



West Bengal Academy of Pediatrics

Society Regd. No. S/1L/57747 (WB Act XXVI / 1961) & Public Trust Act Regd. No. 8496/3989

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Press Release of West Bengal Academy of Pediatrics (WBAP) on Guillain-Barré Syndrome (GBS)

West Bengal Academy of Pediatrics urges and request all the people of our state not to panic over the situation related to the news of Guillain-Barré Syndrome (GBS). The current incidence of the disease aligns with the typical prevalence rates. Through this press release, the Academy earnestly seeks to enhance public awareness.

What is Guillain-Barré Syndrome (GBS)?

It is a rare condition, with an estimated incidence of 0.3–1.3 cases per 100,000 persons less than 18 years of age. Guillain-Barré Syndrome (GBS) is an autoimmune neurological condition that arises 4-14 days following a viral or bacterial infection, characterized by the immune system's attack on peripheral nerves. This disorder impacts the nerves responsible for muscle movement and those transmitting sensory information such as pain, temperature, and touch. Consequently, individuals may experience muscle weakness progressing to paralysis, sensory loss in the extremities, and difficulties in swallowing or breathing. The onset of GBS can occur over a period ranging from a few days to several weeks. Although individuals of any age can be affected, the condition is more prevalent among adults and males. Most patients achieve full recovery with appropriate treatment.

How does Guillain-Barré Syndrome manifest?

Individuals who have experienced gastrointestinal or respiratory symptoms may suddenly develop signs of weakness or tingling sensations.

You should consult physicians if you have –

- Tingling, pin pricking sensation in the soles of the feet.
- Acute onset weakness of lower limbs then gradually all 4 limbs (usually ascending type paralysis) with neck and truncal weakness. Difficulty in walking and rising from sitting position
- Difficulty in deglutition, pooling of saliva, dribbling of saliva from angles of mouth, accumulation of food in mouth, chewing difficulty.

In approximately one-third of cases, the involvement of the chest muscles occurs, leading to respiratory difficulties. In severe instances, the ability to speak and swallow may be compromised, rendering Guillain-Barré syndrome life-threatening and necessitating treatment in intensive care settings. Although most individuals eventually recover fully, even from severe cases, some may experience persistent weakness. Mortality from Guillain-Barré Syndrome can occur due to complications such as paralysis of respiratory muscles, sepsis, or cardiac arrest.

What accounts for its development?

The aetiology of Guillain-Barré syndrome (GBS) remains largely uncertain; however, the majority of cases occur subsequent to an infection by viruses or bacteria. Such infections precipitate a misguided immune response, thereby prompting the immune system to attack the host's own body. Among the prevalent risk factors for GBS is infection with the bacterium *Campylobacter jejuni*, which induces gastroenteritis, characterized by symptoms such as nausea, vomiting, and diarrhea. Additionally, individuals may develop GBS

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following the influenza virus or other viral infections, including cytomegalovirus, Epstein-Barr virus, Zika virus and Mycoplasma pneumoniae

Why are we discussing it today?

A suspected case of Guillain-Barre Syndrome (GBS) has resulted in a fatality in Maharashtra's Solapur district. Meanwhile, as of January 27, 2025, health officials report that the number of GBS cases in Pune has exceeded 100, with nearly 80% originating from areas surrounding a well in Nanded village on Sinhgad Road. This well supplies water to nearby villages. Of the 110 documented cases of GBS in Maharashtra, 88 are situated in Pune, 15 in Pimpri, and the remaining 7 in other districts. Among these cases, 73 are male and 37 are female. The State Health Department reveals that the National Institute of Virology, Pune, conducted tests on 23 blood samples and 73 stool samples. All blood samples returned negative results for Zika, Dengue, and Chikungunya, whereas 12 stool samples were positive for Norovirus, and 3 for Campylobacter jejuni.

Do we have the infrastructure to treat GBS in our state?

Yes, both the government and private health facility have the infrastructure for treatment GBS patient starting from children to older age group.

What precautions should we follow?

This is not a contagious disease.

- 1 One can prevent GBS up to a certain extent by taking general precautions such as
 - a) Drinking safe and clean water, washing fruits, and vegetables thoroughly before eating.
 - b) Properly cooking poultry and meat; avoiding raw or undercooked food, especially salads, eggs, kebabs or seafood.
- 2 Raw and cooked foods should be kept separate,
- 3 Disinfecting kitchen surfaces and utensils after handling raw meat.
- 4 Adoption of general hygiene measures like frequent handwashing with soap, especially before eating and after using the toilet.
5. Clean areas exposed to diarrhea or vomitus with a disinfectant, preferably **bleach solution** (5 to 25 tablespoons per gallon of water). Let it sit for at least 5 minutes. Then wash the area again with soap and water.

Do not to panic and to seek medical attention at hospitals should symptoms arise.

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