

**Table S1. Reported cases of postvaccination CNS inflammatory disease (2008-2018)**

Citation	Age (Y)	Sex	Types of Vaccination	Onset Time of Initial Symptoms Post-Vaccination	Diagnosis	MRI Imaging	CSF Findings	Treatment	Prognosis	Recurrence
Huynh et al. 2008	61	M	Seasonal influenza	21 days	Bilateral Optic neuritis followed by ADEM	Initially negative then supratentorial and infratentorial demyelination	PMN pleocytosis and elevated protein, no OCBs	IVMP followed by oral steroids	Significant improvement	Yes ON then ADEM two months later. No recurrence after ADEM attack (8 month F/U)
Sacheli et al. 2014	50	M	Influenza (H1N1, H3N2, B/Yamagata, and B/Victoria)	1 day	ADEM	Periventricular, subcortical, and cortical demyelination	Normal	IVMP followed by oral prednisone	Significant improvement	Unknown F/U
Yuan et al. 2016	12	M	Hepatitis B	21 days	ADEM	Abnormal multifocal brain and cervical lesions	Lymphocytic pleocytosis, positive OCBs	IVMP and IVIG	Complete resolution	No (4 month F/U)
Van Ussel et al. 2014	26	F	Influenza (A/H1N1)	5 days	ADEM	T2-hyperintense signal intensity changes in the deep white matter	PMN pleocytosis and Elevated CSF protein, no OCBs	Acyclovir, corticosteroids, PLEX, decompressive craniotomy,	vegetative then death	N/A, patient died
Shoamanesh	75	F	Inactivated	2 days	ADEM	Infratentorial	Lymphocytic	IVMP,	No	N/A, patient

et al. 2011			influenza			demyelination and LETM	pleocytosis and elevated protein	PLEX	response; death 70 days after vaccination	died
Lapphra et al. 2010	2	M	H1N1 influenza	4 days	Optic neuritis	Diffuse high intensity in cerebellum, left basal ganglia, optic nerves	Normal	IVMP	Complete resolution	No (6 months F/U)
Turkoglu & Tuzun 2009	44	M	Seasonal influenza	9 days	ADEM	T2 weighted hyperintense lesion from pons to midbrain and caudal diencephalon with post-gadolinium enhancement	Normal	IVMP	Complete resolution	No (6 months F/U)
Machicado et al. 2013	83	F	Inactivated influenza	8 days	ADEM	Periventricular white matter	Lymphocytic pleocytosis and elevated protein	IVMP then PLEX	Initial improvement with PLEX; patient died after 3 months with pneumonia and septic shock	No (3 month F/U)
Rubinov et al. 2012	18	M	Inactivated influenza	14 days	Optic neuritis	Thickening of intracranial portions of optic nerves	Normal	IVMP	Complete resolution	No (9 months F/U)
Crawford et al. 2012	13	M	Live attenuated influenza vaccine	N/A	Optic neuritis	Diffuse enlargement of optic chiasm with inflammation of distal optic nerves bilaterally	Normal	IVMP	Significant improvement	No (2 months F/U)
Fujii et al. 2012	2	M	Inactivated H1N1 influenza vaccination	25 days	ADEM	Multiple subcortical white matter lesions	Normal	IVMP	Complete resolution	No (1 month F/U)

Maeda et al. 2012	33	F	Trivalent inactivated influenza vaccine	15 days	ADEM	Cerebral and thoracic demyelination	Elevated protein, positive OCBs	IVMP followed by oral prednisolone	Complete resolution	No (4 month F/U)
Fernandes et al. 2011	5	M	H1N1 influenza	2 days	ADEM	Right frontal and bilateral thalamic lesions	Lymphocytic pleocytosis	IVMP	Significant improvement	Unknown F/U
Lee et al. 2011	2	M	H1N1 influenza	5 days	ADEM	Multiple patchy hyperintense lesions in frontal and parietal subcortical white matter and left thalamus	Lymphocytic pleocytosis and elevated protein	IV Dexamethasone	Complete resolution	No (12 month F/U)
Hoshino et al. 2012	36	M	H1N1 influenza	10 days	ADEM (and GBS)	No initial abnormalities; 22 days later showed multiple lesions in the white matter, brainstem, cervical spinal	Lymphocytic pleocytosis and elevated protein	IVMP	Significant improvement	No (3 month F/U)
Sato et al. 2011	77	F	Seasonal influenza (trivalent, inactivated) and A/H1N1 (inactivated) one month later	1 day after second vaccination	Transverse myelitis	LETM	Normal protein, WBC; increased IL-6	IVMP followed by oral prednisolone	Limited improvement	No (8 month F/U)
Kitazawa et al. 2012	87	M	23 valent pneumococcal	Few days	NMOSD with AQP4 relapse	Enhancement and enlargement of optic chiasm and LETM	Slight elevation of protein and IgG and abnormally elevated	IVMP	Partial improvement	Had a second relapse of his NMOSD following vaccination

