



**DALLAS COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
EPIDEMIOLOGY**

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To: Dallas County Medical Providers and Laboratory Staff

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HEALTH ADVISORY (2): Enterovirus D68

In recent weeks, enterovirus D68 (EV-D68) infections among children have continued to be identified in many states, now including Texas^{1,2}. In Dallas, specimens from 10 representative pediatric patients meeting state criteria for referral for CDC testing have been confirmed as EV-D68. These patients had been admitted to intensive care units between August to September 2014.

Although there are likely more EV-D68 cases in the county, many other more common respiratory viruses are also currently circulating, and can cause symptoms similar to EV-D68. For example, of the over 30 samples from Dallas tested by CDC, 14 were confirmed as rhinovirus. DCHHS is continuing to monitor hospital trends to detect any significant changes in numbers of children with severe respiratory illness. **The numbers of patients with chief complaints of asthma or wheezing visiting our area emergency departments are currently at expected levels for this time of the year.**

EV-D68 infections usually manifest as mild, self-limited, common cold symptoms, without fever. However, severe respiratory symptoms have occurred, mostly in children with underlying diagnoses of asthma or wheezing². **Clinicians should be aware of EV-D68 as a possible cause of acute, unexplained severe respiratory illness, particularly in children.** Recommendations for clinicians include:

- In healthcare settings, standard, contact, and droplet infection control precautions are recommended for patients with suspected EV-D68 infection.
- For hospitalized patients with severe respiratory illness, diagnostic testing for influenza and other respiratory viruses should be considered using available hospital-based testing. Most hospital molecular assays cannot distinguish enteroviruses from rhinoviruses, and cannot determine the specific type of enterovirus. **However, testing to distinguish EV-D68 from other respiratory viruses will not impact patient management**, since treatment consists of supportive care.
- Environmental disinfection of surfaces in healthcare settings should be performed using a hospital-grade disinfectant with an EPA label-claim for any non-enveloped viruses (e.g., norovirus, rhinovirus)³.
- Remind patients and parents that the best way to prevent the spread of many infectious diseases is by frequent and thorough hand washing, respiratory etiquette and surface disinfection. EV-D68 FAQ sheets for parents are available in English and Spanish on the DCHHS website⁵.

The state health department's current criteria for submission of specimens to forward for testing at CDC includes only: *"pediatric patients (<18 years of age) admitted to an intensive care unit with severe respiratory illness with symptom onset no earlier than August 1, 2014, who have tested positive for enterovirus or enterovirus/rhinovirus (e.g., by multiplex PCR assays), if such testing has been completed."*

Please report any patients meeting the above criteria, any suspected EV-D68 patients with atypical manifestations (e.g., neurological symptoms), or clusters of severe respiratory illness of unknown etiology to DCHHS by fax (214) 819-1933 or phone (214) 819-2004.

1. CDC. Non-Polio Enterovirus: Enterovirus D68. www.cdc.gov/non-polio-enterovirus/about/EV-D68.html
2. CDC. MMWR Sept 8, 2014; 63 (Early Release);1-2. www.cdc.gov/mmwr/preview/mmwrhtml/mm63e0908a1.htm
3. CDC. MMWR Sept 30, 2011; 60:1301-4. www.cdc.gov/mmwr/preview/mmwrhtml/mm6038a1.htm
4. CDC Health Alert Network 369. Sept 12, 2014. emergency.cdc.gov/han/han00369.asp
5. DCHHS. www.dallascounty.org/department/hhs/documents/EV-D68_schoolFAQs_20140922_English_000.pdf
www.dallascounty.org/department/hhs/documents/EV-D68_schoolFAQs_20140922_Spanish.pdf