

# Human Parechovirus ALERT



Health

## Information for NSW EDs & Paediatricians

Please distribute this information to all staff

Date of issue – 10 November 2017

### Key points:

1. Human parechovirus (HPeV) activity in young children has recently increased in NSW and in other states
2. HPeV infection can mimic sepsis in young infants and cause serious complications
3. HPeV infection confirmation requires specific PCR testing
4. Seek specialist infectious diseases advice from The Children's Hospital at Westmead or Sydney Children's Hospital, Randwick.

Human parechovirus (HPeV) has been detected in a number of young infants admitted to NSW hospitals during October and November 2017. Other states have also reported increased HPeV activity in infants. Infants present very unwell with a rapid onset of acute sepsis-like symptoms. This may be followed by an erythematous, often confluent rash. Abdominal complications such as volvulus, intussusception and bowel ischaemia can sometimes occur.

Children under 3 months of age are most likely to develop severe disease, but older infants may also be at risk. Most recover with supportive treatment.

### Suspect HPeV infections in neonates or young infants with sepsis-like illness and fever $>38.0^{\circ}\text{C}$ AND other presentations such as:

- Irritability and appearing to be in pain
- Pale, lethargic, poor capillary refill
- Maculopapular or erythematous rash
- Distended abdomen, diarrhoea
- Tachycardia
- Tachypnoea
- Encephalitis
- Myoclonic jerks

### Initial Management

- Infants presenting with a fever, sepsis-like signs and/or neurological signs, including irritability, should be assessed and treated for suspected sepsis using local protocols and discussed with an emergency consultant or paediatrician.

### Laboratory investigations

- Human parechoviruses are not detected by standard PCR tests for enteroviruses.
- Check if HPeV PCR testing is available locally. If not, it is available at the Serology & Virology Division (NSWHP Randwick), The Children's Hospital at Westmead (CHW) and the Victorian Infectious Diseases Reference Laboratory (VIDRL) in Melbourne.
- Collect a stool specimen, nasopharyngeal aspirate or throat swab, and CSF if clinically indicated. A stool specimen and CSF are the preferred samples for HPeV PCR testing.
- Ask your laboratory to send specimens for parechovirus PCR urgently and notify the testing laboratory of the urgent test.
- If CSF is collected it should also be sent for routine bacterial and viral testing and blood and urine cultures collected to detect bacterial sepsis.

### Infection prevention and control

- Parechovirus is spread from person to person by contact with respiratory secretions or faeces of infected people. Transmission based precautions, contact and droplet (if respiratory symptoms present), are indicated with particular attention to hand hygiene.

### Further Advice on Clinical Management

- Seek advice from infectious disease clinicians at The Children's Hospital at Westmead (02 9845 0000) or Sydney Children's Hospital, Randwick (02 9382 2222).

  
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