							myelin basic protein level				(presenting relapse was before vaccine)
Huang et al. 2009	39	M	Hep A vaccination (HIV patient)	6 days	Optic neuritis	Left optic nerve enhancement	Lymphocytic pleocytosis	IVMP	Significant improvement	No (14 month F/U)	
Erguven et al. 2009	9	F	Hepatitis B	1 week	Optic neuritis	N/A	Normal	IVMP	Complete resolution	No (long-term F/U)	
Moradian et al. 2008	15	M	Measles-Rubella	6 hours	Optic neuritis	Normal	Normal	IVMP	Significant improvement	No (1 week F/U)	
Aydin et al. 2010	6 month	M	DTAP	6 days	ADEM necrotizing encephalopathy	Symmetrical increased signal intensities in both thalami and posterior limb of the internal capsule	Normal	N/A	Partial improvement	No (6 months F/U)	
Chaves et al. 2009	56	M	Yellow Fever	45 days	Transverse myelitis	LETM	Lymphocytic pleocytosis	None	Complete resolution	No (5 days F/U)	
Cisse et al. 2012	28	F	Tetanus	15 days	ADEM	Left mesencephalic hypersignal, LETM	Normal	IVMP	Complete resolution	No (1 year F/U)	
Furukawa et al. 2010	15	M	Japanese encephalitis	Few days	NMO with unknown AQP4	Swelling of bilateral optic nerves and LETM	Elevated protein, IgG, myelin basic protein and mild pleocytosis	Steroids	Complete resolution	Unknown F/U	
Wildemann et al. 2009	20	F	Quadrivalent HPV	28 days	ADEM	Multifocal enhancing white matter edema	Increased total protein and IgM ratio	Steroids	Improvement in-between relapses	Yes; relapsed twice after steroids cessation.	

										Developed multiphasic ADEM
Schaffer et al. 2008	15	F	HPV 16 and 18	23 days	ADEM	Disseminated lesions in the right frontal subcortical area and brainstem and the cervical spinal cord	Normal	IVMP	Complete resolution	No (3 weeks F/U)
Sutton et al. 2009	16	F	Quadrivalent HPV (Gardasil)	21 days	CIS	Subcortical, cervical, and thoracic demyelination	N/A	IVMP	Complete resolution	Unknown F/U
	25	F	Quadrivalent HPV (Gardasil)	16 days	CIS	Left parietal cortical/subcortical	N/A	IVMP	Complete resolution	Unknown F/U
	21	F	Quadrivalent HPV (Gardasil)	1 day	MS relapse	Cerebral and cervical demyelination	N/A	IVMP	Complete resolution	Unknown F/U. Diagnosed with clinically definite MS at presentation
	26	F	Quadrivalent HPV (Gardasil)	4 days	MS relapse	Cerebral, cervical, and thoracic demyelination	N/A	IVMP	Complete resolution	Unknown F/U. Diagnosed with clinically definite MS at presentation
	16	F	Quadrivalent	4 days	MS relapse	Cerebral, cervical, and	N/A	None	Complete	Unknown

			nt HPV (Gardasil)			thoracic demyelination			Resolution	F/U. Diagnosed with clinically definite MS at presentation
DiMario et al. 2010	16	F	HPV	10 days	ADEM + Optic neuritis	Swollen enhancement within chiasm extending into both retrobulbar optic nerves and a right occipito-parietal lobe mass with surrounding vasogenic edema	Normal	IVMP, PLEX	Partial improvement	No (18 month F/U)
Chang et al. 2011	19	F	Quadrivalent HPV (Garadasil)	1 month	Transverse myelitis then de novo MS	Cerebral, cervical, and thoracic demyelination	N/A	IVMP and 4 months later natalizumab	Complete resolution	Yes; no clinical recurrence but new lesions noted at 1 year F/U. Developed MS by radiological criteria
	18	F	Meningococcal and Quadrivalent HPV/Gardasil (3 weeks later)	3 weeks after meningococcal; optic neuritis noted 6 weeks after	ADEM then de novo MS	Cerebral and cervical demyelination	Pleocytosis and elevated MBP	Oral methylprednisolone and IVIG; IVMP, IVIG, glatiramer	Significant improvement	Yes, recurrence in 1 month with new paresthesias and contrast enhancing

