Epidemiology Unit
Ministry of Health
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AFP surveillance activities: National Poliomyelitis Eradication Initiative

Functions of sentinel site hospitals

Responsibility of this usually lies with the ICNO or PHI in the hospital and in instances where these officers are not available; the Director/MS has to appoint another designated officer for the task.

1. On admission of an AFP (Acute Flaccid Paralysis) patient to your hospital, notify to Epidemiology Unit by telephone or fax immediately.

   Epidemiology Unit, 231, De Saram Place, Colombo 10.

   Telephone: 0112695112, 0114740490-2, 0112681548

   Fax: 0112696583

   Also notify to Regional Epidemiologist early, in addition to the routine notification to MOH of the relevant area.

Case definition of AFP case for surveillance:

Any case of Acute Flaccid Paralysis in a child aged <15 years

(including those diagnosed as having Guillain Barre Syndrome or Infective polyneuritis or any other condition),

or

Any case of paralytic illness in a person of any age if poliomyelitis is suspected.

Differential diagnoses to be included in AFP surveillance:

Upper Motor Neuron Disorders:

1. Transverse /Ascending myelitis
2. Encephalitis/ encephalomyelitis
3. Stroke
4. Cerebral tumours

Lower Motor Neurone Disorders

- Anterior Horn Cell: Acute Poliomyelitis, Non-polio virus induced paralysis (esp. enterovirus), Vaccine Associated Paralytic poliomyelitis (VAPP)
- Root: Acute radiculopathies
- Plexus: Brachial neuritis
- Nerve: Guillain- Barre' Syndrome (GBS), Toxin induced neuropathies, Acute Intermittent Porphyria, Tick paralysis, Diphtheritic neuropathy
- Neuro-muscular junction: Myasthenia gravis, Snake bite, Poisoning, Botulism
- Muscle: Post viral myositis, Polymyositis/dermatomyositis, Periodic paralysis

2. Timely collection of stool samples: within first 14 days of the onset of paralysis 2 stool samples has to be collected. First stool sample (6-8g) as early as possible and the second stool sample in 24-48 hrs apart to be collected to dry clean screw capped container. Properly labelled containers should send to MRI in a cold box in ice (reverse cold chain) with adequate information in the request form.

3. Request form to MRI should include following information:

Name of the patient, Age, Sex, Name of the hospital, BHT number, Date of admission, Date of onset of paralysis, Date of collection of stool- 1st sample, and 2nd sample, Brief clinical history, Date of last OPV given

4. The Medical Officer who is treating the patient should complete form 1of AFP surveillance (Pink form) EPID/37/1/R2004 and send to the Epidemiology Unit. All the information requested in the form has to be completed before send it.

5. ICNO/PHI should weekly report to Epidemiology Unit, with a copy to Regional Epidemiologist the AFP patients admitted to the hospital during the week. Weekly reporting form for AFP, Measles, Rubella/CRS cases from hospitals - sentinel sites (Form: EPID/37/5/R2004) should be used to send information. If there are no patients during the week still need to send a "nil" return at the end of the week on Friday. The same return is used to inform about Measles/ Rubella/ Congenital Rubella Syndrome patients presented to hospital and notified during the week.

Completion of sending this return (one return per week) and timeliness (within 7 days of the completion of the week, the return should be received at the Epidemiology Unit) are closely monitored by the Epidemiology Unit. All AFP sentinel sites are expected to achieve above 80% in comply with WHO requirements.

6. The ICNO/PHI has to maintain an AFP register at the institution with adequate information entered and properly updated. This need to be available for supervision at any time for relevant authorities.