

PARECHOVIRUS (PeV): FAQS FOR HEALTH CARE PROFESSIONALS

August 2022

These FAQs are intended for medical professionals. For additional information on parechovirus, please refer to the resources below.

Is parechovirus (PeV) a new, emerging virus?

No. PeV is a common virus with similarities to enteroviruses that can cause mild acute respiratory, GI, and rash symptoms. PeV is a recognized cause neonatal sepsis and encephalitis. Severe illness can occur which may include possible seizure and other focal neurologic signs consistent with encephalomyelitis. On July 12, 2022, the Centers for Disease Control (CDC) released a **Health Alert Network (HAN) Health Advisory** to notify clinicians of PeV circulation in the U.S. Since May 2022, the CDC has received reports from healthcare providers in multiple states of PeV infections in neonates and young infants.

How is PeV transmitted?

Both symptomatic and asymptomatic infected individuals can transmit PeV via the fecal-oral and respiratory routes. After initial infection, shedding can occur for 1-3 weeks from the upper respiratory tract for 1-3 weeks, and for as long as 6 months from the gastrointestinal tract. The incubation period is unknown.

What personal protective equipment (PPE) precautions should be used?

The recommendation for PPE is to use contact, droplet, and standard precautions.

What are the PeV testing protocols?

PeV should be included in the differential in infants with fever, sepsis-like syndrome, or neurological illness such as seizures or meningitis without another known cause. Commercial laboratory assays, multiplex platforms for meningitis and encephalitis, and testing through state public health laboratories (SPHLs) are available to test cerebrospinal fluid (CSF) for PeV to confirm a diagnosis. **CDC laboratory** support is also available for testing and typing patient specimens. Become familiar with protocols specimen collection, storage, and shipping at your local facility.

How is PeV treated?

There is no specific treatment for PeV. Care options would be based on clinical presentation. Clinical manifestations range from asymptomatic to mild symptoms to severe illness.

Help surveillance efforts: There is no current systematic surveillance for PeV in the U.S., so it is not clear how the case numbers reported in 2022 compare with those from previous years. Upload reports of specimens that test positive for PeV to the **National Enterovirus Surveillance System (NESS)** to improve surveillance for this pathogen.

ADDITIONAL RESOURCES

- Centers for Disease Control: <u>CDC Health Alert Network (HAN) PeV Health Advisory</u> (July 12, 2022) and guidance on <u>laboratory testing and specimen collection</u> for non-polio enteroviruses and parechoviruses
- American Academy of Pediatrics: July 12 article on parechovirus (open access) and Red Book chapter on parechovirus infections (requires AAP account)
- USA.gov: Directory of State Health Departments

Bold and underlined content is a live link to external websites.

pedspandemicnetwork.org

The Pediatric Pandemic Network is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award (U1I43532) totaling \$9.7M with 0 percent financed with nongovernmental sources. The content presented here is that of the authors and does not necessarily represent the official views of, nor an endorsement by ASPR, HRSA, HHS, or the U.S. Government. For more information, visit **HRSA.gov**.