Form Approved
OMB No. 0920-1011
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Undetermined agent, source, mode of transmission, and risk factors for Guillain-Barré Syndrome in the setting of Zika virus transmission— Colombia, 2016

Chart Abstraction Form

Study ID Number COL-____ ____ Encounter level (Brighton 1-5) or not neuro (6): ____

The ID number begins with the 2 digit case number (for example COL-01). Information as documented by attending physician.

The following pages are to be abstracted from the medical records / exam:

Chart Abstractor: _____ Abstraction Date: __ __ /__ __ /_____
MRN: _____ MM DD YYYY

1. First name: _____ Middle name: _____
2. Paternal name: _____ Maternal name: _____
3. Age (years): _____ Date of birth: __ __ /__ __ /_____
   MM DD YYYY
4. Sex: ☐ Male ☐ Female
5. Patient address: _____
6. Patient zip code: ____ ____ ____ ____ ____
7. Patient phone number: _____
8. Date of neuro symptom onset: __ __ /__ __ /_____ Date first sought care: __ __ /__ __ /_____
   MM DD YYYY MM DD YYYY

   Date of admission: __ __ /__ __ /_____ Date of discharge/death: __ __ /__ __ /_____
   MM DD YYYY MM DD YYYY

9. Discharged to:

   ☐ Home ☐ Rehab/skilled nursing facility ☐ Transferred ☐ Died ☐ Other (specify) _____

CURRENT ILLNESS

10. How long from onset until hospital admission? _____minutes/hours/days/weeks

11. What were the initial neurologic symptoms (i.e. within the three days of illness onset)? (check all that apply, signs from PE, symptoms from HPI)

    ☐ Leg weakness ☐ Arm weakness ☐ Diplopia/Ophthalmoplegia
    ☐ Leg numbness/paresthesias ☐ Arm numbness/paresthesias ☐ Face numbness/paresthesias
    ☐ SOB / respiratory distress ☐ Gait imbalance (not weakness)/ataxia ☐ Hand clumsiness/ataxia
    ☐ Hyporeflexia/areflexia ☐ Face weakness ☐ Dysarthria ☐ Dysphagia ☐ Dysautonomia

12. What neurologic symptoms occurred AT ANY TIME during the neuro illness? (check all that apply, signs from PE, symptoms from HPI)

    ☐ Leg weakness ☐ Arm weakness ☐ Diplopia/Ophthalmoplegia
    ☐ Leg numbness/paresthesias ☐ Arm numbness/paresthesias ☐ Face numbness/paresthesias
    ☐ SOB / respiratory distress ☐ Gait imbalance (not weakness)/ataxia ☐ Hand clumsiness/ataxia
    ☐ Hyporeflexia/areflexia ☐ Face weakness ☐ Dysarthria ☐ Dysphagia ☐ Dysautonomia

Study ID Number COL-____ ____ Encounter level (Brighton 1-5) or not neuro (6): ____

13. How long from onset until maximum/worst neuro symptoms? _____ minutes/hours/days/weeks

14. At the worst point during this neuro illness, check all that apply for the patient:

☐ Unable to walk without assistance (e.g. cane, walker) ☐ Unable to walk at all

☐ Admitted to the hospital ☐ Admitted to the ICU/CCU ☐ Intubated

15. If any blood was taken for this neurologic illness, please fill out the following for the INITIAL blood draw:

Date __ __ /__ __ /_____ WBC ____ HgB____ Plts _____ Na ____ K____
MM DD YYYY

BUN ____ Cr _____ Glucose____ TBili____ AST ____ ALT____ AlkPhos ___

16. Was there documented hyporeflexia/areflexia? ☐ Yes ☐ No ☐ Unknown

17. Was there documentation of upper motor neuron signs?

☐ Hyperreflexia ☐ Increased tone/spasticity ☐ Babinski/Hoffman ☐ Sustained clonus

18. Was there any sensory level documented? ☐ Yes ☐ No ☐ Unknown

LABORATORY, IMAGING, AND ELECTROPHYSIOLOGIC STUDIES

19. Was a lumbar puncture (LP) done? ☐ Yes ☐ No ☐ Unknown

LP date ___/____/____ RBCS _____ WBCS _____ Protein (mg/dL)_____ Glucose (mg/dL) _____
MM DD YYYY
Differential_____IgG index_____ Oligoclonal bands_____ IgG synthesis_____

LP date ___/____/____ RBCS _____ WBCS _____ Protein (mg/dL)_____ Glucose (mg/dL) _____
MM DD YYYY
Differential_____IgG index_____ Oligoclonal bands_____ IgG synthesis_____

20. Did they receive any targeted treatment (IVIG/steroids/plasma exchange) for this neuro illness?

IVIG ☐ Yes ☐ No ☐ Unknown Start date __ __ /__ __ /_____
MM DD YYYY

Plasma exchange ☐ Yes ☐ No ☐ Unknown Start date __ __ /__ __ /_____
MM DD YYYY

Steroids ☐ Yes ☐ No ☐ Unknown Start date __ __ /__ __ /_____
MM DD YYYY

Mechanical ventilation ☐ Yes ☐ No ☐ Unknown Start date __ __ /__ __ /_____
MM DD YYYY

