GUAM PUBLIC HEALTH LABORATORY DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES 123 Chalan Kareta, Mangilao, GUAM 96913 Telephone: (671) 735-7158/7141

GPHL LABORATORY NUMBER

DATE RECEIVED

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Acute Flaccid Myelitis: Patient Summary Form

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	e san provide additi	ional cililical/la	information, if	needed							
Affiliation Name of main hospita			Phone:				-				
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Acute Flaccid Myelitis: Patient Summary Form Please send the following information along with the patient summary form (check information included):							OMB	orm Approv			
☐ History and phy ☐ Infectious disec											ate: 06/30/201
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3. Sex: □ M □ F	4. Date of birth _			Residence	: 5. Sta	te	6	County	il pasti	May 18 Comm	
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Date of onset of li	mb weakness		ei 🗆 white	(check c	ıll that	apply)			Hispanic or Lat		
.0. Was patient adm	nitted to a hospital	l? □yes Γ	no Dunknow	(n 11	Data s	f a dua!					
2.Date of discharge	from last hospita	1 /	/	VII 11.	Date of	admiss	sion to f	irst hospital	//	_	
2.Date of discharge 3. Did the patient d	ie from this illness		/(or	□ still ho	spitaliz	ed at tir	me of fo	rm submission)			
3. Did the patient d	te from this liness	sr Liyes	⊔no ⊔unkno	wn 14.	. If yes,	date of	f death_		_		
SIGNS/SYMPTOMS	CONDITION:										
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15. Weakness? [inc	dicate yes(y), no (r	n), unknown	(u) for each lim	b]	Y	N	U	Y N U	YNU		
						flaccid		☐ flaccid	□ flaccid		N U
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("minifolise 2c hors, too leasts etitle (elselease) etis					norm			normal	normal		normal
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								17. If yes, adm	it date:/_	1	
In the 4-weeks BEF		weakness, o	lid patient:		Yes	No	Unk				
18. Have a respiratory illness?							MATE I	19. If yes, onse	t date /	1	
20 II-										/	
20. Have a gastroint	testinal illness (e.g	., diarrhea o	r vomiting)?					21. If yes, onse	t date /		
20 . Have a gastroint 22 . Have a fever, m	easured by parent	., diarrhea o or provider	r vomiting)? ≥38.0°C/100.4°	F?				21. If yes, onse			
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Public reporting burden of this collection of information is estimated to average 20 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.

Acute Flaccid My	elitis Outcome – 60-day follow-up (completed at least 60 days after onset of limb weakness)							
	e of 60-day follow-up:/							
	□ Spinal □ Bulbar □ Spino-bulbar 35. Specific sites:							
36. 60-day residual:	 □ None □ Minor (any minor involvement) □ Significant (≤2 extremities, major involvement) □ Severe (≥3 extremities and respiratory involvement) □ Death □ Unknown 							
37. Date of death:								
Acute Flaccid Mye	elitis case definition							
(http://c.ymcdn.c	om/sites/www.cste.org/resource/resmgr/2017PS/2017PSFin al/17-ID-01.pdf)							
Clinical Criteria An illness with onse	t of acute flaccid limb weakness							
matter" (a	ry Laboratory Evidence: a magnetic resonance image (MRI) showing spinal cord lesion largely restricted to gray nd spanning one or more vertebral segments Laboratory Evidence: cerebrospinal fluid (CSF) with pleocytosis (white blood cell count >5 cells/mm³)							
Case Classification								
The state of the s								
	ry laboratory evidence: MRI showing spinal cord lesion largely restricted to gray matter*† and spanning one or							
Probable:								
	empatible case AND laboratory evidence: CSF showing pleocytosis (white blood cell count >5 cells/mm³).							
toes not rule out AFM. Terms in the spinal co entral cord," "anterior Comment To provide consistency	ay not be present on initial MRI; a negative or normal MRI performed within the first 72 hours after onset of limb weakness MRI studies performed 72 hours or more after onset should also be reviewed if available. Ord MRI report such as "affecting mostly gray matter," "affecting the anterior horn or anterior horn cells," "affecting the r myelitis," or "poliomyelitis" would all be consistent with this terminology.							
Clinical Criteria An illness with onset Confirmato matter*† a Supportive Case Classification Confirmed: Confirmed: Confirmato more spina Confirmato more s	ry Laboratory Evidence: a magnetic resonance image (MRI) showing spinal cord lesion largely restricted to gray nd spanning one or more vertebral segments Laboratory Evidence: cerebrospinal fluid (CSF) with pleocytosis (white blood cell count >5 cells/mm³) Impatible case AND In laboratory evidence: MRI showing spinal cord lesion largely restricted to gray matter*† and spanning one or all segments Impatible case AND In laboratory evidence: CSF showing pleocytosis (white blood cell count >5 cells/mm³). In any not be present on initial MRI; a negative or normal MRI performed within the first 72 hours after onset of limb weakness MRI studies performed 72 hours or more after onset should also be reviewed if available. The proof MRI report such as "affecting mostly gray matter." "affecting the anterior horn or anterior horn cells ""affecting the proof MRI report such as "affecting mostly gray matter." "affecting the anterior horn or anterior horn cells ""affecting the proof MRI report such as "affecting mostly gray matter." "affecting the anterior horn or anterior horn cells ""affecting the anterior horn or anterior horn cells ""affecting the anterior horn or anterior horn cells ""affecting the gray matter."							

