# **Encephalitis**

# **Reporting Obligations**

Individuals who have or may have encephalitis shall be **immediately reported by phone** to the local Health Unit.

### **REPORTING FORM**

## Epidemiology

#### **Aetiologic Agent:**

Encephalitis is an acute inflammatory disease involving parts of the brain, spinal cord and meninges caused by specific viruses, as well as bacteria, fungi, and protozoa. Post-infectious encephalitis can occur after vaccination or respiratory infections. The most common viruses implicated are measles, rubella, smallpox and chicken pox.

#### **Clinical Presentation:**

Most viral encephalitis infections are asymptomatic; mild cases often have febrile headache; severe infections are usually differentiated by acute onset, with headache, high fever, meningeal signs, stupor, disorientation, coma, tremors, convulsions and spastic paralysis.

In post-infectious encephalitis, cases usually present with confusion, seizures, headaches, stiffness of the neck and fever.

## Modes of transmission:

Depends on causative agent.

#### **Incubation Period:**

Depends on causative agent. For primary viral encephalitis the incubation period is usually 5-15 days.

#### Period of Communicability:

Varies depending on the causative agent.

# REPORTABLE DISEASES TOOLKIT

Information for Health Care Professionals

## **Risk Factors/Susceptibility**

Susceptibility to clinical disease is usually highest in infancy and in old age.

- Immunization in the last 3 weeks
- Infectious illness in last 10 days
- Exposure to certain vectors (e.g. mosquitos)

## **Diagnosis & Laboratory Testing**

Cases are confirmed if a patient has clinically compatible signs and symptoms of encephalitis along with isolation of organism from an appropriate specimen (e.g. cerebrospinal fluid or stool), detection of a specific antigen, or serologic confirmation of infection with an organism known to cause encephalitis.

TESTING INFORMATION & REQUISITION

## **Treatment & Case Management**

Treatment is mainly supportive and is under the care of the attending Health Care Provider. Public Health will follow up as needed.

## **Patient Information**

PATIENT FACT SHEET

## References

1. Ministry of Health and Long Term Care, Infectious Diseases Protocol, 2009.

## **Additional Resources**

- 1. PHAC. "Eastern Equine Encephalitis, Pathogen Safety Data Sheet-Infectious Substances."
- 2. CDC. "Eastern Equine Encephalitis, Symptoms and Treatment."
- 3. <u>PHO. "Eastern Equine Encephalitis Virus, History and Enhanced Surveillance in</u> <u>Ontario."</u>
- 4. Simcoe Muskoka HealthStats: Encephalitis/meningitis