

Annex 1: checklist for acute flaccid paralysis case review							
Peer review checklist for Local Government Areas (LGAs), with very high stool adequacy and non-polio acute flaccid paralysis (NP-AFP) rate							
State: _____ LGA: _____				Date of review: _____			
				Name of reviewer: _____			
In each LGA visit at least 20 known AFP cases, preferably the most recent with date of onset of paralysis within the last 90 days. Except where precise, write 1 for YES and 2 for NO							
SN	Variables	Order of households visited					Total Yes
		1	2	3	4	5	
A	What is the EPID number of the case?						
B	According to verification data, was the case a true AFP?						
C	According to verification data, was the case adequate?						
D	Ward where case reside at the time of review?						
E	Settlement name where the child resides at the time of review						
F	Did you physically meet with the child during the review visit?						
	<i>If YES to question 'F', skip G, move to 'H-Q', and precise your findings</i>						
G	Reasons why a child was not seen by a reviewer (only one per child)	1 - Sleeping					
		2 - Travelled out of town					
		3 - Refusal					
		4 - Dead					
		5 - The child was a guest					
		6 - Never existed					
		7 - Wrong address					
		8 - Went to school					
		9 - Playing outside					
		10- Other (precise)					
H	Was there a history of paralysis/weakness?						
I	Was paralysis/weakness flaccid?						
J	Was paralysis/weakness sudden?						
K	What was the date of onset of paralysis?						
L	Was the child < 15 years as at the date of investigation?						
M	Is there paralysis/weakness on the day of review?						
N	Were two stool samples collected 24-48 hours apart?						
O	Was the second sample collected within 14 days of the onset of paralysis?						
P	From your findings was the case adequate [Write 1 (if "N"= 1 And "O" = 1)]						
Q	From your findings was case a TRUE AFP [Write 1 (if "H"= 1 And "I"= 1 And "J"= 1 And "L"= 1)]						
R	If you "NO" to question " P", what was it (you may write the diagnosis or your assumption on the back of this page and number accordingly)						

	<i>Conclusion</i>						
S	<i>Is there stool adequacy concordance ('C' = 'P')?</i>						
T	<i>Is there TRUE AFP CONCORDANCE ('B' = 'Q')?</i>						
NB: For this purpose, consider "P" as YES, if the 2 stool samples were collected within 24 to 48 hours apart within 14 days of onset of paralysis							
NB: For this purpose, consider "Q" as YES, if there is a history of paralysis/weakness, that is flaccid, of sudden onset in a child <15 years at the time of investigation							