



## Public Health Mōno-Gram

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**Public Health**  
Prevent. Promote. Protect.

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### Health Alert: Enterovirus D-68 may not be only respiratory

*Summary: The Centers for Disease Control and Prevention (CDC) is working closely with the Colorado Department of Public Health and Environment (CDPHE) and Children's Hospital Colorado to investigate a cluster of nine pediatric patients hospitalized with acute neurologic illness of undetermined etiology. The illness is characterized by focal limb weakness and abnormalities of the spinal cord gray matter on MRI. These illnesses have occurred since August 1, 2014 coincident with an increase of respiratory illnesses among children in Colorado. The purpose of this HAN Advisory is to provide awareness of this neurologic syndrome under investigation with the aim of determining if children with similar clinical and radiographic findings are being cared for in other geographic areas. Guidance about reporting cases to local health departments is provided.*

#### **Background**

CDPHE, Children's Hospital Colorado, and CDC are investigating nine cases of acute neurologic illness among pediatric patients. The cases were identified during August 9–September 17, 2014 among children aged 1–18 years (median age 10 years). Most of the children were from the Denver metropolitan area. All were hospitalized. Common features included acute focal limb weakness and specific findings on magnetic resonance imaging (MRI) of the spinal cord consisting of non-enhancing lesions largely restricted to the gray matter. In most cases, these lesions spanned more than one level of the spinal cord. Some also had acute cranial nerve dysfunction with correlating non-enhancing brainstem lesions on MRI. None of the children experienced altered mental status or seizures. None had any cortical, subcortical, basal ganglia, or thalamic lesions on MRI. Most children reported a febrile respiratory illness in the two weeks preceding development of neurologic symptoms. In most cases, cerebrospinal fluid (CSF) analyses demonstrated mild-moderate pleocytosis (increased cell count in the CSF) consistent with an inflammatory or infectious process. CSF testing to date has been negative for enteroviruses, including poliovirus and West Nile virus. Nasopharyngeal specimens were positive for rhinovirus/enterovirus in six out of eight patients that were tested. Of the six positive specimens, four were typed as EV-D68, and the other two are pending typing results. Testing of other specimens is still in process. Eight out of nine children have been confirmed to be up to date on polio vaccinations. Epidemiologic and laboratory investigations of these cases are ongoing.

The United States is currently experiencing a nationwide outbreak of EV-D68 associated with severe respiratory disease. The possible linkage of this cluster of neurologic disease to this large EV-D68 outbreak is part of the current investigation. CDC is seeking information about other similar neurologic illnesses in all states,

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especially cases clustered in time and place. CDC has particular interest in characterizing the epidemiology and etiology of such cases.

### Enterovirus D68 for Health Care Professionals

Enterovirus D68 (EV-D68) is one of many non-polio enteroviruses. For general information on the infection, including symptoms, transmission, risk factors, diagnosis, and treatment, see [Overview of Enterovirus D68](#).

Also see [Enterovirus D68 in the U.S., 2014](#).

### Clinical Evaluation and Reporting

During late summer and fall 2014, CDC recommends that clinicians:

- consider EV-D68 as a possible cause of acute, unexplained severe respiratory illness, even if the patient does not have fever.
- ensure that the patient has an [asthma action plan](#). Reinforce use of this plan, including adherence to prescribed long-term control medication. Encourage people with asthma who are experiencing an exacerbation to seek care early. See [Asthma Care Quick Reference](#). [12 pages]
- report suspected clusters of severe respiratory illness to local health department. EV-D68 is not nationally notifiable, but we ask that you voluntarily report all cases to us.
- consider laboratory testing of respiratory specimens for enteroviruses when the cause of respiratory illness in severely ill patients is unclear.
- consider testing to confirm the presence of EV-D68. Call us for any needed guidance.

### Laboratory Testing

Before sending specimens for diagnostic and molecular typing:

- contact your local health department.
- submit specimens (nasopharyngeal and oropharyngeal swabs are preferred or any other type of respiratory specimens). Preferably 2 swabs – one sent for the initial screening rhinovirus/enterovirus screen, and the other held for typing if the first swab is positive. Refrigerate, and contact us for further instructions if the screen is positive.
- follow infection control measures; see [CDC health alert](#) for more information.

### Infection Control Recommendations

Healthcare professionals in healthcare settings should be vigilant about preventing the spread of EV-D68:

- Infection control precautions should include Standard, Contact, and Droplet (surgical masks – not N-95's) Precautions for the current outbreak of EV-D68.

