

hemorrhagic fevers (arenaviruses, filoviruses, and hantaviruses). In the United States, the vector reservoir for most agents pathogenic for humans is the mosquito (St. Louis or West Nile encephalitis); therefore, most cases of encephalitis appear during the hot summer months and subside during the autumn.

The clinical features of encephalitis are similar regardless of the agent involved. Manifestations can range from a mild benign form that resembles aseptic meningitis, lasts a few days, and is followed by rapid and complete recovery, to rapidly progressing encephalitis with severe CNS involvement. The onset may be sudden or may be gradual with malaise, fever, headache, dizziness, apathy, nuchal rigidity, nausea and vomiting, ataxia, tremors, hyperactivity, and speech difficulties (Box 27-5). In severe cases, the patient has a high fever, stupor, seizures, disorientation, spasticity, and coma that may proceed to death. Ocular palsies and paralysis also may occur.

Box 27-5

Clinical Manifestations of Encephalitis

Onset: Sudden or Gradual

Malaise

Fever

Headache

Dizziness

Apathy

Lethargy

Nuchal rigidity

Ataxia

Tremors

Hyperactivity