Enterovirus D68

EV-D68 Infections Reported

Hospitals in Missouri and Illinois (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm63e0908a1.htm) are seeing more children than usual with severe respiratory illness caused by enterovirus D68.

Several other states are investigating clusters of children with severe respiratory illness, possibly due to enterovirus D68.

CDC is watching this situation closely and helping the states with testing of specimens.

Q: What is enterovirus D68?
A: 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.

Q: What are the symptoms of EV-D68 infection?
A: EV-D68 can cause mild to severe respiratory illness.

- Mild symptoms may include fever, runny nose, sneezing, cough, body and muscle aches.
- Severe symptoms may include difficulty breathing and wheezing. People with asthma may have a higher risk for severe respiratory illness.

Q: How does the virus spread?
A: Since EV-D68 causes respiratory illness, the virus can be found in respiratory secretions, such as saliva, nasal mucus, or sputum. EV-D68 likely spreads from person to person when an infected person coughs, sneezes, or touches contaminated surfaces.

States with CDC Lab-confirmed EV-D68 Infections

From mid-August to September 11, 2014, a total of 82 people in Colorado, Illinois, Iowa, Kansas, Kentucky and Missouri have been confirmed to have respiratory illness caused by EV-D68.

Q: How many people have been confirmed to have EV-68 infection?
A: From mid-August to September 11, 2014, a total of 82 people in six states have been confirmed to have respiratory illness caused by EV-D68. A CDC laboratory confirmed these cases. Some state laboratories may have also confirmed cases, but these are not included in our total case count.

Q: How common are EV-D68 infections in the United States?
A: EV-D68 infections are thought to occur less commonly than infections with other enteroviruses. However, CDC does not know how many infections and deaths from EV-D68 occur each year in the United States. Healthcare professionals are not required to report this information to health departments. Also, CDC does
not have a surveillance system that specifically collects information on EV-D68 infections. Any data that CDC receives about EV-D68 infections or outbreaks are voluntarily provided by labs to CDC’s National Enterovirus Surveillance System (NESS). This system collects limited data, focusing on circulating types of enteroviruses and parechoviruses.

Q: Who is at risk?

A: Like other enteroviruses, anyone can get infected with EV-D68. Among the recent EV-D68 infections in some states, children with asthma seemed to have a higher risk for severe respiratory illness. However, this is still being investigated.

Q: How is it diagnosed?

A: Many hospitals and doctor’s offices can test for enteroviruses. However, most cannot do testing to determine the specific type of enterovirus, like EV-D68. State health departments and CDC can do this sort of testing.

Q: What are the treatments?

A: 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.

Q: How can I protect myself?

A: You can help protect yourself from respiratory illnesses by following these steps (/non-polio-enterovirus/about/EV68-infographic.html):

- 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 higher risk for respiratory illnesses, they should regularly take medicines and maintain control of their illness during this time. They should also take advantage of influenza vaccine since people with asthma have a difficult time with respiratory illnesses. Asthma can also be controlled by avoiding the triggers that can cause an attack, such as tobacco smoke.

Q: Is there a vaccine?

A: No. There are no vaccines for preventing EV-D68 infections.

Q: What should clinicians do?

A: Healthcare professionals should
• Be aware of EV-D68 as a potential cause of clusters of severe respiratory illness, particularly in young children.
• Consider laboratory testing of respiratory specimens for enteroviruses when the cause of infection in severely ill patients is unclear. Many hospitals can test for enteroviruses, but they are probably not able to perform enterovirus typing. State health departments or CDC can be approached for typing enterovirus.
• Before sending specimens to CDC:
  ◦ contact your state or local health department, and
  ◦ consult with CDC by sending an email to wnix@cdc.gov
• Report cases and clusters of severe respiratory illnesses to state and local health departments for further guidance.

Q: What is CDC doing about EV-D68?
A: CDC is helping states with diagnostic and molecular typing for EV-D68.

CDC is also working with state and local health departments and clinical and state laboratories to

• enhance their capacity to identify and investigate outbreaks, and
• perform diagnostic and molecular typing tests to improve detection of enteroviruses and enhance surveillance.

Related Pages

• Non-Polio Enterovirus for Health Care Professionals (/non-polio-enterovirus/hcp.html)
• Severe Respiratory Illness Associated with Enterovirus D68 — Missouri and Illinois, 2014, (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm63e0908a1.htm) MMWR, September 8, 2014
• Clusters of Acute Respiratory Illness Associated with Human Enterovirus 68 --- Asia, Europe, and United States, 2008--2010, (http://www.cdc.gov/mmWR/preview/mmwrhtml/mm6038a1.htm) MMWR, September 30, 2011

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