KS-HAN

Kansas Department of Health and Environment

Date: September 11, 2026
From: Kansas Department of Health and Environment – Division of Public Health
To: Kansas Healthcare Providers, Local Health Departments, Laboratories
RE: Rise in Kansas pediatric emergency department visits associated with asthma or wheezing and risk of Acute Flaccid Myelitis

Summary

Kansas Department of Health and Environment (KDHE) is issuing a Health Alert Network (HAN) Health Advisory to notify healthcare providers and public health partners about

- Acute Flaccid Myelitis (AFM), a rare but serious neurological condition, may occur in the weeks after a viral infection, including Enterovirus D68 (EV-D68). Children are primarily affected, and AFM cases are usually seen between August and November. AFM is a reportable condition in Kansas.
- An increase in pediatric emergency department visits since August 2026 related to acute respiratory illness with mentions of asthma or wheezing, as well as a sharp rise in EV-D68 concentrations in wastewater samples from WastewaterSCAN-monitored sewersheds in Wyandotte, Douglas, and Saline counties also beginning in August 2026.
- EV-D68 typically causes asymptomatic or mild respiratory illness with most cases occurring during the summer and fall. Severe respiratory illnesses or complications may be observed, especially in children with underlying conditions or asthma.

Background

Enteroviruses are a large group of common respiratory viruses that can cause clinical symptoms, ranging from asymptomatic infection or mild upper respiratory illness to more severe respiratory disease. There are more than 100 non-polio enteroviruses, and infections with these viruses are common.

Routine laboratory testing does not identify the specific enterovirus type. Clinical respiratory molecular assays detect enterovirus and rhinovirus together and do not distinguish between the two. Further enterovirus typing is not routinely performed and is generally limited to specific public health, surveillance, or other uncommon circumstances. As a result, a positive rhinovirus/enterovirus molecular test does not by itself establish infection with EVD-68.

There are no vaccines to prevent non-polio enteroviruses, including EV-D68. Treatment includes symptom management. Prevention relies on typical measures to prevent viral respiratory infection. Patients with asthma may have a higher risk for severe symptoms from EV-D68 and other respiratory illnesses.

Enterovirus D-68

Enterovirus D68 (EV-D68) typically causes asymptomatic or mild respiratory illness. Infants, children, and teens are more likely to become infected and ill with adults more likely to experience asymptomatic to mild infections. While infections can occur year-round, most occur in the summer and fall. Large increases in cases and outbreaks may not occur annually. Symptoms for mild cases can include nasal congestion, sneezing, coughing, and body and muscle aches. Fever may or may not be present. Severe respiratory illnesses or complications, including wheezing, difficulty breathing, or pneumonia, may occur. Children with underlying medical conditions and asthma may be at higher risk for severe illness.

Acute Flaccid Myelitis

Acute Flaccid Myelitis (AFM), a rare but serious neurological condition, may occur in the weeks after a viral infection, including EV-D68. The association between EV-D68 infections and AFM cases has varied over time. In 2014, 2016, and 2018, increases in AFM cases were associated with increases in EV-D68 infections. However, in 2022, 2024, and 2025, an increase in EV-D68 cases was not associated with an increase in AFM cases.

