



**Office of the  
Chief Medical  
Health Officer**

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**Enterovirus D68: Information for Providers Likely to see Severe Cases.**

Provincially we have seen a number of Enterovirus D68 (EV-D68) infections and based on experiences of 2014 may expect to see a rise over the upcoming weeks and fall months.

EV-D68 is for most persons an upper respiratory tract infection. It is most notable for a focal limb weakness or other weakness/paralysis which occurs very infrequently, however a handful of cases were found in BC in 2014. There was also an increase in asthma requiring hospitalization amongst known asthmatics. General information on EV-D68 is available at <http://www.bccdc.ca/health-info/diseases-conditions/enterovirus-d68>.

**The following edited statement from BCCDC details further:**

Clinicians should consider EV-D68 infections in patients presenting with severe respiratory illness and report any increase or unusual clusters/outbreaks of respiratory illness to their local health authority/Medical Health Officer. More severe respiratory presentations of EV-D68 may be anticipated in association with underlying comorbidity, notably a history of asthma or other lung condition. EV-D68 diagnosis and reporting should also be considered alongside other investigations in patients presenting with acute onset of focal limb weakness or other neurological event involving muscle weakness/paralysis of unknown etiology, as clinically indicated.

There is no specific treatment or vaccine for EV-D68. Clinical care is supportive. Healthcare providers should implement routine infection control practices, including droplet and contact precautions for patients with suspected EV-D68 infection. Surfaces should be cleaned with a hospital-grade disinfectant with a DIN and label claim for non-enveloped viruses.

Suspect EV-D68 investigations should be conducted in consultation with the Medical Microbiologist and Medical Health Officer. Clinicians are requested to submit respiratory (nasopharyngeal/oropharyngeal) and other specimens (such as stool and/or CSF) as clinically indicated. At present, laboratory confirmation is required before EV-D68 diagnosis can be made.

**Island Health labs have added useful testing information:**

Enterovirus/rhinovirus detection is included in all virus investigations performed on NP swabs in hospitalized children. This molecular assay also includes influenza A/B/RSV. Special request is required for sputum and throat samples. Any positive result in hospitalized persons or children for Enterovirus will be further subtyped for EV-D68. All CSF samples are tested for HSV/VZV and Enterovirus if viral investigation is requested and this is automatically added for all children.

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