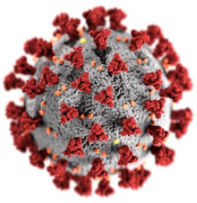
# BASP surveillance for stroke associated with suspected or confirmed COVID-19 infection



BASP is one of several organisations supporting a national surveillance study of COVID19-associated neurological conditions, CoroNerve. This study is also supported by the surveillance units of the Association of British Neurologists and British Paediatric Neurology Association, amongst other key collaborators.

The programme seeks cases of strokes or other acute neurological syndromes associated with suspected or confirmed COVID-19 infection. Please report cases via this web portal, which **takes less than 5 minutes**.

No patient-identifiable details are needed.*

After you complete the form, you will be emailed details and a unique BASP patient ID number. Please keep your own record of this email and the patient's medical record number so that you can provide more details when Dr Michael's team contacts you for more details.

BASP will send these emails on a weekly basis until there is no need for continued surveillance.

Thank you for your support.

Best wishes,

**Rustam Al-Shahi Salman (BASP president)**
**Craig Smith (BASP scientific committee)**
**Benedict Michael (ABN special interest group for neurological infection and inflammation) and the CoroNerve Study Management Group: Rhys Thomas, Ian Galea, Rachel Kneen, Ara Varatharaj, Mark Ellul, and Sarah Pett**

* The Health Research Authority has confirmed that notification of cases for this public health surveillance activity in the public interest does not require research ethics committee review. The data entered on the BASP surveillance project website will be stored for 6 months from date of submission. The data provided from the BASP surveillance project website to Dr Benedict Michael (NIHR Health Protection Research Unit for Emerging and Zoonotic Infection) and the Programme's Study Management Group will be stored indefinitely.



British Association of Stroke Physicians, Blackburn House, Redhouse Road, Bathgate, EH47 7AQ
**Tel:** 01506 292046 **Email:**basp@basp.ac.uk **Website:**www.basp.ac.uk

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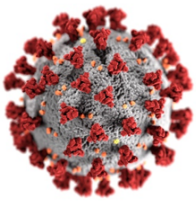

**You will be required to complete the following when submitting details online you should have this information before submitting as you cannot re-access the record.**

**YOU WILL NOT BE ASEKD TO SUPPLY ANY PATIENT IDENTIFYING INFORMATION**

**Is the patient already included in the ISARIC Clinical Characterisation Protocol?**
https://isaric.tghn.org/covid-19-clinical-research-resources

YES / NO / UNSURE

**Patients age & sex**

**Admitting hospital and date of admission**

**Tested for COVID-19?**
Untested / Tested Positive / Tested Negative

**Was COVID-19 diagnosed before the cerebrovascular event?**
YES / NO

**If COVID-19 was diagnosed after the cerebrovascular event, how many days after the event was COVID-19 diagnosed? –** enter numerical value

**Evidence of COVID-19 infection:**

- PCR of Cerebrospinal fluid
- PCR of Respiratory sample
- Serology
- None
- Other evidence please specify

**What problems did the patient present with?**

- Ischaemic stroke
- Intracerebral haemorrhage
- Subarachnoid haemorrhage
- Cerebral venous thrombosis
- Cerebral vasculitis
- Encephalitis - Encephalopathy with evidence of inflammation in the CNS [cerebrospinal fluid (CSF) white cell count >4/ml, protein >0.45g/dL, or MRI consistent with inflammation].
- Encephalopathy - Altered consciousness, including altered behaviour.
- Guillain-Barre/Fisher syndrome - Ascending sensory-motor flaccid, areflexic paralysis or the triad of ophthalmoplegia, ataxia and areflexia.
- Myelitis - Sensory and/or motor symptoms and signs attributable to a spinal cord lesion, with evidence of inflammation in the CNS (as above).
- Myositis - Symptoms and signs attributable to muscle inflammation including elevation of peripheral muscle enzymes.
- Peripheral neuropathy - Sensory and/or motor symptoms and signs attributable to peripheral nerve pathology.
- Radiculitis - Sensory and/or motor symptoms and signs attributable to inflammation of the spinal nerve roots.
- Other – you must list if selected

Comment box - is provided for additional information



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