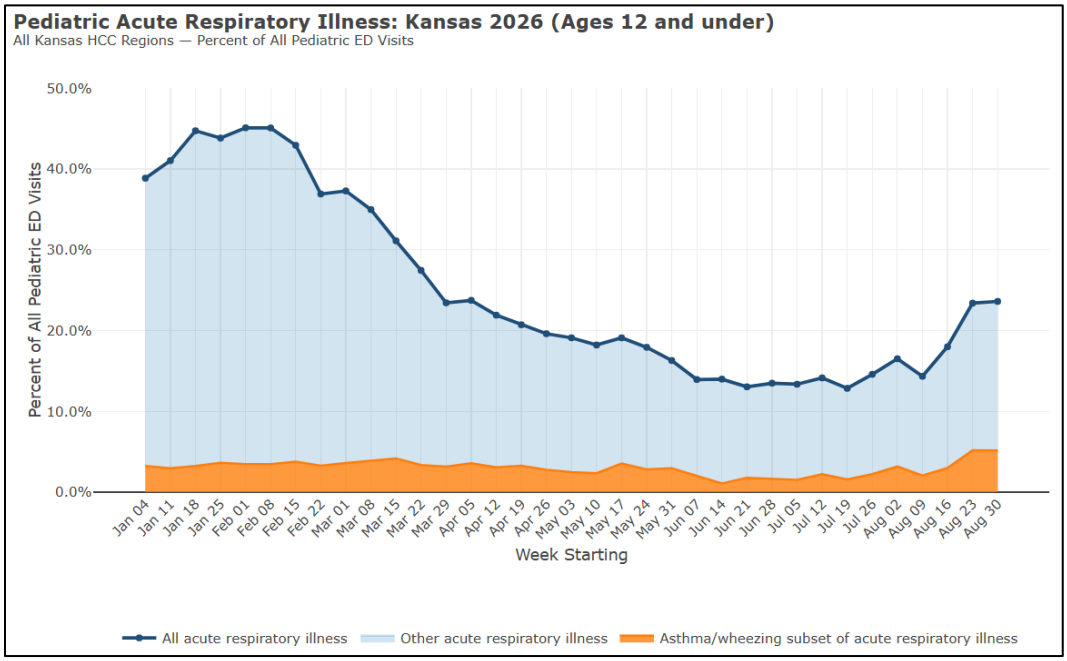
Symptoms include limb weakness, poor muscle tone, and decreased reflexes. AFM triggers are not fully understood, and prevention relies on viral infection prevention. Children are primarily affected, with AFM cases usually occurring between August and November. **Mandated reporters, including clinicians, are required by Kansas Administrative Regulation (K.A.R.) 28-1-2 to report all suspected and confirmed cases of AFM within 24 hours** or, in the case of a weekend or state-approved holiday, the next business day to your local health department or to the KDHE Epidemiology Hotline. Reports may be faxed to 877-427-7318 or sent securely using a HIPAA-compliant email to kdhe.epihotline@ks.gov.

Surveillance System Data

The Kansas Syndromic Surveillance Program published a Pediatric Acute Respiratory Illness dashboard of pediatric (< 13 years of age) emergency department visits in Kansas from January 2026 onward. This dashboard identifies visits related to asthma, asthma exacerbation, reactive airway disease, bronchospasm, or wheezing accompanied by evidence of an acute respiratory or viral illness, as well as non-Respiratory Syncytial Virus (RSV) bronchiolitis. Any visits with known influenza, SARS-CoV-2/COVID-19, or RSV were excluded. While the dashboard does not represent confirmed cases from a particular pathogen, such as EV-D68 or rhinovirus specifically, it does capture changes in acute respiratory illness associated with wheezing or reactive airway disease including possible EV-D68 activity.

Statewide, the proportion of acute respiratory illness visits among children mentioning asthma or wheezing increased to 22.2% for the week ending August 29, 2026, with increases in most regions of the state beginning around the week of August 9, 2026. This statewide proportion dipped slightly to 21.9% for the week ending on September 5, 2026, as was

reflected in a decrease across multiple regions, though the South Central, Southwest, and North Central regions saw an increase.



Surveillance data from WastewaterSCAN provides population-level information about EV-D68 detection concentrations in wastewater from five treatment plants in Saline, Wyandotte, and Douglas counties. The concentration of EV-D68 across all monitored sewersheds began increasing in July 2026, followed by a sharp increase in August 2026, when the concentrations were at the highest level seen in Kansas since monitoring for EV-D68 began in September 2023. While EV-D68 levels in three of these sewersheds are starting to decrease, levels in all sewersheds remain higher than previously observed. During the same period, WastewaterSCAN also reported relatively low concentrations of other respiratory pathogens in Kansas, including Influenza A, Influenza B, SARS-CoV-2, RSV, human metapneumovirus, and parvovirus, though SARS-CoV-2 levels began increasing slightly in late August and early September 2026. Wastewater monitoring does not include rhinovirus wastewater concentrations. Note, wastewater surveillance data should always be considered in the context of additional data and information sources.

