Table 2. Summary of other infectious aetiologies that can lead to polio-like illness[20-26]

Organism	Route of transmission	Reservoir	Incubation	Clinical symptoms and conditions
Non-polio enterovirus • D68 • A71	Faecal-oral, respiratory droplet	Humans	2 to 10 days	Enterovirus D68 Wide range of presentations from asymptomatic to mild or severe respiratory tract symptoms such as fever, cough, runny nose, sore throat, breathlessness and wheezing. Conditions related to enterovirus D68 infections include pharyngitis, severe pneumonia and respiratory failure. Acute flaccid paralysis (AFP) can occur with sudden onset of limb weakness in one or more limbs, or involvement of respiratory or bulbar muscles. Enterovirus A71 Causes a wide range of conditions such as hand, foot and mouth disease (fever, ulcers in posterior pharynx and rashes over hands and feet), aseptic meningitis and/or encephalitis (fever, headache, neck stiffness, drowsiness and confusion), myocarditis (fever, chest pain, vomiting, loss of cardiac output and arrhythmia) and AFP.
Human parechovirus	Respiratory droplet, faecal-oral, contact	Humans	Unknown but thought to be 2 to 14 days	Asymptomatic or mild to severe disease. Symptoms include cough, runny nose, sore throat, fever and rash. Severe conditions include sepsis-like presentation, meningoencephalitis and AFP. Respiratory failure, loss of tendon reflexes and cranial nerve involvement have been reported.
Flavivirus • Japanese encephalitis virus • West Nile Virus (WNV) • Tick-borne encephalitis virus (TBE)	Japanese encephalitis virus Bites from infected *Culex* mosquitoes in rural areas in Southeast Asia, Pacific islands and the Far East WNV Bites from infected *Culex* mosquitoes in Europe, sub-Saharan and North Africa, and the Middle East; blood transfusions, organ transplants, vertical transmission through placenta and breastmilk transmission TBE Saliva of infected tick, intake of unpasteurised milk products from viraemic livestock, blood transfusion, breastfeeding	Japanese encephalitis virus Pigs, wild birds, *Culex* mosquitoes WNV Birds and *Culex* mosquitoes TBE Ticks and less frequently through viraemic animals	Japanese encephalitis 4 to 15 days WNV 2 to 14 days TBE 4 to 28 days	Japanese encephalitis virus Asymptomatic to symptoms of fever, nausea, vomiting, diarrhoea and myalgia lasting several days. Less than 0.1% develop encephalitis with altered mental status, agitation, confusion, seizure and psychosis. Cases of AFP with extrapyramidal symptoms of dystonic, choreoathetoid movements have been reported. WNV More than 50% present with headache, generalised weakness, morbilliform rash (at the time of defervescence), fever and myalgia. Less than 1% have meningism, altered mental state, AFP with marked progression over 48 hours without sensory abnormalities, extrapyramidal symptoms, and features of parkinsonism. TBE Biphasic disease occurs in 72–87% of patients with 2–10 days of illness in the first stage and a 1–21 days symptom-free interval that progresses to the second stage. Symptoms in the first stage include fever, fatigue, malaise, headache and myalgia. During the second stage, presentation ranges from mild meningitis to severe encephalitis. Myelitis and AFP involving respiratory muscles can occur. Severe disease in children younger than 3 years is rare.

Table 2. Summary of other infectious aetiologies that can lead to polio-like illness[20-26] (Cont'd)

Organism	Route of transmission	Reservoir	Incubation	Clinical symptoms and conditions
Human herpesvirus • Herpes simplex virus (HSV) • Varicella zoster virus (VZV) • Cytomegalovirus (CMV) • Epstein-Barr virus (EBV)	HSV Mucosal, oral or genital contact VZV Direct contact, respiratory secretion, inhalation of viral aerosol from skin lesions CMV and EBV Oral secretions, direct contact with infectious body fluids	Humans	HSV 2 to 12 days VZV 10 to 21 days CMV 3 to 12 weeks EBV 4 to 6 weeks	HSV Majority are asymptomatic or have mild symptoms. Other more significant symptoms include fever, myalgia, lymphadenopathy or headache. Vesicles can erupt around the site of infection (genitals, rectum or mouth) and develop into painful ulcers. Recurrent HSV infection can occur. In HSV-associated neurological manifestations, aseptic meningitis, transverse myelitis (appearing as AFP) and encephalitis (fever, confusion and seizures) can occur. VZV Prodrome of fever and malaise occur 1–2 days before the onset of generalised pruritic rash starting from the truncal area and spreading to peripheries and face. Primary or reactivation VZV infection can also lead to a range of neurological conditions such as cerebellitis, meningoencephalitis and myelitis. AFP can be one of the presenting symptoms. CMV Some are asymptomatic or have mild symptoms (fever, sore throat, fatigue and lymphadenopathy). Other symptoms include mononucleosis or hepatitis. Neurological manifestations such as encephalitis, multifocal neuropathy and polyradiculopathy (appearing as AFP) can occur, especially in immunocompromised persons. EBV Spectrum of illness including mild to severe symptoms. Can present with infectious mononucleosis (severe fatigue, sore throat, fever, headache, myalgia, lymphadenopathy and hepatosplenomegaly). Neurological manifestations include meningoencephalitis, transverse myelitis, Guillain-Barré syndrome (appearing as AFP) and cerebellitis.
Clostridium botulinum	Ingestion of spores from food (food-borne botulism); honey ingestion or environmental exposure (e.g. soil) to spores (infant botulism); contamination of wound from spores (wound botulism); inhalation of *C. botulinum* spores	Soil, aquatic sediments, intestinal tracts of birds, animals, fish and agricultural products (e.g. honey and vegetables)	Food-borne botulism 12 to 36 hours Infant botulism 3 to 30 days Wound botulism 4 to 14 days Inhalation 12 hours to 5 days	Acute, bilateral cranial neuropathy and symmetrical descending weakness (appearing as AFP). Key features include absence of fever, symmetrical neurological involvement, normal mental status, normal heart rate or bradycardia without hypotension and absence of sensory involvement. Infants with botulism can present with constipation, drooling, feeding difficulties, weak cry and hypotonia.
Borrelia burgdorferi and *Borrelia mayonii* (Lyme disease)	Ixodid tick species in parts of North America, Europe and Asia	White foot mouse, rodents, squirrels, chipmunks and shrews	3 to 32 days	Early presentation Fever, chills, headache, myalgia, arthralgia, lymphadenopathy. Erythema migrans (red, circular or oval patch of rash that expands into a bullseye, warm to touch but rarely itchy or painful) may appear at the site of the tick bite. Late presentation Secondary annular lesion, malar rash, migratory pain in joints and bone, osteomyelitis, atrioventricular nodal block and myopericarditis. Neurological manifestations include meningitis, cranial neuritis, myelitis (appears as AFP), cerebellar ataxia and facial palsy.

Superscript numbers: Refer to REFERENCES