

### SUMMARY

For respiratory specimens, U.S. molecular assays may misidentify EV-D68 as rhinovirus or enterovirus/rhinovirus.

GMC saw a nearly 38% uptick in rhinovirus-positive samples, since September 1.

GMC is sending positive samples from pediatric ICU patients to CDC for for sequence confirmation for EV-D68 or rhinovirus C.

#### Within GML

Median age is 2.0 yr for rhinovirus positive samples

No gender preference is observed

#### Most common presentation

Acute URI  
Cough  
Asthma exacerbation  
Fever  
Bronchitis/Bronchiolitis

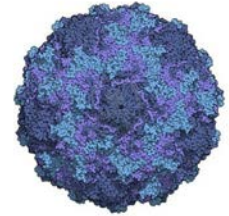
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#### 10X Essentials: Enterovirus / Rhinovirus update

**Clarification:** Geisinger policy requires respiratory viral panel testing (RVPCR) testing for all in-patient admissions **with significant respiratory symptoms, not for all admissions.**

- 91% of all viruses in the GML region are currently rhinovirus/enterovirus. Symptoms vary, see page 3.
- There is a possibility that enterovirus D68 (EV-D68) may cross react with rhinovirus primers, due to genetic sequence variability and may be reported as rhinovirus. This has occurred in other parts of the U.S., but the phenomenon is not confirmed in PA.
- 73% of all positive samples are from pediatric patients. The median age of infection is 2 years old, the age range is 1 week to 87 years.
- 35% of all positive samples are from in-patients.
- There is equal distribution of infected males and females.
- GML is actively collaborating with the PA Department of Health to identify possible EV-D68 that may exist in our service region.
- All pediatric ICU samples with rhinovirus positive results are being sent to CDC for nucleic acid sequencing, which is the only method that will confirm or refute the presence of EV-D68 among rhinovirus positive samples. To date, 10% of samples meet criteria for submission to CDC to screen for EV-D68.



#### **Excerpt from: DC Health Alert Network Health Advisory: Severe Respiratory Illness Associated with Enterovirus D68 – Multiple States, 2014**

Additional details about these EV-D68 clusters can be found in the September 8, 2014, *MMWR* Early Release:

([http://www.cdc.gov/mmwr/preview/mmwrhtml/mm63e0908a1.htm?s\\_cid=mm63e0908a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm63e0908a1.htm?s_cid=mm63e0908a1_e)) For additional information, please consult the CDC enterovirus D68 website: (<http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html>)

