Western Cape Government
Health

DIRECTORATE: **FACILITY BASED PROGRAMMES**
REFERENCE: 19/5/3/4
ENQUIRIES: Ms E. Arends / Ms C.A. Jacobs / Ms B. Magodla
TEL: 021-483-9964/9917/9964/3156

TO: **Deputy Director General: Chief of Operations**

Chief Directors	**Health Programmes**
	Metro District Health Services (MDHS)
	Rural District Health Services
	General Specialist and Emergency Services
	Strategy and Health Support
District Managers:	**Metro District Health Services (MDHS) Substructures**
	Rural Districts and sub-districts
Director:	**Community Based Services (CBS)**
	Health Information Management
Chief Executive Officers (CEOs):	**Central Hospitals**
	Regional and Psychiatric Hospitals
	District Hospitals
Managers:	**Private Hospitals and Private Clinics**
Heads of Health / Executive Directors:	**Local Authorities/Municipalities/City of Cape Town**
	South Africa Military Health Services

Urgent

CIRCULAR H.97./2017

URGENT APPEAL TO HEALTHCARE WORKERS FOR INTENSIFIED ACUTE FLACCID PARALYSIS (AFP) SURVEILLANCE: INCREASE IN AFP DETECTION RATE FOR 2017

Circular H93/2015 refers.

The World Health Organizations' (WHO) Polio Endgame Strategy will see the world declared free of wild poliovirus.

Effective surveillance for Acute Flaccid Paralysis (AFP) is the intelligence network that underpins the entire polio eradication initiative. In order for a country to have a sensitive surveillance system for polio, all cases of AFP must be notified, reported and fully investigated.

The aim of the circular is to inform and alert all cadres of staff (i.e. clinicians, doctors, nurses, all other healthcare workers, and district public health officials) of the:

- **Current low and sub-optimal provincial AFP detection rate and stool adequacy, and**
- **Need to be vigilant in reporting all sudden floppy paralysis in children under 15 years of age, irrespective of the diagnosis.**

The entire surveillance system (healthcare workers, reporting system, and laboratory) needs to detect and report all AFP cases. All districts and facilities are URGENTLY requested to ensure that AFP cases are detected and fully investigated this year.

It is crucial for the Western Cape Province and nationally to ensure that the following AFP surveillance indicators are met:

- ✓ Detection and investigation of at least four (4) non-polio AFP cases per 100 000 children under 15 years of age with a good geographic distribution by province and district. This equates to 64 AFP to be detected annually. See table 1.
- ✓ At least 80% of AFP cases should have two (2) adequate stool specimens collected within 14 days of the onset of paralysis.

The current low AFP detection rate in all our districts, especially in the Cape Town Metropolitan, Cape Winelands and West Coast districts; as well as the 3 silent districts (Central Karoo, Eden and Overberg) is of provincial and national concern – and needs to be addressed URGENTLY!

1. 2016 and 2017 Provincial AFP Performance Update (as at 31 May 2017)

1.1 Provincially the AFP detection rate and the stool adequacy targets for 2016 were not met. An AFP detection rate of 2.3 per 100,000 children under 15 years and a stool adequacy of 73% was attained. The Central Karoo district did not report any AFP cases in the period (silent district) – see Table 1.

1.2 2017 AFP Performance Indicators

- Currently, our provincial surveillance performance indicator for detection rate is **sub-optimal** and lagging behind (see Table 2) – i.e. AFP detection rate of 1.2 and stool adequacy of 88%.
- Of concern is the very low AFP detection rate in the Cape Town Metropolitan district and we are in June already. Five AFP cases were identified, with the AFP target of 41 cases.
- Currently, the Central Karoo, Eden and Overberg has reported nil (0) AFP cases (silent district)
- This is of provincial and national concern, and we need to respond to the low detection rate, rapidly.
- Our AFP performance indicators illustrates that our AFP surveillance sensitivity and quality is not of a high standard which means we may not be able to detect a polio case if importation should it occur.
- All districts and facilities are URGENTLY requested to ensure that AFP cases are detected and adequately investigated.

