

POLIOVIRUS INFECTION OR POLIOMYELITIS CASE REPORT

FOR STATE/DCDC USE ONLY: REPORT YEAR: _____ DATE CASE STATUS IS DETERMINED: _____

Patient name—last		first	middle initial	Date of birth	Age	Sex
Address—number, street			City	State	County	ZIP code
Telephone number Home () Work ()				County (where infected if different from address)		
RACE (check one) <input type="checkbox"/> African-American/Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____				ETHNICITY (check one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		
If Asian/Pacific Islander, please check one: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____						

CLINICAL DATA

Illness onset date (mm/dd/yy)	Weakness/paralysis onset date (mm/dd/yy)	Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No	Attending physician or consultant physician	Telephone number ()
Admit date (mm/dd/yy)	Discharge date (mm/dd/yy)	Medical record number	Hospital name	Telephone number ()

Describe symptoms, signs (fever, gastrointestinal symptoms, meningeal irritation, myalgia; type—flaccid vs. plastic/rigid—distribution and progress of paralysis):

Paralysis/muscle weakness status 60 days after weakness/paralysis onset: None Died Residual weakness, describe below:

LABORATORY DATA (This section is continued on the reverse of this form.)

VIRUS ISOLATION (Throat washing, stool, rectal swab, CSF)

Type of Specimen	Date Collected	Result of the Test

Describe strain characterization of *any* poliovirus isolated (vaccine vs. wild type). ***Do not wait for this result before sending form to Department of Health Services.***

SEROLOGIC DATA (Collection dates and results of acute and convalescent sera for polio CF and/or neutralization antibody test for all three (3) poliovirus types or for other possible agents)

Date Collected	Polio CF Titers			Polio Neut. Titers			Other Agents
	Type 1	Type 2	Type 3	Type 1	Type 2	Type 3	

CSF (Collection date(s), protein, white cell count and differential, glucose)

Date Collected	WBC Count and Differential	Protein	Glucose

LABORATORY DATA (Continued)

Electromyogram, nerve conduction study, other test, describe if any (specify *date* and *findings*):

Stool tested for *C. botulinum* organism/toxin, describe:

Serlim tested for *C. botulinum* toxin, describe:

Immunocompetence work-up (e.g., WBC, quantitative immunoglobulins, T and B cell quantitation, lymphocyte transmaton, HL-A), describe:

Immunodeficiency clinically evident: Yes No Unknown

Botulism culture/toxin assay: Date: _____ Findings: _____

EPIDEMIOLOGIC DATA

History of receipt of oral polio vaccine (OPV) ≤ 30 days before onset: Yes No Unknown

Full polio immunization history, specify date and vaccine type: _____

History of contact with person who received OPV ≤ 75 days before onset of case's symptoms: Yes No Unknown

If yes, describe relationship/contact of vaccinee to case, dates of immunization, and contact: _____

Dose number of OPV received by contact: First Second Third Fourth >Fifth

Foreign travel or foreign visitors in the 30-day period before onset: Yes No Unknown

If yes, describe in details (dates of contact, illness signs and symptoms, etc.): _____

Other cases of polio-like illness in the community or in contact with the case ≤ 30 days before onset: Yes No Unknown

If yes, describe in details (dates of contact, illness signs and symptoms, etc.): _____

REMARKS

Investigator name (print)	Date	Telephone number ()
Agency name		

CASE DEFINITIONS

Poliovirus infection, non-paralytic CASE DEFINITION 2010 - CSTE Position Statement Number: 09-ID-53
Case classification:
Confirmed: Any person without symptoms of paralytic poliomyelitis in whom a poliovirus isolate was identified in an appropriate clinical specimen, with confirmatory typing and sequencing performed by the CDC Poliovirus Laboratory, as needed.
**Note that this case definition applies only to poliovirus infections found in asymptomatic persons or those with mild, nonparalytic disease (e.g., those with a nonspecific febrile illness, diarrhea, or aseptic meningitis). Isolation of polioviruses from persons with acute paralytic poliomyelitis should continue to be reported as "paralytic poliomyelitis."*

Poliomyelitis, paralytic CASE DEFINITION 2010 - CSTE Position Statement Number: 09-ID-53
Case classification:
Probable: Acute onset of a flaccid paralysis of one or more limbs with decreased or absent tendon reflexes in the affected limbs, without other apparent cause, and without sensory or cognitive loss.
Confirmed: Acute onset of a flaccid paralysis of one or more limbs with decreased or absent tendon reflexes in the affected limbs, without other apparent cause, and without sensory or cognitive loss; AND in which the patient has a neurologic deficit 60 days after onset of initial symptoms; OR has died; OR has unknown follow-up status.