

## ENTEROVIRUS NEUROLOGICAL DISEASE: Information for NSW General Practitioners

Please distribute this information to all staff

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### Key points for GPs

- 1. Enterovirus 71 (EV71) is currently circulating in parts of NSW, particularly northern and south eastern Sydney, and has caused severe neurological disease in young children. Some of these children also have a history of Hand Foot and Mouth Disease.**
- 2. Refer children with acute onset of neurological or cardiopulmonary symptoms and signs directly to your local emergency department for further assessment and management**

Enterovirus 71 (EV71) has been detected a number of children who have presented to Sydney hospitals. Children present with an acute febrile illness and neurological complications (including meningitis, encephalitis, acute flaccid paralysis). This can be sometimes followed by rapidly progressive, and potentially fatal, cardio-respiratory collapse due to neurogenic pulmonary oedema.

Children under 5 years of age, particularly those under 2 years, are most likely to develop severe disease. Hand, Foot and Mouth disease (HFMD), or a history of contact with a case of HFMD, are occasional but not consistent findings in these children.

If a patient presents with any of the following warning signs, you should refer them immediately to your local Emergency Department:

- Myoclonic jerks, particularly in sleep
- Ataxia, weakness, or any neurological signs
- Severe, unexplained or persistent tachycardia or poor perfusion
- Tachypnoea or any other signs of respiratory distress
- Urinary retention
- Hypertension and/or bradycardia
- Altered level of consciousness or irritability
- Pulmonary oedema on chest Xray

Always consider the possibility of bacterial meningitis, including invasive meningococcal disease.

### Background information on EV71

- EV71 can cause outbreaks, predominantly of a mild nature e.g. Hand, Foot and Mouth Disease (HFMD) but can also cause neurological disease.
- Enteroviruses are spread by contact with faeces or respiratory secretions of infected people. Hand hygiene particularly after toileting or nappy changes is an important measure to control the spread of infection.
- Children presenting with HFMD should be isolated at home until the rash has gone or the blisters have dried up, and parents instructed on careful hand hygiene.
- Health care workers should practice contact infection control precautions if there is chance of contact with any bodily fluid.

### Further information

- For further information, please contact your local public health unit on 1300 066 055 or visit the NSW Health website at [www.health.nsw.gov.au](http://www.health.nsw.gov.au).



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