

**ACUTE FLACCID PARALYSIS INITIAL QUESTIONNAIRE (Revised May 2020)**  
**Australian Paediatric Surveillance Unit – Victorian Infectious Diseases Reference Laboratory**

Enquires Dr Bruce Thorley at VIDRL ph: (03) 9342 9607 to discuss this questionnaire or Prof Elizabeth Elliott on (02) 9845 3005 for clinical queries.

Please return questionnaire to: AFP Surveillance, Victorian Infectious Diseases Reference Laboratory, The Doherty Institute,  
792 Elizabeth Street, Melbourne, Victoria 3000 fax: (03) 9342 9665 email: [enterovirus@mh.org.au](mailto:enterovirus@mh.org.au)

**FOR INFORMATION REGARDING REFERRAL OF SPECIMENS TO VIDRL PLEASE SEE**

<http://www.vidrl.org.au/surveillance/afp-surveillance1/>

If this patient is primarily cared for by another physician who you believe will report the case, please complete the reporting clinician and patient details only and return to VIDRL. If no other report is received for this child we will contact you for information requested in the remainder of the questionnaire. *The primary clinician caring for this child is:*

**Name:** \_\_\_\_\_ **Hospital:** \_\_\_\_\_

**REPORTING CLINICIAN'S DETAILS**

1. APSU Dr Code: \_\_\_\_\_ 2. Date form completed: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
3. Dr Name: \_\_\_\_\_ 4. Dr Address: \_\_\_\_\_  
5. Dr Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**PATIENT'S DETAILS**

6. First 2 letters of surname: \_\_\_\_\_  
7. First 2 letters of given name: \_\_\_\_\_  
8. Hospital of Admission: \_\_\_\_\_  
9. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
10. Sex:  Male  Female  Unsure  
11. Postcode of family: \_\_\_\_\_  
12. Of Aboriginal/Torres Strait Islander descent?  Yes  No  Unsure

**PATIENT VACCINATION HISTORY**

13. Has the patient ever been immunised with a vaccine including polio?  Yes: ACIR/written record  
 Yes: self-report  
 No  
 Unknown

14. Number of doses? \_\_\_\_\_  
*If known*, date of last dose: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Unknown

15. Has the patient been in contact with someone who received oral polio vaccine within the 6 weeks prior to onset of symptoms?  Yes  No  Unsure

16. Has the child travelled overseas in the last 3 months?  Yes  No  Unsure  
*If Yes*, specify where: \_\_\_\_\_

17. Has the patient had contact with anyone who has travelled overseas OR visited from overseas in the last 3 months?  Yes  No  Unsure  
*If Yes*, specify country of travel or origin and relationship to patient: \_\_\_\_\_

18. In the 6 weeks prior to presentation, did the child;

a) receive influenza vaccine?  Yes  No  Unsure  
*If Yes*, type of vaccine: \_\_\_\_\_  
Date given: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
b) receive any other vaccine?  Yes  No  Unsure  
*If Yes*, type of vaccine: \_\_\_\_\_  
Date given: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**CLINICAL FEATURES & INVESTIGATIONS**

19. Date of onset of paralysis: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

20. Site of paralysis: \_\_\_\_\_

21. In the 6 weeks prior to presentation, did the child;

a) have an influenza-like illness?  Yes  No  Unsure  
**If Yes**, please describe symptoms: \_\_\_\_\_

b) was the child tested for influenza?  Yes  No  Unsure  
**If Yes**, result: \_\_\_\_\_  
**If POSITIVE**, date of positive specimen: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

22. In the 6 weeks prior to presentation, did the child have any other infective illness?  Yes  No  Unsure

**If Yes, a)** please describe symptoms: \_\_\_\_\_

b) did the child have laboratory testing?  Yes  No  Unsure  
**If Yes**, result: \_\_\_\_\_  
**If POSITIVE**, date of positive specimen: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

23. Was the patient encephalopathic?  
*Encephalopathic is defined as an alteration in consciousness (e.g. stupor, lethargy) or behavioural change unexplained by fever, systemic illness or postictal symptoms.*  Yes  No  Unsure

24. Was the patient hospitalised?  Yes  No  Unsure

25. Was the patient immunosuppressed?  Yes  No  Unsure  
**If Yes**, specify: \_\_\_\_\_

26. Was a sensory level detected on examination?  Yes  No  Unsure  
**If Yes**, specify: \_\_\_\_\_

27. Was there cranial nerve involvement?  Yes  No  Unsure  
**If Yes**, specify: \_\_\_\_\_

28. Was there bladder and/or bowel involvement?  
*(e.g. Urinary retention/incontinence)*  Yes  No  Unsure  
**If Yes**, specify: \_\_\_\_\_

29. Was a lumbar puncture performed?  Yes  No  Unsure

30. **If Yes**, CSF:

Protein:	_____	g/L
Glucose:	_____	mmol/L
WBC:	_____	(x10 <sup>6</sup> /L)
Number of PMN:	_____	(x10 <sup>6</sup> /L)
Lymphocyte:	_____	(x10 <sup>6</sup> /L)
RBC:	_____	(x10 <sup>6</sup> /L)
Other:	_____	

31. Were nerve conduction studies and/or EMG performed?  Yes  No  Unsure  
**If Yes**, specify results: \_\_\_\_\_

32. Was any neuroimaging performed?  Yes  No  Unsure

**If Yes**,

MRI of brain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes</b> , specify: _____
CT of brain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes</b> , specify: _____
MRI of spine:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes</b> , specify: _____
CT of spine:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes</b> , specify: _____

33. Were stool specimens collected for testing at VIDRL?  Yes  No  Unsure  
*If Yes*, how many stool specimens were collected? \_\_\_\_\_

**OUTCOME**

34. Did the patient survive the illness?  Yes  No  Unsure  
*If No*, please give number of days between onset of paralysis and death \_\_\_\_\_ days

35. Does the patient have any residual motor deficits/paralysis?  Yes  No  Unsure  
*If No*, duration of paralysis? \_\_\_\_\_ days  
*If Yes*, specify: \_\_\_\_\_

36. Does the patient have residual sensory deficits?  Yes  No  Unsure  
*If Yes*, specify: \_\_\_\_\_

37. Is there residual sphincter dysfunction?  Yes  No  Unsure

**DIAGNOSIS**

38. In light of currently available evidence, what is the patient's diagnosis? (Please indicate on list below)

**Peripheral neuropathy**

- Guillain-Barré syndrome (acute post-infectious polyneuropathy)
- Acute axonal neuropathy
- Neuropathies of infectious diseases
- Acute toxic neuropathies (heavy metals)
- Focal mononeuropathy

**Anterior horn cell disease**

- Acute poliomyelitis
- Vaccine-associated poliomyelitis
- Other neurotropic viruses

**Acute myelopathy**

- Transverse myelitis
- Acute disseminated encephalomyelitis (ADEM)
- Spinal cord ischaemia
- Spinal cord injury or compression e.g. tumour, trauma
- Peri-operative complication

**Muscle disorders**

- Polymyositis, dermatomyositis
- Periodic paralyses
- Mitochondrial diseases (infantile type)
- Viral myositis
- Drug-induced paralysis (specify) \_\_\_\_\_

**Systemic disease**

- Acute porphyria
- Critical illness neuropathy/myopathy
- Conversion disorder

**Disorders of neuromuscular transmission**

- Botulism
- Insecticide e.g. organophosphate poisoning
- Tick bite paralysis
- Myasthenia gravis
- Snake bite

**Other (please specify)** \_\_\_\_\_