				Gardasil				acetate after recurrence		lesions. Developed MS by clinical and radiological criteria
Akkad et al. 2010	27	F	H1N1 influenza	4 days	Transverse myelitis	LETM	Lymphocytic pleocytosis	IVMP and PLEX	Significant improvement	No (6 weeks F/U)
Denholm et al. 2010	38	M	H1N1 influenza	10 days	Transverse myelitis	LETM	Lymphocytic pleocytosis and elevated protein	IVMP	Complete resolution	Unknown F/U
	19	F	H1N1 influenza	21 days	Transverse myelitis	LETM	Lymphocytic pleocytosis and elevated protein	IVMP	Partial improvement	Unknown F/U
Gui et al. 2011	13	M	H1N1 influenza	5 days	Transverse myelitis	LETM	Normal	IVMP	Significant improvement	No (6 months F/U)
Korn-Lubetzki et al. 2011	44	M	H1N1 influenza	1 month	Transverse myelitis	LETM	Normal	IVMP	Clinical resolution	Unknown F/U
Pellegrino et al. 2013	13	F	HPV	16 months	ADEM	Multiple ring-enhancing lesions located primarily in thalamic, pons, and insula white matter	Normal	IVMP	Complete resolution	Unknown F/U
	12	F	HPV	15 days	ADEM	Multiple ring-enhancing lesions at subcortical levels, pons, trigeminal nuclei and mesencephalon with LETM	Lymphocytic pleocytosis	IVMP	Significant improvement	Unknown F/U

Mendoza Plascencia et al. 2010	17	F	HPV	15 days	ADEM	Cortical and subcortical demyelination	Normal	IVMP followed by oral prednisone	Complete resolution	No (2 months F/U)
Sekiguchi et al. 2016	16	F	Bivalent HPV	14 days	CIS	Isolated pontine demyelinating lesion	Elevated MBP, No OCBs	IVMP	Complete resolution	No (2 year F/U)
	15	F	Quadrivalent HPV	16 days	CIS	Isolated pontine demyelinating lesion	N/A	No treatment	Complete resolution	No (2 year F/U)
Menge et al. 2012	17	F	Quadrivalent HPV	4 months	TM then de novo NMOSD with AQP4	LETM	N/A	IVMP, PLEX, rituximab	Partial improvement	Yes, developed NMOSD with AQP4
	14	F	Quadrivalent HPV	5 months	ON then de novo NMOSD with AQP4	LETM	N/A	IVMP and rituximab, MMF and prednisone later	Improvement in between relapses	Yes, developed NMOSD with AQP4
	13	F	Quadrivalent HPV	Unknown	Monophasic opticospinal NMOSD with unknown AQP4	Spinal MRI lesions and optic nerve lesion	N/A	No response	Unknown (F/U)	Unknown
	18	F	Quadrivalent HPV	5 months	Monophasic opticospinal NMOSD with unknown AQP4	N/A	N/A	N/A	Unknown	Unknown
Miravalle et al. 2009	23	M	Yellow fever	21 days	ADEM	Infratentorial and thoracic demyelination	Pleocytosis, elevated protein, specific IgM antibodies to yellow fever	IVMP	Complete resolution	No (1 month F/U)



Schoberl et al. 2017	23	M	Yellow fever	14 days	De novo NMOSD with AQP4	LETM and area posterema lesion	Lymphocytic pleocytosis, elevated protein	IVMP; rituximab	Partial improvement	Yes had right ON then myelitis a month later. Developed NMOSD with AQP4
Carrasco et al. 2016	55	F	Meningococcal B	Few hours	ADEM	Cortical and subcortical lesions + LETM	Lymphocytic pleocytosis	None	Complete resolution	No (6 months F/U)
Alicino et al. 2014	59	M	Virosomal season influenza	10 days	ADEM	Cerebral and cerebellar demyelination	Normal	IVMP and IVIG	Continued deterioration of status	No (1 year F/U)
Kozic et al. 2014	7	M	Oral polio	20 days	Transverse myelitis	LETM	Lymphocytic pleocytosis	IVIG and corticosteroid therapy and oral abx	Complete resolution	No (10 months F/U)
Heekin et al. 2015	28	M	Hepatitis B and TDP	11 days	Monophasic opticospinal NMOSD without AQP4	LETM, optic neuritis, thalamic, and capsular lesions.	Normal, no OCBs	IVMP and PLEX	Partial improvement	No (9 months F/U).
Chang et al. 2016	30	F	Quadrivalent HPV (Garadasil)	3 days	ON then de novo NMOSD with AQP4	Enhancing right optic nerve	Normal	IVMP followed by oral prednisolone	Partial improvement	Yes, two attacks of ON (different sides) following each dose of HPV vaccine.