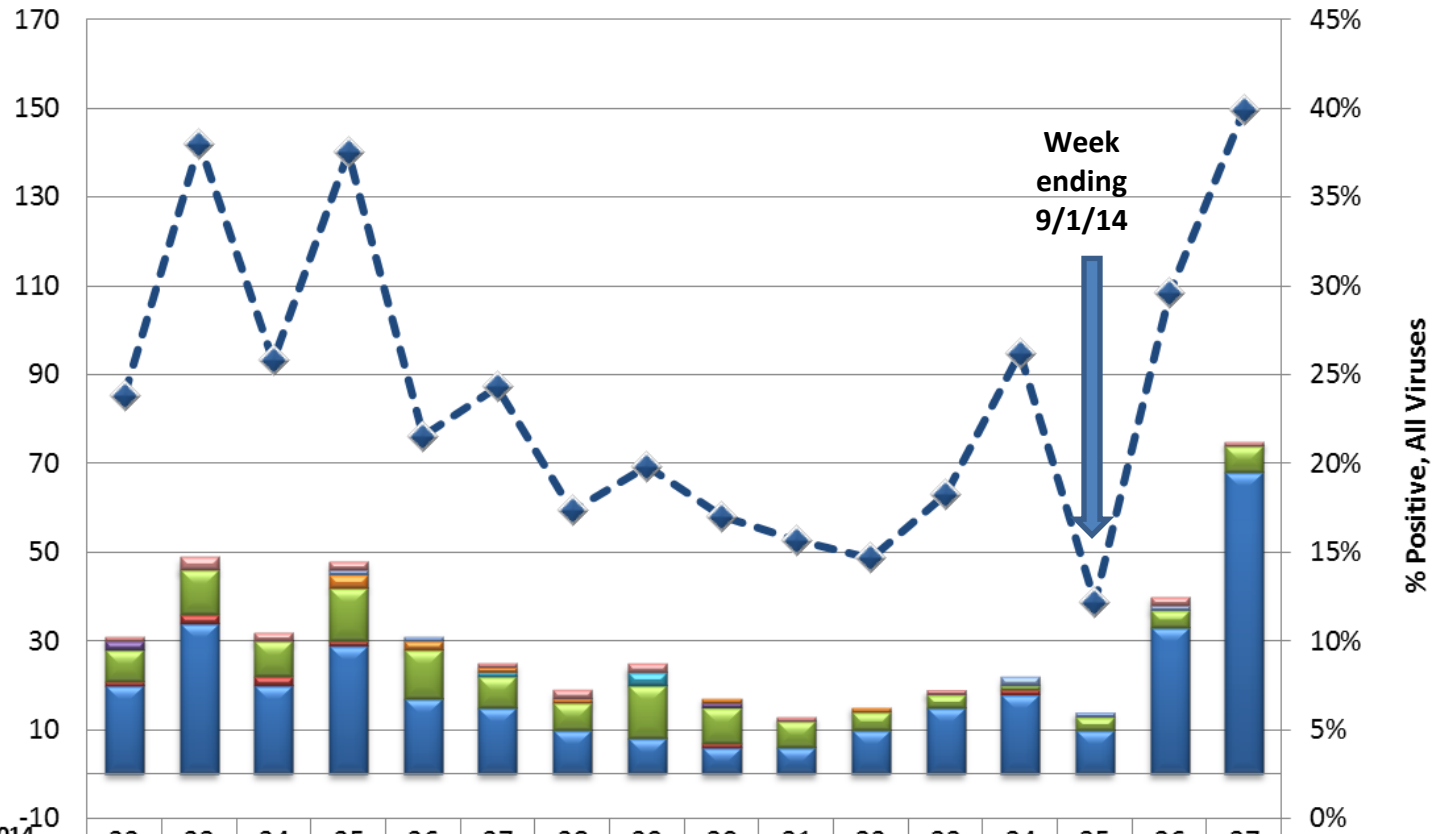
If you have any questions, please contact the Doctoral Directors, pager 8600, Technical Specialist, pager 8181.  
For newsletter questions, contact Christy Attinger, (570) 271-6338

*"Make it the best." - A. Geisinger*

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MEDICAL LABORATORIES

# GML RespVIEW 2013-2014

# Respiratory Viruses



CDC Respiratory Week, 2013-2014

	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
adenovirus	1	3	2	2	0	1	2	2	0	1	0	1	0	0	2	1
coronavirus	0	0	0	1	1	0	0	0	0	0	0	0	2	1	1	0
hum.metapneumovirus	0	0	0	3	2	1	1	0	1	0	1	0	0	0	0	0
influenza A	0	0	0	0	0	1	0	3	0	0	0	0	0	0	0	0
influenza B	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
parainfluenza	7	10	8	12	11	7	6	12	8	6	4	3	1	3	4	6
respiratory syncytial virus	1	2	2	1	0	0	0	0	1	0	0	0	1	0	0	0
rhinovirus	20	34	20	29	17	15	10	8	6	6	10	15	18	10	33	68
◆ % Positive Rollup (right axis)	24%	38%	26%	38%	22%	24%	17%	20%	17%	16%	15%	18%	26%	12%	30%	40%

## Weekly GML RespVIEW:Respiratory Virus Distribution CDC Week 37, 2013-2014