Additionally, the National Respiratory and Enteric Virus Surveillance System (NREVSS) dashboard also shows a national and regional increase in the weekly percent of tests positive for rhinovirus/enterovirus starting in the week of August 9, 2026.

Recommendations for Healthcare Providers

- Suspect AFM in patients with acute flaccid limb weakness, especially following a recent respiratory or febrile illness. Initial illness may be mild or even asymptomatic.

Promptly evaluate and hospitalize suspected cases of AFM as weakness may progress rapidly.

- Consider EV-D68 in children with acute respiratory illness, especially in children with new-onset wheezing, asthma exacerbation, or severe respiratory distress.
- Consider laboratory testing for rhinovirus/enterovirus for pediatric patients with an acute onset of severe respiratory illness, including new or exacerbated asthma symptoms and wheezing, when results would inform clinical management, infection control decisions, or public health evaluation.
- A positive rhinovirus/enterovirus result does not confirm EV-D68 because routine panels do not distinguish the viruses.
- Provide supportive care to manage respiratory symptoms based on clinical severity. No specific antiviral treatment or vaccines exist for non-polio enteroviruses such as EV-D68.
- Report suspected and confirmed AFM cases within 24 hours/next business day to your local health department or the KDHE Epidemiology Hotline. Public health will collect pertinent clinical information and facilitate testing at the Centers for Disease Control and Prevention.
- If AFM is suspected, rapid specimen collection increases the chance of pathogen identification, preferably near the onset of limb weakness.
    - Coordinate sample submission with the KDHE Epidemiology Hotline at 877-427-7317, option 5.
    - Collect specimens from multiple sources (cerebrospinal fluid [CSF], serum, stool, and nasopharyngeal [NP] or oropharyngeal [OP] swabs).
- Consider the following when counseling patients with asthma:
    - Review and update the patient's individualized asthma action plan, including clear instructions for recognizing worsening symptoms, adjusting treatment as directed, and knowing when to seek urgent or emergency care.
    - Encourage use of this plan and adherence to prescribed controller medication.

Recommendations for Local Health Departments

Local health departments are advised to take the following actions. Your proactive response and collaboration are vital to protecting public health in Kansas.

- Share this alert with healthcare providers, facilities, and laboratories in your county to ensure they are informed and prepared.
- Share the recommendations for the public and encourage all individuals to stay home when sick, staying up to date on recommended vaccinations, and practice good hygiene such as washing hands and cleaning commonly touched surfaces to reduce transmission.
- Promptly report any suspected or confirmed cases of AFM to the KDHE Epidemiology Hotline and encourage clinicians to do the same.
- For any questions, or further clarification, please reach out to the KDHE Epidemiology Hotline at kdhe.epihotline@ks.gov or your regional epidemiologist.

Recommendations for the Public

Individuals can take practical steps throughout the year to reduce their risk of respiratory infections and help prevent the spread of illness. These measures include maintaining healthy habits, practicing good hygiene, improving indoor air quality, staying up to date on vaccinations, and taking precautions when illness is present.

- Practice good hand and respiratory hygiene. Wash your hands regularly with soap and water for at least 20 seconds. When soap and water are not available use hand sanitizer containing at least 60% alcohol. Cover coughs and sneezes and avoid touching your face with unwashed hands.
- Avoid close contact with people who are sick. When you are sick, stay away from others when possible, particularly those at higher risk for severe illness.
- Stay up to date on recommended vaccinations. Vaccinations can reduce the risk of severe illness and complications from respiratory and other vaccine-preventable diseases. Talk with your healthcare provider or local health department about recommended vaccines.

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