



May 29, 2026

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 weakness¹ 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 March 3, 2026, 789 confirmed cases have been reported nationally since 2014². In New York State, 2 cases were reported in 2025, with a total of 35 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.
- AFM shares many symptoms with other neurological disorders such as Guillain-Barre syndrome (GBS), transverse myelitis, and poliomyelitis³.
- 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) urges clinicians to remain vigilant ([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 pathogens associated with AFM, including enteroviruses.
 - Two (2) stool specimens collected 24 hours apart
 - Cerebrospinal fluid
 - Nasopharyngeal/oropharyngeal (NP/OP) swabs
 - Serum

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>

¹ Low muscle tone, limp, not spastic or contracted.

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

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

- Clinicians should **report suspected AFM cases promptly** to the Department at 518-473-4439 or via email 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 PRESENTATION⁴

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 involvement⁵ 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.

REPORTING

Report suspected AFM cases promptly to the Department via 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 at 1-866-692-3641.

For questions about suspected AFM reporting, please contact: AFM@health.ny.gov.

INFECTION PREVENTION and CONTROL

CDC recommends managing patients with AFM using Standard, Contact, and Droplet Precautions⁶.

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.

Questions pertaining to 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.

⁴ <https://www.cdc.gov/acute-flaccid-myelitis/hcp/clinical-overview/index.html>

⁵ 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.

⁶ <https://www.cdc.gov/acute-flaccid-myelitis/hcp/faq/index.html#:~:text=about%20AFM.-,Infection%20Control,-What%20are%20your>

RESOURCES

- NY State Department of Health AFM – What to know
https://health.ny.gov/diseases/conditions/acute_flaccid_myelitis/
- New York State Department of Health AFM – Provider information
https://health.ny.gov/diseases/conditions/acute_flaccid_myelitis/providers.htm
- 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>