



**AMENDMENTS TO REGULATIONS GOVERNING THE CONTROL OF  
COMMUNICABLE AND NONCOMMUNICABLE DISEASES AND CONDITIONS**

**WHEREAS**, Section 5-301(b) of the Philadelphia Home Rule Charter authorizes the Board of Health to issue Department of Public Health regulations for the preservation and promotion of the health of the people of Philadelphia; and

**WHEREAS**, the Pennsylvania Disease Control and Prevention Law of 1955, 1956, April 23, P.L. 1510, 35 P.S. § 52.1 et seq., (“the DCPL”) and Section 6-201 of The Philadelphia Code authorize the Board of Health to establish lists of reportable diseases and conditions; and

**WHEREAS**, Section 4 of the DCPL and Section 6-202 of the Code require health care providers and laboratories identifying these reportable diseases and conditions designated by the Board, to report the occurrence of such diseases and conditions to the Department; and

**WHEREAS**, the Philadelphia Board of Health has adopted *Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions* (“Regulations”); and

**WHEREAS**, the Regulations contain a listing of such diseases and the methods of reporting the occurrence thereof in Sections 2, 3 and 10 of said Regulations; and

**WHEREAS**, Acute Flaccid Myelitis (AFM) is a serious neurologic condition that affects the nervous system, specifically the area of the spinal cord called gray matter, which causes the muscles and reflexes in the body to become weak; and

**WHEREAS**, in a majority of cases, exact causes and triggers are currently under investigation and no preventative treatment is available; and

**WHEREAS**, increases in AFM cases have occurred in 2014, 2016, and 2018 in the U.S. and more than 90% have been in young children; and

**WHEREAS**, the Pennsylvania Department of Health has reported onset of AFM in patients from Pennsylvania including Philadelphia during the fall months with increases every other year beginning in 2014; and

**WHEREAS**, cases were reported in three out of four states bordering Pennsylvania in 2021; and

**WHEREAS**, AFM surveillance may be used to identify persons with suspected poliovirus infection in light of the recent reintroduction of poliovirus into the United States during 2022; and

**WHEREAS**, the Board of Health finds that AFM is a condition of public health importance, that may be associated with one or more communicable diseases, and therefore should be included on the list of reportable conditions in the Regulations; and

**NOW, THEREFORE,** the Board of Health hereby amends the *Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions* to read as follows (additions in **Bold** and deletions in ~~Strikethrough~~):

REGULATIONS GOVERNING THE CONTROL OF COMMUNICABLE AND  
NONCOMMUNICABLE DISEASES AND CONDITIONS

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2. REPORTABLE DISEASES AND CONDITIONS

The Board declares the following diseases, unusual outbreaks of illness, noncommunicable diseases and conditions, poisonings and occupational diseases to be reportable:

(a) Diseases, Conditions, Etc.

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**(\*) Acute Flaccid Myelitis (AFM)**

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10. REGULATIONS PERTAINING TO THE CONTROL OF THE INFECTED  
INDIVIDUALS, CONTACTS, AND ENVIRONMENT FOR EACH REPORTABLE DISEASE

\* \* \*

**(\*) Acute Flaccid Myelitis (AFM)**

**(1) Reporting. Report to the Acute Communicable Disease Control Program by telephone or other equally prompt means immediately, and not more than within 24 hours of diagnosis of a probable or confirmed case.**

**(2) Isolation. No isolation is required.**

- (3) Concurrent disinfection. Standard, contact and droplet infection control precautions, hand hygiene, thorough cleaning of bathroom facilities and frequently touched surfaces and appropriate disposal or washing of linens and articles contaminated by body fluids. If poliovirus is suspected, only healthcare workers with evidence of immunity should care for the patient.**
- (4) Terminal disinfection. No terminal disinfection is required.**
- (5) Quarantine. No quarantine of contacts shall be required.**
- (6) Monitoring. If deemed necessary by the Department, persons who had close contact with individuals with strains of Acute Flaccid Myelitis will be monitored, either actively with phone calls or texts, or passively by the individual reporting symptoms to the Department.**