Other ☐ Yes ☐ No ☐ Unknown Start date __ __ /__ __ /_____
MM DD YYYY

21. Did the patient receive blood transfusion/blood products? (other than IVIG)

☐ Yes ☐ No ☐ Unknown which one_____ Start date __ __ /__ __ /_____
MM DD YYYY

22. Were any of the following diseases tested for? If so, what was the result? (including specimen and type of test)

a. *Campylobacter jejuni* ☐ Yes ☐ No Result:_____

b. *Mycoplasma pneumoniae* ☐ Yes ☐ No Result:_____

c. *Haemophilus influenzae* ☐ Yes ☐ No Result:_____

d. *Salmonella spp.* ☐ Yes ☐ No Result:_____

e. Cytomegalovirus (CMV) ☐ Yes ☐ No Result:_____

f. Epstein-Barr virus (EBV) ☐ Yes ☐ No Result:_____

g. Varicella-zoster virus (VZV) ☐ Yes ☐ No Result:_____

h. Human immunodeficiency virus (HIV) ☐ Yes ☐ No Result:_____

i. Enterovirus / Rhinovirus ☐ Yes ☐ No Result:_____

j. Arboviruses ☐ Yes ☐ No Result:_____

k. Other ☐ Yes ☐ No Result:_____

23. Was neuro imaging done? If so, what was the result? (Transcribe the impression)

☐ Yes ☐ No Result:_____
_____ Date __ __ /__ __ /_____
MM DD YYYY

24. Were electro-diagnostics done (e.g. EMG)? If so, what were the results? (Transcribe the impression)

☐ Yes ☐ No Result:_____
_____ Date __ __ /__ __ /_____
MM DD YYYY

25. What was the GBS Brighton level? 1 2 3 4 5

Levels of Diagnostic Certainty

Level 1	***Level 2***	***Level 3***	***Level 4****	***Level 5***
Absence of an alternative diagnosis for weakness				NOT a case
Acute onset of bilateral and relatively symmetric flaccid weakness of the limbs			* Lacking documentation to fulfill minimal case criteria	
Decreased or absent deep tendon reflexes in affected limbs				
Monophasic illness pattern with weakness nadir between 12 hours and 28 days, followed by clinical plateau				
Albuminocytologic dissociation (elevation of CSF protein level above laboratory normal value and CSF total white cell count < 50 cells/mm^3)	CSF with a total white cell count < 50 cells/mm^3 (with or without CSF protein elevation above laboratory normal value) or if CSF not collected or results not available, and electrodiagnostic studies consistent with GBS			
Electrophysiologic findings consistent with GBS				

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ANTECEDENT ILLNESS

26. a.) In the 2 months prior to neuro onset date, did the individual experience an acute illness? (other than their neuro illness)? ☐ Yes ☐ No ☐ Unknown

b.) How long from prior acute illness onset until admission for neuro illness? _____ minutes/hours/days/weeks

27. a.) What symptoms did they report having or what signs were noticed? (check all that apply)

☐ Fevers ☐ Chills ☐ Nausea or Vomiting ☐ Diarrhea

☐ Muscle pains ☐ Joint pains ☐ Skin rash ☐ Conjunctivitis

☐ Headache ☐ Pain behind eyes ☐ Stiff neck ☐ Confusion

☐ Back pain ☐ Abdominal pain ☐ Coughing ☐ Runny nose

☐ Sore throat ☐ Calf pain ☐ Pruritis

b.) If any blood was taken for this acute illness, please fill out the following for the INITIAL blood draw:

Date __ __ /__ __ /_____ WBC ____ HgB____ Plts _____ Na ____ K____
DD MM YYYY

BUN ____ Cr _____ Glucose____ TBili____ AST ____ ALT____ AlkPhos ___

c.) Were they hospitalized for this acute illness? ☐ Yes ☐ No ☐ Unknown

d.) Did they receive any blood products / IVIG for this illness? ☐ Yes ☐ No ☐ Unknown

What product? _____ Date? __ __ /__ __ /_____
MM DD YYYY

e.) Did they receive plasmapheresis / plasma exchange for this illness? ☐ Yes ☐ No ☐ Unknown

If yes, date? __ __ /__ __ /_____
MM DD YYYY

28. Is there a test result available for dengue from this medical visit? ☐ Yes ☐ No ☐ Unknown

If yes, please specify:_____

29. Is there a test result available for chikungunya from this medical visit? ☐ Yes ☐ No ☐ Unknown

If yes, please specify:_____

30. Is there a test result available for Zika from this medical visit? ☐ Yes ☐ No ☐ Unknown

If yes, please specify:_____

PAST MEDICAL, SOCIAL AND FAMILY HISTORY

31. What medical conditions are listed in the admission history and physical (H&P)?

☐ Hypertension ☐ Diabetes ☐ HIV ☐ Autoimmune disorder_____

☐ Prior GBS ☐ Hemoglobinopathy ☐ B12 deficiency ☐ Cancer _____

32. What social conditions are listed in admission H&P?

☐ Alcohol use ☐ Drug use ☐ Tobacco ☐ Other _____

33. What conditions are listed in family history of H&P?

☐ Autoimmune disorder (specify)_____ ☐ Cancer (specify) _____

☐ Hemoglobinopathy (specify) _____ ☐ Neuro (specify) _____