



THIS IS AN EXERCISE

Atypical Viral Encephalitis Suspect in East Tennessee

**For Immediate Release
October 19, 2018**

Health Alert: Atypical viral encephalitis suspect has been reported in our region. Public Health authorities are still investigating the cause and source of this illness.

Medical providers should be vigilant in screening for patients entering their healthcare facility exhibiting the following symptoms: fever, confusion, aggressive behavior, and respiratory symptoms such as cough or signs of pneumonia. These patients should be provided facemasks, encouraged to use cough/sneeze etiquette, and immediately triaged to reduce potential spread within waiting areas. Facilities are asked to immediately notify local public health with suspected cases. Proper precautions should be adhered to with the patient being transferred to a negative pressure airborne infection isolation room (AIIR) and placed on airborne precautions until further notice. If an AIIR is not available, patient should be placed in a single patient room maintaining a closed door. Priority for AIIRs should be given to those earlier in the course of their illness.

Healthcare personnel should take caution including the wearing of fit-tested disposable N95 respirators or alternative yet more protective options such as powered air-purifying respirators (PAPRs) when treating these patients exhibiting these symptoms. Healthcare personnel should take caution when performing medically necessary aerosol-generating procedures. These procedures should be performed within an AIIR when feasible. Personnel entering the rooms of patients in isolation should be restricted to those performing patient care activities.

Patients should remain in isolation 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 isolation precautions for those typically shedding virus longer (e.g. children, immunocompromised).

Visitors to these patients should be limited to persons who are necessary for the patient's emotional well-being and care. Patient transport and movement outside of patient room should be limited to necessity with emphasis on interfacility communication to other departments regarding enhanced infection control requirements for these patients. Patients should be provided facemasks before transport.

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