

Investigation of Acute Flaccid Paralysis (AFP)* in children < 15 years of age Aid to investigation/reporting

REPORT AND INVESTIGATE ALL AFP CASES < 15 YEARS OF AGE

Consider polio in older individuals if recent travel to county where polio transmission reported

Stool samples, properly collected, stored & transported are key to AFP investigation

1. VIROLOGICAL EXAMINATION OF STOOL

- Collect 2 stool specimens as early as possible, 24 hours apart, within 2 weeks of paralysis onset
- Send to National Virus Reference Laboratory (NVRL)
- State on form - **“INVESTIGATION OF AFP – ENTEROVIRAL TESTING, SEND TO NVRL”**

2. PAEDIATRIC NEUROLOGY REFERRAL

- Most cases should be referred to paediatric neurologist for further diagnostic tests

3. AFP ENHANCED SURVEILLANCE FORM (CLINICAL DETAILS etc.)

- Form is on ward (or neurology department in large hospitals) or available at <http://www.hpsc.ie/hpsc/A-Z/VaccinePreventable/Polio/SurveillanceForms/>
- Complete and return to HPSC, 25-27 Middle Gardiner Street, Dublin 1, Tel: 01 876 5300

3. IRISH PAEDIATRIC SURVEILLANCE UNIT (IPSU) REPORTING

- When returning your monthly IPSU card/email, tick ✓ for “AFP” **AND** indicate that surveillance form already completed and returned

4. WHAT HAPPENS NEXT?

- The NVRL will send results back to hospital and clinician
- 60 days later complete 60 day follow-up form (return to HPSC)
- The results will be reviewed by the National Polio Expert Committee

More information

HPSC <http://www.hpsc.ie/hpsc/A-Z/VaccinePreventable/Polio/AcuteFlaccidParalysisAFP/> or Tel: 01 876 5300

NVRL Tel: 01 716 4401

Departments of Public Health can be contacted at:

HSE South: Cork (021)4927601; Kilkenny (056)7784124

HSE West: Galway (091)775200; Limerick (061) 483337; Sligo (071)9174750

HSE Dublin/North, North East: Dublin (01) 6352000; Navan (046)9076412

HSE East/Midlands: Dublin (01)6352000; Tullamore (057)935989

*** Acute flaccid Paralysis (AFP);** a clinical syndrome characterised by rapid onset of weakness, including (less frequently) weakness of respiratory and swallowing, progressing to maximum severity within several days to weeks. The term “flaccid” indicates the absence of spasticity or other signs of disordered central nervous system motor tracts such as hyperreflexia, clonus, or extensor plantar responses.

AFP is a complex clinical syndrome with a broad array of potential aetiologies. Surveillance of AFP is of great public health importance because it is used in surveillance for poliomyelitis in the context of the global polio eradication initiative