**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 the records requested on the form (MRI images can come on a CD or portable drive). MRI images CDs should be sent directly to: Samuel Prahow, 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 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 Prahow, 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 tests 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 and requesting specimens) by CHD staff is recommended for these cases.

8. The patient information will be forwarded to CDC by BOE.

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 be delayed by 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 for AFM case classification if it has not already been provided.

11. Long-term follow-up with the provider will be conducted by Samuel Prahow, the 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 Prahow 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.