Table 1: Western Cape Province AFP Performance Indicators; 2016 (Week 1 – 52), Provincial data

Province	Health District	< 15 years Population	AFP Target	AFP Cases Detected	Number of adequate stools	AFP Detection Rate (proportional)	# Stool adequacy (%)
Western Cape	Cape Town MM	1 026 629	41	23	17	2.2	74
	Cape Winelands DM	219535	9	6	4	2.7	67
	Central Karoo DM	18761	1	0	0	0.0	0
	Eden DM	149587	6	5	4	3.3	80
	Overberg DM	70384	3	2	2	2.7	100
	West Coast DM	106238	4	1	0	1.0	0
Total	**Western Cape**	1591134	**64**	**37**	**27**	2.3	**73**

Table 2: Western Cape Province AFP Performance Indicators 2017 (Week 1-22), Provincial data

Province	Health District	< 15 years Population	AFP Target	AFP Cases Detected	Number of adequate stools	AFP Detection Rate (proportional)	# Stool adequacy (%)
Western Cape	Cape Town MM	1 026 629	41	5	4	1.2	80
	Cape Winelands DM	219535	9	1	1	1.1	100
	Central Karoo DM	18761	1	0	0	0.0	0.0
	Eden DM	149587	6	0	0	0.0	0.0
	Overberg DM	70384	3	0	0	0.0	0.0
	West Coast DM	106238	4	2	2	5.0	100
Total	**Western Cape**	1591134	**64**	**8**	**7**	**1.2**	**88**

Legend	NP-AFP Detection Rate	Stool Adequacy (%)
(red)	0.0 – 0.99	0.00 – 59.9
(yellow)	1.00 – 1.99	60.0 – 79.9
(green)	>=2.0	>=81
(light blue)	Silent District / zero report	

2. Active Surveillance Site Visits & Weekly CDC Priority Conditions Reporting

2.1 The WHO Country Office in South Africa is supporting the country and provinces to retain polio eradication status and strengthen vaccine prevention diseases surveillance. The WHO has deployed Ms Aphiwe Dinga to assist the Western Cape Department of Health in achieving the goals of the Polio Endgame Strategy.

2.2 As part of the intensified strategy for AFP surveillance, District EPI / CDC Coordinators / Supervisors are urged to visit facilities, review the admission books, patient files, and if AFP cases are identified (even if it is retrospectively), it must be reported to the provincial CDC/EPI office IMMEDIATELY.

2.3 The Weekly Priority CDC Disease Surveillance Reporting Form must be completed by each facility with paediatric services in the province i.e. public and private hospitals, community health centres, and clinics. The form must

reach the Provincial CDC Office every Monday (for the previous reporting week) either by fax on 021-483-2682 or e-mail: babalwa.magodla@westerncape.gov.za, felencia.daniels@westerncape.gov.za.

- District Offices are expected to implement weekly priority conditions reporting (hospitals, Community Health Centres, clinics), reporting to the district office. All district (including MDHS-COCT) Weekly CDC Priority Conditions Reports should follow the same route as explained above.
- The Provincial Office sends a weekly EPI conditions report (based on the weekly reporting received from facilities) to the National EPI Programme. Therefore, completeness and timeliness of reporting is crucial.

3. Key measures to increase AFP detection, reporting and investigation

The following key measures for provincial, districts and facility levels are recommended to collectively intensify and strengthen AFP surveillance in the province

Summary of Recommendations to increase AFP detection in the Western Cape		
	Recommendation	**Action**
3.1	**District accountability for attainment of the AFP performance indicators**	• District AFP Surveillance Action Plan and monthly AFP progress reports to be submitted to the Provincial CDC Sub-directorate.
3.2	**Improve the detection, reporting and investigation of AFP cases**	• Compilation of Provincial AFP Surveillance Work Plan • Weekly reporting of priority CDC conditions (including AFP) • Submit weekly EPI surveillance Reports to National Department of Health & WHO • Monitoring of ICD-10 Coding for conditions associated with AFP • Ensure completeness of case investigation forms for reported AFP cases • Full investigation, response, follow-up and classification of AFP case
3.3	**Sensitization and training of healthcare workers on AFP surveillance**	• On-site training during surveillance site visits • All facilities to have a CDC & EPI file with policies, circulars, guidelines • Train IPC Practitioners, Nursing Service Managers, Clinicians on AFP Surveillance • Conduct in-house AFP surveillance sessions • Community Health Centres (CHC) personnel to be targeted for training (these facilities usually see AFP cases before transfer to hospital) Use circulars, EPI Disease Surveillance Manual, and posters etc. for training
3.4	**To prioritize active surveillance sites in districts**	• High, medium and low priority sites per district have be identified • District focus on high and medium priority facilities for training, record reviews.
3.5	**Conduct active surveillance site visits**	• Conduct AFP record reviews with Provincial DOH and WHO officials • Identify facility challenges at training needs • Ensure facilities have surveillance forms and posters available
3.6	**Monitor the AFP performance indicators**	• Maintain the AFP surveillance database • Identify problems/challenges at facility level and address the problem • Distribute regular national / provincial AFP updates

4. Procedure for AFP detection and investigation

4.1 The attached Standard Operating Procedure (SOP) for AFP Surveillance (Annexure 1) and Algorithm is a summary of important actions that need to be taken to detect and investigate suspected AFP cases.

