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HEALTH ADVISORY OCTOBER 1, 2014

ENTEROVIRUS-D68 (EV-D68)

SUMMARY:

In August, health officials noted an increase in severe respiratory illness among children in the Midwest. The number of states reporting cases of EV-D68 has continued to grow. Cases have been confirmed by either state public health laboratories or the Centers for Disease Control and Prevention. As of September 30, a total of 472 people in 41 states have been reported to have disease and California has identified cases in San Diego and Ventura Counties.

- ✓ More information regarding the recent EV-D68 severe respiratory clusters can be found at:
<http://www.cdc.gov/non-polio-enterovirus/outbreaks/EV-D68-outbreaks.html>
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6336a4.htm?s_cid=mm6336a4_w

Actions Requested of Healthcare Professionals:

1. **Consider EV-D68** as a possible cause of acute, unexplained severe respiratory illness. Fever may be absent.
2. **Test** for influenza, RSV, enterovirus, and rhinovirus in persons in whom EV-D68 is being considered.
3. **Collect and submit specimens** (see Testing Section below) and **Contact** CCPH Communicable Disease Program at 925-313-6740 **BEFORE** submitting any specimens.
4. Implement **Standard, Contact and Droplet precautions** when caring for patients with known or suspected EV-D68.
5. Advise patients with respiratory symptoms to use good hand hygiene and cough etiquette. Clean hands with soap and water. NOTE: Alcohol based hand gels are not effective against EV- D68.
6. **Report** suspected clusters of severe respiratory illness to Contra Costa Public Health, Communicable Disease Programs at 925-313-6740.

BACKGROUND

Enteroviruses are very common in children. These viruses are associated with various clinical symptoms ranging from mild to severe. EV-D68 is not a new virus; the virus was first isolated in California in 1962. EV-D68 is known to cause respiratory illness. Children infected with this virus are presenting with severe respiratory illness (wheezing and difficulty breathing) often without fever. Clinical supportive care needs have included: bilevel positive airway pressure ventilation, mechanical ventilation and extracorporeal membrane oxygenation. There are no available vaccines or specific treatments for EV-D68.



