Philippine Integrated Disease Surveillance and Response

Case Investigation Form

Acute Flaccid Paralysis

Name of DRU:	Type: ☐RHU ☐CHO ☐Gov't Hospital ☐Private Hospital ☐Clinic ☐Gov't Laboratory ☐Private Laboratory ☐Airport/Seaport

I. PATIENT INFORMATION:	Patient Number	Patient's First Name	Middle Name	Last Nam

Complete Address:	Sex:	☐Male ☐Female	Date of Birth:	MM	DD	YY	Age:	☐Days ☐Months ☐Years
Patient Admitted? ☐Yes ☐ No ☐Unknown			Date Admitted/ Seen/Consult	MM	DD	YY		
Date of Report: MM / DD / YY			Date of Investigation:	MM	DD	YY		

II. CLINICAL DATA (Put a check [√] in the appropriate box)

PRODROME	PARALYSIS	SITE OF FLACCID PARALYSIS	Sensory Status	Deep Tendon Reflexes	Motor Status
Fever: ☐ Y ☐ N ☐ U Cough: ☐ Y ☐ N ☐ U Diarrhea/Vomiting: ☐ Y ☐ N ☐ U Muscle pain: (pain on hip) ☐ Y ☐ N ☐ U Meningeal signs: ☐ Y ☐ N ☐ U	Date onset: ________________ Present at birth?: ☐ Y ☐ N ☐ U Asymmetric?: ☐ Y ☐ N ☐ U PROGRESSION Paralysis fully developed within 3 to 14 days from onset of illness? ☐ Y ☐ N ☐ U Direction of paralysis: ☐ Ascending ☐ Descending ☐ Unknown	Right arm: ☐ Y ☐ N ☐ U Left arm: ☐ Y ☐ N ☐ U Right leg: ☐ Y ☐ N ☐ U Left leg: ☐ Y ☐ N ☐ U Breathing muscles: ☐ Y ☐ N ☐ U Neck muscles: ☐ Y ☐ ☐ U Facial muscles: ☐ Y ☐ N ☐ U **Working Diagnosis:**____________ ______________________________	_____ _____ _____ _____	_________ _________ ________ ________	_______ _______ _______ _______

NOTE: Instructions on the grading/ scoring of the sensory status, deep tendon reflexes and motor status are presented at the back of this page.

III. EPIDEMIOLOGIC DATA

History of neurologic disorder?: ☐ Y ☐ N ☐ U If YES, specify disorder:_____________________________________

Did the patient travel (>10 km from house) one month prior to illness? ☐ Y ☐ N ☐ U

If YES, specify place:____ Date traveled: From_____/_____/_____ To _____/_____/_____

Other AFP cases in patient's community within 60 days of patient's paralysis? ☐ Y ☐ N ☐ U

Does the patient had any history of injection, trauma and/ or animal bite ? ☐ Y ☐ N ☐ U

If YES, specify type _______________

IV. IMMUNIZATION HISTORY

Total OPV doses received: ______ **Date last dose of OPV :** _____/_____/_____ **Is this a "Hot case"?** ☐ Y ☐ N

V. LABORATORY DATA

Stool sample #	Collected?	If YES, date taken	Date sent to RITM	Date received RITM	Result	Date result
1	☐ Y ☐ N	___________	_______	___/___/___	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ NPEV ☐ Inadeq ☐ Other	___/___/___
2	☐ Y ☐ N	___/___/___	___/___/___	___/___/___	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ NPEV ☐ Inadeq ☐ Other	___/___/___

VI. 60-DAY FOLLOW-UP

Expected date of follow-up_______________ Actual date of follow-up conducted:_____/_____/_____

P.E. done? ☐ Y ☐ N If NO, reason for no examination: ☐ Patient died ☐ Lost to follow-up ☐ Other, specify____________________

Residual paralysis at 60 days?: ☐ Y ☐ N ☐ U Atrophy?: ☐ Y ☐ N ☐ U

Other observations:____

VII. CLASSIFICATION (TO BE FILLED UP BY THE EXPERT PANEL ONLY)

FINAL CLASSIFICATION	IF VAPP	CLASSIFICATION CRITERIA	FINAL DIAGNOSIS
☐ Confirmed wild polio ☐ Vaccine-derived paralytic polio (VDPV) ☐ Vaccine-associated paralytic polio (VAPP) ☐ Polio compatible ☐ Discarded Date classified: _____/_____/_____	☐ Recipient VAPP ☐ Contact VAPP ☐ Unknown	☐ Laboratory ☐ EPI linked ☐ Lost to follow-up ☐ Death ☐ With residual paralysis ☐ Without residual paralysis	

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AFP Case definition:

- Any child less than 15 years of age with acute flaccid paralysis, **OR**
- A person of any age in whom poliomyelitis is suspected by a physician.

Hot Case Description:

- An AFP case that is <5 years old with < 3 doses of OPV and has fever at the onset of asymmetrical paralysis, **OR**
- An AFP case or a person of any age whose stool specimen(s) has poliovirus isolate.

Grading/Scoring of Sensory Status, Deep Tendon Reflexes and Motor Status:

A. Sensory status is presented in percentage and categorized as follows:

- ≤ 25% = Absent
- ≥ 25% but <100% = Reduced
- 100% = Normal

B. Deep tendon reflexes (DTRs) are presented in (+) symbol and categorized as follows:

- none or 0 = absent
- + = reduced
- ++ = normal
- +++ with/without clonus = increased or exaggerated

C. **Motor status** is presented in fraction and categorized as follows:

- 0/5 = absent or no movement
- 1/5 to 3/5 = reduced movement (with movement but not against resistance or gravity)
- 4/5 to 5/5 = normal (movement with full resistance and against gravity)