4.2 Place this summary in the paediatric wards and trauma/emergency for reference. For any queries contact the Provincial EPI Surveillance Manager: Ms Babalwa Magodla, 021-483-9917/082-063-5994.

4.3 The latest EPI Disease Surveillance Manual addresses AFP surveillance in detail (page 28 – 58) and can be electronically obtained from the Provincial CDC Office. Kindly send the request to: Babalwa.Magodla@westerncape.gov.za or Felencia.daniels@westerncape.gov.za

4.4 The AFP case definition must be adhered to:
Professional AFP Case Definition: Any case presenting with Acute Flaccid Paralysis (irrespective of the diagnosis), in a child less than 15 years of age OR a person of any age in whom a clinician suspects Polio

4.5 *AFP Performance Indicators:* Achieving and sustaining the national polio free certification performance indicators are critical in assessing the sensitivity and quality of the AFP surveillance system in countries. These include:
- Sensitivity of the active surveillance system i.e. to detect at least 4 cases of non-polio AFP per 100 000 in children under the age of 15 years. (AFP Non-polio detection rate)
- Completeness of investigation i.e. all AFP cases should have full clinical and virological investigation. At least 80% of the AFP cases should have two adequate stool specimens **(2 stools collected 24 -48hrs apart, within 14 days from onset of paralysis**)

4.6 *AFP Detection:* All health facilities, institutions and healthcare workers throughout our province must ensure that:
- Clinicians and health care workers have a major role to play in detecting, investigating and reporting AFP cases. Any case (child under the age of 15 years) with sudden floppy paralysis, whatever the medical diagnosis is considered an AFP case. It is important to report the case to the provincial office even if you are not sure if it is an AFP case. Guillain-Barre Syndrome and Transverse Myelitis will always fit the AFP case definition
- AFP cases are detected, reported and investigated **IMMEDIATELY** by health care workers. It is critical that every HCW is vigilant in reporting and investigating each and every AFP case (any sudden paralysis - including Guillain-Barre Syndrome and other differential diagnosis, in children under the age of 15 years, not caused by any form of trauma/injury).

4.7 Actions to be taken after AFP case detection
- Telephonic and fax / e-mail reporting within 24 hours of any suspected case of AFP to Ms Babalwa Magodla and/or Ms Aphiwe Dinga.
    - Ms Magodla: 021-483-9917(w), 021-483-2682/086-6111-092 (fax), 082- 063-5994 (cell), babalwa.magodla@westerncape.gov.za
    - Ms Dinga: 021-483-9917(w), (021) 483 2682 / 086 6111 092 (fax), 064 756 9739 (cell), dingaa@who.int
- Completion of the AFP Case Investigation Form, Notification Form (GW17/5) and the neurological assessment form.
- Collection of two stool specimens at least 24 hours apart within 14 days of the onset of paralysis. Specimens are sent to the National Institute of Communicable Diseases (NICD) in Johannesburg via NHLS routine services or a courier service for the transport of the specimens. Follow-up with the laboratory is essential to ensure that specimens are receipt at the NICD.
- Provide clinical notes on AFP cases that were not fully investigated e.g. cases without specimens, late reported cases etc.

5. Annexures:
- Annexure 1: Standard Operating Procedure (SOP) for Acute Flaccid Paralysis (AFP) Surveillance
- SA ACUTE Flaccid Paralysis (AFP) Case Investigation Form (CIF)
- Neurological Assessment Form for Acute Flaccid Paralysis (AFP) Cases
- ICD-10 Codes for Acute Flaccid Paralysis
- CDC Weekly Priority Conditions Summary Reporting Form
- Urgent Notice: Acute Flaccid Paralysis Surveillance for Polio Eradication

Kindly bring the content and annexures of this circular to the attention of all healthcare workers at your facility, institution, district and sub-district. Kindly ensure that the measures/recommendations to strengthen AFP surveillance are addressed at all levels within the health system.

We trust on your continued support in meeting the AFP surveillance performance indicator targets and the control of communicable diseases in our province.

