28. Was a lumbar puncture done?

27. Was there bladder and/or bowel involvement?

26. Was the patient immunosuppressed?

25. Was a sensory level detected on examination?

24. Was the patient immunosuppressed?

23. Was the patient hospitalised?

22. In the 6 weeks prior to presentation did the child have any other infective illness

21. In the 6 weeks prior to presentation did the child have laboratory testing?

20. Site of paralysis

19. Date of onset of paralysis (dd/mm/yy)

18. In the 6 weeks prior to presentation did the child have any other vaccine?

17. Has the patient had contact with anyone who has travelled overseas OR visited from overseas in the last 3 months?

16. Has the child travelled overseas in the last 3 months?

15. Has the patient been in contact with someone who received oral polio vaccine within the 6 weeks prior to onset of symptoms?

14. Number of doses?  _________________  If known, date of last dose?       Date /……/………/…….

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

12. Of Aboriginal/Torres Strait Islander descent?  Yes  No  Unsure

11.  Postcode

10. Sex  M  F

9. Date of Birth:

8. Hospital Of Admission

7. First 2 letters of Given Name

6. First 2 letters of Surname

5. Dr Telephone: (0 )  Fax: (0 )

4. Dr Address

3. Dr Name____________________________________________________

2. Month/Year of Report ……..… ……..  / …..………

1. APSU Dr Code

FOR INFORMATION REGARDING REFERRAL OF SPECIMENS TO VIDRL PLEASE SEE http://www.vidrl.org.au/surveillance/afp-surveillance/

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:

ACUTE FLACCID PARALYSIS INITIAL QUESTIONNAIRE (Revised October 2016)
Australian Paediatric Surveillance Unit – Victorian Infectious Diseases Reference Laboratory
Please keep a record of the child’s unit number in your APSU folder.
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 in the addressed reply-paid envelope to: AFP Surveillance, Victorian Infectious Diseases Reference Laboratory, The Doherty Institute, 792 Elizabeth Street, Melbourne, Victoria 3000 fax: (03) 9342 9685 email: enterovirus@mhh.org.au

Thank you for contributing to AFP surveillance and the WHO polio eradication program

PLEASE USE PAGE 2 OF THIS QUESTIONNAIRE IF YOU HAVE ANY FURTHER INFORMATION THAT MAY HELP US
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PATIENT DETAILS
First 2 letters of Surname  □□  First 2 letters of Given Name  □□
Date of Birth: □□/□□/□□
Sex M □ F □

DIAGNOSIS
37. In light of currently available evidence, what is the patient’s diagnosis?

<table>
<thead>
<tr>
<th>Peripheral neuropathy</th>
<th>Acute myelopathy</th>
<th>Systemic disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guillain-Barré syndrome (acute post-infectious polyneuropathy)</td>
<td>Transverse myelitis</td>
<td>Acute porphyria</td>
</tr>
<tr>
<td>Acute axonal neuropathy</td>
<td>Acute disseminated encephalomyelitis (ADEM)</td>
<td>Critical illness neuropathy/ myopathy</td>
</tr>
<tr>
<td>Neuropathies of infectious diseases</td>
<td>Spinal cord ischaemia</td>
<td>Conversion disorder</td>
</tr>
<tr>
<td>Acute toxic neuropathies (heavy metals)</td>
<td>Spinal cord injury or compression eg. Tumour, trauma</td>
<td>Disorders of neuromuscular transmission</td>
</tr>
<tr>
<td>Focal mononeuropathy</td>
<td>Peri-operative complication</td>
<td>Botulism</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Insecticide e.g: organophosphate poisoning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tick bite paralysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Myasthenia gravis</td>
</tr>
<tr>
<td>Anterior horn cell disease</td>
<td></td>
<td>Snake bite</td>
</tr>
<tr>
<td>Acute poliomyelitis</td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Vaccine-associated poliomyelitis</td>
<td></td>
<td>(specify)</td>
</tr>
<tr>
<td>Other neurotropic viruses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Muscle disorders
- Polymyositis, dermatomyositis
- Periodic paralyses
- Mitochondrial diseases (infantile type)
- Viral myositis
- Drug-induced paralysis (specify) ________________

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