

# ACUTE FLACCID MYELITIS INVESTIGATION FORM

## PATIENT

Information As of Date: \_\_\_/\_\_\_/\_\_\_\_\_

If patient <18 years old, provide parent/proxy's name: \_\_\_\_\_

Has the patient been notified by the reporter of this diagnosis or lab result? No Unknown Yes

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ years months Current Sex: Female Male Unknown

Is the patient deceased? No Unknown Yes Date of Death: \_\_\_/\_\_\_/\_\_\_\_\_

Marital Status: Annulled Common Law Divorced Domestic partner Interlocutory Legally Separated Living Together Married  
Polygamous Refused to answer Separated Single, never married Unknown Unmarried Unreported  
Widowed Other

Street Address 1: \_\_\_\_\_ Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_\_

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Unknown

## INVESTIGATION INFORMATION

Investigation Start Date: \_\_\_/\_\_\_/\_\_\_\_\_ Investigation Status: Open Closed Investigator: \_\_\_\_\_

Date Assigned to Investigation: \_\_\_/\_\_\_/\_\_\_\_\_

## REPORTING INFORMATION

Date of Report: \_\_\_/\_\_\_/\_\_\_\_\_

Earliest Date Reported to County: \_\_\_/\_\_\_/\_\_\_\_\_

Earliest Date Reported to State: \_\_\_/\_\_\_/\_\_\_\_\_

Reporting Source Type: \_\_\_\_\_

Reporting Organization: \_\_\_\_\_

Reporting Provider: \_\_\_\_\_

## CLINICAL

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_\_

Was patient hospitalized for this illness? No Unknown Yes If yes: Hospital Name: \_\_\_\_\_

Admission Date: \_\_\_/\_\_\_/\_\_\_\_\_ Discharge Date: \_\_\_/\_\_\_/\_\_\_\_\_ Duration of Stay \_\_\_\_\_ day(s)

Diagnosis Date: \_\_\_/\_\_\_/\_\_\_\_\_ Illness Onset Date: \_\_\_/\_\_\_/\_\_\_\_\_ Illness End Date: \_\_\_/\_\_\_/\_\_\_\_\_

Age at Onset: \_\_\_\_\_ days hours minutes months unknown weeks years

Is the patient pregnant? No Unknown Yes

Did the patient die from this illness? No Unknown Yes

## EPIDEMIOLOGIC

Is this patient associated with a day care facility? No Unknown Yes

Is this patient a food handler? No Unknown Yes

Is this case part of an outbreak? No Unknown Yes If yes, outbreak name: \_\_\_\_\_

Where was the disease acquired? Indigenous within jurisdiction Out of Country Out of jurisdiction, from another jurisdiction  
Out of State Unknown

If selection is out of country, state, or jurisdiction, where was the disease acquired?

Country: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Transmission Mode: Airborne Bloodborne Dermal Foodborne Indeterminate Mechanical Nosocomial Sexually Transmitted  
Transplacental transmission Vectorborne Waterborne Zoonotic Unknown

Detection Method: Patient self-referral Prenatal testing Prison entry screening Provider reported Routine physical Other

Confirmation Method: Active Surveillance Case/Outbreak Investigation Clinical diagnosis (non-laboratory confirmed)  
Epidemiologically linked Laboratory confirmed Laboratory report Local/State specified Medical record review  
No information given Occupational disease surveillance Provider certified Other

Confirmation Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Case Status:  Confirmed  Probable  Suspect  Unknown  Not a Case

MMWR Week: \_\_\_\_\_ MMWR Year: \_\_\_\_\_

### SIGNS AND SYMPTOMS

The following questions are for signs and symptoms which may have occurred at any time during the illness.

Since neurologic illness onset, which limbs have been acutely weak? Left arm Left leg Right arm Right leg Unknown

### CLINICAL BACKGROUND

The following questions are for patient history in the 4 weeks BEFORE onset of limb weakness.