Yours sincerely.

....

DR. K. CLOETE, CHIEF OF OPERATIONS (COO)

DATE: 14 June 2017

Annexure 1:

Standard Operational Procedure (SOP) for Acute Flaccid Paralysis (AFP) Surveillance

Background

- The World Health Organization recommends the following basic strategies for polio eradication:
  - Achieving high routine coverage with coverage with polio vaccine (>90%) in all districts
  - Conducting National Immunisation Immunisation Days (immunisation campaigns)
  - High quality AFP surveillance with laboratory support
  - "Mopping-up" in low coverage and high risk areas
- Effective surveillance for Acute Flaccid Paralysis (AFP) is the intelligence network that underpins the entire polio eradication initiative.
- The last virologically confirmed polio case in South Africa was in 1989. AFP case-based surveillance was instituted in 1997.

AFP Surveillance Performance Indicators

- Achieving and sustaining the national AFP performance indicators are critical in assessing the sensitivity and quality of the AFP surveillance system in countries. These include:

1. Sensitivity of the active surveillance system i.e. to detect at least **4 cases of non-polio AFP per 100 000** in children under the age of 15 years. (AFP Non-polio detection rate)
2. Completeness of investigation i.e. all AFP cases should have full clinical and virological investigation. **At least 80% of the AFP cases should have two adequate stool specimens.**

Table 1: Target detection rate per district in the Western Cape Province, 2015

Province	Districts	Total Population	<15 yrs Population	New Target AFP Cases (new)
Western Cape	Cape Town MM	3 998 422	1 026 629	41
	Cape Winelands DM	845 236	219 535	9
	Central Karoo DM	73 335	18 761	1
	Eden DM	605 381	149 587	6
	Overberg DM	285 811	70 384	3
	West Coast DM	437 652	106 238	4
		6 245 837	**1 591 134**	**64**

Active AFP Surveillance

- **Prioritisation**
  - Facilities which serves as referral centres, high rate of patient attendance and likely to be the centre where a child with AFP will seek healthcare – should be considered high priority and should be visited weekly (if possible).
  - *High Priority facilities (hospitals)*: Red Cross, Tygerberg (Cape Town), Paarl, Worcester (Cape Winelands), George, Mossel Bay, Knysna (Eden), Hermanus (Overberg), Vredenburg (West Coast), Beaufort West (Central Karoo).
- **Focal points**
  - Each district should have surveillance focal person to conduct active surveillance site visits to priority facilities. The district Child Health/EPI coordinator should fulfil that role.
  - The focal person / point at our hospitals are the Infection Prevention and Control Practitioners or the Nursing Service Manager.
- **Active surveillance site visits**
  - Active Surveillance site visits are conducted by the Provincial EPI Disease Surveillance Manager as an opportunity to do onsite-training and conduct record reviews (see checklist in EPI Disease Surveillance Manual)
  - District EPI/CDC Coordinators/Supervisors are requested to visit facilities, review the admission books, and if AFP cases are identified (even if it is retrospectively), it must be reported to the Provincial CDC Office IMMEDIATELY.
- **Weekly Priority conditions reporting and facility visits**
  - The Weekly Priority CDC (includes EPI conditions) Disease Surveillance Reporting Form must be completed on a weekly basis by each facility with paediatric services in the province. This includes public and private hospitals, community health centres, and clinics. The form must reach the Provincial CDC Office every Monday (for the previous reporting week) either by fax on 021-483-2682 or e-mail: babalwa.mtuze@westerncape.gov.za, or felencia.daniels@westerncape.gov.za. See Circular H161/2013 for more detail.
  - Provincial Office sends a weekly EPI conditions report (based on the weekly reporting received from facilities) to the National EPI Programme. Therefore, completeness and timeliness of reporting is very crucial.

