COVID-Neuro Network

Brain Infections Global

Suspected Guillain-Barre syndrome or peripheral neuropathy following administration of COVID-19 vaccine*

Source of information			
Name of the person reporting		Position (e.g. specialty and grade)	
Hospital / Practice		Email address	
Type of institution	Primary Care/ District General Hospital/ Teritiary Hospital		

Patient Details			
Patient Initials:		Yellow Card report reference:	
Sex:		Ethnicity:	
Age:			

Patient Background	
Past Medical History:	
Regular and recent medications:	
Infectious illness in the last six weeks:	Yes/ No/ Unsure
Other vaccination received in the last six weeks:	Yes/ No/ Unsure
Previous adverse neurological reaction to a vaccine:	Yes/ No/ Unsure
History of neurological disease (previous or current):	Yes/ No/ Unsure
Immunosupression at the time of vaccination:	Yes/ No/ Unsure
If Yes to any above, please provide details:	

Patient's Covid-19 Status	
Previous diagnosis of Covid-19:	Yes, once/ Yes, more than once/ No/ Unsure
If Yes, date of onset:	Date:
If Yes, means of diagnosis:	PCR/ Antibody / Clinical

Vaccination Details	
1st vaccination: Pfizer-BioNTech/ Oxford- AstraZeneca/ Moderna/ Lot number: _____ Dose: ____ Route of administration:	Date:
2nd vaccination: Pfizer-BioNTech/ Oxford- AstraZeneca/ Moderna/ Lot number: _____ Dose: ____ Route of administration:	Date:
Date of neurological symptoms onset	Date:

Case Definition	
For GBS: Bilateral flaccid weakness the limbs	Yes/ No/ Not Sure
PLUS Decreased or absent tendon reflexes	Yes/ No/ Not Sure
PLUS Monophasic illness with peak of symptoms 12h to 28 days from the onset and subsequent clinical plateau	Yes/ No/ Not Sure
PLUS Unknown aetiology	Yes/ No/ Not Sure

*This form, based on the guidance from the Brighton Collaboration (Sejvar et al., Vaccine 2011; 29: 599–612) and produced by the Covid-Neuro Network of the University of Liverpool's Brain Infections Global Programme, is for recording details of suspected neurological adverse events following immunisation with COVID-19 vaccines. Please feel free to modify as necessary. Please liaise with Professor Tom Solomon and the Covid-Neuro team (Email COVIDNeuro@liverpool.ac.uk) if you are interested in contributing your data to the international collaborative study.

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Clinical Features
Time from onset to peak symptoms (hrs / days):
Limb weakness with lower motor neuron signs: Yes/ No/ Unsure ☐ Flaccid weakness ☐ Decreased tone ☐ Fasciculations ☐ Atrophy ☐ Other- describe Affected limbs (select): RUL/ LUL/ RLL/ LLL
Sensory deficit (select these that apply): Yes/ No/ Unsure ☐ Light touch ☐ Proprioception ☐ Vibration ☐ Temperature ☐ Pain ☐ Tingling/ paraesthesia ☐ Other- describe Describe the distribution: Sensory level: Yes/No/Unsure
Deep tendon reflexes (specify: normal/ reduced/ absent for each): Biceps: _____Triceps: _____ Supinator: _____ Knee: _____ Ankle: _____ Plantar: Normal/ Absent/ Upwards
Is there associated pain? Yes/ No/ Unsure
Cranial nerve involvement: Ptosis: Yes/ No/ Unsure Diplopia: Yes/ No/Unsure Facial weakness: Yes/ No/ Unsure If yes: right/left/ bilateral If yes: LMN / UMN (forehead sparing) Dysphagia/ bulbar weakness: Yes/ No/ Unsure Cranial nerve involvement not captured above:
Is there shortness of breath? Yes/ No/ Unsure
Is there evidence of neuromuscular respiratory failure? Yes/No/Unsure
Is there dysautonomia? Yes/ No/ Unsure
Is there ataxia or other cerebellar features? Yes/ No/ Unsure
Other relevant symptoms and signs, including systemic features:
Has the patient experienced a similar neurological event before? Yes/No/Unsure If Yes, please provide details, including the date and suspected triggers:

