

STUDY NO :.....

Date Completed :.....

## Surveillance for Guillain-Barré syndrome (GBS) and Fisher syndrome (FS) Questionnaire

GBS is an important cause of acute flaccid paralysis worldwide and it is believed that immune stimulation plays a central role in its pathogenesis. FS was described in 1956 and was hypothesised to be a form of GBS

**The criteria below provide the highest level of diagnostic certainty for GBS and Fisher syndrome, but the diagnosis can still be made if not all the criteria are met so please report all suspected cases.**

**SURVEILLANCE CASE DEFINITION** (based on Brighton Collaboration Guillain-Barre Syndrome Working Group Consensus document)

### Clinical Case Definition: Guillain-Barré syndrome (GBS)

#### The presence of

- Acute onset of bilateral and relatively symmetric flaccid weakness/paralysis of the limbs with or without involvement of respiratory or cranial nerve-innervated muscles
- AND**
- Decreased or absent deep tendon reflexes at least in affected limbs
- AND**
- Monophasic illness pattern, with weakness nadir reached between 12 hours and 28 days, followed by clinical plateau and subsequent improvement, or death
- AND**
- Electrophysiologic findings consistent with GBS
- AND**
- Presence of cytoalbuminologic dissociation (elevation of cerebrospinal fluid (CSF) protein level above laboratory normal value, and CSF total white cell count <50 cells/mm<sup>3</sup>)
- AND**
- **Absence of an alternative diagnosis for weakness**

### Clinical Case Definition: Fisher Syndrome (FS)

- Acute onset of all three of: bilateral ophthalmoparesis, bilateral reduced or absent tendon reflexes, and ataxia.

Ophthalmoparesis, tendon reflexes, and ataxia are relatively symmetric. Ptosis or pupillary abnormalities may be present in the setting of the ophthalmoplegia. The clinical severity of each component may vary from partial to complete.

**AND**

- Absence of limb weakness\*\*

**AND**

- Monophasic illness pattern, with clinical nadir reached between 12 hours and 28 days, followed by clinical improvement, with or without treatment.

**AND**

Presence of cytoalbuminologic dissociation (elevation of cerebrospinal protein above the laboratory normal, with total CSF white cell count <50 cells/mm<sup>3</sup>)

**AND**

- Nerve conduction studies, if performed, are normal, or indicate involvement of sensory nerves only

**AND**

- Brain magnetic resonance imaging (MRI) normal, or if abnormal, absence of brainstem lesions consistent with encephalitis

**AND**

**An alternative diagnosis is not evident** (Including, but not limited to Wernicke's encephalopathy, botulism, diphtheria)

**\*\*While the classic triad is often clinically recognized and occurs in the absence of limb weakness, in some cases there is clinical overlap with GBS, with limb weakness present**

## CHILD DETAILS

**Referring paediatrician :** .....

**Main hospital :** .....

.....

**Other hospitals involved :** .....

.....

**Patient forename & initials :** .....

**Family Name :** .....

**Hospital number :** .....

**Patient's NHS/CHI number :** .....

**Home postcode :** .....

**Date of birth :** ...../...../..... (dd-mm-yyyy)

**General Practitioner's Name and Address :** .....

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.....

.....

.....

This page will be detached and stored separately from the rest of the questionnaire to ensure patient identifiable data is unlinked to the clinical data. Please use study number in correspondence.

## CLINICAL DETAILS

Sex:  Female

Male

STUDY NO :.....

Ethnicity Code :.....

Ethnic Origin Code : 1 = White, 2 = Black Caribbean, 3 = Black African, 4 = Black Other, 5 = Indian, 6 = Pakistani, 7 = Bangladeshi, 8 = Chinese, 9 = Gypsy/travellers, 10 = Other

Any abnormal neurological history?

Yes

No

Unknown

If yes provide details

.....  
.....

History of other significant medical problems?  Yes

No

Unknown

If yes provide details

.....  
.....

Date of admission for GBS ...../...../..... (dd-mm-yyyy)

Travel to another country < 30 days prior to onset of illness?

Yes

No

Unknown

If yes, specify country or countries .....

Infection in the 3 months prior to this episode of GBS?

No

Yes, date of onset ...../...../..... (dd-mm-yyyy) & tick one:

Suspected H1N1 infection

Laboratory confirmed H1N1 infection

other upper respiratory tract infection  gastroenteritis, diarrhoea

other, specify:

.....  
.....

Vaccination in the 3 months prior to this episode of GBS?

No

Yes, H1N1 swine 'flu

Type.....date given ...../...../..... (dd-mm-yyyy)  Don't know

Yes, other vaccine

Type.....date given ...../...../..... (dd-mm-yyyy)  Don't know

Don't know

Previous episode of GBS?  Yes, year of previous episode .....

no

Date of onset of paralysis (weakness) ...../...../..... (dd-mm-yyyy)

Weakness: time of onset (of paralysis) to full extent: ..... days.....weeks

Grade the most severe weakness in affected areas using the following numeric codes:

1 = reduced active strength but able to move against gravity, 2 = able to move but not against gravity, 3 = flicker of movement only, 4 = total paralysis, 5 = not applicable

Right leg \_\_\_\_\_ Left leg \_\_\_\_\_ Right arm \_\_\_\_\_ Left arm \_\_\_\_\_ Respiratory muscles \_\_\_\_\_