AFP Case Detection

- **AFP Case Definitions**

AFP Case Definitions
Professional Case Definition: Any case of acute flaccid paralysis, (irrespective of diagnosis) in a child less than 15 years of age for which no other cause is apparent, OR a patient of any age diagnosed as polio by a medical officer ***Lay Case Definition:*** Sudden weakness or paralysis in the leg (s) and / or arms (s) not caused by injury, in a child less than 15 years of age.
<u>Acute:</u> rapid progression of paralysis (from onset to maximum paralysis) <u>Flaccid</u>: loss of muscle tone, "floppy" (as opposed to spastic or rigid) <u>Paralysis:</u> weakness, loss of diminution of motion

- All cases presenting with acute (sudden) onset of paralysis or limb weakness with a decreased muscle tone should be reported as AFP.
- All health facilities, and healthcare workers throughout the province must ensure that:
  - AFP cases are detected, reported and investigated IMMEDIATELY. It is critical that every health care worker is vigilant in reporting and investigating each and every AFP case.
  - Any case (under the age of 15 years) with sudden floppy paralysis, whatever the medical diagnosis is considered as an AFP case.
  - <u>Differential diagnoses include but not limited to</u>:
    - Lower Motor Neuron Lesion including TB Spine
    - Paraplegia, Hemiplegia and Monoplegia that may fit the case definition of AFP
    - Non-polio entero-viruses, Toxic agents, poliovirus, Guillain-Barrè Syndrome, Encephalitis, Meningitis, Organophosphate poisoning, Transverse myelitis and acute hemiparesis.
    - Guillain-Barrè Syndrome and Transverse Myelitis will always fit the AFP case definition

Investigation of a suspected AFP case

- **Case Notification and Telephonic Reporting:**
  - AFP is a notifiable medical condition.
  - Upon detection, AFP cases must be IMMEDIATELY notified and investigated by the healthcare worker. The responsibility for AFP surveillance lies with all healthcare workers – all facilities should have a dedicated focal person for surveillance for vaccine preventable diseases (usually the Infection Prevention and Control (IPC Practitioner or Facility Manager)
  - Obtain a unique number for the case (EPID No. e.g. SOA-WCP-CAT-2017-004) immediately from the Provincial EPI Surveillance Officer (Ms Babalwa Magodla): 021-483-9917 / 3156/4266 (tel); 021-483-2682 (fax), 082-063-5994 (cell).
  - Complete and forward the SA AFP Case Investigation Form and GW17/5 (copy to the Local Authority or District) forms to the EPI Surveillance Manager/Officer @ 021-483-2682 / 086-6111-092 (fax).
  - Ensure that all the relevant clinical, demographic and epidemiological information are completed.
- **Stool Specimen Collection (laboratory investigation)** See Page 41 of the recent EPI Disease Surveillance Manual
  - Collect and send two (2) stool specimens (not rectal swabs, 24 – 48 hours apart) within 14 days of onset of paralysis to the National Institute of Communicable Diseases (NICD) in Johannesburg via NHLS routine services or a courier service for the transport of the specimens (arranged through the Provincial EPI Surveillance Manager. Please follow-up with the laboratory to ensure that specimens are receipt at the NICD.
  - The completed AFP Case Investigation Form must accompany the stool specimens.
  - If 14 days from onset of paralysis has elapsed, please collect the required stool specimens as soon as possible.
- **Follow-up examination after 60 days**
  - Each incompletely investigated (e.g. AFP case that did not have 2 adequate stool specimens 24 hours apart within 14 days of onset of paralysis transported to the NICD on ice – must be evaluated at 60 days after onset of paralysis) needs:
    - ✓ **A 60 day follow-up examination:** The same clinical examination of the initial investigation is conducted by a healthcare worker to ascertain if there is any residual paralysis. The clinical examination can be conducted at the home of the case or a health facility. Good residential address information is vital.
    - ✓ Clinical notes and results of other investigation
- **Final Classification of AFP cases**
  - The Polio Expert Committee (NPEC) meets regularly to classify (according to a WHO classification scheme) all incomplete investigated AFP cases (confirm or discard a diagnosis of polio.

CASE DEFINITION FOR ACUTE FLACCID PARALYSIS (AFP)

Professional Case Definition: Any case of acute flaccid paralysis, (irrespective of diagnosis) in a child less than 15 years of age for which no other cause is apparent, OR a patient of any age diagnosed as polio by a medical officer

Lay Case Definition: Sudden weakness or paralysis in the leg (s) and / or arms (s) not caused by injury, in a child less than 15 years of age.

Suspected AFP Case

HOSPITAL/ COMMUNITY HEALTH CENTRE/ CLINIC

① REPORT SUSPECTED AFP CASEIMMEDIATELY (>48hrs)

- Alert the Infection Control and Prevention (IPC) Practitioner, Nursing Service Manager/ Facility Manager of a suspected AFP case at your facility.
- Report the case IMMEDIATELY to the Provincial EPI Surveillance Officer
- Obtain an unique number for the case (EPID No. e.g. SOA-WCP-CAT-2017-004)
- Complete an AFP Case Investigation Form (CIF) and a notification form (GW17/5) for each case and send (fax or email) the forms to the Provincial EPI Surveillance Manager.
- Clinical notes and results of other investigations may be requested if AFP investigation is inadequate/incomplete.

