

Project No 018: Building an Illinois Acute Flaccid Myelitis (AFM) Provider Learning Collaborative  
Executive Summary for Master Consulting Agreement No.: PO 51538

This document serves to summarize the activities of Project No 018: Building an Illinois Acute Flaccid Myelitis (AFM) Provider Learning Collaborative.

Specific Aim #1: Create a multi-center statewide clinical collaborative

*Creation of the Illinois AFM Learning Collaborative*

The key personnel of this project, Sue Hong, Larry Kociolek, and Ami Patel, in conjunction with the efforts of our subcontractors Jennie Pinkwater and Dru O'Rourke from the Illinois Chapter of the American Academy of Pediatrics recruited physician champions at academic pediatric hospitals throughout Illinois. Eight institutions, including Lurie Children's Hospital, were actively engaged in this work with at least one physician champion per site (Table 1). University of Illinois Chicago was initially involved but did not complete any activities. Loyola University was contacted but did not respond to the request to join the Collaborative.

**Table 1: List of institutions in the Learning Collaborative, their physician champions and title**

<b>Institution</b>	<b>Physician Champion</b>	<b>Title</b>
Lurie Children's Hospital of Chicago	Sue Hong	Neurocritical Care Attending Physician
	Ami Patel	Infectious Disease Attending Physician Assistant Medical Director of Infection Prevention and Control
	Larry Kociolek	Infectious Disease Attending Physician Medical Director of Infection Prevention and Control
Central DuPage Hospital	Yolanda Holler-Managan	Child Neurology Attending Physician
Advocate Health Care	Nekaiya Jacobs	Pediatric Critical Care Medicine Attending Physician
	Ryan Coates	Child Neurology Attending Physician
Rush University Medical Center	Joanna Kuppy	Pediatric Critical Care Medicine Attending Physician
University of Chicago	Henry David	Child Neurology Attending Physician
	Madan Kumar	Infectious Disease Attending Physician
OSF Children's Hospital of Illinois, Peoria	James Crooks	Pediatric Hospitalist
	Umair Iqbal	Pediatric Hospitalist
	Kay Saving	Medical Director of OSF Children's Hospital
	Trina Croland	Pediatric Hospitalist
Southern Illinois University, St. John's Children's Hospital, Springfield	Douglas Carlson	Chair of Pediatrics
Shirley Ryan AbilityLab	Gadi Revivo	Physical Medicine and Rehabilitation Attending Physician

### *Goals and Objectives of the Learning Collaborative*

Over virtual meetings, we came to a consensus on the goals and objectives of our group as follows:

The goal of the Illinois AFM Provider Learning Collaborative is to create a network of clinicians who are dedicated to educating their local communities on AFM best practices; and to create an infrastructure for ongoing learning through peer connections. We aimed to do this through creating educational resources, educating our members, and educating our communities.

#### Specific Aim #2: Develop and collect resources and educational materials for reporting facilities to support AFM surveillance

##### *AFM Library*

A self-selected group of AFM physician champions contributed to the creation of a catalog of AFM resources which was titled the “AFM Library”. Drs. Sue Hong, Ami Patel, Yolanda Holler-Managan, Nekaiya Jacobs, and Henry David reviewed 187 articles and among those articles, selected 26 for inclusion under the categories of “review,” “clinical features,” “pathogenesis/virology,” “imaging,” “treatment-acute,” “treatment-rehabilitation and surgery,” and “outcomes” related to AFM (Appendix 1). Articles were included based on their scientific merit, timeliness, and clinical relevance to healthcare providers who treat patients with AFM. The AFM library will be available on the Lurie Children’s AFM website: <https://www.luriechildrens.org/en/specialties-conditions/acute-flaccid-myelitis-afm/>

##### *Standard Operating Procedure Creation*

To facilitate AFM diagnosis and reporting at pediatric hospital in Illinois, Lurie Children’s Hospital created standard operating procedures (SOP) for magnetic resonance imaging (MRI) of the spine in suspected AFM, and reporting to local health departments. MRI is an essential diagnostic tool in evaluating patients with suspected AFM. To support the clinical challenges associated with obtaining high-quality and appropriate MRI sequences, Dr. Alok Jaju, attending neuroradiologist who has published in this area, created an SOP for MRI of the spine (Appendix 2). This SOP was distributed to all participating institutions for reference. AFM surveillance necessitates reporting to local health departments in order for cases to be tracked by the state and the CDC. To support the complex reporting protocol of patients with AFM to local health departments, Matt McHugh (Infection Preventionist at Lurie Children’s Hospital) and Dr. Ami Patel (Assistant Medical Director of Infection Prevention and Control at Lurie Children’s Hospital) created an SOP for reporting patients with suspected AFM to health departments (Appendix 3). This SOP was also distributed to all participating institutions for reference.

