



THIS IS AN EXERCISE

Atypical Viral Encephalitis Identified as Genetically Modified H1N1

**For Immediate Release
November 1, 2018**

Health Alert: Public health authorities have identified the atypical viral encephalitis that has been circulating throughout the country as a genetically modified H1N1 influenza virus that results in increased likelihood of the development of encephalitic symptoms and increased mortality. Providers should continue to be vigilant in screening patients, staff, and visitors entering healthcare facilities showing signs consistent with this novel illness.

While negative pressure airborne infection isolation rooms (AIIR) are no longer required for patient isolation, single-patient rooms should continue to be used for these patients. Droplet precautions should be enforced, and any necessary aerosol-generating procedures should be performed within an AIIR. For added precautions, CDC continues to recommend that healthcare personnel should take caution when performing medically necessary aerosol-generating procedures (e.g. intubation, suctioning of airways, or sputum induction) including the wearing of fit-tested disposable N95 respirators or alternative yet more protective options such as powered air-purifying respirators (PAPRs).

Patients should remain in isolation and on droplet precautions for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while the patient is in a healthcare facility. Clinical judgement should be used to determine the need for continued precautions for those typically shedding virus longer (e.g. children, immunocompromised).

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