Enterovirus D-68 put into perspective

No doubt, there has been an uptick in respiratory illness in our area, but the news media is causing panic specifically over one of them: enterovirus D-68.

The name “enterovirus” does not imply “deadly.” Many of you are well familiar with hand-foot-mouth disease, aka “Coxsackie virus.” Guess what? This extremely common, benign but annoying virus is also an enterovirus!

Let’s put into perspective how this “new” respiratory virus compares with an “old” well-known respiratory virus, influenza (The Flu). Remember that both flu and enterovirus D-68 are tracked by REPORTED cases. Most of the time doctors do not test children with mild disease so most reported cases are hospitalized patients.

Enterovirus D-68, the numbers: From mid-August through the first week in October (peak enterovirus season)- 664 people are known to have been infected in the USA, most of whom are children. You can track these numbers on this Centers for Disease Control website.

Influenza, the numbers: Each year in the US, approximately 200,000 people (children and adults) are hospitalized from complications of the flu. This year’s flu season in the

northern hemisphere is just starting. Generally peak flu season is in the winter months. Large numbers of people contract the flu but they are not sick enough to be hospitalized- they suffer a week of fever, cough, sore throat and body aches at home but recover uneventfully. Up to 20% of the population are infected with flu each season.

Death from enterovirus D-68: 1 child. Four other children died who tested positive for this virus but it is unknown if the virus caused their deaths.
Death from influenza during the 2013-2014 flu season: 108 children

Symptoms of enterovirus D-68: range from mild cold symptoms to high fever and severe respiratory symptoms
Symptoms of flu: usually abrupt at the onset: fever, body aches, cough, and runny nose. Please see our prior post for more information.

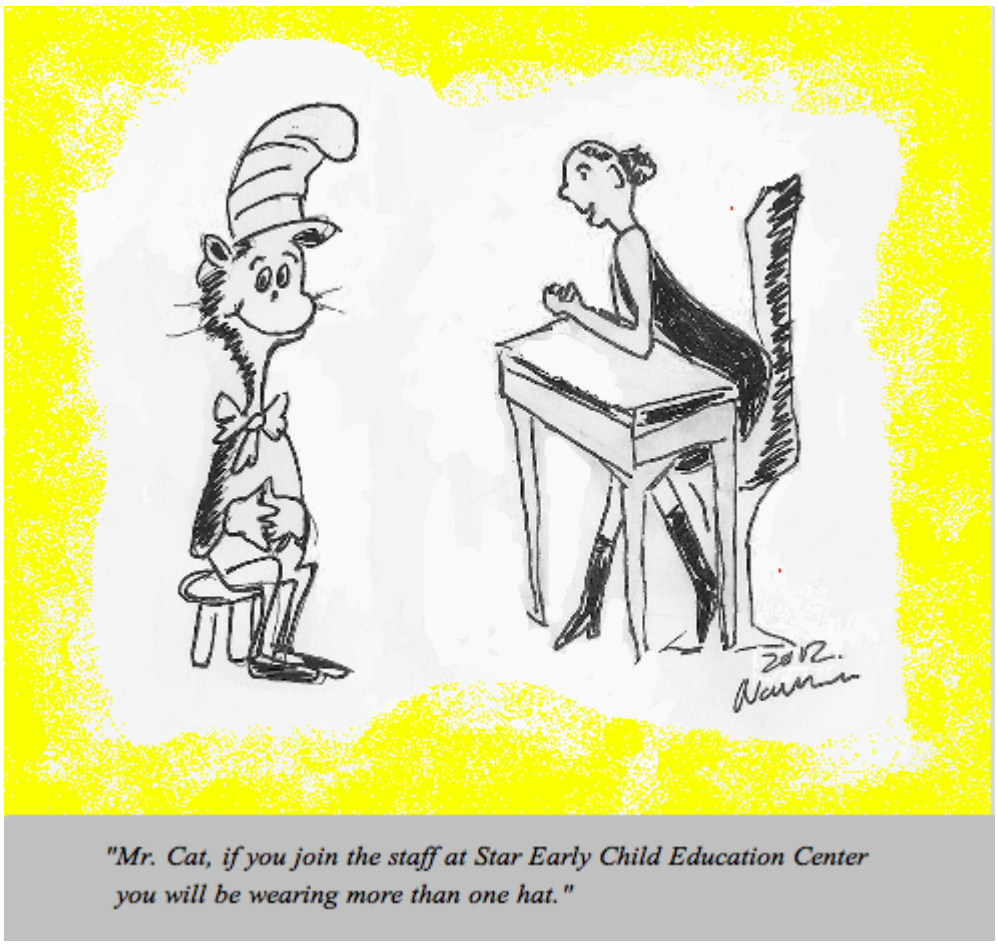
Prevent enterovirus D-68: same as for all "cold" viruses- wash hands, sneeze/cough into elbow, not hands.
Prevent flu: Same as for enterovirus D-68, AND we have an Influenza vaccine for all children aged 6 months and above, with a few exceptions-see our article for more information. Last year the flu vaccine was about 60% effective: it's not perfect, but it is certainly better than not vaccinating.

Overall, remember that enterovirus D-68 is one of many cold viruses that circulate the country. We are all familiar with back-to-school viruses. My teen-aged son told me, amid his sniffles and nose-blowing last week, that "more than half my school has a cold now."
Certainly some of those colds could be enterovirus-D-68. But please don't panic. All respiratory illnesses, including colds, have the potential to travel into your child's lungs. It is more important to practice good illness prevention techniques and to recognize the signs of difficulty breathing. As we have said before, if we parents could worry all

illnesses away, no one would ever be sick.

Julie Kardos, MD and Naline Lai, MD

Enterovirus D68, RSV, The flu! How do I know my kid's having trouble breathing?



"Mr. Cat, if you join the staff at Star Early Child Education Center you will be wearing more than one hat."

Mid-west respiratory virus, RSV, The Flu! Lots of respiratory-distress-causing- germs. Although Enterovirus D68 is in the news these days, a slew of infections can hit the lungs hard. So even if you think your child has a simple cold, it's important to recognize when your child is having difficulty breathing. Share this information with all of your child's caretakers, including teachers. As this cartoon illustrates, many people wear medical hats. Too often we get a child in our office with labored breathing which started during school hours but was not recognized until parent pick up time.

Signs of difficulty breathing:

- Your child is breathing faster than normal.
- Your child's nostrils flare with each breath in an effort to extract more oxygen from the air.
- Your child's chest or her belly move dramatically while breathing—lift up her shirt to appreciate this.
- Your child's ribs stick out with every breath she takes because she is using extra muscles to help her breathe—again, lift up her shirt to appreciate this. We call these movements "retractions."
- You hear a grunting sound (a slight pause followed by a forced grunt/whimper) or a wheeze sound at the end of each exhalation.
- A baby may refuse to breast feed or bottle feed because the effort required to breathe inhibits her ability to eat.
- An older child might experience difficulty talking.
- Your child may appear anxious as she becomes "air hungry" or alternatively she might seem very tired, exhausted from the effort to breathe.
- Your child is pale or blue at the lips.

In this video, the child uses extra chest muscles in order to breath. He tries so hard to pull air into his lungs that his ribs stick out with each inhalation.

For those with sensitive asthma lungs, review our earlier asthma posts. Understanding Asthma Part I explains asthma and lists common symptoms of asthma and Understanding Asthma Part II tells how to treat asthma, summarizes commonly used asthma medicine, and offers environmental changes to help control asthma symptoms.

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updated from our previous 2012 post