

Poliomyelitis

Investigation Checklist for Local Health Departments

Local health department staff should follow these steps, not necessarily in order, when investigating polio reports. It can be used alongside the [VPD General Case Investigation Checklist](#). For more detailed information, refer to the polio disease chapter which can be accessed at: https://www.nj.gov/health/cd/documents/chapters/polio_ch.pdf

- Obtain/assess clinical and epidemiologic information:
 - Clinical presentation, specifically severity of weakness/paralysis
 - Reason(s) provider is considering polio diagnosis
 - Level of suspicion (high vs low on differential)
 - Alternate diagnoses (e.g. AFM, Guillain-Barré syndrome, transverse myelitis)
 - Immunization history (does the patient have documented polio vaccine doses? Including any recent OPV doses administered outside of the U.S.?)
 - Recent potential exposure and travel history, particularly to [destinations](#) considered at increased risk for polio
 - Is patient a member of a community with low vaccination coverage?
- Request copies of laboratory, imaging, and other diagnostic test results if completed:
 - Was a respiratory pathogen panel done? What were the results for rhinovirus/enterovirus?
 - Was a lumbar puncture performed?
 - Are there any other laboratory tests pending?
 - Was an MRI of the brain and spine and/or an Electromyogram (EMG) performed?
- Provide [specimen collection guidance](#) for submission to CDC via PHEL. If polio is highly suspected, specimens may be collected and held pending NJDOH approval:
 - At least two stool and two throat (OP) specimens should be obtained 24 hours apart as early in the course of disease as possible (i.e., immediately after polio is considered as a possible differential diagnosis), and ideally within the first 14 days after onset of paralysis
 - Isolation of poliovirus from serum and CSF is less likely. Serum and CSF specimens may be collected and held if available
 - Facility/laboratory should create an order via [PHEL's Online Ordering Portal](#):
 - Search for "Reference Laboratory Test Request", select "Other" under test type; enter "Poliovirus testing"; select specimen type (Stool); and select appropriate reference laboratory location (CDC Atlanta)
 - If online ordering is not available, a completed [SRD-1](#) form must accompany the specimens sent to PHEL. In "Tests Requested" section of the form, indicate "Reference Laboratory," and write in "CDC Atlanta"
 - Print requisition form and include with sample in shipment to PHEL. Name and DOB must be correct and match between form and sample or PHEL will reject it

- Report and consult with NJDOH:
 - Notify NJDOH of suspect polio case by calling (609) 826-5964 during regular business hours or (609) 392-2020 after business hours or on the weekend
 - Ensure case has been created and updated in the Communicable Disease Reporting and Surveillance System (CDRSS)
- Contact tracing (if determined necessary):
 - Identify close contacts especially household members
 - Consult with NJDOH about the initial precautions for close contacts of a highly suspected polio case:
 - Assess proof of immunity, refer for [vaccination](#) with IPV as appropriate, and document in the Contact Tracing section of CDRSS
 - Provide education on transmission and prevention methods (specifically handwashing with soap and water for at least 20 seconds after using the bathroom and before eating)
 - Recommend home quarantine (additional guidance will be provided on a case-by-case basis)
 - Inform collection of stool samples may be requested
 - Monitor for symptoms
- Finalize CDRSS data entry, assign appropriate case classification, and LHD Close case when investigation is complete:
 - Illness onset date
 - Demographics (including race/ethnicity)
 - Signs/symptoms (including onset dates)
 - Risk factors (additional information may be requested by NJDOH)
 - Hospital admission/discharge dates
 - Mortality (whether case was alive or deceased upon discharge)
 - Immunizations (specifically, polio immunizations)
 - [Industry and Occupation Section](#) (Current occupation, industry, and employer details)
 - Assessment/immunization of close contacts
- PLEASE NOTE: All suspected cases of **paralytic poliomyelitis** are reviewed by a panel of expert consultants before [final classification](#) occurs. Confirmed cases are then further classified based on epidemiologic and laboratory criteria.