~~Table 1.~~ Clinical description of 29 enterovirus-D68 related acute flaccid myelitis cases, Europe 2016.

		Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8	Patient 9	Patient 10	Patient 11
Characteristics	**Age group at onset (years)**	5-9	0-4	5-9	0-4	0-4	0-4	5-9	>20	0-4	0-4	0-4
	Gender	F	M	M	F	F	F	M	F	M	M	F
	Medical history	Asthma										
Clinical data	**Prodrome**	Resp/GI	Resp/GI	Resp	Resp	Resp	Resp	Resp	Resp	Resp	Resp	Malaise
	Fever	Yes	Yes	Yes	Yes	No	X	X	X	Yes	Yes	Yes
	No. days until onset of weakness	2	6	6	2	0	X	X	X	2	2	X
	Cranial nerves affected	No	No	No	No	No	Bulbar symptoms	Dysphagia	Diplopia, Dysphagia	Bulbar symptoms	Right facial nerve palsy	Facial droop, dysarthria, eye deviation
	Ventilatory support	Yes	No	No	Yes	No	Yes	Yes	Yes	No	Yes	Yes
	Limb weakness							Yes				
	Arms affected	2	0	1	1	0	2	X	2	2	2	2
	Legs affected	2	2	0	0	2	2	X	2	0	2	0
	Reflexes decreased or absent	Yes	Yes	Yes	X	Yes	X	X	Yes	Yes	Yes	Yes
	Other symptoms	Back pain	Headache			Neurogenic bladder dysfunction, dysesthesia legs, pneumonia			Headache		Headache	Generalized convulsions
Investigations	**CSF cell-count (leukocytes/µL)**	141	50	169	89	9	X	X	X	90	3	27
	CSF protein level (g/L)	0,48	0,49	X	0,48	0,36	X	X	X	0,21	0,35	0,3
	MRI: Hyperintensity central cord	Yes	No	Yes	Yes	Yes	X	X	Yes	Yes	Yes	Yes
	Location (if specified)	From C3 till conus		Cervical	Cervical and thoracic spine	From T10 till L1				From C1 till C7	Cervical and thoracic spine	Cervical and thoracic spine
	MRI brain: Hyperintensity dorsal pons/medulla	No	No	Yes	Yes	No	X	X	X	Yes	Yes	Yes
	Other MRI abnormalities					Enhancing roots					Enhancing roots	
	EMG	Low motor amplitudes	Normal at onset; Reduced conduction velocities after 2 days	Low motor amplitudes and spontaneous muscle fiber activity after 2 weeks	X	Low motor amplitudes	X	X	X	X	Low motor amplitudes; positive sharp waves/ fibrillations after two months	Low motor amplitudes
Treatment	**IVIG**	Yes	Yes	Yes	Yes	Yes	X	X	X	Yes	Yes	Yes
	Steroids	Yes	No	No	Yes	Yes	X	X	X	Yes	No	Yes
	Other	Fluoxetine										Plasmapheresis
Outcome	**Recovery**	Partial	Full	No	Partial	Partial	No	Partial	Partial	Partial	Partial	Partial
	Follow-up time (months)	4	2	2	4	1	X	X	X	5	12	11
Virology	**EV-D68 positive in sample:**	Resp	Resp	Resp	Feces	Resp	Resp	Resp	Resp	Resp	Resp	Feces
Remarks												Dec 2015

Patient no. 11 and 18 were diagnosed in December 2015. Patient no. 25 had a co-infection with enterovirus A71.

Sixteen cases were previously reported in separate publications (references: 10, 11, 13, 20, 23, 24, 26, 30).

