

Case name: *First name* *Surname* DOB/...../..... Notification ID:



Acute Flaccid Paralysis Case Report Form

..... **Public Health Unit** Outbreak ID:
Completed by: Date sent to NOCS:/...../.....
Telephone: Fax:

NOTIFICATION:

Date PHU notified:/...../..... Date initial response:/...../.....
Notifier: Organisation:
Telephone: Fax: Email:
Treating Dr:
Telephone: Fax: Email:

CASE DETAILS:

UR No:

Name: *First name* *Surname*
Date of birth:/...../..... Age: Years Months Sex: Male Female
Name of parent/carer:
 Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander Non-Indigenous Unknown
English preferred language: Yes No – *specify* Ethnicity – *specify*
Permanent address:
..... Postcode:
Home tel: Mob: Email:
Occupation: Work telephone:
Temporary address in Queensland (if different from permanent address) :
..... Postcode:
Telephone: Mob: Email:
General Practitioner: Dr
Address: Postcode:
Telephone: Fax: Email:

CLINICAL DETAILS:

Date of onset :/...../..... Medical consultation date:/...../.....
Is weakness present? Yes – onset date:/...../..... No Unknown
Is paralysis present? Yes – onset date:/...../..... No Unknown
Site of paralysis:
Type of Acute Flaccid Paralysis: Asymmetric Symmetric Unknown AFP Onset date:/...../.....
Hospitalised: Yes No Unknown Hospital: Date:/...../..... to/...../.....
Complications: Yes – *specify* No Unknown
Outcome: Survived Died Date of death:/...../..... Died of condition Unknown

LABORATORY:

Laboratory: First Collection date:/...../.....

Electromyogram specify finding:
Isolation of EV 71:/...../..... Positive Negative Not tested Unknown
PCR/...../..... EV 71 detected EV 71 Not detected Not tested Unknown
Botulinum culture/toxin assay:/...../..... Result:

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Polio virus isolation/PCR : Sample 1 :/...../..... Result:
 Sample 2 :/...../..... Result:

VACCINATION DETAILS:

Dose	Date	Type
1/...../.....
2/...../.....
3/...../.....
4/...../.....
5/...../.....

Vaccination status: Age-appropriate Incomplete Not vaccinated Unknown

Source of vaccination history: ACIR/VIVAS/Health Record Self/parental recall Unknown

TRAVEL HISTORY:

Was the case interstate or overseas within 35 days of onset date? Yes No Unknown

Date of travel:/...../..... to/...../..... Places visited:

During this time was there contact with confirmed/suspected case(s) Yes No Unknown

Name / NID: Telephone: Contact type:

Name / NID: Telephone: Contact type:

Other details:

Was there contact with person who received OPV within 75 days of onset? Yes No Unknown

Details:

Contact with known case of Hand, Foot and Mouth disease? Yes – date of contact/...../..... No Unknown

Details:

PLACE ACQUIRED:

Queensland Other Australian state/territory – *specify*

Unknown Other country – *specify*

NOTIFICATION DECISION: Polio case with AFP EV 71 case with AFP Acute Flaccid Paralysis Unknown

Other

In all cases of AFP in children less than 15 years of age, the Australian Paediatric Surveillance Unit (APSU) questionnaires should be completed (www.vidrl.org.au/surveillance/afp-surveillance/) and sent to the National Polio Reference Laboratory at the Victorian Infectious Disease Research Laboratory (VIDRL) with a copy to APSU as listed on the form. A further questionnaire will be sent by APSU to the treating clinician to complete at 60 days after the onset of illness (www.vidrl.org.au/surveillance/afp-surveillance/)

CONTACT MANAGEMENT:

Type of contact	Number of contacts	Management
Household	Children: Adults:	Testing
Childcare Centre/ School	Children: Adults:	Testing
Other	Children: Adults:	Testing

COMMENTS: