

Investigation of Acute Flaccid Paralysis (AFP)* in children < 15 years of age

Version 1.0

February 7th 2011

**You can assist and become involved in the polio eradication initiative by
REPORTING and INVESTIGATING ALL AFP cases (regardless of cause)
in all children < 15 years of age**

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

ACTIONS

- 1. Collect 2 stool specimens as early as possible, at least 24 hours apart and within 2 weeks of onset of paralysis**
 - Laboratories are asked to forward stool sample in sterile container to NVRL immediately, for exclusion of poliovirus
 - Laboratory request form should state - “Investigation of AFP- For NVRL ”
- 2. Complete an AFP surveillance Form** and send to NVRL with sample – available on HPSC website <http://www.hpsc.ie/hpsc/A-Z/VaccinePreventable/Polio/SurveillanceForms/>
- 3. If you are a paediatrician participating in the Irish Paediatric Surveillance Unit (IPSU), remember to tick the box for Acute Flaccid Paralysis when returning your monthly IPSU card or e-mail**

**URGENT ACTION: if you suspect polio as cause of AFP, send stool sample to NVRL asap
AND notify NVRL AND Medical Officer of Health (MoH) immediately
NVRL clinician on call -087 9806448.**

MoH: contact via medic on call in local HSE Dept. Public Health

HSE Dublin Mid Leinster:	Dublin (01)635200	Tullamore (057)9359891
HSE South:	Cork (021)4927601	Kilkenny (056)7784124
HSE West:	Galway (091)775200	Limerick (061)483337
	Sligo (071)9174750	
HSE Dublin/North, North East:	Navan (046)9076412	

What happens next?

- The NVRL will send results to you via the hospital laboratory
- You will be asked to complete additional clinical details as part of 60 day follow-up activity
- The NVRL will share results with MoH/HPSC
- The results will be reviewed by the National Polio Expert Committee

General inquiries

For general information on AFP surveillance please contact HPSC at 01 876 5300

** **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