##### *Local Health Department Webinar*

In addition to providing educational outreach to pediatric providers across Illinois, as is described in further detail in the next section of this executive summary, educational outreach was delivered to local health departments on how to navigate accepting reports of AFM and reporting to IDPH and CDC. A webinar was coordinated by Elissa Bassler and Janna Simon of the Illinois Public Health Institute (IPHI), who consulted Heather Reid and Heidi Clark from the Illinois Dept of Public Health

(IDPH), to assist in the creation of the webinar content with Matt McHugh, Ami Patel, and Sue Hong from Lurie Children’s Hospital for this educational outreach. The webinar can be viewed at: <https://www.youtube.com/watch?v=kk0ecbaNjzc>. The webinar also created an opportunity to assess the knowledge and resources of local health departments in AFM reporting procedures. The webinar was successful in increasing the reporting procedure knowledge and also gave voice to some challenges health departments face such as limited staff capacity during COVID, difficulty with coordinating follow up documents and images, communicating with physician. Resources that could assist local health departments in AFM reporting included guidance and support from IDPH on how to communicate and coordinate with hospitals/physicians, and using I-NEDSS to deliver reminders (Appendix 4).

Specific Aim #3: Develop an AFM curriculum for statewide educational programming

*Educational Outreach Activities*

The members of the Learning Collaborative met virtually monthly in June, July, August, and September of 2020. During these meetings,

Each site’s AFM champion created its own AFM educational program, based on the needs and resources of their institution (Table 2). Dr. Sue Hong (Lurie Children’s Hospital) supported educational outreach for all participating institutions by creating AFM slide decks for presentation, AFM informational emails with resources, and distributed Standard Operating Procedures for reporting to health departments and MRI protocols for AFM diagnosis.

**Table 2: Educational Outreach Activities by Site**

Site	Name	Educational Outreach Activities
Lurie Children’s Hospital	• Sue Hong	<ul style="list-style-type: none"> <li>• Created and delivered an AFM lecture for Pediatric Resident Noon Conference</li> <li>• Created and delivered an AFM lecture to Pediatric Emergency Medicine physicians at their educational conference</li> <li>• Created and delivered an AFM lecture at Neurocritical Care Conference for Child Neurology and Neurocritical Care fellows</li> <li>• Created and delivered an AFM presentation at a business meeting for a large pediatric practice affiliated with Lurie Children’s – Town &amp; Country Pediatrics</li> <li>• Created and delivered an AFM Webinar for Lurie Children’s Health Partners Clinically Integrated Network (CIN) which provides support for pediatric practitioners throughout Chicagoland. The recording can be found at: <a href="https://attendee.gotowebinar.com/recording/2838079614518355983">https://attendee.gotowebinar.com/recording/2838079614518355983</a> This webinar is also available on <a href="https://www.chicagohan.org/afm">https://www.chicagohan.org/afm</a></li> <li>• Created and delivered Pediatric Grand Rounds on AFM at Rush University</li> <li>• Re-designed content for the Lurie Children’s Acute Flaccid Myelitis information page</li> </ul>
Central Dupage Hospital	• Yolanda Holler-Managan	<ul style="list-style-type: none"> <li>• Delivered an AFM didactic session with Family Practice residents</li> </ul>

