

**The AFP Study Group announces a briefer questionnaire for the collection of clinical data.
Other study details remain unchanged.**

BACKGROUND

Acute flaccid paralysis (AFP) is defined as the acute onset of flaccid paralysis in one or more limbs or acute onset of bulbar paralysis. In the past, acute poliomyelitis was the most common cause of AFP, now Guillain-Barre syndrome and transverse myelitis are the two leading causes of non-polio AFP (for other causes see table 1).

This study commenced in March 1995 at the request of the Commonwealth Department of Health in order to meet the certification requirements of the World Health Organisation for poliomyelitis eradication. In October 2000 the Western Pacific region, which includes Australia, was certified free of circulating wild poliovirus. However, **AFP surveillance must continue to document maintenance of Australia's polio-free status and to detect imported cases and cases of vaccine associated paralytic polio.**

STUDY OBJECTIVES

1. To determine whether AFP is caused by poliovirus infection and if so, whether it is 'wild' or vaccine strain poliovirus.
2. To document the reported rate of AFP over time and to assess the adequacy of AFP surveillance according to WHO criteria
3. To monitor the aetiology, clinical features and outcome at 60 days of non-polio AFP.

Table 1: Causes of AFP

Peripheral neuropathy

Guillain-Barre syndrome
 Acute axonal neuropathy
 Neuropathies of infectious diseases
 Acute toxic neuropathies (heavy metals, snake toxin)
 Focal mononeuropathy

Anterior horn cell disease

Acute anterior poliomyelitis
 Other neurotropic viruses

Systemic disease

Acute porphyrias
 Critical illness neuropathy
 Acute myopathy in ICU Patients

Muscle disorders

Polymyositis, dermatomyositis
 Trichinosis
 Periodic paralyses
 Corticosteroids and blocking agents
 Mitochondrial diseases (infantile type)
 Post viral myositis

Acute myelopathy

Cord compression *eg: Tumor, trauma*
 Demyelinating diseases *eg: transverse myelitis, acute disseminated encephalomyelitis (ADEM)*
 Ischaemic cord damage *eg: anterior spinal artery syndrome*
 peri-operative complication

Disorders of neuromuscular transmission

Myaesthesia gravis
 Botulism
 Insecticide *eg: organophosphate poisoning*
 Tick bite paralysis
 Snake bite

CASE DEFINITION

Please report any child less than 15 years of age with acute flaccid paralysis in one or more limbs or acute onset of bulbar paralysis.

All cases are reviewed by the National Polio Expert Committee and classified as: confirmed poliomyelitis; non-polio AFP, polio-compatible or non-AFP.

REPORTING INSTRUCTIONS

Telephone/Email reporting: Please report cases **immediately by telephone** to VIDRL on (03) 9342 2607/3 or email polio@mh.org.au.

APSU reporting: Also report cases on the *monthly APSU report card*.
Please keep patient details in your blue APSU folder

It is important that stool specimens be collected from all patients with AFP, even when an alternative definitive diagnosis has been confirmed.

COLLECTION OF STOOL SAMPLES

- Please collect **2 stool samples 24 hours apart within 2 weeks of onset of paralysis** and send them to your local laboratory who will forward the specimens to the **National Polio Reference Laboratory at the Victorian Infectious Diseases Reference Laboratory 10 Wreckyn Street, North Melbourne Victoria 3051**
- On the request form the patient must be identified as having **AFP**.
- Please inform the laboratory that the **specimens must be forwarded to VIDRL for exclusion of poliovirus**.
- All costs for transport and analysis will be borne by VIDRL. Information regarding specimen transport can be obtained from the National Polio Reference Laboratory at VIDRL on 03 9342 2607, or at http://www.vidrl.org.au/labsandunits/polio/polio_afp.htm
- VIDRL will send results to your local laboratory.

INVESTIGATORS: Commonwealth Department of Health and Ageing

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