										Developed NMOSD with AQP4
Korematsu et al. 2014	11	F	Influenza	2 days	Optic neuritis	High T2 signal in optic nerve	Pleocytosis and elevated protein	IVMP	Continued deterioration	N/A
	12	N/A	Influenza	1 day	Optic neuritis	High T2 signal in optic nerve	Pleocytosis and elevated protein, high MBP, positive OCBs	IVMP	Complete resolution	Unknown F/U
Han et al. 2014	55	F	Varicella zoster	21 days	Optic neuritis	High signal intensities in bilateral intraorbital optic nerves	Normal	IVMP followed by oral prednisolone	Significant improvement	No (1 week)
	44	F	Varicella zoster	7 days	Optic neuritis	Swelling and enhancement of intraorbital optic nerve	Normal	IVMP followed by oral prednisolone	Significant improvement	No (1 week)
O'Dowd et al. 2015	51	M	Typhoid fever and Hepatitis A	14 days	Optic neuritis	Normal	Normal	IVMP followed by oral steroids and IVIG	Continued deterioration followed by stagnation at 2 year F/U	N/A
Manasseh et al. 2015	68	M	Influenza	10 days	Optic neuritis	Normal	N/A	Oral prednisolone	Significant improvement	Yes, after 1 year: presented 6 days after receiving another

										influenza vaccine.
De Giacinto et al. 2015	30	F	Measles-Mumps-Rubella	5 days	Optic neuritis	Minor thickening of left optic nerve, corresponding to increased intensity of T2 signal	N/A	IVMP followed by oral prednisolone	Complete resolution	No (19 days)
Tan et al. 2010	55	F	Influenza	21 days	Optic neuritis		Normal	IVMP followed by oral prednisolone	Complete resolution	No (6 months)
Cabrera-Maqueda et al. 2017	38	F	TDAP	21 days	Optic neuritis	Unilateral optic nerve high signal intensity	Normal	IVMP	Complete resolution	No (2 months F/U)
	38	F	TDAP	14 days	Optic neuritis	Optic nerve high signal intensity	Normal	None	Complete resolution	No (1 month F/U)
Arrab et al. 2015	7	Unknown	Rabies	14 days	ADEM	Bilateral lesions of subcortical occipitoparietal white matter	Pleocytosis	IVMP followed by oral prednisolone	Partial improvement	No (unknown F/U)
Andrade et al. 2015	27	M	Inactivated influenza	6 days	ADEM	Hyperintense lesions of periventricular and subcortical white matter	Lymphocytic pleocytosis and elevated protein	IVMP, IVIG	Partial improvement	No (2 year F/U)
Azumagawa et al. 2015	6	M	Measles-Rubella and Japanese encephalitis	2 days	Anti MOG positive multiphasic ADEM	Normal then cerebellar and temporal lesions then dorsal midbrain lesion.	Lymphocytic pleocytosis and elevated protein, positive OCBs	IVMP and oral prednisolone	Improvement between recurrences	Yes, 2 recurrences, Developed MOG positive multiphasic ADEM

Arai et al. 2014	48	F	Inactivated influenza	20 days	ADEM	Hyperintense lesion in corpus callosum	Elevated myelin basic protein	IVMP and IVIG	Partial improvement	No (1 month F/U)
Valenzise et al. 2014	15 months	F	Measles-Mumps-Rubella	10 days	ADEM	Bilateral hyperintense lesions in white matter	Normal	Dexamethasone	Clinically stabilized	Unknown F/U
Becker et al. 2014	8	M	Influenza (H1N1)	12 days	ADEM	Several multifocal hyperintense areas in cerebral white matter	Lymphocytic pleocytosis	IVMP followed by oral prednisolone	Complete resolution	No (1 month F/U)
Chen et al. 2016	42	F	Inactivated influenza	7 days	ADEM	Subcortical, infratentorial, cervical, and thoracic demyelination	Pleocytosis, elevated protein	IVMP and IVIG	Significant improvement	Yes, 2 ADEM flares

CSF: cerebrospinal fluid, ADEM: acute disseminated encephalomyelitis, PMN: polymorpho-nuclear, OCB: oligoclonal bands, IVMP: intravenous methylprednisolone, ON: optic neuritis, F/U: follow up, IVIG: intravenous immunoglobulins, PLEX: plasma exchange, N/A: not applicable, LETM: longitudinally extensive transverse myelitis, GBS: Guillian Barre syndrome, NMOSD: neuromyelitis optica spectrum disorder, AQP4: aquaporin 4, CIS: clinically isolated syndrome, MS: multiple sclerosis, MBP: myelin basic protein, TM: transverse myelitis, MOG: methyl oligodendrocyte glycoprotein.

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