

September 17, 2014

Attention: 14K/CHM staff (LIPs, Housestaff, Professional Services), visitors & patients
Re: Enterovirus D68 --- modified visitor restriction policy for 14K/CHM population, **effective date 9/18/2014**

As many of you may be aware, enterovirus D68 (EV-D68) has been causing respiratory illness, at times severe, largely in children over the past few months. See CDC website for informative Q&A: <http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html>. Currently, disease activity is significant in the Midwest. Several other states are investigating clusters of children with severe respiratory illness, possibly due to EV-D68. Locally, at Doernbecher we have seen an increase in children presenting with acute respiratory illness over the past week or so, with a spike in patients on contact/droplet precautions at Doernbecher.

While we do not yet know if this infection is more severe in patients with altered host immunity, it seems prudent to take reasonable steps to prevent transmission to our at-risk patient population. As such, and after review with CHM medical leadership and 14K nursing leadership, we will institute a **heightened visitor restriction policy on 14K (including CHM/SCT patients who are boarding on other floors, such as 13K & 7A), effective date 9/18/2014:**

For the CHM/SCT population:

(1) **restriction of visitors on 14K (and to 14K/CHM group patients boarding on other floors), to exclude those < 12 years of age***

* exception to this visitor restriction policy will be addressed on a case-by-case basis, and with involvement of infection control or infectious diseases in the decision-making

(2) heightened awareness for respiratory virus infection, with low threshold for diagnostic testing (preferred diagnostic approach: respiratory virus PCR panel**) & institution of contact/droplet precautions for all symptomatic patients and while awaiting test results

** currently, the respiratory virus panel will act as a "surrogate" indicator for possible EV-D68, recognizing that rhinovirus testing cross-reacts with EV....ultimately, specific testing for EV-D68 is likely to become available on site

In addition to the above measures, we would also like to use this case as an opportunity to remind you of best practice in limiting transmission of respiratory virus infection on our units. To keep our patients safe, please.....

1. Practice meticulous hand hygiene in all instances of patient contact. Many of the respiratory virus infections are spread by fomites and large droplets, and so hand hygiene is a critical piece in preventing transmission of infection.

2. Avoid patient contact if you are ill or suspect you may be ill with respiratory virus infection. What is a self-limited "cold" for you could result in a life-threatening lower respiratory tract infection for an immune suppressed host.

3. Continue to **foster a culture of safety around patient care**. If you see a provider/staff member of any type OR patient visitor failing to practice hand hygiene or engaging in patient contact while ill, please see this as an opportunity to redirect & educate. Your patients will thank you!!

We will continue to closely track local/regional rates EV-D68 and other respiratory viruses, with particular attention to any cases of suspected/proven hospital-associated respiratory virus infection. We will keep you updated with any changes in infection rates/trends & with any new recommendations.

We would be delighted to answer any questions/concerns and/or address any comments. Please feel free to e-mail (strasfel@ohsu.edu) or page me (15353), or reach the Department of Infection Control and Prevention at 4-6694.

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