



Ref: PH/DCS/Epi/C_21/2010
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REMINDER CIRCULAR

*To: All Doctors and Nurses at the Government and Private Hospitals,
Health Centers and Private Clinics.*

Acute Flaccid Paralysis (AFP) Guidelines

AFP case definition: Sudden onset of weakness (flaccid paralysis) in any limb in all individual less than 15 years of age.

Any case meets the case definition should immediately be notified (with in 24 hrs) to Disease Control Section – Public Health Directorate (PHD-DCS) and to refer to the paediatric neurologist.

Roles and responsibilities of the first contact physician:

- ◆ Notification of PHD-DCS immediately by Tel: 17288888, Ext: 2141 – 2145 - 2143 - 2296, Fax: 17279290 – 17279268.
- ◆ Refer the case to pediatrician.

Roles and responsibilities of the treating pediatrician:

- ◆ Refer the case to the paediatric neurologist according to ministerial request (attached).
- ◆ Notification of PHD-DCS immediately by Tel: 17288888, Ext: 2141 – 2145 - 2143 - 2296, Fax: 17279290 – 17279268.
- ◆ Should take relevant History and conduct clinical examination.
- ◆ Check Immunization status document.
- ◆ Admit the case to the hospital.



Roles and responsibilities of the paediatric neurologist:

- ◆ Fill the immediate case investigation forms (attached)
- ◆ Ensure collection of two stool samples at least 24 hours apart and within 24 – 48 hours of notification. The 2 samples should be collected within 14 days from the onset of paralysis each specimen should be splitted in two containers.
- ◆ Contact sampling of AFP cases should be done for :
 1. Contacts of AFP cases with inadequate stools:
 2. 'Hot' or highly suspected AFP cases:
 3. Contact samplings may be collected when there is any suspicion by the program regarding the collection process, or handling of the index AFP stool specimen, specialized investigations e.g. nerve conduction study (EMG).
- ◆ Arrange for nerve conduction study (EMG).
- ◆ Follow up of the patient after 60 days.
- ◆ Give final diagnosis.
- ◆ Fill the sixty days follow up form and send it to DCS (attached).

Roles and responsibilities of AFP focal point Public Health Specialist at (DCS-PHD):

- ◆ Coordinate surveillance activities.
- ◆ Ensure proper specimens collection at proper time and contact investigation if applicable.
- ◆ Ensure transportation of specimen in a special container (frozen) and splitted.
- ◆ Ensure samples sent to the reference laboratory on time and not to delay the first samples if the 2nd sample delayed more than 2 days.
- ◆ Collect notification form, child immunization card, immediate case investigation forms and other investigation results, laboratory result, final diagnosis forms and sixty days forms.
- ◆ Ensure completion of data.
- ◆ Ensure that EMG is done for the case.
- ◆ Ensure that the case has a follow up appointment with the neurologist.
- ◆ Ensure follow up of the case at 60 days.
- ◆ Prepare AFP report for the higher authority and WHO.
- ◆ Ensure contact sampling is done according to guidelines for contact sampling.



Roles and responsibilities of Public Health Directorate Laboratory:

- ◆ Receive proper samples and inform DCS-PHD focal point
- ◆ Send the samples for virus isolation & serotyping to Oman within 7 days.
- ◆ If polio virus not isolated, check about other enterovirus with the lab.
- ◆ Report the result to AFP focal point DCS-PHD.

Roles and responsibilities of Expert committee:

- ◆ Final classification of the case:
 1. Discard if no wild polio virus isolated,
 2. Confirm polio if wild polio isolated in presence of residual paralysis.
 3. Polio-compatible if stool not collected and/or inadequate or if residual paralysis present.
 4. Take decision related to the case and contacts.

Dr Mariam Athbi Al Jalahma

Assistant undersecretary for Primary Healthcare and Public Health

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PUBLIC HEALTH DIRECTORATE
IMMUNIZATION UNIT

Polio eradication DCS/EPI program No 9 form 1 of 5

Case investigation form (parts 1-3)

