



**New Hampshire Department of Health and Human Services**  
October 9, 2014

**Frequently Asked Questions about Enterovirus D68 (EV-D68)**

**What is enterovirus D68?**

Enterovirus-D68 (EV-D68) is one of many non-polio enteroviruses. This virus was first identified in California in 1962, but it has not been commonly reported in the United States.

**What are the symptoms of EV-D68 infection?**

EV-D68 can cause mild to severe respiratory illness.

- Mild symptoms may include fever, runny nose, sneezing, cough, and body and muscle aches.
- Most of the children who became very ill with EV-D68 infection in Missouri and Illinois, the first states that noticed an increase in children with more severe respiratory infections, had difficulty breathing, and some had wheezing ( a whistling or rattling sound when someone breathes). Many of these children had asthma or a history of wheezing.

**How does the virus spread?**

EV-D68 is thought to mainly spread through respiratory secretions, such as saliva, nasal mucus, or droplets from coughing. The virus likely spreads from person to person when an infected person coughs or sneezes, or through contaminated surfaces and hands.

**How widespread is this outbreak?**

Most states in the United States are likely affected by respiratory illnesses caused by EV-D68. However, it is too soon to know exactly how widespread it is in the U.S. Over 40 states have confirmed EV-D68 infections, indicating that at least one case has been detected in each state listed, but it is unclear how widespread infections are in each state. Other states may also have the virus circulating, but they may not have detected it yet since there can be a delay between when a patient presents to the doctor and when test results return. As investigations progress, we will have a better understanding of whether the trends for EV-D68 infections are going up or down. In the upcoming weeks, we expect more states will have confirmed cases of EV-D68 infection.

**How common are EV-D68 infections in the United States?**

EV-D68 infections are thought to occur less commonly than other enterovirus infections; however, we do not know how many infections and deaths from EV-D68 occur each year in the United States. Healthcare professionals are not required to routinely report this information to the New Hampshire Department of Health and Human Services or health departments in other states. Also routine testing is not available to detect EV-D68, which limits identification and reporting of this virus.

### **What time of the year are people most likely to get infected with enteroviruses?**

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 the United States, people are more likely to get infected with enteroviruses in the summer and fall. We're currently in middle of the enterovirus season, and EV-D68 infections are likely to decline later in the fall.

### **Who is at risk?**

In general, infants, children, and teenagers are most likely to get infected with enteroviruses and become ill. That's because they do not yet have immunity (protection) from previous exposures to these viruses. We believe this is also true for EV-D68 as the majority of patients presenting to hospitals with EV-D68 infections are children and adolescents. Children with asthma or a history of wheezing appear to also be at higher risk for severe respiratory illness.

### **How is EV-D68 diagnosed?**

For patients presenting with a respiratory infection, EV-D68 can be diagnosed by doing specific lab tests on specimens from a person's nose and throat. Many hospitals and some doctor's offices can test ill patients to see if they have enterovirus infection. However, most cannot do specific testing to determine the type of enterovirus, such as EV-D68. It can take a while to test specimens and obtain lab results since determining the virus type can only be done by the CDC and a small number of state public health laboratories. The NH State Public Health Lab does not currently do this specific testing.

### **Who should be tested?**

Patients who are exhibiting symptoms of a severe respiratory illness and difficulty breathing without another clear cause can be tested for EV-D68. Anyone with a respiratory illness should contact their healthcare provider if they are having difficulty breathing or if their symptoms are getting worse.

### **What is the treatment for EV-D68?**

There is no specific treatment for people with respiratory illness caused by EV-D68. For mild respiratory illness, you can help relieve symptoms by taking over-the-counter medications for pain and fever. Aspirin should NOT be given to children. Some people with severe respiratory illness may need to be hospitalized. There are no antiviral medications currently available for people who become infected with EV-D68.