Advocate Health Care	<ul style="list-style-type: none"> <li>• Nekaiya Jacobs</li> <li>• Ryan Coates</li> </ul>	<ul style="list-style-type: none"> <li>• Delivered an AFM Presentation to Pediatric Residents</li> <li>• Delivered an AFM Presentation to PICU Fellows</li> <li>• Created AFM educational and clinical resources for the PICU division</li> <li>• Arranged Society for Critical Care Medicine Midwest teaching session</li> </ul>
Rush University Medical Center	<ul style="list-style-type: none"> <li>• Joanna Kuppy</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinated and hosted AFM Pediatric Grand Rounds presentation</li> </ul>
University of Chicago	<ul style="list-style-type: none"> <li>• Henry David</li> <li>• Madan Kumar</li> </ul>	<ul style="list-style-type: none"> <li>• Published an article on AFM: “Physicians issue warning about rare neurological condition, expected to appear this fall” in <i>The Forefront: Health &amp; Science News</i> at UChicagoMedicine.org</li> <li>• Created and delivered webinar outreach to University of Chicago-referring physicians in the community</li> </ul>
OSF Children’s Hospital of Illinois, Peoria	<ul style="list-style-type: none"> <li>• James Crooks</li> <li>• Umair Iqbal</li> <li>• Trina Croland</li> <li>• Kay Saving</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinated and delivered Grand Rounds on AFM</li> <li>• Created and delivered morning report lecture with Pediatric and Med-Peds Residents</li> <li>• Coordinated and delivered a webinar to all OSF affiliated clinics over zoom</li> <li>• Created and distributed an information flyer across the OSF ministry</li> </ul>
Southern Illinois University, St. John’s Children’s Hospital, Springfield	<ul style="list-style-type: none"> <li>• Douglas Carlson</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinated and hosted AFM Grand Rounds presentation</li> <li>• Distributed AFM educational content over email to community primary care pediatricians</li> </ul>
Shirley Ryan AbilityLab	<ul style="list-style-type: none"> <li>• Gadi Revivo</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewed the AFM surgical literature to assist in creation of AFM educational materials</li> </ul>
Illinois Chapter of the American Academy of Pediatrics	<ul style="list-style-type: none"> <li>• Jennie Pinkwater</li> </ul>	<ul style="list-style-type: none"> <li>• Distributed AFM informational email to ~2000 pediatric providers on their list-serv</li> </ul>

Specific Aim #4: Create a sustainability plan

At the conclusion of this Learning Collaborative’s work, a subgroup has committed to ongoing knowledge sharing and educational outreach for AFM. Nekaiya Jacobs (Advocate), Joanna Kuppy (Rush), Henry David (University of Chicago), Douglas Carlson (SIU St John’s Children’s), Yolanda Holler-Managan (Central DuPage Hospital), Gadi Revivo (Shirley Ryan AbilityLab) and Sue Hong (Lurie Children’s) have agreed to continue to maintain email correspondence regarding any AFM activities locally and nationally. Two discreet objectives of the group are streamlining a clinical pathway for surgical referrals for children with AFM who seek nerve transfer/tendon transfer/nerve release; and notifying our partner institutions if an AFM case presents to their institution to raise the awareness of our providers. We

expect to maintain at least yearly correspondence in non-outbreak years to maintain up-to-date contacts and remind others of this resource. During outbreak years, we plan to have a refresher educational output. Sue Hong will coordinate the sustainability efforts.

### Conclusion

The reach of the Illinois AFM Provider Learning Collaborative spanned 8 institutions that provide pediatric care across Illinois, from Chicago to Peoria to Springfield. Over 2000 pediatric providers were given AFM education through outreach by an AFM Learning Collaborative-affiliated institution, or over email from the Illinois Chapter of the American Academy of Pediatrics. Members of the Learning Collaborative plan to continue educational and clinical efforts targeted at AFM, particularly around the time another outbreak could occur. At this project's conclusion, the initial proposal's goals of (a) providing project management and coalition building to develop partnerships with other academic centers and healthcare organizations across Illinois, (b) developing an "AFM Provider Learning Collaborative" objectives and curriculum, and (c) conducting outreach and educational activities targeted towards clinical providers, has been completed as described in this executive summary.