Part 1 : Immediate Case Investigation										
IDENTIFICATION										
EPID #					Date of case investigation		Day	Month	Years	
Patient Name		Address								
Nationality										
Municipality/village		District			Province					
Date of Birth		Day	Month	Yeas	If birth date unknown, give age in months		Month	Sex	M	F
Father's Name					Mother's name					
Notification										
Date the case was first reported to a government health office						Day	Month	Years		
Date of admission to hospital, if applicable						Day	Month	Years		
Name of hospital		Hospital record #								
Clinical diagnosis		Physician (name)								
PATIENT HISTORY & SYMPTOMS										
Date of onset of paralysis						Day	Month	Years		
If the patient died, date of death						Day	Month	Years		
Specify any prior paralysis seizures or other neuralgic disorders of patient										
Verify						Is paralysis acute? (i.e. rapid progression)		Yes	No	Unknown
						Is paralysis flaccid? (i.e. floppy)				
If paralysis is not acute & flaccid, stop investigation. Specify diagnosis, if known										
If paralysis is acute & flaccid, continue investigation										
Was there fever at the onset of paralysis?						Yes	No	Unknown		
Is the paralysis asymmetric						Yes	No	Unknown		
How many days from the time of paralysis onset to full installation of paralysis						Day	Unknown			
Site of	Left leg	Yes	No	unk	Breathing muscles	Yes	No	Unknown		
Paralysis	Right leg	Yes	No	unk	Neck muscles	Yes	No	Unknown		
	Left arm	Yes	No		Facial muscles	Yes	No	Unknown		
	Right arm	Yes	No		Other specify					
Where was paralysis in arms?				Proximal	Distal	Both	Neither	Unknown		
Where was paralysis in legs?				Proximal	Distal	Both	Neither	Unknown		
Was there any sensory nerve function loss?						Yes	No	Unknown		
Did patient travel > 10 kilometers from home 28 days before paralysis onset						Yes	No	Unknown		
Did patient had visitors from endemic area										
If yes, specify		from			To					
Dates		Day	Month	Yeas	Day	Moith	Years			
if yes, where?		country			district		Village			
Are there other AFP cases in patient's community within 60 days of patient's onset?						Yes	No	Unknown		
IMMUNIZATION HISTORY										
Did the patient have an immunization card available during the investigation						Yes	No	Unknown		
Number of OPV doses received during routine immunization (exclude 0 dose) before onset						Doses		Unknown		
Number of additional doses of OPV received during campaigns before onset						Doses		Unknown		
Date of last dose of OPV before collection of stool specimen						Day	Month	Unknown		
STOOL SPECIMEN COLLECTION										
Date of first stool specimen collection						Day	Month	Years		
Date of second stool specimen collection						Day	Month	Year		
Specialized investigation		EMG								
		Nerve conduction study								
Others investigation					Specify					
Name of investigator					Signature					
Thank you for your cooperation!!! Please send this form to the EPI programme manager (and retain you copy)										
Remember to conduct a follow – up exam at last 60 days after paralysis onset, and please use part II of this form!										

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**Polio eradication DCS/EPI Program No. 9 form 2 of 5
Case investigation form for acute flaccid paralysis (parts 1-3)**

Part II : 60-day follow - up Examination					
EPID #		Date of follow up			
		Day	Month	Years	
Patient Name		Address			
Municipality/village		District		Province	
Was a 60 - day follow - up examination conducted ?				Yes	No
If no, why not?				Patient died	
				Patient was lost to follow - up	
				Other reason, specify	
Date of exam					
		Day	Month	Years	
Results of exam (I.e indicate whether patient had residual weakness)		Residual weakness	No residual weakness	Unknown	
Print name of investigator		Signature of investigator			
Address of investigator					
Phone number					
Thank you for your cooperation ! please send this form to the EPI program manager (and retain your own copy)					

Part III : Final Classification of case (by expert Committee)					
EPI #		Date of final classification			
		Day	Month	Years	
Patient name		Province		District	
Final classification of case?			Confirmed		
			Discarded		
			Compatible		
Based on what criteria ? (check only one)		Wild poliovirus			
		No wild poliovirus from adequate stool			
		Inadequate stool specimens			
		No stool specimen			
		Residual weakness after 60 days			
		No residual weakness after 60 days			
		Died after polio-compatible illness			
		Lost to follow - up & compatible illness			
If classified as "discarded, specify final diagnosis					
Comments					
Signature of expert committee chairperson					
Please send this completed form to the EPI programme manager (and retain your own copy)					



Contact Stool Collection Form

EPID NO. <i>(index AFP EPID number)</i>						
Reason for collection	Inadequate	Hot case	Delayed notification	Other		
Name of contact						
Address						
Area						
Nationality						
Specimen number (in case of multiple samples from contact)						
Date of stool collection						
Date stool sent to laboratory						
Relation to index case	Household relative	Household non-relative	Out-of-household relative	Neighbor	Playmate/Schoolmate	Other
Period of Exposure to Index AFP cases	(<input type="checkbox"/>) within 7 days prior to onset of paralysis (<input type="checkbox"/>) 2 weeks prior (<input type="checkbox"/>) within 2 weeks after onset of paralysis (<input type="checkbox"/>) one month prior					
Date of birth or Age in months	____/____/____					____ months
Sex	Male			Female		
Number of routine OPV doses						
Number of SIA OPV doses						
Date of last OPV						
Date stool received at laboratory						
Laboratory serial number						
Stool condition	Good			Poor		
Results: P1	Wild	Sabin	Positive-ITD pending	Negative	Not processed	
P2	Wild	Sabin	Positive - ITD pending	Negative	Not processed	
P3	Wild	Sabin	Positive - ITD pending	Negative	Not processed	
NPEV	Positive		Negative		Not processed	
Date culture results sent from lab to EPI						
Date ITD results sent from lab to EPI						
Comment and Signature						