

National Poliomyelitis Eradication Initiative

Acute Flaccid Paralysis (AFP) Surveillance Programme

Back Ground

Poliomyelitis was made a notifiable disease in Sri Lanka in 1944. OPV immunization of children was commenced island wide in 1964. Since the initiation of Expanded Programme on Immunization (EPI) in 1978, case incidence of poliomyelitis dropped drastically as the immunization coverage soared. With the dwindling caseload, it is very important to carry out enhanced surveillance to ensure that every case of poliomyelitis is detected. The purpose is to reliably identify areas where poliovirus transmission is occurring or is likely to occur and to allow supplementary immunization activities to be focused where it is necessary.

Case based surveillance of individual acute flaccid paralysis (AFP) cases was initiated in 1991 in order to detect a possible poliomyelitis case wherever it may occur. The last case of confirmed poliomyelitis from the country was reported in 1993, in an under immunized female child aged 2 years from Kataragama in the DPDHS Division of Moneragala. Since Sri Lanka has been polio free for more than a decade, the ability to detect and respond rapidly to every case of AFP has become critical and surveillance is carried out with special emphasis to eliminate poliomyelitis as a cause for the paralysis in these cases.

A standard case definition of a suspected case of Poliomyelitis/ an AFP case has been adopted for the surveillance programme.

AFP Case definition

An AFP case is defined as any child less than fifteen years of age with Acute Flaccid Paralysis or any person with paralytic disease at any age when poliomyelitis is strongly suspected.

Goal: **A Polio Free Sri Lanka**

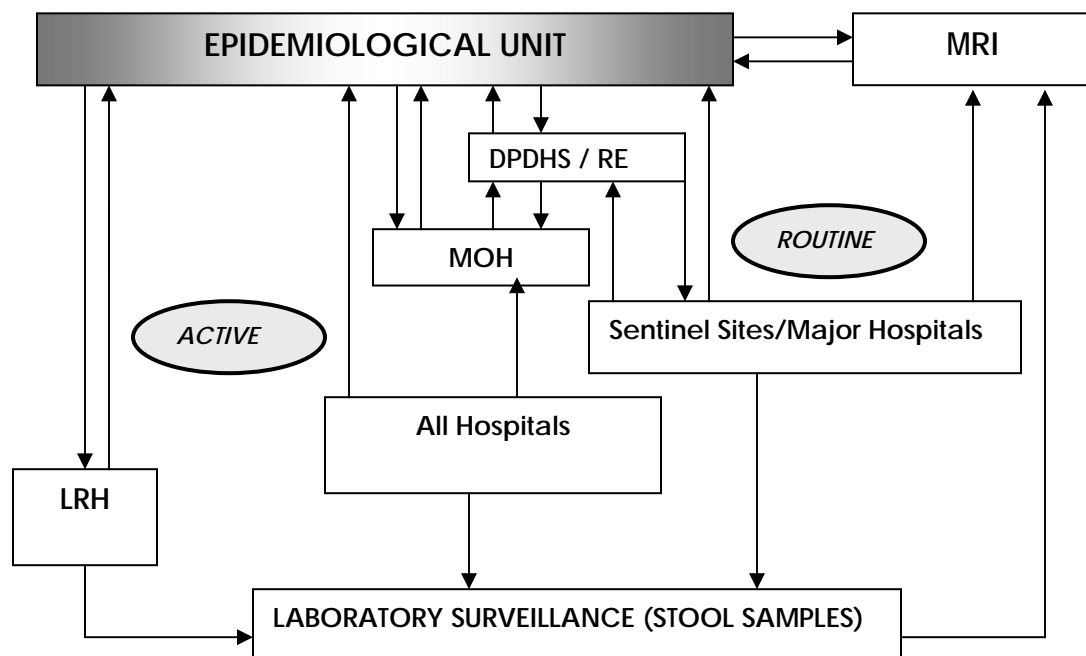
Strategy

- ❑ Maintenance of a high immunization coverage among infants with three doses of OPV before the 1st birthday
- ❑ Enhanced surveillance
- ❑ National immunization days
- ❑ 'Mop – Up' immunization campaigns

Epidemiological Unit is the central co-ordinating and monitoring agency for the National AFP Surveillance Programme under the National Poliomyelitis Eradication Initiative.

AFP Surveillance

Fifty five (55) hospitals where a Paediatrician is in place act as sentinel sites for AFP surveillance. AFP cases are notified to the Epidemiological Unit from these sites. Infection Control Nurses of these hospitals routinely monitor and report to the Epidemiological Unit. Regional Epidemiologists (RE) actively search for cases in the sentinel sites in their respective districts and also report to the Epidemiological Unit. Active surveillance is also carried out centrally at the main sentinel site for AFP Surveillance in the country, the Lady Ridgeway Hospital (LRH).



Once an AFP case is notified it is assigned an identification number and entered in the National AFP Register. The relevant RE, Deputy Provincial Director of Health Services (DPDHS) and the Medical Officer of Health (MOH) are also notified of the case. The reporting institution collects two timely stool samples from the case for polio virology.

These stool samples for polio virology from AFP cases are received at the Medical Research Institute (MRI), which is the Regional Reference Laboratory for Polio for the region. The Epidemiological Unit sends surveillance data of the AFP cases to the MRI and the laboratory data on AFP cases are communicated to the Epidemiological Unit by the MRI. Case surveillance and laboratory surveillance data are sent to the World Health Organization by these two organizations every week.

All AFP cases reported are followed up till they are discarded as non-polio AFP cases. This is usually carried out following virology results and neurological examination and follow up. However those that cannot be discarded are forwarded to the National Polio expert Committee for final classification.