

Causes of Acute Flaccid Paralysis (AFP¹) Worldwide

Note: most common causes of AFP in Ireland indicated in red (*)

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Peripheral neuropathy

- **Guillain-Barré syndrome***
- Acute axonal neuropathy
- Neuropathies of infectious diseases (diphtheria, Lyme disease)
- Acute toxic neuropathies (heavy metals)
- Arthropod bites
- Focal mononeuropathy

Anterior horn cell disease

- Acute anterior poliomyelitis
- Vaccine-associated paralytic polio
- **Other neurotropic viruses*** (eg. enteroviruses and herpesviruses)

Muscle disorders

- Polymyositis
- Dermatomyositis
- Periodic paralyses
- Corticosteroids and blocking agents
- Post viral myositis

Disorders of neuromuscular transmission

- Myasthenia gravis
- **Botulism***
- Insecticide (organophosphate poisoning)
- Tick bite paralysis
- Snake bites

Systemic disease

- Acute porphyrias
- Critical illness neuropathy
- Acute myopathy in ICU patients

Acute Flaccid Paralysis

Acute Myelopathy

- Cord compression
- Demyelinating diseases
 - ❖ multiple sclerosis
 - ❖ **transverse myelitis***
 - ❖ **acute disseminated encephalomyelitis (ADEM)***
- Ischaemic cord damage

¹ **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