Did the patient have a respiratory illness? No Unknown Yes

If yes, respiratory illness onset date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Fever should be measured by a parent or healthcare provider and greater than or equal to 100.4 °F (38.0 C).

Did the patient have a fever? No Unknown Yes

Date of fever onset: \_\_\_ / \_\_\_ / \_\_\_\_\_

Traveled or Lived Outside the U.S.? No Unknown Yes

International Destination(s) or Residence(s): \_\_\_\_\_

Does the patient have any underlying illnesses? No Unknown Yes

If yes, list underlying illness(es):  
\_\_\_\_\_  
\_\_\_\_\_

### NEURORADIOGRAPHIC FINDINGS

MRI Site: Brain Spinal cord

Date of MRI study: \_\_\_ / \_\_\_ / \_\_\_\_\_

Second MRI Site, if applicable: Brain Spinal cord

Date of MRI study: \_\_\_ / \_\_\_ / \_\_\_\_\_

### CSF EXAMINATION

Was a lumbar puncture performed? No Unknown Yes

If yes, date of lumbar puncture: \_\_\_ / \_\_\_ / \_\_\_\_\_

WBC/mm3: \_\_\_\_\_ % neutrophils: \_\_\_\_\_ % lymphocytes: \_\_\_\_\_ % monocytes: \_\_\_\_\_ % eosinophils: \_\_\_\_\_

RBC/mm3: \_\_\_\_\_ Glucose mg/dL: \_\_\_\_\_ Protein mg/dL: \_\_\_\_\_

Was a second lumbar puncture performed? No Unknown Yes

If no, move to next section

If yes, date of lumbar puncture: \_\_\_/\_\_\_/\_\_\_\_\_

WBC/mm3: \_\_\_\_\_ % neutrophils: \_\_\_\_\_ % lymphocytes: \_\_\_\_\_ % monocytes: \_\_\_\_\_ % eosinophils: \_\_\_\_\_

RBC/mm3: \_\_\_\_\_ Glucose mg/dL: \_\_\_\_\_ Protein mg/dL: \_\_\_\_\_

Was a third lumbar puncture performed?

If no, move to next section

If yes, date of lumbar puncture: \_\_\_/\_\_\_/\_\_\_\_\_

WBC/mm3: \_\_\_\_\_ % neutrophils: \_\_\_\_\_ % lymphocytes: \_\_\_\_\_ % monocytes: \_\_\_\_\_ % eosinophils: \_\_\_\_\_

RBC/mm3: \_\_\_\_\_ Glucose mg/dL: \_\_\_\_\_ Protein mg/dL: \_\_\_\_\_

## LAB TESTING

1. Pathogen testing specimen: CSF Respiratory tract specimen Serum Stool

Specimen collection date: \_\_\_/\_\_\_/\_\_\_\_\_

Organism: Adenovirus Cytomegalovirus Enterovirus Herpes simplex virus Influenza virus Poliovirus Rhinovirus  
Varicella zoster virus West Nile virus Other

Test type: Culture IgM PCR Other

Test result: Negative Positive Not Done Unknown

If positive, typed? No Unknown Yes Type: \_\_\_\_\_

2. Pathogen testing specimen: CSF Respiratory tract specimen Serum Stool

Specimen collection date: \_\_\_/\_\_\_/\_\_\_\_\_

Organism: Adenovirus Cytomegalovirus Enterovirus Herpes simplex virus Influenza virus Poliovirus Rhinovirus  
Varicella zoster virus West Nile virus Other

Test type: Culture IgM PCR Other

Test result: Negative Positive Not Done Unknown

If positive, typed? No Unknown Yes Type: \_\_\_\_\_

3. Pathogen testing specimen: CSF Respiratory tract specimen Serum Stool

Specimen collection date: \_\_\_/\_\_\_/\_\_\_\_\_

Organism: Adenovirus Cytomegalovirus Enterovirus Herpes simplex virus Influenza virus Poliovirus Rhinovirus  
Varicella zoster virus West Nile virus Other