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Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources,

(https://www.cdc.gov/acute-flaccid-myelitis/downloads/job-aid-for-clinicians.pdf)

Acute Flaccid Myelitis specimen collection information

Acute Flaccid Myelitis job aid

(https://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html)

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 with acute onset of neurologic illness associated with limb weakness that meet the clinical criteria for AFM (as highlighted on page 3).

- a. Clinicians should send information about patients who meet the clinical criteria regardless of any laboratory and MRI 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 additional clinical information, to CDC for case classification and to help monitor these cases at the national level. AFM neurology experts will classify suspect cases of AFM according to the Council of State and Territorial Epidemiologists (CSTE) AFM case definition using the requested clinical information: admission and discharge notes, MRI report, MRI images, neurology consult notes, infectious disease consult notes, vaccination record, diagnostic laboratory results, and EMG report if done and available. When sending this information, please indicate the information included with the Patient Summary Form in the box at the top of

Demographics

- 1. TODAY'S DATE. Date that completion of the patient summary form is initiated.
- STATE ASSIGNED ID. Alpha/numeric
- 3. SEX. Indicate whether the case-patient is male or female.
- 4. DATE OF BIRTH. Case-patient birth date.
- 5. **RESIDENCE.** State in which case-patient resides.
- 6. COUNTY. County in which case-patient resides.
- 7. RACE. Self-reported race of case-patient; more than one option may be reported.
- 8. ETHNICITY. Self-reported ethnicity of case-patient.
- 9. DATE OF ONSET OF LIMB WEAKNESS. Limb weakness onset date of case-patients.
- 10. HOSPITALIZED? Was case-patient hospitalized?
- 11. DATE HOSPITALIZED. Date case-patient FIRST hospitalized.
- 12. DATE DISCHARGED. Date case-patient discharged from LAST hospital (indicate if still hospitalized).
- 13. DIED? Did case-patient die from this illness?
- 14. DATE OF DEATH. Case-patient's 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)
- 16. ICU? Was case-patient admitted to the ICU?
- 17. DATE ICU. Date case-patient admitted to ICU.

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

- 18. **RESPIRATORY ILLNESS?** Did case-patient have a respiratory illness within the <u>4-week period before</u> onset of limb weakness?
- 19. RESPIRATORY ILLNESS ONSET DATE. Case-patient's respiratory onset date.
- 20. **GASTROINTESTINAL ILLNESS?** Did case-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. Case-patient's gastrointestinal illness onset date.
- 22. **FEVER?** Did case-patient have a fever (≥38°C/100.4°F), measured by parent or provider, within the <u>4-week period before</u> onset of limb weakness?
- 23. FEVER ONSET DATE. Case-patient's fever onset date.
- 24. **TRAVEL OUTSIDE U.**S.? Did case-patient travel outside the U.S. within the <u>4-week period before</u> onset of limb weakness?
- 25. IF YES, LIST. If any, list the country(s) visited by the case-patient.
- 26. UNDERLYING ILLNESSES? Does the case-patient have any underlying illnesses?
- 27. IF YES, LIST. List the case-patient's underlying illness(es).

Other patient information

- 28. MRI OF SPINAL CORD PERFORMED? Indicate whether case-patient had an MRI of the spinal cord performed.
- DATE SPINAL MRI PERFORMED. Date of the case-patient's spinal cord MRI.
- 30. MRI OF BRAIN PERFORMED? Indicate whether case-patient had an MRI of the brain performed.
- 31. DATE BRAIN MRI PERFORMED. Date of the case-patient's brain MRI.

CSF examination

- 32. LUMBAR PUNCTURE PERFORMED? Indicate if there was a CSF examination done (option for up to two. If more than 2 CSF examinations performed, list the first 2 performed).
 - 32a. CSF from LP1. Complete findings for lumbar puncture 1.
 - 32b. CSF from LP2. Complete findings for lumbar puncture 1.

Acute Flaccid Myelitis Outcome

Follow-up of suspect AFM cases, conducted at least 60 days after onset of limb weakness, will help ascertain if there is any residual paralysis. Follow-up can be done by contacting the case-patient/family for answers to the questions, reviewing medical records, or contacting the case-patient's regular healthcare provider.

- 33. DATE OF 60-DAY FOLLOW-UP. Date that 60-day follow-up of the case-patient is initiated.
- 34. SITES OF PARALYSIS. Indicate the sites where the case-patient had paralysis.
- 35. SPECIFIC SITES. Specify the specific sites where the case-patient had paralysis.
- 36. 60-DAY RESIDUAL. Indicate the status of the case-patient at the point of the 60-day follow-up.
- 37. DATE OF DEATH. Case-patient's date of death during 60-day follow-up.

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 or probable. The case definition was updated in June 2017 and is presented below.

Acute Flaccid Myelitis case definition

(http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2017PS/2017PSFin al/17-ID-01.pdf)

Clinical Criteria

An illness with onset of acute flaccid limb weakness

Laboratory Criteria

- Confirmatory Laboratory Evidence: a magnetic resonance image (MRI) showing spinal cord lesion largely restricted to gray matter*† and spanning one or more vertebral segments
- Supportive Laboratory Evidence: cerebrospinal fluid (CSF) with pleocytosis (white blood cell count >5 cells/mm³)

Case Classification

Confirmed:

- Clinically compatible case AND
- Confirmatory laboratory evidence: MRI showing spinal cord lesion largely restricted to gray matter*†
 and spanning one or more spinal segments

Probable:

- Clinically compatible case AND
- Supportive laboratory evidence: CSF showing pleocytosis (white blood cell count >5 cells/mm³).
- * 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. MRI studies performed 72 hours or more after onset should also be reviewed if available.
- † 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.

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.