

National Poliomyelitis Eradication Initiative

Acute Flaccid Paralysis (AFP) Surveillance Programme

Back Ground

Poliomyelitis was made a notifiable disease in Sri Lanka in 1944. OPV immunization of children was commenced island wide in 1964. Since the initiation of Expanded Programme on Immunization (EPI) in 1978, case incidence of poliomyelitis dropped drastically as the immunization coverage soared. With the dwindling caseload, it is very important to carry out enhanced surveillance to ensure that every case of poliomyelitis is detected. The purpose is to reliably identify areas where poliovirus transmission is occurring or is likely to occur and to allow supplementary immunization activities to be focused where it is necessary.

Case based surveillance of individual acute flaccid paralysis (AFP) cases was initiated in 1991 in order to detect a possible poliomyelitis case wherever it may occur. The last case of confirmed poliomyelitis from the country was reported in 1993, in an under immunized female child aged 2 years from Kataragama in the DPDHS Division of Moneragala. Since Sri Lanka has been polio free for more than a decade, the ability to detect and respond rapidly to every case of AFP has become critical and surveillance is carried out with special emphasis to eliminate poliomyelitis as a cause for the paralysis in these cases.

A standard case definition of a suspected case of Poliomyelitis/ an AFP case has been adopted for the surveillance programme.

AFP Case definition

An AFP case is defined as any child less than fifteen years of age with Acute Flaccid Paralysis or any person with paralytic disease at any age when poliomyelitis is strongly suspected.

Once an AFP case is notified it is assigned an identification number and entered in the National AFP Register. The relevant RE, Deputy Provincial Director of Health Services (DPDHS) and the Medical Officer of Health (MOH) are also notified of the case. The reporting institution collects two timely stool samples from the case for polio virology. MOH team conduct an outbreak response for each case reported which involves immunization of 250 children in the area and collection of stool samples from contacts of the case.

These stool samples for polio virology from AFP cases are received at the Medical Research Institute (MRI), which is the Regional Reference Laboratory for Polio for the region. The Epidemiology Unit sends surveillance data of the AFP cases to the MRI and the laboratory data on AFP cases are communicated to the Epidemiology Unit by the MRI. Case surveillance and laboratory surveillance data are sent to the World Health Organization by these two organizations every week.

All AFP cases reported are followed up till they are discarded as non-polio AFP cases. This is usually carried out following virology results and neurological examination by 60 days after onset of paralysis. However those that cannot be discarded are forwarded to the National Polio expert Committee for final classification.

Source: Eradication of Poliomyelitis: A Comprehensive Guide for Medical Officers 2005. Epidemiology Unit, Ministry of Health