② COLLECT TWO (2) STOOL SPECIMENS OF 5 – 10 g (24-48hrs) FROM THE CASE

- Collect and send two (2) stool specimens (not rectal swabs, 24 – 48 hours apart) within 14 days of onset of paralysis to the National Institute of Communicable Diseases (NICD) in Johannesburg via NHLS routine services or a courier service for the transport of the specimens Alert the Infection Control and Prevention (IPC) Practitioner, Nursing Service Manager/ Facility Manager of a suspected AFP case at your facility
- The completed AFP Case Investigation Form must accompany the stool specimens.

Inadequate - Two specimens NOT collected within 14 days of onset of paralysis

Adequate - Two specimens collected within ≤14 days of onset of paralysis and on ice.

<u>60 day Follow-up</u>

- Arrange Clinical Examination
- Obtain clinical notes, results of other investigations

Final Classification of case by NPEC

Specimens (on ice) and CIF arrive at NICD

Results reported to NDOH

<u>DOH Western Cape</u>

Communicable Diseases

Provincial EPI Surveillance Manager: Babalwa Magodla /WHO Surveillance Officer: Aphiwe Dinga

Tel: 021-483-9917 / 3156

Fax: 021-483-2682, 086-6111-092

Cell: 082-063-5994/ 064-756- 9739

- ✓ Provide EPID No.
- ✓ Reports, verify and send relevant documentation to National DOH and NICD
- ✓ Liaise with districts, Local Authority, National DOH, NHLS-NICD
- ✓ Follow-up with specimen collection
- ✓ Arrange for 60-day follow-Up Examination
- ✓ Obtain outstanding information, clinical notes, results of other investigations.

<u>National Institute for Communicable Diseases:</u>
1 Modderfontein Road, Sandringham, 2192, Johannesburg
Tel: 011-386-6421 / 6422 / 6438 / 6358 / 6361
Fax: 011-386-6458

<u>NHLS departments of Medical Virology:</u>
Tygerberg Hospital
021 – 938-4911/9364/9355
Red Cross Hospital
021-658-5226/5111
Groote Schuur Hospital
021 – 404-9111/6414

SA ACUTE FLACCID PARALYSIS (AFP) CASE INVESTIGATION FORM (CIF)

(NB! All Dates dd-mm-yy. Use dark black ink & print legibly please)

Epid number: SOA - ______ - ______ - ______ - ______
(Will be assigned at Provincial Office) Country / Prov Code / District Code / Year Onset / Case number

Date Province Received CIF: ____/____/____
EPI (SA) Received CIF: ____/____/____

Surveillance Type (Active, Routine, Retrospective) ______________

IDENTIFICATION

Health District: ______________ Province: ______________ Nearest Health Facility to Patient home: ______________

Surname & Name: ______________ Father/Mother: ______________

Address: ______________ Town/City: ______________

Date of Birth: ____/____/____ Age: years ______ (If DOB unknown / not entered) months ______ (only if < 1 yr old) Gender [ ] M=Male F=Female

CLINICAL HISTORY

Date Onset of Paralysis ____/____/____

	1 =Yes	2=No
Fever at onset of paralysis		
Flaccid & sudden paralysis		
Paralysis progressed <=3 days		
Asymmetrical		

Site of Paralysis

Left Arm			Right Arm
Left Leg			Right Leg

1 = Y, 2 = N

Medical Diagnosis: ______________

VACCINATION HISTORY:

Total OPV/ IPV doses [ ] Exclude Birth dose (99=unknown)

OPV/IPV doses: Birth ____/____/____ 1st ____/____/____ 2nd ____/____/____ 3rd ____/____/____ 4th ____/____/____ If >4, last OPV ____/____/____

NOTIFICATION/INVESTIGATION

Notified by: ______________ Tel ______________ Date Notified: ____/____/____ Date Case Investigated: ____/____/____

HOSPITALIZATION Admitted to hospital: [ ] 1=Yes 2=No Date of Admission: ____/____/____

Medical Record No. ______________ Facility Name: ______________

STOOL SPECIMENS

	Date Collected	Days after onset	Date Sent to Lab	Date Received by Lab	Lab Ref No	Stool Condition 1 = Adequate 2 = Not Adeq	P1	P2	P3	NP-Ent	W1	W2	W3	V1	V2	V3	Date Lab result to Prov & EPI (SA)	Date result Received at EPI (SA) or Province
Stool 1																		
Stool 2																		

(Results 1 = Yes = Positive 2 = No = Negative)

60 DAY FOLLOW UP EXAMINATION

Date follow up Examination: ____/____/____

Residual Paralysis?

