



EV-68: Guidance for School Nurses

September 22, 2014

This document is intended to provide general guidance to school nurses about EV-68. Additional information can be obtained by calling the Boston Public Health Commission Infectious Disease Bureau at 617-534-5611.

What is enterovirus 68?

Enterovirus 68 (EV-68) is an enterovirus that was first identified in California in 1962. It has not been commonly diagnosed in the United States.

What are the symptoms of EV-68 infection?

The illness can be mild or severe. EV-68 can cause fever, runny nose, sneezing, cough, and body and muscle aches. Often there is no fever. More serious illness may cause difficulty breathing and wheezing. Children with asthma appear to have a higher risk of severe disease, and are more likely to require hospitalization. The symptoms of EV-68 can be similar to those caused by other viruses, including influenza.

How does EV-68 spread?

The virus is spread by contact or respiratory droplets. EV-68 is in an infected person's respiratory fluids, including saliva, nasal mucus, and sputum. When an infected person coughs or sneezes, relatively large particles (called respiratory droplets) are created and fall to the ground within 3 to 6 feet. Contact transmission can also occur if someone touches a contaminated surface then touches their eyes, mouth, or nose without washing their hands.

Who is at risk?

So far, infants, children, and teenagers have been more likely to get EV-68. **Children with asthma have been more likely to develop severe respiratory illness.**

How is EV-68 diagnosed?

In most cases, laboratory testing to specifically identify EV-68 is not needed. Regardless of enteroviral strain, treatment is supportive, so identification of the strain does not change treatment. Some (but not all) health care facilities can do a laboratory test to see if a patient has either enterovirus or rhinovirus (causes the common cold).

What is the treatment for EV-68?

Treatment is supportive. There is no specific anti-viral medication against EV-68.

Is there a vaccine? There are NO vaccines for preventing EV-68 infections.

Guidelines for School Nurses

Encourage Everyday Prevention Measures

School nurses should encourage ALL students and staff to practice everyday prevention measures:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it. If you don't have a tissue, cough or sneeze into your upper arm.
- Wash your hands often with soap and water for at least 15-20 seconds, especially after you cough or sneeze. Soap and water is preferred, but alcohol hand sanitizers can be used. The most important thing is for hand hygiene to be done frequently.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Do not share drinks or other items that touch the mouth.
- Influenza season is coming! To avoid illness that may appear to be similar to EV-68, everyone 6 months of age or older should get a flu vaccine.

Identify and Assess a Child With Illness

Particular attention should be placed on knowing which students have asthma or wheezing and what their asthma treatment plan is. Students with asthma or wheezing who present with symptoms that are more severe than usual, symptoms that don't improve with treatment using their asthma regimen, or students in whom asthma symptoms or wheezing persist should be referred to their healthcare provider.

- Any student who has wheezing or complications of a upper respiratory infection (URI) should be referred to the school health office.
- Students with wheezing or complication of a URI should be placed, as space allows, in a separate, supervised area. If no such area is available, the student should be situated in an area at least 6 feet from other students or staff.
- A surgical mask should be placed on a student with wheezing or complications of a URI *if the student can tolerate a mask.*
- The student should be evaluated as quickly as possible.
- Infection control steps when caring for children with wheezing of a complicated URI include wearing a surgical or procedure mask when in close contact with the ill student such as during examination or questioning. Gloves should be worn if there will be direct contact with the student. Regardless of whether gloves are used, hands should be thoroughly washed with soap and water after the encounter. Soap and water is preferred, but alcohol hand sanitizers can be used.

Sending a child home or to a healthcare facility

The parent/guardian should be called to pick up an ill child. Every effort should be made to avoid sending the student home by school bus. The school nurse should communicate the recommendations listed below with all students with wheezing of a complicated URI. If the child is in severe respiratory distress, 911 should be called and parents notified.

Recommendations for ill students who are sent home

The school nurse should provide the following recommendations to all students and parents of any student who has symptoms as above:

- The child should be closely monitored and the child's primary care provider contacted for further guidance. **This is particularly important in children who have a history of asthma or wheezing.**
- Children should not return to school until 24 hours after resolution of predominant symptoms. Ill children should not be in school. They should be advised to avoid close contact with other people to the extent possible. Ill students should not attend any other gatherings including but not limited to after school programs, other classes (dance, music lessons, tutorials etc.), sports events, parties, day care, travel etc.
- Parents should be informed that only the primary care provider can make decisions about testing or treatment. They should also be informed that testing and treatment IS NOT required as a prerequisite for the student to return to school. However, an ill student should not return to school.
- Students should be advised to practice appropriate respiratory hygiene including:
 - Wash hands often with soap and water, especially after coughing or sneezing. Soap and water is preferred, but alcohol based hand sanitizers can be used. The most important thing is to encourage frequent hand cleaning.
 - Practice good "cough etiquette" by coughing or sneezing into a tissue, or into your elbow instead of into your hands.

Additional information about these recommendations is available by calling the Boston Public Health Commission Infectious Disease Bureau at 617-534-5611. Any clusters of illness in a school should be promptly reported to the same phone number.