## Appendix 1: AFM Library

Category	Reference
Reviews	Hardy D. and S. Hopkins S. <i>Update on acute flaccid myelitis: recognition, reporting, aetiology and outcomes.</i> <u>Archives of Disease in Childhood</u> 2020; 105(9): 842-847.
	McLaren N, Lopez A, et al. <i>Characteristics of Patients with Acute Flaccid Myelitis, United States, 2015-2018.</i> <u>Emerging Infectious Diseases</u> 2020; 26(2).
	Taylor DR and Krishnakumar S. <i>Acute Flaccid Myelitis in Children</i> <u>Pediatrics in Review</u> 2019; 40(11): 602-604.
	Murphy OC and Pardo CA. <i>Acute Flaccid Myelitis: A Clinical Review.</i> <u>Seminars in Neurology</u> 2020; 40(2):211-218.
	Christy A and Messacar K. <i>Acute Flaccid Myelitis Associated With Enterovirus D68: A Review.</i> <u>Journal of Child Neurology</u> 2019; 34(9): 511-516.
Clinical Features	Lopez A, Lee A, et al. <i>Vital Signs: Surveillance for Acute Flaccid Myelitis - United States, 2018.</i> <u>MMWR: Morbidity and Mortality Weekly Report</u> 2019; 68(27): 608-614.
	Elrick MJ, Gordon-Lipkin E, et al. <i>Clinical Subpopulations in a Sample of North American Children Diagnosed with Acute Flaccid Myelitis, 2012-2016.</i> <u>JAMA Pediatrics</u> 2019; 173(2): 134-139.
	Theroux LM and Brenton JN. <i>Acute Transverse and Flaccid Myelitis in Children. Current Treatment Options in Neurology</i> 2019; 21(12): 64.
Pathogenesis/ Virology	Messacar K, Asturias EJ, et al. <i>Enterovirus D68 and acute flaccid myelitis-evaluating the evidence for causality.</i> <u>Lancet Infectious Diseases</u> 2018; 18(8): e239-e247.
	Schubert RD, Hawes IA, et al. <i>Pan-viral serology implicates enteroviruses in acute flaccid myelitis.</i> <u>Nature Medicine</u> 2019; 25(11): 1748-1752.
	Hidaka I, Matsushige T, et al. <i>Cytokine Profile in a Patient With Enterovirus D68-Associated Acute Flaccid Myelitis.</i> <u>Pediatric Neurology</u> 2019; 99: 88-90.
	Hixon AM, Frost J, et al. <i>Understanding Enterovirus D68-Induced Neurologic Disease: A Basic Science Review.</i> <u>Viruses</u> 2019; 11(9): 821
Imaging	Okumura A, Mori H, et al. <i>Serial MRI findings of acute flaccid myelitis during an outbreak of enterovirus D68 infection in Japan.</i> <u>Brain and Development</u> 2019; 41(5): 443-451.
	Maloney JA, Mirsky DM, et al. <i>MRI findings in children with acute flaccid paralysis and cranial nerve dysfunction occurring during the 2014 enterovirus D68 outbreak.</i> <u>AJNR: American Journal of Neuroradiology</u> 2015; 36(2): 245-250.
	McCoy DB, Talbott JF, et al. <i>MRI Atlas-Based Measurement of Spinal Cord Injury Predicts Outcome in Acute Flaccid Myelitis.</i> <u>AJNR: American Journal of Neuroradiology</u> 2017; 38(2): 410-417.
Treatment – Acute	CDC Guidance: <a href="https://www.cdc.gov/acute-flaccid-myelitis/hcp/clinical-management.html#summary-guidance">https://www.cdc.gov/acute-flaccid-myelitis/hcp/clinical-management.html#summary-guidance</a>
	Lopez A, Lee A, et al. <i>Vital Signs: Surveillance for Acute Flaccid Myelitis - United States, 2018.</i> <u>MMWR: Morbidity and Mortality Weekly Report</u> 2019; 68(27): 608-614.
	Hixon AM, Clarke P et al. <i>Evaluating treatment efficacy in a mouse model of enterovirus D68-associated paralytic myelitis.</i> <u>Journal of Infectious Diseases</u> 2017; 216(10): 1245-53.

