Respiratory illnesses can be caused by many different viruses and have similar symptoms. Not all respiratory illnesses occurring now are due to EV-D68. Anyone with respiratory illness should contact their doctor if they are having difficulty breathing, or if their symptoms are getting worse.

Q: What are the treatments?
A: There is no specific treatment for people with respiratory illness caused by EV-D68.

For mild respiratory illness, you can help relieve symptoms by taking over-the-counter medications for pain and fever. Aspirin should not be given to children.

Some people with severe respiratory illness may need to be hospitalized .

There are no antiviral medications currently available for people who become infected with EV-D68.

Q: How can I protect myself?
A: You can help protect yourself from respiratory illnesses by following these steps:

- Wash hands often with soap and water for 20 seconds, especially after changing diapers.
- Avoid touching eyes, nose and mouth with unwashed hands.
- Avoid kissing, hugging, and sharing cups or eating utensils with people who are sick.
- Disinfect frequently touched surfaces, such as toys and doorknobs, especially if someone is sick.

Since people with asthma are higher risk for respiratory illnesses, they should regularly take medicines and maintain control of their illness during this time.

They should also take advantage of influenza vaccine since people with asthma have a difficult time with respiratory illnesses.

Q: What should people with asthma and children suffering from reactive airway disease do?
A: CDC recommends:

- discuss and update your asthma action plan with your primary care provider.
- take your prescribed asthma medications as directed, especially long term control medication(s).
- be sure to keep your reliever medication with you.
- if you develop new or worsening asthma symptoms, follow the steps of your asthma action plan. If your symptoms do not go away, call your doctor right away.
- parents should make sure the child's caregiver and/or teacher is aware of his/her condition, and that they know how to help if the child experiences any symptoms related to asthma.

Q: Is there a vaccine?
A: No. There are no vaccines for preventing EV-D68 infections.

Department of Early Education and Care

Enterovirus D68

Frequently Asked Questions

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

States with Lab-confirmed EV-D68 Infections.

From mid-August to September 19, 2014, a total of 160 people in 22 states have been confirmed to have respiratory illness caused by EV-D68. Learn more about states with confirmed cases.

Hospitals in Missouri and Illinois are seeing more children than usual with severe respiratory illness caused by enterovirus D68 for this time of the year.

Several other states are investigating clusters of children with severe respiratory illness, possibly due to enterovirus D68.

CDC is watching this situation closely and helping the states with testing of specimens.

Enterovirus D68 Information for Families

Q: What is enterovirus D68?

A: Enterovirus D68 (EV-D68) is one of many non-polio enteroviruses. This virus was first identified in California in 1962, but it has not been commonly reported in the United States.

Q: What are the symptoms of EV-D68 infection?

A: EV-D68 can cause mild to severe respiratory illness.

—Mild symptoms may include fever, runny nose, sneezing, cough, and body and muscle aches.

—Most of the children who got very ill with EV-D68 infection in Missouri and Illinois had difficulty breathing, and some had wheezing. Many of these children had asthma or a history of wheezing.

Q: How does the virus spread?

A: Since EV-D68 causes respiratory illness, the virus can be found in an infected person's respiratory secretions, such as saliva, nasal mucus, or sputum. EV-D68 likely spreads from person to person when an infected person coughs, sneezes, or touches contaminated surfaces.

Q: How many people have been confirmed to have EV-68 infection?

A: From mid-August to September 19, 2014, a total of 160 people in 22 states were confirmed to have respiratory illness caused by EV-D68. (See States with Lab-confirmed Enterovirus D68.) The cases of EV-D68 infection were confirmed by the CDC or state public health laboratories that notified CDC.

Q: How common are EV-D68 infections in the United States?

A: EV-D68 infections are thought to occur less commonly than infections with other enteroviruses. However, CDC does not know how many infections and deaths from EV-D68 occur each year in the United States. Healthcare professionals are not required to report this information to health departments. Also, CDC does not have a surveillance system that specifically collects information on EV-D68 infections. Any data that CDC receives about EV-D68 infections or outbreaks are voluntarily provided by labs to CDC's National Enterovirus Surveillance System (NESS). This system collects limited data, focusing on circulating types of enteroviruses and parechoviruses.

Q: What time of the year are people most likely to get infected?

A: In general, the spread of enteroviruses is often quite unpredictable, and different types of enteroviruses can be common in different years with no particular pattern. In the United States, people are more likely to get infected with enteroviruses in the summer and fall.

We're currently in middle of the enterovirus season, and EV-D68 infections are likely to decline later in the fall.

Q: Who is at risk?

A: In general, infants, children, and teenagers are most likely to get infected with enteroviruses and become ill. That's because they do not yet have immunity (protection) from previous exposures to these viruses. We believe this is also true for EV-D68.

Among the EV-D68 cases in Missouri and Illinois, children with asthma seemed to have a higher risk for severe respiratory illness.

Q: How is it diagnosed?

A: EV-D68 can only be diagnosed by doing specific lab tests on specimens from a person's nose and throat.

Many hospitals and some doctor's offices can test ill patients to see if they have enterovirus infection. However, most cannot do specific testing to determine the type of enterovirus, like EV-D68. Some state health departments and CDC can do this sort of testing. CDC recommends that clinicians only consider EV-D68 testing for patients with severe respiratory illness and when the cause is unclear.