Left Arm			Right Arm
Left Leg			Right Leg

1=Y, 2=N

Findings at follow-up: [ ]
1=Residual paralysis
2=No residual paralysis
3=Lost to follow-up
4=Death before follow-up

Date Died: ____/____/____

INVESTIGATOR

Name: ______________ Title: ______ Facility: ______________ Phone: ______________

PEC - FINAL CLASSIFICATION: [To be completed by EPI (SA)]

EPI (SA) Classification: ______ **True AFP?** [ ] 1=Yes, 2=No [ ] 1 = Confirmed 2 = Compatible 3 = Discarded 4 = Not an AFP

PEC Classification: ______ Date PEC: ______

Remarks: ______________

AFP CASES TO BE NOTIFIED BY PHONE: CONTACT PERSON: Ms Babalwa Magodla **Phone:** 021-483-9917 / 082-063-5994

IMMEDIATELY SEND A COPY OF THIS COMPLETED FORM TO: Ms Babalwa Magodla **Fax:** 021-483 2682

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT: Ms B. Magodla/Ms C. Jacobs or district EPI Coordinators

Expanded Program on Immunization **National Office:** 012-395-9453 / 9530 / 9458

Annex 2.4 Neurological Assessment Form for Acute Flaccid Paralysis (AFP) Cases

1	**EPID number**	SOA--________--________--______--__________ Country Province District Year Case number
	IDENTIFICATION	
2	**Province**	
3	**District**	
4	**Name of AFP case**	
5	**Date of Birth**	
6	**Onset of paralysis**	
	NEUROLOGICAL EXAMINATION	
6	**Glasgow Coma Scale**	Eye Opening (5): ___ Verbal Response (5): ___ Motor Response (5): ___ **SCORE (15)**: ___

		Upper Limb		Lower Limb	
		Right	Left	Right	Left
7	**Power (0-5)** 0 = No movement 1 = Flicker 2 = Gravity eliminated 3 = Against gravity 4 = Just below normal 5 = Normal for age				
8	**Tone (Normal/Increased/decreased)**				
9	**Reflexes (0-4)** 0 = No reflexes 2 = Normal 3 = Brisk 4 = Brisk with clonus				

10	**Sensation (intact/loss distribution/level)**	
11	**Bowel control/continence** **Normal/abnormal**	
12	**Bladder control/continence** ***Normal/abnormal***	
13	**Cerebellar signs** **(present/none)**	

Name of examining Dr:______________________________ Date of examination:________________________

Contact details of examining Dr:______________________Signature of examining Dr:___________________

Shortened list of ICD 9 and ICD 10 codes for Acute Flaccid paralysis

ICD9 code	ICD10 code	Condition
45.x	A80.x	Acute poliomyelitis
48	A88	Other viral infections of central nervous systems, not elsewhere classified
49.9	A89	Unspecified viral infection of central nervous system
232.2	G12.2	Polioencephalitis - inferior (progressive bulbar palsy; motor neuron disease)
323.x	G04.x	Encephalitis, myelitis and encephalomyelitis
323.5	G04.8 or G04.9	Post-vaccinal myelitis
323.9	G37.3	Transverse myelitis
340	G35	Multiple sclerosis
341.9	G36	Other acute disseminated demyelination
341	G37	Other demyelinating diseases of central nervous system
342	G81	Hemiplegia
344.x	G82.x & G83.x	Plegia
344	G82.x	Quadriplegia
344.1	G82.x	Paraplegia
344.2	G83.0	Lower Diplegia
344.3	G83.1	Lower Monoplegia
344.4	G83.2	Upper Monoplegia
344.5	G83.3	Unspecified monoplegia
344.6	G83.4	Cauda Enquina Syndrome
344.8	G83.8	Other specified paralytic syndrome
353	G54	Nerve root and plexus disorders (ICD10=traumatic neuritis)
354	G56	Mononeuropathies of upper limb
355	G57	Mononeuropathies of lower limb (ICD10=traumatic neuritis)
355.9	G58	Other mononeuropathies (ICD10=traumatic neuritis)
356	G60	Hereditary and idiopathic neuropathy
357.x	G61.x	Inflammatory and toxic polyneuropathy (including Gullain Barre Syndrome)
359.9	G72.8	Flaccid muscle paralysis
337	G64	Other disorders of peripheral nervous system
781.4	29.8	Transient paralysis of a limb
956	----	Traumatic neuritis (sciatic nerve)
956.1	----	Traumatic neuritis (femoral nerve)
956.9	---	Traumatic neuritis (unspecified nerve of pelvic girdle and lower limbs)
979	T88.1	Other complications following immunization, not elsewhere classified

