

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

Programme and Indicator	1 Jan to 31 Dec, year	EC	FS	GA	KZ	LP	MP	NC	NW	WC	South Africa
Acute Flaccid Paralysis Surveillance											
Cases < 15 years of age from whom specimens received	2012	59	29	68	72	45	46	3	18	27	367
	2013	64	19	63	83	49	39	24	7	39	387

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

U = unavailable, 0 = no cases reported

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).

The Communicable Diseases Surveillance Bulletin is published by the National Institute for Communicable Diseases (NICD) of the National Health Laboratory Services (NHLS), Private Bag X4, Sandringham, 2131, Johannesburg, South Africa.

Suggested citation: [Authors' names or National Institute for Communicable Diseases (if no author)]. [Article title]. Communicable Diseases Surveillance Bulletin 2014; 12(1): [page numbers].

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