Test type: Culture IgM PCR Other

Test result: Negative Positive Not Done Unknown

If positive, typed? No Unknown Yes Type: \_\_\_\_\_

4. Pathogen testing specimen: CSF Respiratory tract specimen Serum Stool

Specimen collection date: \_\_\_/\_\_\_/\_\_\_\_\_

Organism: Adenovirus Cytomegalovirus Enterovirus Herpes simplex virus Influenza virus Poliovirus Rhinovirus  
Varicella zoster virus West Nile virus Other

Test type: Culture IgM PCR Other

Test result: Negative Positive Not Done Unknown

If positive, typed? No Unknown Yes Type: \_\_\_\_\_

5. Pathogen testing specimen: CSF Respiratory tract specimen Serum Stool

Specimen collection date: \_\_\_/\_\_\_/\_\_\_\_\_

Organism: Adenovirus Cytomegalovirus Enterovirus Herpes simplex virus Influenza virus Poliovirus Rhinovirus  
Varicella zoster virus West Nile virus Other  
Test type: Culture IgM PCR Other  
Test result: Negative Positive Not Done Unknown  
If positive, typed? No Unknown Yes Type: \_\_\_\_\_

6. Pathogen testing specimen: CSF Respiratory tract specimen Serum Stool

Specimen collection date: \_\_\_/\_\_\_/\_\_\_\_\_  
Organism: Adenovirus Cytomegalovirus Enterovirus Herpes simplex virus Influenza virus Poliovirus Rhinovirus  
Varicella zoster virus West Nile virus Other  
Test type: Culture IgM PCR Other  
Test result: Negative Positive Not Done Unknown  
If positive, typed? No Unknown Yes Type: \_\_\_\_\_

7. Pathogen testing specimen: CSF Respiratory tract specimen Serum Stool

Specimen collection date: \_\_\_/\_\_\_/\_\_\_\_\_  
Organism: Adenovirus Cytomegalovirus Enterovirus Herpes simplex virus Influenza virus Poliovirus Rhinovirus  
Varicella zoster virus West Nile virus Other  
Test type: Culture IgM PCR Other  
Test result: Negative Positive Not Done Unknown  
If positive, typed? No Unknown Yes Type: \_\_\_\_\_

8. Pathogen testing specimen: CSF Respiratory tract specimen Serum Stool

Specimen collection date: \_\_\_/\_\_\_/\_\_\_\_\_  
Organism: Adenovirus Cytomegalovirus Enterovirus Herpes simplex virus Influenza virus Poliovirus Rhinovirus  
Varicella zoster virus West Nile virus Other  
Test type: Culture IgM PCR Other  
Test result: Negative Positive Not Done Unknown  
If positive, typed? No Unknown Yes Type: \_\_\_\_\_

9. Pathogen testing specimen: CSF Respiratory tract specimen Serum Stool

Specimen collection date: \_\_\_/\_\_\_/\_\_\_\_\_  
Organism: Adenovirus Cytomegalovirus Enterovirus Herpes simplex virus Influenza virus Poliovirus Rhinovirus  
Varicella zoster virus West Nile virus Other  
Test type: Culture IgM PCR Other  
Test result: Negative Positive Not Done Unknown  
If positive, typed? No Unknown Yes Type: \_\_\_\_\_

10. Pathogen testing specimen: CSF Respiratory tract specimen Serum Stool

Specimen collection date: \_\_\_/\_\_\_/\_\_\_\_\_  
Organism: Adenovirus Cytomegalovirus Enterovirus Herpes simplex virus Influenza virus Poliovirus Rhinovirus  
Varicella zoster virus West Nile virus Other  
Test type: Culture IgM PCR Other  
Test result: Negative Positive Not Done Unknown  
If positive, typed? No Unknown Yes Type: \_\_\_\_\_