Treatment – Rehabilitation and Surgery	Melicosta ME, Dean J, et al. <i>Acute flaccid myelitis: Rehabilitation challenges and outcomes in a pediatric cohort.</i> <u>Journal of Pediatric Rehabilitation Medicine</u> 2019; 12(3): 245-253.
	Werner JM, Berggren J, et al. <i>Recommendations for therapy following nerve transfer for children with acute flaccid myelitis.</i> <u>Physical &amp; Occupational Therapy in Pediatrics</u> 2020; 4:1-18.
	Paziuk TM, Tadley M et al. <i>The utilization of nerve transfer for reestablishing shoulder function in the setting of acute flaccid myelitis: a single-institution review.</i> <u>Pediatric Neurology</u> 2020; 111: 17-22.
	Nath RK and Somasundaram C. <i>Functional Improvement of Upper and Lower Extremity After Decompression and Neurolysis and Nerve Transfer in a Pediatric Patient with Acute Flaccid Myelitis.</i> <u>American Journal of Case Reports</u> 2019; 20: 668-673.
	Saltzman EB, Rancy SK, et al. <i>Nerve Transfers for Enterovirus D68-Associated Acute Flaccid Myelitis: A Case Series.</i> <u>Pediatric Neurology</u> 2018; 88: 25-30.
	Edmiston TL, Elrick MJ, et al. <i>Early use of an implantable diaphragm pacing stimulator for a child with severe acute flaccid myelitis-a case report.</i> <u>Spinal Cord Series and Cases</u> 2019; 5: 67.
Outcomes	Bove R, Rowles W et al. <i>Unmet Needs in the Evaluation, Treatment, and Recovery for 167 Children Affected by Acute Flaccid Myelitis Reported by Parents Through Social Media.</i> <u>Pediatric Neurology</u> 2020; 102: 20-27
	Gordon-Lipkin E, Munoz LS, et al. <i>Comparative quantitative clinical, neuroimaging, and functional profiles in children with acute flaccid myelitis at acute and convalescent stages of disease.</i> <u>Developmental Medicine and Child Neurology</u> 2019; 61(3): 366-375.
	Martin JA, Messacar K, et al. <i>Outcomes of Colorado children with acute flaccid myelitis at 1 year.</i> <u>Neurology</u> 2017; 89(2): 129-137.
Additional Resources	CDC AFM website: <a href="https://www.cdc.gov/acute-flaccid-myelitis/index.html">https://www.cdc.gov/acute-flaccid-myelitis/index.html</a>
	Illinois Department of Public Health AFM website: <a href="https://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/afm">https://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/afm</a>
	Chicago Department of Public Health AFM website: <a href="https://www.chicagohan.org/afm">https://www.chicagohan.org/afm</a>

## **Appendix 2: MRI spine protocol for AFM:**

Created by Alok Jaju, MD (Neuroradiology)

Last edited 6/13/2020

### **Recommended sequences:**

#### Pre-contrast:

- Sagittal T2 TSE/FSE slice thickness  $\leq 3$  mm, no gap
- Sagittal T1 FLAIR (or T1 TSE/FSE) slice thickness  $\leq 3$  mm, no gap
- Sagittal STIR slice thickness  $\leq 3$  mm, no gap
- Axial T2 TSE/FSE slice thickness  $\leq 4$ mm, no gap

#### Post-gadolinium contrast:

- Sagittal T1 Sagittal T1 FLAIR (or T1 TSE/FSE) slice thickness  $\leq 3$  mm, no gap
- Axial T1 VIBE/FAME/LAVA/THRIVE slice thickness  $\leq 3$ -4mm, no gap

#### Optional:

- Sagittal DWI - readout-segmented echo-planar diffusion methods (rs-DWI/ RESOLVE)

### **Protocol Notes:**

1. For T1 images - FLAIR for sagittal and or spoiled GRE technique for axial (like VIBE/FAME/LAVA/THRIVE) is preferred because of less CSF-pulsation artifact.
2. Small slice thickness and no/minimal gap is recommended.
3. If spine DWI is performed, a readout-segmented EPI technique is preferred over ss-EPI. DWI sequence can be used if there concern for spinal cord infarction.
4. Sagittal STIR is recommended in addition to sagittal T2, as it can sometimes demonstrate the cord signal better, even though it is more susceptible to artifact within the cord.

#### *Timing of MRI:*

1. Although most cases show MRI findings early in the course of the disease, if a MRI performed within 72 hours after symptom onset is normal, and there is a strong clinical concern, then imaging should be repeated.
2. The pattern of spinal cord involvement evolves over time, with predominantly H-shaped central gray-matter involvement in the first week localizing to anterior horns during second to third week.

#### *Use of gadolinium contrast:*

The spinal cord lesions are non-enhancing, and as such, contrast is not a requirement for making the diagnosis of AFM per CDC guidelines. However, postcontrast images may demonstrate enhancement of the cauda equina or cranial nerves, and can also help to distinguish AFM from other entities.



