

# Annex 11B: Acute Flaccid Paralysis-case Investigation Form

## OFFICIAL USE

**Epid Number:** \_\_\_\_\_

_____/_____/_____																
<b>IDENTIFICATION</b>																
District: _____ Province: _____																
Nearest Health _____ Village/ _____ Town/ _____																
Facility to Village: _____ Neighbourhood: _____ City: _____																
<b>ADDRESS:</b> _____ _____																
Name(s) of patient: _____ Mother/Father: _____																
Sex: 1 = Male, 2 = Female Date of birth: ____/____/____ or Age: years ____ months ____ <span style="display: block; text-align: right; font-size: small;">(If DOB is unknown)</span>																
<b>NOTIFICATION/INVESTIGATION</b>																
Notified by: _____ Date Notified: ____/____/____ Date Investigated: ____/____/____																
<b>HOSPITALIZATION</b>																
Admitted to hospital? 1= Y, 2= N Date of admission ____/____/____																
Medical record number: _____																
<b>CLINICAL HISTORY</b> Please use the following key, 1=Yes, 2=No, 9=Unknown.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Question</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Fever at Onset of paralysis</td> </tr> <tr> <td style="padding: 2px;">Paralysis progresses &lt;= 3 days</td> </tr> </tbody> </table>	Question	Fever at Onset of paralysis	Paralysis progresses <= 3 days	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">Answer</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; height: 20px; border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center; height: 20px; border: 1px solid black;"></td> </tr> </tbody> </table>	Answer			<table border="0" style="width: 100%;"> <thead> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Site of Paralysis</th> </tr> <tr> <th style="width: 50%; padding: 2px;">LA</th> <th style="width: 50%; padding: 2px;">RA</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; height: 20px; border: 1px solid black;"></td> <td style="text-align: center; height: 20px; border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center; height: 20px; border: 1px solid black;"></td> <td style="text-align: center; height: 20px; border: 1px solid black;"></td> </tr> </tbody> </table>	Site of Paralysis		LA	RA				
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(completed by district team) Province \_\_\_\_\_ District Year Onset Case Number \_\_\_\_\_ Received: \_\_\_\_\_

Flaccid & sudden paralysis

Onset of paralysis:

Asymmetrical \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Asymmetrical \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**AFTER INVESTIGATION, WAS IT TRUE AFP?** 1 = Y, 2 = N

If "No," then the rest of the form does not need to be completed. Mark "6" for Final Classification.

**VACCINATION HISTORY**

Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 3rd \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Total Doses of Polio: 99= Inconnu 1st \_\_\_\_/\_\_\_\_/\_\_\_\_ 4th \_\_\_\_/\_\_\_\_/\_\_\_\_  
 2nd \_\_\_\_/\_\_\_\_/\_\_\_\_ If >4, last dose \_\_\_\_/\_\_\_\_/\_\_\_\_

**SPECIMEN COLLECTER DE SELLES Date Sent to**

Date 1st Stool: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date 2nd Stool: \_\_\_\_/\_\_\_\_/\_\_\_\_ National lab: \_\_\_\_/\_\_\_\_/\_\_\_\_

**STOOL SPECIMEN RESULTS:**

Condition of Stool: 1=Adequate, 2= Not Adequate

/ / / / / / / / / /  
 Date received by national Lab Date results sent by lab to district Date results receive by district  
 / / / / / / / / / /

Date isolate sent by national Lab to regional lab Date differentiation result sent by regional lab  
 Date differentiation result received by district

Primary Isolation	P1	P2	P3	NP-Ent	W	W	W	V1	V2	V3	P-Ent

**FOLLOW UP EXAMINATION**

Date of follow up examination: \_\_\_\_/\_\_\_\_/\_\_\_\_ Findings at Follow-up: □□  
 1 = Residual paralysis 3= Lost to follow-up  
 2= No residual paralysis 4= Death before follow-up  
 LA RA  
 LL RL

Residual Paralysis?

**FINAL CLASSIFICATION OF THE CASE:** □□□ 1=Confirmed, 2=Compatible, 3= Discarded 6=Pas PFA

**INVESTIGATOR**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Unit: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_