



## **Enterovirus D68 update for EMS 9.25.2014**

Since first reported in August, Enterovirus D68 (EV-D68) has spread from the Midwest to the majority of the United States. The CDC now reports that over 32 states have reported cases of the respiratory illness; however, it is more than likely that the virus has spread to all parts of the US.

Despite its recent attention, EV-D68 has been around for over 40 years and is part of a group of viruses that typically cause the “common cold”. Understanding how widespread the virus is in the country is difficult because the vast majority of children and some adults will only suffer from a mild cold that will run its course within 10 days to 2 weeks. What is unique is the virus’ effect on the pediatric population most notably those with reactive airway diseases, such as asthma. This has led to a strain on resources in the community including increased utilization for EMS, emergency departments and Pediatric ICU’s.

There is no vaccine for this particular virus and the diagnosis is usually clinical with laboratory diagnosis reserved for patients that are severely ill, such as needing admission to the ICU.

### **What this means for EMS**

Treatment for EV-D68 is consistent with those that are required for patients with respiratory distress, especially those with wheezing including the use of beta-agonist bronchodilators for wheezing and oxygen for those with hypoxemia. EMS providers should recognize that this virus is circulating in their communities and have proper equipment and supplies for the increased utilization as well as be aware that patients may require additional doses of breathing treatments.

Prevention is key to keeping the virus from spreading. This starts with diligent hand washing and decontamination of infected areas. The virus is spread through direct contact with infected materials from saliva and mucous, so any materials that have been in contact with these fluids during the course of patient care should be decontaminated using standard cleaning techniques. This includes cots, monitoring equipment and other materials that come in contact with infected patients during treatment and transport.

### **Important Concepts for EMS**

1. EV-D68 is most likely in most communities around the US
2. EV-D68 may cause and increase in call volume, especially for pediatric asthma – Plan resources accordingly.
3. EV-D68 may cause a strain on Emergency Departments. Discuss how to handle excess caseload with ED managers to avoid “diversion”.



4. EV-D68 may cause more severe symptoms including wheezing and hypoxemia in pediatric asthma patients. Be prepared to deliver nebulized bronchodilators and support oxygen requirements.
5. Protect other patients by using strict infection control practices. Wash your hands after taking care of these patients, even if your contact was minimal and decontaminate equipment and the patient care area.
6. Make sure you have a staffing plan to compensate for parents with ill children. Your workforce may experience their own children being affected by this virus and need to stay home to care for them.

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