State of New Jersey
DEPARTMENT OF HEALTH
DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH
PO BOX 369
TRENTON, N.J. 08625-0369

CHRIS CHRISTIE
Governor

www.nj.gov/health

KIM GUADAGNO
Lt. Governor

MARY E. O'DOWD, M.P.H.
Commissioner

New Jersey Department of Health (NJDOH)
Surveillance and Testing Criteria – Enterovirus D68 (EV-D68)
September 25, 2014

The Centers for Disease Control and Prevention (CDC) is recommending laboratory testing of respiratory specimens for enteroviruses when the cause of respiratory illness in severely ill patients is unclear. Currently, specimens must be referred to CDC to determine if EV-D68 is specifically present. Due to the volume of specimens being submitted, CDC is prioritizing EV-D68 testing in order to enhance the epidemiological characterization of the outbreak across the country. NJDOH has developed the following document to assist with conducting surveillance to determine the community circulation of EV-D68 in New Jersey.

TESTING

Many hospitals can perform in-house testing for enterovirus and/or rhinovirus or have a reference laboratory which can test for enterovirus and rhinovirus. However, it is unlikely that these laboratories have the capability to perform enterovirus typing (i.e. cannot identify whether or not an enterovirus is a D68 strain). The NJDOH Public Health and Environmental Laboratory (PHEL) is not currently able to test for enteroviruses nor conduct enterovirus typing. CDC is able to perform enterovirus testing and typing. Therefore, NJDOH makes the following recommendations:

- If a hospital facility suspects that enterovirus is the cause of a severe illness, efforts should be made to conduct testing for enterovirus and rhinovirus within the facility. If this is not feasible, then a specimen should be submitted to a reference lab for testing.
- If this testing suggests the possibility of an enterovirus or rhinovirus infection, and if the clinical criteria defined below are met, NJDOH can assist in transporting specimens to CDC for additional typing.

Laboratory note: Commercially available molecular respiratory virus panels that contain a pan-enterovirus (EV) target can detect EV-D68 but they cannot distinguish between different strain types. EVs are closely related to rhinoviruses, so laboratories can expect to see some cross reactivity between pan-rhinovirus and pan-EV targets located on the same RVP.

SURVEILLANCE CRITERIA

Reports received meeting the following definitions may be considered for submission to CDC.

- A pediatric patient (defined less than 18 years of age with severe respiratory illness - defined as admission to an intensive care unit - who has tested positive for an enterovirus or rhinovirus who resides in a county where D68 has not yet been detected or in a county where specimens have not yet been submitted to CDC for D68 typing
- An adult patient (defined as being 18 years of age or older) with severe respiratory illness - defined as admission to an acute care facility - who has tested positive for an enterovirus or rhinovirus
- A patient of any age who has died and tested positive for an enterovirus or rhinovirus
- A unexplained asthma related death who has tested positive for an enterovirus or rhinovirus **OR** for whom enterovirus or rhinovirus testing was not available
- An institutional cluster defined as 2 or more cases associated in person, place, and time and at least one member of this epidmiologic associated cluster has tested positive for enterovirus or rhinovirus

REPORTING

Healthcare Providers

Providers should complete the EV-D68 PATIENT SUMMARY FORM from all cases meeting the above surveillance criteria and contact the local health department (LHD) where the patient resides on the next business day. This form can be found on the NJDOH website at http://www.nj.gov/health/cd/ev-d60/index.shtml. If patient residence is unknown, report to your own LHD. LHDs are available 24/7, and contact information during business hours can be found at: www.localhealth.nj.gov**.** Contact information for LHDs after business hours or on weekends can be found at: http://nj.gov/health/lh/documents/lhd_after_hours_emerg_contact_numbers.pdf.
If LHD personnel are unavailable, healthcare providers should report the case to the NJDOH, Communicable Disease Service (CDS) at 609-826-5964, Monday through Friday 8:00 AM - 5:00 PM.

Specimens from patients meeting the above criteria should be held for 10 days from the time the report was made. NJDOH will work with LHD on reviewing submitted cases and contact reporting facilities within 2 business days regarding specimen approval.

Local Health Departments

When a local health department receives a report a patient meeting the surveillance criteria, they should instruct the health care provider to complete the EV-D68 PATIENT SUMMARY FORM. Completed forms should be faxed to NJDOH Communicable Disease Service at 609-826-5972. This form will be reviewed by CDS staff who will make the final determination if the case meets surveillance criteria and if a specimen will be approved for testing at CDC.

INFECTION CONTROL

Standard, contact and droplet precautions are recommended for patients suspected of having enterovirus. Additional infection control guidance can be found on the CDC website (http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html; http://emergency.cdc.gov/han/han00369.asp).

SPECIMEN COLLECTION, TESTING AND SHIPPING

Only specimens approved by NJDOH will be sent to CDC for further typing. NP/OP swab, NP/OP wash or aspirate collected within a week of illness onset will be accepted. Once approved, specimens should be sent to PHEL who will ensure delivery to CDC. Additional instructions on collection and transport of speicmens for EV-D68 testing can be found at: http://www.nj.gov/health/cd/ev-d60/index.shtml.

NOTE: The turn around time for results from CDC is estimated to be five to ten days after specimens are received by CDC.

ADDITIONAL INFORMATION

http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html
http://www.nj.gov/health/cd/ev-d60/index.shtml