. If more than 2 CSF examinations performed, list the first 2 performed).
 - 33a. **CSF from LP1.**
 - **Date of first lumbar puncture:** Indicate the date of the first lumbar puncture performed.
 - **WBC/mm³:** Indicate the white blood cell count for the first lumbar puncture.
 - **% neutrophils:** Indicate the % neutrophils for the first lumbar puncture.
 - **% lymphocytes:** Indicate the % lymphocytes for the first lumbar puncture.
 - **% monocytes:** Indicate the % monocytes for the first lumbar puncture.
 - **% eosinophils:** Indicate the % eosinophils for the first lumbar puncture.
 - **RBC/mm³:** Indicate the red blood cell count for the first lumbar puncture.
 - **Glucose mg/dl:** Indicate the glucose level for the first lumbar puncture.
 - **Protein mg/dl:** Indicate the protein level for the first lumbar puncture.
 - 33b. **CSF from LP2.**
 - **Date of second lumbar puncture:** Indicate the date of the second lumbar puncture performed.

- **WBC/mm³:** Indicate the white blood cell count for the second lumbar puncture.
- **% neutrophils:** Indicate the % neutrophils for the second lumbar puncture.
- **% lymphocytes:** Indicate the % lymphocytes for the second lumbar puncture.
- **% monocytes:** Indicate the % monocytes for the second lumbar puncture.
- **% eosinophils:** Indicate the % eosinophils for the second lumbar puncture.
- **RBC/mm³:** Indicate the red blood cell count for the second lumbar puncture.
- **Glucose mg/dl:** Indicate the glucose level for the second lumbar puncture.
- **Protein mg/dl:** Indicate the protein level for the second lumbar puncture.

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 suspected cases as confirmed, probable or suspect. The case definition has since undergone several revisions. The most updated version is presented below.

Acute Flaccid Myelitis case definition

(https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/ps2021/21-ID-02_AFM.pdf)

Clinical Criteria

An illness with onset of acute flaccid* weakness of one or more limbs, **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.

[†] *Terms in the spinal cord MRI report such as “affecting 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, **AND**

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.

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.

Comment

To provide consistency in case classification, review of case information and assignment of final case classification for all suspected AFM cases will be done by experts in national AFM surveillance. This is similar to the review required for final classification of paralytic polio cases.