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Communicable Disease Control and Child Health Sub-directorate, Tel: 021-483-9964 /3156 / 9917 or 086-611-1092 / 021-483-2682 (fax), charlenea.jacobs@westerncape.gov.za / babalwa.mtuze@westerncape.gov.za / felencia.daniels@westerncape.gov.za

ANNEXURE 5: CDC WEEKLY PRIORITY CONDITION SUMMARY REPORTING FORM

Report to be completed by the focal person at the reporting site (health facility or sub-district or district) and faxed to 086-6111092 or 021-483-2682 every Monday (for the previous week). Please submit a zero / nil report if there has been nil cases. NB! Please attach the GW17/5 and/or the Case Investigation Form, laboratory report of reported cases.

Weekly Summary Reporting Form

Year:	Week	Month:
Province:	District	Reporting Site Name (Health Facility or District Office)
Officially expected reports:	Number of reports received:	Reports received on time:
Name of reporting official/person:	Telephone and fax number:	

	PRIORITY CONDITION / DISEASE	Cases	Deaths	Laboratory confirmed cases	Observations/Comments
1	Acute Flaccid Paralysis (AFP)				
2	Adverse Events Following on Immunisation (AEFI)				
3	Cholera				
4	Foodborne Illness / Food poisoning				
5	Malaria				
6	Measles				
7	Meningococcal Meningitis				
8	Neonatal Tetanus				
9	Rabies				
10	Shigella Dysentery				
11	Typhoid Fever				
12	Viral Haemorrhagic Fever				
13	Any other event of public health importance (Specify)				Condition/Disease/Diagnosis:
14	Outbreaks (suspected / confirmed)				Condition/Disease/Diagnosis: Facility, Sub-district: Description of event:

Disease/Condition/Event: Acute Flaccid Paralysis (AFP), Adverse Events following Immunisation (AEFI), Cholera, Foodborne Illness/Food poisoning, Malaria, Measles, Meningococcal Meningitis, Neonatal Tetanus, Rabies, Shigella Dysentery, Typhoid Fever, Viral Haemorrhagic Fever, Any other event or disease of public health importance (specify)

Western Cape Government
Health

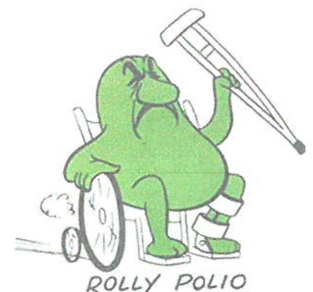
EXPANDED PROGRAMME ON
IMMUNISATION

URGENT NOTICE!

ACUTE FLACCID PARALYSIS SURVEILLANCE FOR POLIO ERADICATION

Who?

All Health Care Workers
Whoever you are, wherever you are!



What?

Report any sudden paralysis
(including Guillian Barrè Syndrome)
in children under the age of 15 years,
not caused by any form of trauma.

When?

Report **immediately** to ......

Where?

Provincial EPI Surveillance Officer @

Tel: 021-483-9917/3156/9964
Cell: 082-063-5994/ 064-756-9739
Fax: 021-483-2682
E-mail: babalwa.magodla@westerncape.gov.za

You can make a difference!

1. **Promptly report every case of AFP**
   Criteria of a true AFP Case: **Age** (must be <15yrs), **Paralysis** (NOT due to injury; ACUTE/sudden onset, flaccid/floppy–NOT SPASTIC), whatever the diagnosis
2. **Collect 2 stool specimens of 5-10grams (24-48 hours apart) from the case** Specimens must be frozen and/or maintained on ice at all times during storage and transportation; i.e. kept in the refrigerator / freezer until transportation is available and should be kept in a cold box with ice packs during transport. It is important that a completed AFP Case Investigation Form be completed and accompanies the specimen/s.
3. **Complete an AFP Case Investigation (with neurological assessment form) and GW17/5 forms, for each case**