*MRI of the brain:*

MRI of the brain, although not necessary for diagnosis, can show intracranial involvement (described in over fifty percent cases) and can help distinguish AFM from other entities including ADEM and NMO-spectrum disorders.

**References:**

1. Jaju A, Masum R, Purohit R, Ryan M. Acute Flaccid Myelitis: A Recently Emerged Paralytic Syndrome In Children With Characteristic MRI Findings. *Neurographics*, 2020 Feb; 10 (1 ): 66-70(5).
2. Maloney JA, Mirsky DM, Messacar K, et al. MRI findings in children with acute flaccid paralysis and cranial nerve dysfunction occurring during the 2014 enterovirus D68 outbreak. *AJNR Am J Neuroradiol* 2015;36:245–50. 10.3174/ajnr.A4188.
3. Okumura A, Mori H, Fee Chong P, et al. Serial MRI findings of acute flaccid myelitis during an outbreak of enterovirus D68 infection in Japan. *Brain Dev* 2019;41:443–51. 10.1016/j.braindev.2018.12.001.

### Appendix 3: Acute Flaccid Myelitis (AFM) IP&C reporting

Acute flaccid myelitis (AFM) is an illness characterized by acute onset of flaccid limb weakness and magnetic resonance imaging (MRI) showing lesions in the gray matter of the spinal cord.

If AFM cases are suspected (see case definitions below), they should be called to IP&C at 7-4290 and a voice mail left with patient name and MRN.

#### Confirmed case:

- Acute onset of flaccid limb weakness  
*AND*
- MRI showing a spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments

#### Probable case:

- Acute onset of flaccid limb weakness  
*AND*
- MRI showing spinal cord lesion where gray matter involvement is present but predominance cannot be determined (excluding lesions caused by physician diagnosed malignancy, vascular disease, or anatomic abnormalities)

- Once suspicion is confirmed, notify the Chicago Dept. of Public Health(CDPH) Disease reporting hotline at 312-743-9000. For suspected cases residing outside of Chicago, please contact the applicable Public Health Dept. for reporting.
- Enter the patient demographic and clinical information in the INEDSS electronic case report form.

**I-NEDSS - Provider Reporting System** Release 15.0.0

My Cases Reports Log Off

**Case Details** User Name: Matthew McHugh

**Patient Information**

First: \*  
Middle:  
Last: \*  
Suffix: \*

DOB: (mm/dd/yyyy) / / Current Age: (Years)  
Sex at Birth: Current Gender:  
Ethnicity:  
Deceased: Deceased Date: (mm/dd/yyyy) / /

Races: Available Selected  
American Indian or Alaskan Native Add >>  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander << Remove

Address Line 1: (Enter street address only. Example: 1234 W Main Street)  
Address Line 2: (Enter PO Box, Suite, Apt., Room, etc.)  
City: -OR- (start typing city name in city field)  
State: Illinois Zip Code: -  
Country: United States  
Community Area: (Applicable for Chicago only)  
Home Phone #: ( ) - -  
Cell Phone #: ( ) - -

**Case Information**

Disease: Acute Flaccid Myelitis  
Earliest Report Date: / /  
Disease/Onset Date: (mm/dd/yyyy) / /

#### Additional Required Information

[Clinical](#) - Add or update patients clinical information.

[Laboratory Tests](#) - Add or update laboratory test information.

[Polio Vaccination History](#) - Add or update patients polio vaccination history information.

[Epidemiologic Data](#) - Add or update all epidemiologic data.

**\*\*Please fax the laboratory confirmation report to your local health department (LHD).\*\***

( \* ) Mandatory

Submit to LHD

Save As Draft

Cancel

- Alert the patient provider to order the “AFM order sample set” and collect the following samples as close to the onset of limb weakness as possible. Alert the microbiology lab (7-0870) as well to inform them that these specimens will be coming and need to be stored until shipped to IDPH.
  - CSF (at least 1mL), freeze in lab at -70C and ship on dry ice
  - Serum (red top tube), freeze in lab at -70C and ship on dry ice
  - Stool (Sterile container), freeze in lab at -20C and ship on dry ice
  - NP swab sent in viral transport media (VTM)
    - Swab should be run as respiratory virus panel
    - An aliquot of VTM should be frozen in the lab at -20C and shipped on dry ice
  
- Once an authorization number is received from CDPH or other health department, alert the microbiology lab (7-0870) to include this on the IDPH communicable diseases laboratory test requisition form.
  
