UK Health Security Agency

Briefing Note 2022/085 **Date 14/11/2022**

Event	**Reporting of Acute Flaccid Paralysis / Acute Flaccid Myelitis (AFM/AFP)**
Notified by	Immunisation and Vaccine Preventable Diseases Division UKHSA
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NIERP Level	UKHSA National Enhanced
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Background and Interpretation:

This is an update on Briefing Notes 2022/040, 2022/050, 2022/068 and 2022/79.

A UKHSA national enhanced incident response is currently in place to coordinate the investigation and response to the detection of a circulating Vaccine Derived Polio Virus Type 2 in London sewage earlier this year. On the 22 June 2022 UKHSA issued a Public Health message to the NHS on the *'Immediate actions in response to detection of a 'circulating' vaccine derived polio virus type 2 in London sewage'* available here.

This Briefing Note is to alert Health Protection Teams (HPTs) that the Public Health message above is being updated to clarify reporting responsibilities and arrangements for management of Acute Flaccid Paralysis / Acute Flaccid Myelitis (AFM/AFP). The message will also be distributed to the NHS by the CAS team at the Medicines and Healthcare products Regulatory Agency (MHRA).

Case definition: acute flaccid paralysis/myelitis is characterised by rapid onset of weakness of an individual's extremities, often including weakness of the muscles of respiration and swallowing, progressing to maximum severity within 10 days. The term 'flaccid' indicates weakness accompanied by hyporeflexia or areflexia in the affected limb(s).

Under the Health Protection (Notification) Regulations 2010 registered medical practitioners (RMPs) must report any suspected infections that present or could present significant harm to human health. This covers reporting of AFP/AFM not explained by a non-infectious cause. Appropriate and timely testing of AFP/AFM cases, to exclude polio as a causative agent, as an integral component of polio surveillance.

RMPs are being reminded to report suspected AFP/AFM cases not explained by a non-infectious cause to their local HPT in the usual way.

Implications and recommendations for UKHSA Regions

Health Protection Teams may get an increasing number of reports of Acute Flaccid Paralysis / Acute Flaccid Myelitis due to an infectious cause in and out of hours. A Standard Operating Procedure (SOP) for HPTs has been developed to cover handling of possible scenarios and related actions. The main actions are to refer clinicians to the published guidance and request that the following samples are sent to the UKHSA

Virus Reference Department for poliovirus (or non-polio enterovirus) isolation and further characterisation as soon as possible:

a. 2 stool samples 48 hours apart
b. throat swabs / nasopharyngeal aspirate (NPA) and
c. cerebrospinal fluid (CSF) (if collected)

Clinicians should be reminded of their duty to report AFP/AFM at any appropriate local training opportunities.

Implications and recommendations for UKHSA sites and services

Local and regional laboratories should have a local standard operating procedure to ensure that the following samples are collected from patients presenting with AFP/AFM not explained by a non-infectious cause:

a. 2 stool samples 48 hours apart
b. throat swabs / nasopharyngeal aspirate (NPA) and
c. cerebrospinal fluid (CSF) (if collected)

These samples need to be promptly submitted to the UKHSA Virus Reference Department in order to allow detection of polio and non-polio enteroviruses

All laboratories should also ensure refer all local enterovirus positive samples to the Enteric Virus Unit (EVU) for further characterisation.

Implications and recommendations for local authorities
Nil.

References/ Sources of information

1. Immediate actions in response to detection of vaccine derived polio virus type 2 (VDPV2) in London sewage samples - GOV.UK (www.gov.uk)
2. Acute flaccid paralysis syndrome - GOV.UK (www.gov.uk)
3. Polio: national guidelines - GOV.UK (www.gov.uk)
4. For internal use only (HPTs) – the Polio / AFP/AFM SOP is available via the PDU Sharepoint here.
