



## CDC issues advisory on parechovirus infections in infants

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Health officials are asking clinicians to be on the lookout for infants with parechovirus (PeV) infection following reports of infections in multiple states.

PeV should be considered in infants with fever, sepsis-like syndrome or neurological illness such as seizures or meningitis without another known cause, according to a [health advisory from the Centers for Disease Control and Prevention \(CDC\)](#).

PeVs are part of the same taxonomic family as enteroviruses, and PeV infections are common in childhood. PeV positive specimens tested by the CDC this year all have been type PeV-A3, which most often is associated with severe disease. The CDC did not release a case count and could not say how cases this year compare to previous years because there is no systematic surveillance for PeVs.

Common symptoms of PeV infections in children ages 6 months to 5 years include upper respiratory tract infection, fever and rash. Severe illness can occur in children under 3 months and may include sepsis-like illness, seizures and meningitis or meningoencephalitis. Clinicians should test for PeV in children with symptoms. Testing is available at commercial clinical laboratories and state public health laboratories. Hospitals also may use multiplex meningitis and encephalitis panels for cerebrospinal fluid testing that include PeV. The CDC can test samples in some cases, but clinicians should work with their state officials and email [PicornaLab@cdc.gov](mailto:PicornaLab@cdc.gov) before submitting specimens.

PeV is transmitted via fecal-oral and respiratory routes by both symptomatic and asymptomatic individuals. Shedding can occur for one to three weeks from the upper respiratory tract and as long as six months from the gastrointestinal tract, according to the CDC. There is no specific treatment for PeV infections.

Officials recommend cohorting hospitalized infants with PeV infection with other affected infants. Clinicians also should use [contact, droplet and standard precautions](#). Alcohol-based hand sanitizer with at least 60% alcohol content is preferred for cleaning hands in most clinical situations. However, soap and water are preferred after patient care involving diapering or toileting, before eating or feeding and if hands are visibly soiled.

## Resources

- [Information from the AAP Red Book on parechovirus](#)
- [Information from the CDC on non-polio enterovirus](#)
- [Information from the CDC on specimen collection, storage and shipment](#)