### **How can I protect myself and my family?**

You can help protect yourself from respiratory illnesses by following these steps and encouraging others to do the same:

- Wash hands often with soap and water for 20 seconds, especially after changing diapers.
- Avoid touching eyes, nose, and mouth with unwashed hands.
- Avoid kissing, hugging, and sharing cups or eating utensils with people who are sick.
- Disinfect frequently touched surfaces, such as toys and doorknobs, especially if someone is sick.

Since people with asthma are at a higher risk for respiratory illnesses, they should take their medicines as prescribed and maintain control of their illness during this time. They should also receive the flu vaccine at their earliest convenience since they are at a higher risk for severe complications from the flu virus. There is no vaccine available for EV-D68.

**What should people with asthma and children suffering from conditions such as reactive airway disease (a history of coughing, wheezing or shortness of breath that may or may not be caused by asthma) do?**

The Centers for Disease Control and Prevention and the New Hampshire Department of Health and Human Services recommend that you:

- Discuss and update your asthma action plan with your primary care provider.
- Take your prescribed asthma medications as directed, especially long-term control medication(s).
- Be sure to keep your reliever medication with you.
- If you develop new or worsening asthma symptoms, follow the steps of your asthma action plan. If your symptoms do not go away, call your health care provider right away.
- Parents should make sure the child's caregiver and/or teacher is aware of his/her condition and that they know how to help if the child experiences any symptoms related to asthma.

**Is there a vaccine against EV-D68?**

No, there are no vaccines for preventing EV-D68 infections.

**Is EV-D68 fatal?**

No confirmed deaths associated with EV-D68 have been reported during this recent increase in respiratory infections.

**What should schools, childcare centers, and offices do to help prevent EV-D68 infections?**

Schools are encouraged to be vigilant for any unexpected increase in illness among their students and report any suspected outbreak of any illness, including EV-D68, to the New Hampshire Department of Health and Human Services, Division of Public Health Services at 603-271-4496.

**If a child is diagnosed with EV or EV-D68, should they be excluded from school/daycare?**

Children should stay home until they are without a fever for at least 24 hours (off any anti-fever medications), and until the child begins to feel better. It is unclear how long after developing an enterovirus respiratory infection that someone can continue to transmit the virus, so once a child returns to school they should continue to practice good respiratory etiquette and good hand washing.

**Is there a risk of my child getting ED-V68 if my child goes to school?**

As with other respiratory infections, including the flu and the common cold, there is some increase in risk of catching EV-D68 in places with large numbers of people, such as schools

and daycare settings. Children can protect themselves by washing their hands often, not touching their eyes and noses, and coughing or sneezing into a tissue or their arm/elbow and properly disposing of the tissue. Parents should never send a sick child to school. Any child with a fever of 100°F or more should stay home until they are fever free for 24 hours.

**What is the New Hampshire Department of Health and Human Services doing to respond to EV-D68?**

DHHS continues to monitor the situation and is in communication with hospitals, local health departments, healthcare providers, schools and daycare providers about testing and clinical guidance. In conjunction with the CDC and other partners, DHHS is having samples tested to determine how widespread infection with EV-D68 is in New Hampshire. DHHS is also providing information and guidance about EV-D68 to clinicians and partners.

**Has EV-D68 been confirmed in New Hampshire?**

Yes. Seven cases have been confirmed in New Hampshire so far. There are also several cases that are pending final test results. The identification of this virus in the State was expected and the presence does not change recommendations about prevention and control.

**I heard that EV-D68 is causing neurologic symptoms including limb weakness in children, is that true?**

The Centers for Disease Control and Prevention is currently investigating a cluster of nine cases of children in Colorado with a neurologic syndrome, including limb weakness, that were reported since August. There have been other reports of paralysis in other states since. The cause of this syndrome is presently unknown and may or may not be related to the current widespread increase in EV-D68 infections; the investigation is ongoing.

For more information about Enterovirus D68, visit the New Hampshire Department of Health and Human Service website at: [www.dhhs.nh.gov](http://www.dhhs.nh.gov) or the Centers for Disease Control and Prevention website at [www.cdc.gov](http://www.cdc.gov).