Surveillance and Investigation

When counties receive a report of possible AFM, we ask that you do the following:

1. Ask the provider to complete the **NEW FL-specific PUI form**, including primary care doctor and parent/guardian contact information, and submit medical records, MRI images and MRI report (MRI images can come on a CD or portable drive). MRI image CDs should be sent directly to: Samuel Prahlow, 4052 Bald Cypress Way, Bin A-12 Tallahassee, FL 32399–1720.

2. Create a case in Merlin using the Acute Flaccid Myelitis disease code (04910). Attach the MRI report, medical records and patient summary form (under case report form document type) and submit. The state will complete the rest of the data entry.

3. Notify your **regional epidemiologist and laboratory liaison** and the AFM Epidemiologist, Samuel Prahlow, of the AFM PUI.

4. Ask that the provider work with their laboratory to submit available specimens to the Bureau of Public Health Laboratories along with a completed BPHL lab submission form with “AFM PUI” in the comments section. No specific test orders are necessary. Although shipping frozen specimens is ideal, refrigerated specimens are acceptable if shipped to BPHL overnight in a cooler box with frozen gel ice. [www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html](http://www.cdc.gov/acute-flaccid-myelitis/hcp/instructions.html)

5. BPHL will conduct enterovirus (including Enterovirus-D68), influenza, and respiratory virus panel PCR testing and West Nile virus IgM testing.

6. Providers should be made aware that laboratory results via BPHL or CDC are not intended for clinical diagnosis or clinical decision making and may not get reported back to DOH or the submitting provider.

7. No interview or investigation (beyond gathering the records, MRI images, MRI report, and requesting specimens) by CHD staff is recommended for these cases.

8. The patient information will be forwarded to CDC by BOE. CDC requires MRI Images and MRI report before they will classify the PUI.

9. When received, CHD epi staff will relay CDC and BPHL lab results and CDC case classification determination to the submitting provider. Note – results and case classification may take up to several months and will most likely come in multiple emails as information is relayed to BOE from BPHL and CDC.

10. BOE will prompt CDC 60 days from reporting the PUI for AFM case classification if it has not already been provided.

11. If a PUI is classified as a case, Samuel Prahlow, AFM epidemiologist, will reach out to the provider at 60 days after onset to request complete medical records. The county in question will be notified prior to this follow-up for awareness.

12. Additional long-term follow-up with the provider will be conducted by Samuel Prahlow, AFM epidemiologist, at 60 days, 6 months, and 1 year after onset of limb weakness for every suspect, probable, and confirmed case. No action by the CHD is required, please direct any questions received to Samuel Prahlow at Samuel.Prahlow@FLHealth.gov or 850–901–6920.

The **NEW FL-specific PUI form**, the **FL clinician job aid** and this guidance are posted on the GSI website.

Please reach out to your **regional epidemiologist and laboratory liaison** if you have any questions.