

EDWARD J. MARKEY  
MASSACHUSETTS

COMMITTEES:

ENVIRONMENT AND PUBLIC WORKS

FOREIGN RELATIONS

RANKING MEMBER:

SUBCOMMITTEE ON EAST ASIA, THE PACIFIC,  
AND INTERNATIONAL CYBERSECURITY POLICY

COMMERCE, SCIENCE, AND TRANSPORTATION

RANKING MEMBER:

SUBCOMMITTEE ON  
SPACE, SCIENCE, AND COMPETITIVENESS

SMALL BUSINESS AND ENTREPRENEURSHIP

CHAIRMAN:

U.S. SENATE CLIMATE CHANGE TASK FORCE

## United States Senate

October 18, 2018

SUITE SD-255  
DIRKSEN BUILDING  
WASHINGTON, DC 20510-2107  
202-224-2742

975 JFK FEDERAL BUILDING  
15 NEW SUDBURY STREET  
BOSTON, MA 02203  
617-565-8519

222 MILLIKEN BOULEVARD, SUITE 312  
FALL RIVER, MA 02721  
508-677-0523

1550 MAIN STREET, 4TH FLOOR  
SPRINGFIELD, MA 01103  
413-785-4610

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Secretary Azar,

I write to inquire about efforts throughout the U.S. Department of Health and Human Services (HHS) to understand the recent increase in acute flaccid myelitis (AFM) cases. As of earlier this week, the Centers for Disease Control and Prevention (CDC) has confirmed 62 cases across 22 states, and is investigating an additional 65 reported cases. Two cases have been confirmed in my home state of Massachusetts.

AFM is a rare condition with symptoms consistent with several neurological disorders, and may sometimes present after a viral infection. AFM most frequently affects children under the age of 18. CDC began tracking AFM in 2014. It detected biennial surges in cases in 2016 and this year, predominantly in the summer and fall seasons. Unfortunately, there remains a dearth of information on the etiology, progression, risk factors, and long-term effects of AFM. There is also a limited understanding of why AFM cases appear to have spiked during certain seasons within the last several years. As a result, there is no definitive treatment for this condition.

In addition to surveilling and studying cases of AFM, the CDC is working with state and local health departments to detect, investigate, and disseminate information to communities and families about how to best prevent AFM, based on the knowledge we have of the disease today. These steps are critical to understanding and responding to AFM. But other HHS agencies with authority beyond the CDC's purview must also be engaged to fully address this concerning condition efficiently and comprehensively. We must be leveraging the capacity within the National Institutes of Health — and particularly the Eunice Kennedy Shriver National Institute of Child Health and Human Development and the National Institute of Allergy and Infectious Diseases — to conduct and support basic science research to help unlock the etiological mysteries of AFM. Children and families across the country need answers, and the peculiarities of this baffling condition require the expertise of multiple federal agencies to bolster and complement the CDC's response.

The Honorable Alex Azar

October 18, 2018

Page 2 of 2

Please provide me with an update within 14 business days on the Department's inter-agency efforts to understand AFM. In your response, please outline the efforts outside the CDC to address AFM. Please also identify any resource or capacity challenges within the CDC or another HHS agency that may be prohibiting necessary activities to combat AFM. Please also provide ways in which Congress can work with HHS to expedite these initiatives.

On behalf of children and families in Massachusetts and across the country, I appreciate the work to date that the CDC and your Department have undertaken to respond to AFM. I look forward to working with you to maximize the federal government's response to this condition. Thank you for your attention to this request.

Sincerely,



Edward J. Markey  
United States Senator