



Public Health
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Region IV Public Health
Clark, Cowlitz, Skamania, Wahkiakum counties
and Cowlitz Tribe

Health Advisory

Please deliver a copy of the accompanying advisory to each provider in your organization. Questions regarding this advisory may be directed to the following Region IV health officers:

Alan Melnick, MD, MPH, CPH
Clark County Public Health, (360) 397-8412

Sarah D. Present MD, MPH
Skamania County Community Health, (509) 427-3850
Wahkiakum County Health & Human Services, (360) 795-8630

Jennifer Vines, MD, MPH
Cowlitz County Health & Human Services, (360) 414-5599

Please distribute

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for specific incident for situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.



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HEALTH ADVISORY

September 29, 2014

TO: Physicians and other Health Care Providers

FROM: Alan Melnick, MD, MPH, CPH, Health Officer
Sarah Present, MD, MPH, Health Officer
Jennifer Vines, MD, MPH, Health Officer

RE: 1) Enterovirus D68 – Recommendations for specimen submission
2) CDC Health Advisory on focal limb weakness in children and the possible association with EV-D68

To date, 14 specimens from patients with severe respiratory illness who tested positive for a possible enterovirus infection have been submitted through the Washington State Public Health Lab (PHL) for additional testing for the enterovirus D68 (EV-D68) strain. Two of these specimens tested positive for EV-D68 (1 – Snohomish County, 1- King County). The remaining were positive for several other common viruses including rhinovirus.

The following recommendations include updated information from the Centers for Disease Control and Prevention (CDC) and the Washington State Department of Health on:

- The definition of severe respiratory illness for the purpose of determining which specimens should be submitted to the PHL for enterovirus typing at CDC's picornovirus laboratory, and
- Obtaining approval from your local health jurisdiction (LHJ) to submit specimens to the PHL for further enterovirus typing.

Recommendations

Clinical Care:

- Health care providers should consider EV-D68 as a possible cause of acute, unexplained severe respiratory illness, even in the absence of fever.
- Although the findings to date have been in children, EV-D68 may also affect adults.
- "Severe respiratory illness" is being defined as a patient presenting with:

- cough, and/or shortness of breath, and/or difficulty breathing that was severe enough to require hospitalization;
- AND**
- also requires some type of respiratory support (e.g., continuous oxygen, CPAP or BiPAP, ventilator).

Laboratory Testing:

- Providers should consider laboratory testing of respiratory specimens for enteroviruses when the cause of respiratory infection in severely ill patients is unclear.
- Confirmation of the presence of EV-D68 requires typing by molecular sequencing, which is available through CDC with prior approval.
- Criteria for submitting specimens for enterovirus testing include:
 - Respiratory specimens from patients with “severe respiratory illness”; and
 - Patients have tested positive for enterovirus/rhinovirus through initial screening assays; and
 - Priority will be given to patients requiring admission to the ICU.
- To submit specimens for enterovirus typing:
 - Obtain approval from your LHJ, only approved submissions will be accepted by the Washington State PHL.
 - Following approval, complete the enclosed CDC Patient Summary Form required for each specimen and fax a copy to Department of Health CD Epi at (206) 418-5515.
 - Send the specimen(s) to the Department of Health PHL with the original Patient Summary Form. The PHL will coordinate directly with CDC for further enterovirus typing.

Additional information

For more information on specimen submission, please consult the CDC enterovirus D68 website: (<http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html>)

Reporting

Although EV-D68 is not a notifiable condition, providers are asked to report suspected clusters of severe respiratory illness to their local health departments:

- Clark County Public Health: (360) 397-8182.
- Cowlitz County Health Department: (360) 414-5599
- Skamania County Community Health: (509) 427-3850
- Wahkiakum County Health and Human Services: (360) 795-6207

Please also see the following CDC Health Advisory, edited to include local reporting recommendations, on focal limb weakness in children and the possible association with EV-D68:

**This is an official
CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network
September 25, 2014, 17:00 ET
CDCHAN-00370

Acute Neurologic Illness with Focal Limb Weakness of Unknown Etiology in Children

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 state and local health departments and CDC is provided. Please disseminate this information to infectious disease specialists, intensive care physicians, pediatricians, neurologists, radiologists/neuroradiologists, infection preventionists, and primary care providers, as well as to emergency departments and microbiology laboratories.*

Background

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

Recommendations

Patients who meet the following case definition should be reported to their local health departments:

- Patients ≤ 21 years of age with:
 - 1) Acute onset of focal limb weakness occurring on or after August 1, 2014;

AND

 - 2) An MRI showing a spinal cord lesion largely restricted to gray matter.

Providers treating patients meeting the above case definition should consult with their local health department for laboratory testing of stool, respiratory, and cerebrospinal fluid specimens for enteroviruses, West Nile virus, and other known infectious etiologies.

- Clark County Public Health: (360) 397-8182.
- Cowlitz County Health Department: (360) 414-5599
- Skamania County Community Health: (509) 427-3850
- Wahkiakum County Health and Human Services: (360) 795-6207

For more information:

Please visit the CDC enterovirus website (<http://www.cdc.gov/non-polio-enterovirus/>) for general information about enterovirus infections, including EVD-68, and for up-to-date guidance about infection control measures. For information about poliovirus, please visit the CDC poliovirus website (<http://www.cdc.gov/vaccines/vpd-vac/polio/in-short-both.htm>). For information about West Nile Virus, please visit the CDC West Nile Virus website (<http://www.cdc.gov/westnile/>). State and local health departments with questions should contact the CDC Emergency Operations Center (770-488-7100).

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.