Assessment and investigations to exclude other causes (please indicate which of the following have been considered, and give details at the bottom)	
Clinical assessment (give details at the bottom)	
Is there: ▪ Suspicion of drug-induced neuropathy ▪ History of recent diarrhoea	 Yes/ No/ Unknown Yes/ No/ Unknown
Laboratory investigations (if abnormal give details at the bottom)	
FBC	Normal/ Unknown/ Not Done/ Abnormal
Urea and electrolytes	Normal/ Unknown/ Not Done/ Abnormal
Calcium profile and magnesium	Normal/ Unknown/ Not Done/ Abnormal
CRP	Normal/ Unknown/ Not Done/ Abnormal
HbA1c	Normal/ Unknown/ Not Done/ Abnormal
Thyroid function tests	Normal/ Unknown/ Not Done/ Abnormal
Vasculitc screen: ESR, ANA, anti-ds DNA, SS-A (Ro), SS-B (La), ANCA, complement	Normal/ Unknown/ Not Done/ Abnormal
Protein electrophoresis	Normal/ Unknown/ Not Done/ Abnormal
B_{12}, folate	Normal/ Unknown/ Not Done/ Abnormal
Methylmalonic acid	Normal/ Unknown/ Not Done/ Abnormal
Vitamin E	Normal/ Unknown/ Not Done/ Abnormal
Angiotensin converting enzyme	Normal/ Unknown/ Not Done/ Abnormal
Serum paraneoplastic antibodies*	Normal/ Unknown/ Not Done/ Abnormal
Syphilis serology	Normal/ Unknown/ Not Done/ Abnormal

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HIV serology	Normal/ Unknown/ Not Done/ Abnormal
Lyme disease serology	Normal/ Unknown/ Not Done/ Abnormal
Campylobacter jejuni serology	Normal/ Unknown/ Not Done/ Abnormal
COVID-19 PCR	Normal/ Unknown/ Not Done/ Abnormal
Respiratory viruses screen (swab)	Normal/ Unknown/ Not Done/ Abnormal
Stool culture	Normal/ Unknown/ Not Done/ Abnormal
*Please list the antibodies tested in the paraneoplastic panel:	
Have the antiganglioside antibodies been tested? If yes, please provide results: anti-GM1/ GM2/ GD1a/ GD1b/ GQ1b IgG/ IgM	
CSF Biochemistry**:** CSF Protein: _____ CSF: Serum Glucose Ratio: _____ CSF RCC: _____ CSF WCC: _____ CSF differential: _____ Date: _____	
CSF Oligoclonal bands	Normal/ Unknown/ Not Done/ Abnormal
CSF Cytology	Normal/ Unknown/ Not Done/ Abnormal
CSF Microscopy & culture	Normal/ Unknown/ Not Done/ Abnormal
CSF Virology*	Normal/ Unknown/ Not Done/ Abnormal
*Please list the pathogens tested within the CSF virology panel:	
Any other relevant laboratory results:	
Radiological studies (if abnormal give details at the bottom)	
CT Head	Normal/ Unknown/ Not Done/ Abnormal
MRI Head	Normal/ Unknown/ Not Done/ Abnormal
MRI Spine	Normal/ Unknown/ Not Done/ Abnormal
Nerve conduction studies:	Demyelinating/ Axonal/ Inexcitable / Equivocal/ Normal/ Unkown/ Not done
Nerve biopsy:	Normal/ Unknown/ Not Done/ Abnormal
Details of any abnormal findings (please provide NCS report if available):	
Please describe if any of the findings could explain the aetiology of the event:	

Treatment	
Please write YES and provide the dates for each treatment that was started:	
IV Immunoglobulin	Date:
Plasma exchange	Date:
Steroids (IV)	Date:
Steroids (Oral)	Date:
Intubation and ventilation	Date:
Other treatments not listed above:	

Patient Outcome
Date information provided:
Maximum level of care required: Outpatient/ Medical Inpatient/ High Dependency Unit/ Intensive Care Unit
Clinical progression: Was there a NEW deterioration after 8 weeks? Were there more than three treatment related fluctuations?
Patient alive at last follow-up: Yes/ No

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If No, was GBS or neuropathy included on the death certificate: Yes/ No/ Unknown If relevant, date of death:
Has this patient been discharged: Yes/ No If Yes, discharge destination: Usual place of residence/ Other community/ Transfer to another hospital/ Inpatient rehabilitation/ If yes, Duration of admission:
Modified Ranking Scale: Before adverse event:_____ At the discharge (if not discharged, then current mRS): _____ GBS Disability Score at nadir: GBS Disability Score at three months:
Has the patient had any further COVID-19 vaccinations since the event? If yes, please provide brand, date and outcome:
Additional details:

GBS Disability Score (for reference only)	
0	Normal
1	Minor symptoms but able to run
2	Able to walk 10 m or more without assistance but unable to run
3	Able to walk 10 m across an open space with help
4	Bedridden or chairbound
5	Requiring assisted ventilation for at least part of the day
6	Dead

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