Abbreviations: CSF: cerebrospinal fluid, EMG: electromyography, F: female, GI: gastro-intestinal, IVIG: intravenous immunoglobulins, M: male, MRI: magnetic resonance imaging, Resp: respiratory, X: unknown

Patient 12	Patient 13	Patient 14	Patient 15	Patient 16	Patient 17	Patient 18	Patient 19	Patient 20	Patient 21	Patient 22	Patient 23	Patient 24	Patient 25
0-4	0-4	>20	0-4	0-4	0-4	0-4	>20	0-4	5-9	5-9	0-4	0-4	0-4
F	M	F	F	F	M	M	M	M	F	M	F	M	F
Possible asthma		Lymphoma			Prematurity			Mild Wheeze					
Resp/GI	Resp	Fever	Resp	Resp	Resp	Resp/GI	Resp	Resp/GI	Resp	Resp	Resp/GI	Resp/GI	Otitis/skin
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	2	2-3	4	1	X	2	2-14	4	2	7	1	1	3
Bulbar symptoms	Right facial nerve palsy, dysphagia	Bulbar symptoms	No	Facial and bulbar weakness	X	Dysphagia	Bilateral abducens palsy	Facial and bulbar weakness	Facial and bulbar weakness	No	Facial and abducens palsy	No	No
Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No	No
2	2	2	1	2	2	2	2	2	2	2	2	2	X
2	2	0	1	2	2	2	0	2	2	2	2	2	2
Yes	Yes	X	Yes	Yes	Yes	X	Yes	Yes	Yes	Yes	Yes	Yes	Increased
Autonomic disturbance	Pneumonia				Irritability			Pain, autonomic instability	Pain, autonomic instability		Feeding difficulties		Ataxia, pain
63	80	130	175	X	142	Raised	28	78	X	X	X	19	38
1,6	0,76	0,34	0,61	X	X	Raised	0,38	0,35	X	X	X	0,27	0,24
Yes	Yes	Yes	Yes	Yes	Yes	X	Yes	Yes	Yes	Not clear; movement artefacts	Yes	Yes	No
Cervical spine	Cervical and thoracic spine	Cervical spine	From C2 till C7	Cervical and thoracic spine	Cervical and thoracic spine		C2 till C7	C2 till C5	C2 till C7		C2 till C7	Entire spinal cord; Maximum T1-2	
Yes	Yes	No	No	Yes	X	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Hyperintensity dentate nuclei, dorsal medulla	Enhancing roots				Meningeal enhancement								
Low motor amplitudes	X	X	X	X	X	X	Low motor amplitudes; frequent fibrillations and positive sharp waves after 3 months	Low motor amplitudes; frequent fibrillation potentials after 7 days	Low motor amplitudes; widespread fibrillation potentials	X	X	X	X
Yes	Yes	No	X	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes
Yes	Yes	Yes	X	Yes	Yes	No	Yes	Yes	No	No	No	Yes	Yes
Plasmapheresis	Plasmapheresis			Plasmapheresis									
Partial	Partial	Death after 14 days	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Almost full recovery	Partial	Partial	Full
1	1	1	0,5	5	2	7	12	12	12	12	12	12	1
Resp	Resp	CSF/Resp	Resp	Resp/Feces	Resp/Feces	Resp/Feces	Resp	Resp	Resp	Resp	Resp	Resp	Resp/Feces
						Dec 2015							Also EV-A71

Patient 26	Patient 27	Patient 28	Patient 29
0-4	0-4	5-9	0-4
F	M	M	M
Resp	Resp	No	Resp
Yes	Yes	No	Yes
1	X	X	2
Strabismus, ptosis, facial palsy, bulbar dysfunction	No	Bulbar weakness	No
Yes	No	Yes	Yes
	Yes		
2	X	2	1
2	X	2	0
Yes	X	No	X
Pain, paresthesia	Pneumonia	Acute respiratory distress syndrome	Severe pneumonia, transient myocardial dysfunction
416	<5	Raised	369
0,44	Normal	X	0,59
Yes	Yes	Yes	Yes
Entire spinal cord			C3 till C7
Yes	No	Yes	No
Caudal root enhancement			
Low motor amplitudes	X	X	X
Yes	No	X	Yes
Yes	Yes	X	Yes
Plasmapheresis, Rituximab			
Death after 3 months	X	Partial	Partial
X	X	3	3
Resp/CSF/Feces	Resp/Feces	Resp	Resp