- Complete the [CDC patient summary](#) form and fax the form to 312-746-6388(CDPH) or the appropriate public health department along with all MRI reports. An additional copy of the CDC patient summary form should be included with the specimens going to IDPH for testing.
  - MRI images will have to be obtained by the public health representative as a formal documented request. Instruct them to email [ROI@luriechildrens.org](mailto:ROI@luriechildrens.org) with the **specific request, name, and date of birth** of the patient.
  
- *New this year:* Complete one [CDC specimen submission](#) form for every specimen being sent to IDPH. Select "Human" in the "Specimen origin" drop down, select "Enterovirus Detection and Identification" for the "Test order name" field, and enter "CDC-10312" in the "Test order code" field. Include CDC specimen submission form with appropriate sample to send to IDPH.
  
- 60-day follow-up should include the following documents sent to the appropriate public health dept. Likely, a public health representative will call to follow-up on the clinical status of the patient.
  - Patient H&P
  - Neurology consult notes
  - Infectious disease consult notes
  - Applicable lab reports
  - EMG report
  - Vaccine registry record (Patients vaccine history should be in I-care)
  - Discharge summary

## Appendix 4: Local Health Department Webinar Survey Results

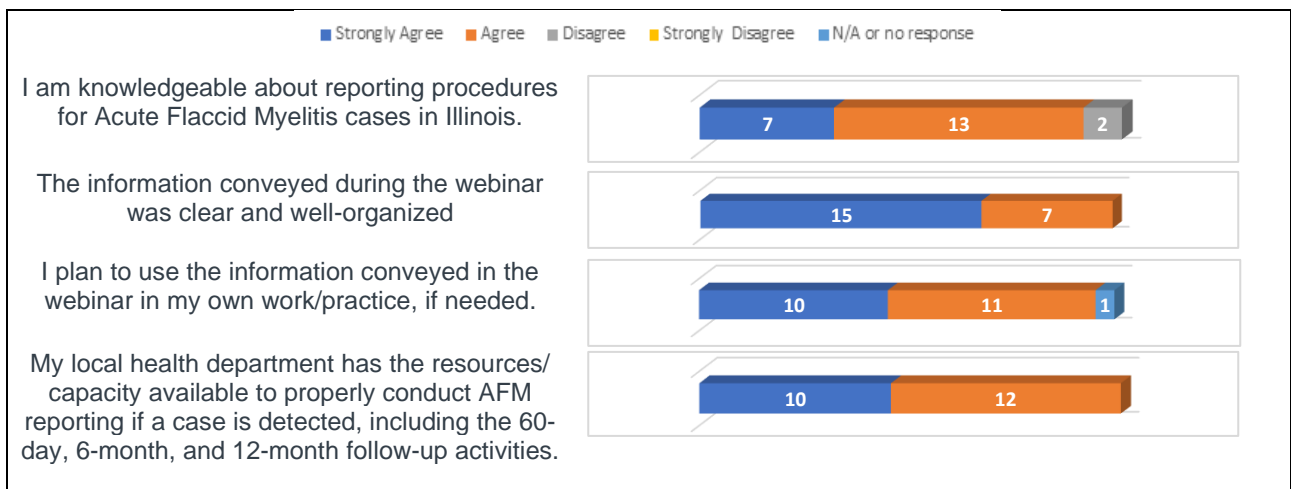
### Acute Flaccid Myelitis Webinar- Survey Summary

Pre-survey: (n=141)

I am knowledgeable about reporting procedures for Acute Flaccid Myelitis cases.



Post-survey: (n=22)



Please briefly describe any **challenges** your local health department might face in properly reporting AFM cases and adequately following up with patients:

- Many responses of “none” and “N/A”
- Limited staff and staff capacity especially during the COVID-19 pandemic
- Coordinating and following-up documents and images can be time consuming/difficult
- Timely communication and coordination between hospitals/physicians and health department

Please describe any **resources or supports that would assist** you in reporting AFM and/or following up with AFM cases at 60 days, 6 months, and 12 months:

- Staff support due to limited staff capacity
- Having the latest guidance and resources
- IDPH support
- Guidance on communication and coordination with hospitals and physicians
- INEDSS (Illinois' National Electronic Disease Surveillance System) not closing cases, reminders