ACUTE FLACCID PARALYSIS INITIAL QUESTIONNAIRE (Revised January 2016)

Australian Paediatric Surveillance Unit – Victorian Infectious Diseases Reference Laboratory

Please keep a record of the child's unit number in your APSU folder.

Enquires Dr Bruce Thorley at VIDRL ph: (03) 9342 9607 to discuss this questionnaire or Prof Elizabeth Elliott on (02) 9845 3005 for clinical queries.

Please return questionnaire in the addressed reply-paid envelope to: AFP Surveillance, Victorian Infectious Diseases Reference Laboratory, The Doherty Institute, 792 Elizabeth Street, Melbourne, Victoria 3000 fax: (03) 9342 9665 email: enterovirus@mh.org.au

FOR INFORMATION REGARDING REFERRAL OF SPECIMENS TO VIDRL PLEASE SEE http://www.vidrl.org.au/surveillance/afp-surveillance/

If this patient is primarily cared for by another physician who you believe will report the case, please complete the reporting clinician and patient details only and return to VIDRL. If no other report is received for this child we will contact you for information requested in the remainder of the questionnaire.

The primary clinician caring for this child is: Name: *Hospital:*

REPORTING CLINICIAN'S DETAILS

1. APSU Dr Code ☐☐☐☐ 2.Month/Year of Report ..... / .....
3. Dr Name_____ 4. Dr Address_____
5. Dr Telephone (0)_____Fax: (0)_____Email_____

PATIENT DETAILS

6. First 2 letters of Surname ☐☐ 7. First 2 letters of Given Name ☐☐ 8.Hospital Of Admission _____
9. Date of Birth: ☐☐ / ☐☐ / ☐☐ 10. Sex M ☐ F ☐
11. Postcode ☐☐☐☐ 12. Of Aboriginal/Torres Strait Islander descent? ☐ Yes ☐ No ☐ Unsure

PATIENT VACCINATION HISTORY

13. Has the patient ever been immunised with a vaccine including polio? ☐ Yes ACIR/written record; ☐ Yes self-report; ☐ No ☐ Unknown
14. Number of doses? _____ If known, date of last dose? Date /……/……/……. ☐ Unknown
15. Has the patient been in contact with someone who received oral polio vaccine within the 6 weeks prior to onset of symptoms? ☐ Yes ☐ No ☐ Unsure
16. Has the child travelled overseas in the last 3 months? ☐ Yes ☐ No ☐ Unsure. IF YES, specify where _____
17. Has the patient had contact with anyone who has travelled overseas OR visited from overseas in the last 3 months? ☐ Yes ☐ No ☐ Unsure.
    IF YES, specify country of travel or origin and relationship to patient_____
18. In the 4 weeks prior to presentation did the child;
    a) receive influenza vaccine? ☐ Yes ☐ No ☐ Unsure IF YES, type of vaccine:_____Date given……/……/……..
    b) have a laboratory proven influenza-like illness? ☐ Yes ☐ No ☐ Unsure IF YES, type of illness:_____Date of positive specimen……/……/……..

CLINICAL FEATURES & INVESTIGATIONS

19. Date of onset of paralysis (dd/mm/yy) ☐☐/☐☐/☐☐ 20. Site of paralysis _____
21. Was the patient hospitalised? ☐ Yes ☐ No ☐ Unsure
22. Was the patient immunosuppressed? ☐ Yes ☐ No ☐ Unsure IF YES, specify_____
23. Was a sensory level detected on examination? ☐ Yes ☐ No ☐ Unsure IF YES, specify_____
24. Was there cranial nerve involvement? ☐ Yes ☐ No ☐ Unsure IF YES, specify_____
25. Was there bladder and/or bowel involvement? (eg. Urinary retention/incontinence) ☐ Yes ☐ No ☐ Unsure IF YES, specify_____
26. Was a lumbar puncture done? ☐ Yes ☐ No ☐ Unsure
27. IF YES, CSF: protein _____g/L glucose _____mmol/L Number of _____PMN _____Lymphocyte_____ RBC; other_____
28. Were nerve conduction studies done? ☐ Yes ☐ No ☐ Unsure IF YES, specify results _____
29. Was an MRI done? ☐ Yes ☐ No ☐ Unsure IF YES, brain ☐ or spinal ☐
    If YES, specify findings_____
30. Was an EMG performed? ☐ Yes ☐ No ☐ Unsure
    If YES, specify findings_____
31. How many faecal specimens were sent for viral culture? ☐ None ☐ One ☐ Two ☐ Unsure

DIAGNOSIS

32. In light of currently available evidence, what is the patient's diagnosis? (Please indicate on list below)

Peripheral neuropathy
- ❑ Guillain-Barré syndrome (acute post- infectious polyneuropathy)
- ❑ Acute axonal neuropathy
- ❑ Neuropathies of infectious diseases
- ❑ Acute toxic neuropathies(heavy metals)
- ❑ Focal mononeuropathy

Anterior horn cell disease
- ❑ Acute poliomyelitis
- ❑ Vaccine-associated poliomyelitis
- ❑ Other neurotropic viruses

Acute myelopathy
- ❑ Transverse myelitis
- ❑ Acute disseminated encephalomyelitis (ADEM)
- ❑ Spinal cord ischaemia
- ❑ Spinal cord injury or compression eg.Tumour, trauma
- ❑ Peri-operative complication

Muscle disorders
- ❑ Polymyositis, dermatomyositis
- ❑ Periodic paralyses
- ❑ Mitochondrial diseases (infantile type)
- ❑ Viral myositis
- ❑ Drug-induced paralysis (specify)_____

Systemic disease
- ❑ Acute porphyria
- ❑ Critical illness neuropathy/ myopathy
- ❑ Conversion disorder

Disorders of neuromuscular transmission
- ❑ Botulism
- ❑ Insecticide *e.g: organophosphate poisoning*
- ❑ Tick bite paralysis
- ❑ Myasthenia gravis
- ❑ Snake bite

Other (specify)_____

OUTCOME

33. Did the patient survive the illness? ☐ Yes ☐ No ☐ Unsure IF NO, please give number of days between onset of paralysis and death ☐☐ days
34. Does the patient have any residual paralysis? ☐ Yes ☐ No ☐ Unsure IF NO, duration of paralysis? ☐☐ days
35. If YES, specify level sensory_____ motor _____
36. Is there residual sphincter dysfunction? ☐ Yes ☐ No ☐ Unsure

Thank you for contributing to AFP surveillance and the WHO polio eradication program

PLEASE USE THE BACK OF THIS QUESTIONNAIRE IF YOU HAVE ANY FURTHER INFORMATION THAT MAY HELP US