In Alaska, clinicians should consult with the Section of Epidemiology at (907) 269-8000 or afterhours at (800) 478-0084 to report clusters of respiratory disease or patients hospitalized with severe respiratory illness.

Specimens submitted to the Alaska State Virology Laboratory (ASVL) will first be tested using the GenMark Multiplex Respiratory Viral Panel (RVP).

Presently CDC is prioritizing samples from patients with severe respiratory illness who are known to be positive for rhino/enterovirus. For EV-D68 testing, CDC would prefer a prior EV/RV positive test.
analyses demonstrated mild-moderate pleocytosis (increased cell count in the CSF) consistent with an inflammatory or infectious process. CSF testing to date has been negative for enteroviruses, including poliovirus and West Nile virus. Nasopharyngeal specimens were positive for rhinovirus/enterovirus in six out of eight patients that were tested. Of the six positive specimens, four were typed as EV-D68, and the other two are pending typing results. Testing of other specimens is still in process. Eight out of nine children have been confirmed to be up to date on polio vaccinations. Epidemiologic and laboratory investigations of these cases are ongoing.

The United States is currently experiencing a nationwide outbreak of EV-D68 associated with severe respiratory disease. The possible linkage of this cluster of neurologic disease to this large EV-D68 outbreak is part of the current investigation. CDC is seeking information about other similar neurologic illnesses in all states, especially cases clustered in time and place. CDC has particular interest in characterizing the epidemiology and etiology of such cases.

**Recommendations**
- Patients who meet the following case definition should be reported to state and local health departments:
  
  Patients ≤21 years of age with
  
  1) Acute onset of focal limb weakness occurring on or after August 1, 2014;
  
  AND
  
  2) An MRI showing a spinal cord lesion largely restricted to gray matter.

  - State and local health departments should report patients meeting the case definition to CDC using a brief patient summary form (www.cdc.gov/non-polio-enterovirus/investigation/). State health departments should send completed summary forms to CDC by email at limbweakness@cdc.gov.
  - Providers treating patients meeting the above case definition should consult with their local and state health department for laboratory testing of stool, respiratory, and cerebrospinal fluid specimens for enteroviruses, West Nile virus, and other known infectious etiologies.
  - Health departments may contact CDC for further laboratory and epidemiologic support by phone through the CDC Emergency Operations Center (770-488-7100), or by email at limbweakness@cdc.gov. Confirmation of the presence of EV-D68 currently requires typing by molecular sequencing.

**For more information:**
Please visit the CDC enterovirus website (http://www.cdc.gov/non-polio-enterovirus/) for general information about enterovirus infections, including EVD-68, and for up-to-date guidance about infection control measures. For information about poliovirus, please visit the CDC poliovirus website (http://www.cdc.gov/vaccines/vpd-vac/polio/in-short-both.htm). For information about West Nile Virus, please visit the CDC West Nile Virus website (http://www.cdc.gov/westnile/). State and local health departments with questions should contact the CDC Emergency Operations Center (770-488-7100).

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**Categories of Health Alert Network messages:**
- **Health Alert** Requires immediate action or attention; highest level of importance
- **Health Advisory** May not require immediate action; provides important information for a specific incident or situation
- **Health Update** Unlikely to require immediate action; provides updated information regarding an incident or situation
- **HAN Info Service** Does not require immediate action; provides general public health information