

Table 2: Provisional laboratory indicators for NHLS and NICD, South Africa, corresponding periods 1 January - 31 March 2012/2013\*

Programme and Indicator	1 Jan to 31 Mar, year	EC	FS	GA	KZ	LP	MP	NC	NW	WC	South Africa
<b>Acute Flaccid Paralysis Surveillance</b>											
Cases < 15 years of age from whom specimens received	2012	17	14	21	21	6	11	2	11	10	113
	2013	14	5	16	18	5	9	4	1	6	78

**Footnotes**

\*Numbers are for all ages unless otherwise specified. Data presented are provisional numbers reported to date and are updated from figures reported in previous bulletins.

Provinces of South Africa: EC – Eastern Cape, FS – Free State, GA – Gauteng, KZ – KwaZulu-Natal, LP – Limpopo, MP – Mpumalanga, NC – Northern Cape, NW – North West, WC – Western Cape

Monitoring for the presence of polio in a country is based on AFP (acute flaccid paralysis) surveillance – the hallmark clinical expression of paralytic poliomyelitis. The clinical case definition of AFP is an acute onset of flaccid paralysis or paresis in any child under 15 years of age. AFP is a statutory notifiable disease and requires that 2 adequate stool specimens are taken as soon as possible, 24 to 48 hours apart, but within 14 days after onset of paralysis, for isolation and characterisation of polio virus. The differential diagnosis of AFP is wide, the most common cause of which is Guillain-Barre Syndrome. The incidence of AFP in a population has been studied in a number of developing countries and WHO have determined, as a result of these studies, that the criterion for adequate surveillance of AFP is 2 cases per 100 000 population of children less than 15 years of age (it was formerly 1 per 100,000 but this was thought to be inadequately sensitive).

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