POLIO & ACUTE FLACCID PARALYSIS
Surveillance

1 Polio status in Lebanon

- 1960s-1970s: >100 cases per year
- 1994: Last two indigenous polio cases
- 1995: One imported polio case from Africa
- 2002: WHO declared Lebanon polio-free
- 2003: One imported polio case from India

Lebanon is still at high risk of polio importation, due to:

- Four polio reservoir countries: Nigeria, India, Pakistan, and Afghanistan
- Ongoing Lebanese diaspora
- Foreign workers turnover

2 Polio/Acute Flaccid Paralysis AFP Surveillance

1. In Lebanon, Poliomyelitis is rare. But there is need to detect every case
2. This syndromic approach aims to identify all suspected polio cases
3. Physicians and health facilities are asked to report any suspected case of polio
4. Two main case definitions of suspected polio are used:
   - Any patient <15 years with AFP (weakness, paresis, or paralysis of limbs) irrespective of medical diagnosis (Guillain Barré, myelitis, encephalitis, neuropathy…)
   - OR any patient, irrespective of age, whom the physician suspects polio

3 Case investigation & stool specimens

- Once reported, investigation is initiated with data (clinical findings, vaccination status…) and specimen collection, in order to confirm or rule out polio
- Stool specimens:

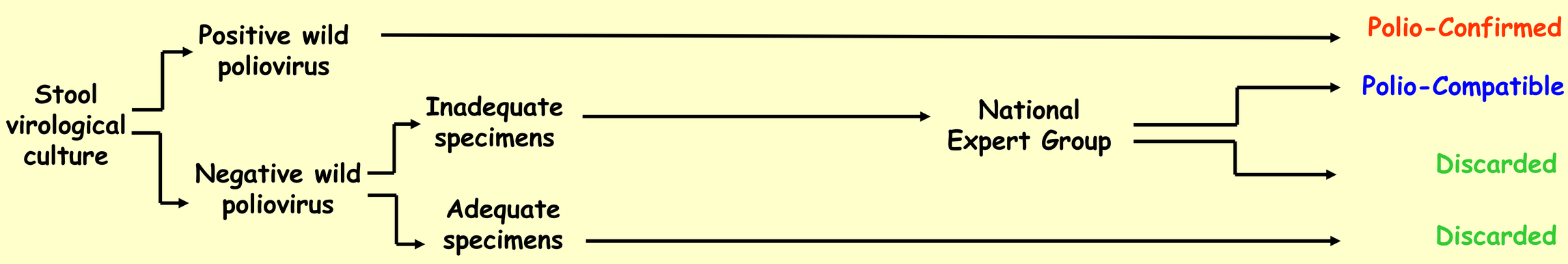
1. Number: 2 stool specimens from each patient
2. Period of adequacy: within 14 days from paralysis onset (optimum period to isolate poliovirus)
3. Interval between specimens: a minimum of 24 hrs (intermittent shedding of virus)
4. Preservation at 4-8 °C
5. If inadequate specimens: In case specimens were not taken within 14 days,
   - in addition to the 2 case specimens,
   - 1 stool specimen is requested from at least 3 patient's close contacts under 5 years

4 Role of health care facility

Surveillance of poliomyelitis relies on the close coordination between the health care providers and the ministry of public health MOPH. In deed, health care providers ensures:

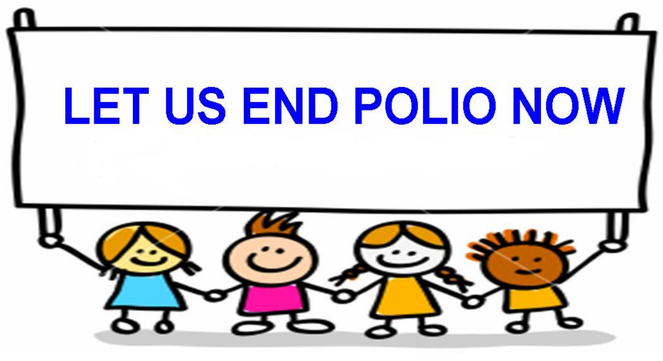
1. Diagnosis of suspected polio/AFP: based on the clinical findings, irrespective of the disease
2. Reporting to the MOPH: by phone or fax notification using the standard reporting form
3. Collaboration in the case investigation: completing data collection (paralysis/paresis topography, vaccination status, CSF results, EMG findings…) and initiating timely stool specimen collection
4. Following-up the case: at 60 days from paralysis onset, to assess any residual weakness

5 Polio/AFP algorithm classification



Contact Information:

Ministry of Public Health

Epidemiological Surveillance Program

Central tel:	01-614194-6	Central fax:	01- 610920
Mohafaza tel:		Mohafaza fax:	
Caza tel:		Caza fax:	
Email:	esumoh@cyberia.net.lb	Website:	www.moph.gov.lb