

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 (≤ 2 extremities, major involvement)
 Severe (≥ 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. Dependent 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)

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)

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>)