



June 18, 2025

**TO:** Healthcare Providers, Hospitals, Clinical Laboratories, and Local Health Departments

**FROM:** NYSDOH Bureau of Communicable Disease Control

**HEALTH ADVISORY: ACUTE FLACCID MYELITIS**

*Please distribute to clinical staff in Epidemiology/Infection Prevention, Infectious Disease, Neurology, Nursing, Pediatrics, Family Medicine, Internal Medicine, Intensive Care, Emergency Department, Pharmacy, Laboratory Service, and all patient care areas*

The purpose of this advisory is to provide guidance regarding the reporting of and submission of specimens for persons with suspected acute flaccid myelitis (AFM).

**SUMMARY**

- AFM is a rare but serious paralytic condition characterized by the rapid onset of flaccid weakness<sup>1</sup> in one or more limbs. The condition affects the nervous system, specifically the gray matter of the spinal cord, causing muscles and reflexes in the body to weaken.
- As of May 5, 2025, 774 confirmed cases have been reported nationally since 2014<sup>2</sup>. In New York State, 6 cases were reported in 2024, with a total of 33 since 2014 when surveillance of AFM began. More than 90% of cases have occurred in young children. AFM has been identified year-round with most diagnoses occurring between August and November.
- No one pathogen has been consistently detected in patients with AFM, although data suggest that enteroviruses are important factors in the epidemiology. Persons who tested positive for enterovirus EV-D68 typically had more severe AFM illness requiring intensive care and mechanical ventilation.
- AFM shares many symptoms with other neurological disorders including poliomyelitis. Paralytic polio and AFM can have similar clinical presentations and occur with similar seasonality. **Poliomyelitis should be considered in the differential diagnosis for patients with acute flaccid weakness if they are un/under-vaccinated for polio, if their vaccine history is unknown, or if immunocompromised.** A confirmed case of paralytic polio was identified in an unvaccinated resident of New York State in the summer of 2022; the New York State Department of Health (the Department) remains vigilant and surveillance efforts are ongoing ([Provider Alert - Polio 7/2023](#)).
- **Clinicians suspecting AFM should collect the following specimens as early in the course of illness as possible and submit to the Department's Wadsworth Center. Do not ship specimens to the Centers for Disease Control and Prevention (CDC).** Specimens submitted to Wadsworth Center will be tested for several pathogens associated with AFM, including EV-D68 and poliovirus.
  - Two (2) stool specimens collected 24 hours apart
  - Cerebrospinal fluid
  - Nasopharyngeal/oropharyngeal (NP/OP) swabs
  - Serum

<sup>1</sup> Low muscle tone, limp, not spastic or contracted.

<sup>2</sup> <https://www.cdc.gov/acute-flaccid-myelitis/cases/index.html>

*Specifics regarding specimen collection and shipping to Wadsworth Center Virology lab can be found at: <https://www.wadsworth.org/programs/id/virology/services/specimen-collection>*

- Clinicians should **report suspected AFM cases promptly** to the Department at 518-473-4439 or via email [AFM@health.ny.gov](mailto:AFM@health.ny.gov) during business hours or 1-866-881-2809 evenings, weekends, and holidays. Patients who are residents of New York City with suspect AFM should be reported to the New York City Department of Health and Mental Hygiene (NYCDOHMH) healthcare provider access line at 1-866-692-3641.

### **CLINICAL PRESENTATION**<sup>3</sup>

Most patients with AFM report having had a febrile respiratory or gastrointestinal illness (e.g., cough, rhinorrhea, vomiting, or diarrhea) in the 1-2 weeks prior to the onset of neurological symptoms.

- Onset of weakness is rapid, within hours to a few days.
- Weakness is noted in one or more limbs, typically more proximal than distal.
- Loss of muscle tone and reflexes may be noted in the affected limb(s).
- Cranial nerve abnormalities may be present and include:
  - Facial or eyelid droop
  - Difficulty swallowing or speaking
  - Hoarse or weak cry
- Some patients may report a stiff neck, headache, or pain in the affected limb(s). Rarely people may also have numbness or tingling.
- Magnetic resonance imaging (MRI) will show a spinal cord lesion with gray matter involvement<sup>4</sup> not attributable to malignancy, vascular disease, or anatomic abnormalities.
- The most severe symptoms of AFM are:
  - **Respiratory failure**, requiring mechanical ventilation
  - **Serious neurologic complications** such as body temperature changes and blood pressure instability.

Clinicians with questions can contact the Department at 518-473-4439 or [AFM@health.ny.gov](mailto:AFM@health.ny.gov) during business hours or 1-866-881-2809 evenings, weekends, and holidays. Clinicians located in New York City can contact the NYCDOHMH healthcare provider access line at 1-866-692-3641.

### **REPORTING**

Report suspected AFM cases promptly to the Department via email at [AFM@health.ny.gov](mailto:AFM@health.ny.gov) or at 518-473-4439 during business hours or 866-881-2809 evenings, weekends, and holidays. Patients who are residents of New York City should be reported to the NYCDOHMH. *For questions about AFM reporting, please contact: [AFM@health.ny.gov](mailto:AFM@health.ny.gov).*

### **INFECTION PREVENTION and CONTROL**

CDC recommends managing patients with AFM using Standard, Contact, and Droplet Precautions<sup>5</sup>. *Questions about infection prevention and control in hospitals, nursing homes, and diagnostic and treatment centers should be directed to the Department's Bureau of Healthcare Associated Infections at 518-474-1142 and [icp@health.ny.gov](mailto:icp@health.ny.gov). Questions about infection prevention and control in other settings should be directed to the Department's Bureau of Communicable Disease Control at 518-473-4439 and [bcdc@health.ny.gov](mailto:bcdc@health.ny.gov).*

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<sup>3</sup> <https://www.cdc.gov/acute-flaccid-myelitis/hcp/clinical-overview/index.html>

<sup>4</sup> Terms in the spinal cord MRI report such as "affecting gray matter," "affecting the anterior horn or anterior horn cells," "affecting the central cord," "anterior myelitis," or "poliomyelitis" are consistent with this terminology.

<sup>5</sup> <https://www.cdc.gov/acute-flaccid-myelitis/hcp/faq/index.html#:~:text=about%20AFM.-,Infection%20Control,-What%20are%20your>

## **RESOURCES**

- NY State Health Department AFM  
[https://health.ny.gov/diseases/conditions/acute\\_flaccid\\_myelitis/](https://health.ny.gov/diseases/conditions/acute_flaccid_myelitis/)
- CDC Acute Flaccid Myelitis  
<https://www.cdc.gov/acute-flaccid-myelitis/index.html>
- NY State Health Department Wadsworth Center  
<https://www.wadsworth.org/programs/id/virology>