

Enterovirus D68

Clinical Presentation

EV-D68 can cause mild to severe respiratory illness. Mild symptoms may include fever, runny nose, sneezing, cough, body and muscle aches. Please note: More severe respiratory presentations of EV-D68 may be anticipated in association with underlying co morbidity, notably a history of asthma

Risk Factors

Infants, children, and teenagers are most likely to get infected with enteroviruses and become ill. That's because they do not yet have immunity from previous exposures to these viruses. Among recently documented EV-D68 outbreaks, children with asthma seemed to have a higher risk for severe respiratory illness.

Incubation Period

There is a short incubation period of about 3-5 days.

Did You Know... Enterovirus D68 (EV-D68) is one of many non-polio enteroviruses. This virus was first identified in California in 1962 and once considered rare, it has been on a worldwide upswing in the 21st century.

Route of Transmission

As EV-D68 causes respiratory illness, the virus can be found in an infected person's respiratory secretions, such as saliva, nasal mucus, or sputum. Enteroviruses typically spread by the fecal-oral route, however, EV-D68 likely spreads from person to person when an infected person coughs, sneezes, or touches contaminated surfaces.

Precautions

Following a Point of Care Risk Assessment implement droplet precautions as appropriate, with signage and PPE (gown, gloves, mask with face shield). Adhere to the Four Moments for Hand Hygiene within the clinical setting.

Duration of Precautions & Room Cleaning

In general, individuals are contagious about three days after exposure to the virus and remain contagious until about 10 days after they develop symptoms, precautions will remain in place during this time.

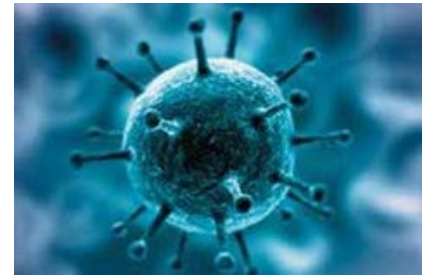
Environmental disinfection of surfaces in healthcare settings should be performed using a hospital-grade disinfectant (Precaution Clean).



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Diagnosis & Lab Work

Laboratory testing for EV-D68 should be considered during the late summer and early fall season for patients (especially children) with severe respiratory illness when diagnosis is not known.

Testing can also be considered if clusters of severe respiratory illness are identified.

Room Type & Equipment

Single room preferred with dedicated medical equipment and own commode or bathroom.

In general, the spread of enteroviruses is often quite unpredictable, and different types of enteroviruses can be common in different years with no particular pattern. In Canada, people are more likely to get infected with enteroviruses in the summer and fall.

Treatment

There is no specific treatment for people with respiratory illness caused by EV-D68; medications can be used to treat the symptoms of pain and fever. There are no antiviral medications currently available for people who become infected with EV-D68.

Comments

In 2014, an increase in acute flaccid paralysis was noted in the United States and Canada coincident with circulation of EV-D68. From August to December 2014 the CDC verified reports of 120 children who developed acute flaccid myelitis. Some of these children had EV-D68 or other enteroviruses/rhinovirus identified from respiratory samples, but EV-D68 was not identified in their cerebral spinal fluid. A few children with acute muscle weakness or paralysis who have EV-D68 found in respiratory specimens have also been identified in Canada, including in Ontario. The connection between the virus and the neurological symptoms remains uncertain and continues to be under investigation.

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