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Supplementary information

Guillain–Barré syndrome in low-income and middle-income countries: challenges and prospects

In the format provided by the authors and unedited

Supplementary information 1 | Survey questionnaire on the differential diagnosis of GBS in low-income and middle-income countries (LMIC)

The world's differential diagnosis of Guillain-Barré syndrome (GBS)

The aim of this questionnaire is to obtain improved insight into the differential diagnosis of GBS in the world as we expect this may vary per region.

Please fill out your name and country and indicate:

(A) the 5-10 most frequent differential diagnoses of GBS in your country
(B) diagnoses that are rarely if ever seen in your country (compared to Europe)

The questions are specified for adult patients and for children as the differential diagnosis may differ (which you may skip if you do not see pediatric patients). Thank you in advance for your cooperation.

Name : …….

Country : …….

A. Which are the 5-10 most frequent diseases considered in the differential diagnosis of GBS in your country in adult and pediatric patients?

Adult patients **(Please skip this section if you do not frequently see adult patients)**	**Pediatric patients** **(Please skip this section if you do not frequently see pediatric patients)**
Please indicate in successive order with the most frequent one on top. 1. …… 2. …… 3. …… 4. …… 5. …… 6. …… 7. …… 8. …… 9. …… 10. ……	*Please indicate in successive order with the most frequent one on top.* 1. …… 2. …… 3. …… 4. …… 5. …… 6. …… 7. …… 8. …… 9. …… 10. ……

B. Which diagnoses are rarely if ever seen in the differential diagnosis of GBS in your country in comparison to Europe for adult patients and children?

Here we present an overview of the most important differential diagnoses in the Netherlands, categorized by location in the nervous system. Please tick the boxes of those (groups of) differential diagnoses that you rarely, if ever, see in your country.

B1. For adult patients *(Please skip this section if you do not frequently see adult patients)*

CNS

☐ Inflammation or infection of the brainstem (for example, sarcoidosis, Sjögren syndrome, neuromyelitis optica or myelin oligodendrocyte glycoprotein antibody-associated disorder)*

☐ Inflammation or infection of the spinal cord (for example, sarcoidosis, Sjögren syndrome or acute transverse myelitis)

☐ Malignancy (for example, leptomeningeal metastases or neurolymphomatosis)

☐ Compression of brainstem or spinal cord

☐ Brainstem stroke

☐ Vitamin deficiency (for example, Wernicke encephalopathy caused by vitamin B1 deficiency, or subacute combined degeneration of the spinal cord caused by vitamin B12 deficiency)

Anterior horn cells

☐ Acute flaccid myelitis (for example, as a result of polio, enterovirus D68 or A71, West Nile virus, Japanese encephalitis virus or rabies virus infections)

Nerve roots

☐ Infection (for example, Lyme borreliosis, cytomegalovirus, HIV, Epstein–Barr virus, varicella zoster virus)

☐Compression

☐ Leptomeningeal malignancy

Peripheral nerves

☐ Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)

☐ Metabolic or electrolyte disorders (for example, hypoglycaemia, hypothyroidism, porphyria or copper deficiency)

☐ Vitamin deficiency (for example, deficiency of vitamins B1 (also known as beriberi), B12 or E)

☐ Toxins (for example, drugs, alcohol, vitamin B6, lead, thallium, arsenic, organophosphate, ethylene glycol, diethylene glycol, methanol or N-hexane)

☐ Critical illness polyneuropathy

☐ Neuralgic amyotrophy

☐ Vasculitis

☐ Infection (for example, diphtheria or HIV)

Neuromuscular junction

☐ Myasthenia gravis

☐ Lambert–Eaton myasthenic syndrome

☐ Neurotoxins (for example, botulism, tetanus, tick paralysis or snakebite envenomation)

☐ Organophosphate intoxication

Muscles

☐ Metabolic or electrolyte disorders (for example, hypokalemia, thyrotoxic hypokalemic periodic paralysis, hypomagnesemia or hypophosphatemia)

☐ Inflammatory myositis

☐ Acute rhabdomyolysis

☐ Drug-induced toxic myopathy (for example, colchicine, chloroquine, emetine or statins)

☐ Mitochondrial disease

Other

☐ Conversion or functional disorder

Comments (If any):

B2. For children *(Please skip this section if you do not frequently see pediatric patients)*

CNS

☐ Inflammation or infection of the brainstem (for example, sarcoidosis, Sjögren syndrome, neuromyelitis optica or myelin oligodendrocyte glycoprotein antibody-associated disorder)*

☐ Inflammation or infection of the spinal cord (for example, sarcoidosis, Sjögren syndrome or acute transverse myelitis)

☐ Malignancy (for example, leptomeningeal metastases or neurolymphomatosis)

☐ Compression of brainstem or spinal cord

☐ Brainstem stroke

☐ Vitamin deficiency (for example, Wernicke encephalopathy caused by vitamin B1 deficiency, or subacute combined degeneration of the spinal cord caused by vitamin B12 deficiency)

Anterior horn cells

☐ Acute flaccid myelitis (for example, as a result of polio, enterovirus D68 or A71, West Nile virus, Japanese encephalitis virus or rabies virus infection)

Nerve roots

☐ Infection (for example, Lyme borreliosis, cytomegalovirus, HIV, Epstein–Barr virus, varicella zoster virus)

☐ Compression

☐ Leptomeningeal malignancy

Peripheral nerves

☐ Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)

☐ Metabolic or electrolyte disorders (for example, hypoglycaemia, hypothyroidism, porphyria or copper deficiency)

☐ Vitamin deficiency (for example, deficiency of vitamins B1 (also known as beriberi), B12 or E)

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☐ Critical illness polyneuropathy

☐ Neuralgic amyotrophy

☐ Vasculitis

☐ Infection (for example, diphtheria or HIV)

Neuromuscular junction

☐ Myasthenia gravis

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☐ Acute rhabdomyolysis

☐ Drug-induced toxic myopathy (for example, colchicine, chloroquine, emetine or statins)

☐ Mitochondrial disease

Other

☐ Conversion or functional disorder

Comments (If any):

Thank you again

END