Annexure 4.1: AFP Case investigation form

1. Report/Investigation information Name of investigator_____

Date Case Reported: _____ Title: _____

Date Case Investigated: _____ Name of BHU/Hospital:

2. Case Identification

Case identification no: BHU -----/-----/-----
Patient's name:_____ Sex: ☐Male ☐Female
Date of Birthday -----/-----/----- Age:Year _____Months_____
Address to find the child for follow up in 60 days:_____
Village: _____ Gewog : _____ Dzongkhag _____
Permanent Address(if different)_____ Mobile No:----------

3. Hospitalization: ☐Yes ☐No Date of Hospitalization: -----/-----/-----

Name of the hospital: _____Hospital registration number:_____

4. Immunization History: Total OPV doses received through routine EPI: _____

Total OPV doses received through NIDS: _____

Date of last does of OPV (routine):_____

Date of IPV ----------

5. Signs and Symptoms: Date of paralysis onset:_____

Number of days from onset to maximum paralysis:_____

Acute Flaccid paralysis: ☐Yes ☐No ☐Unknown

Flaccid paralysis: ☐Yes ☐No ☐Unknown

Any injections during the 30 days before paralysis onset: ☐Yes ☐No ☐Unknown

Fever on day of paralysis onset: ☐Yes ☐No ☐Unknown

Asymmetrical Paralysis: ☐Yes ☐No ☐Unknown Ascending paralysis: ☐Yes ☐No ☐Unknown

Sensation Loss: ☐Yes ☐No ☐Unknown Descending paralysis:☐Yes ☐No ☐Unknown

Site(s)of paralysis: rights arms /Left arm/Right legs/ Left legs/

6. Stool Specimen Collection:

Date Collected	Date Sent	Laboratory Result (circle)
Stool 1:_____	_____	P1 P2 P3 Wild/Vaccine Pending NPEV

Negative

Stool 2:_____ _____ P1 P2 P3 Wild/Vaccine Pending NPEV

Negative

7. 60 Day Follow-up Examination: ☐Yes ☐No: Date:_____ If No, why?_____

Died? (Circle): Yes/No If Yes, date: _____ if died, cause: _____

Residual paralysis present: ☐Yes ☐No

Site of Paralysis: right arm/left arm/ right leg/left leg/others (describe) _____

Name of examiner:…… Designation…… Classification…….

8. Outbreak Response: Done: Yes/No Date:_____ If No.why?_____

If yes, date begun: _____ Setting: Urban/Rural

Target population of < 5 yrs: _____ Number < 5 immunized: _____

9. Final Classification

a.Confirmed Polio: ☐Yes ☐No. b.Polio compatible: ☐Yes ☐No c. If discarded, why? (Tick)

If discarded, what were the final diagnosis: ☐Guillian Barre Syndrome ☐Transverse Myelitis ☐ Traumatic Neuritis ☐Other------