The Management of Encephalitis: Clinical Practice Guidelines by the Infectious Diseases Society of America

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Guidelines for the diagnosis and treatment of patients with encephalitis were prepared by an Expert Panel of the Infectious Diseases Society of America. The guidelines are intended for use by health care providers who care for patients with encephalitis. The guideline includes data on the epidemiology, clinical features, diagnosis, and treatment of many viral, bacterial, fungal, protozoal, and helminthic etiologies of encephalitis and provides information on when specific etiologic agents should be considered in individual patients with encephalitis.

EXECUTIVE SUMMARY

Encephalitis is defined by the presence of an inflammatory process of the brain in association with clinical evidence of neurologic dysfunction. Of the pathogens reported to cause encephalitis, the majority are viruses. However, despite extensive testing, the etiology of encephalitis remains unknown in most patients. Another major challenge for patients with encephalitis is to determine the relevance of an infectious agent identified outside of the CNS; these agents may play a role in the neurologic manifestations of illness but not necessarily by directly invading the CNS. In addition, it is important to distinguish between infectious encephalitis and postinfectious or postimmunization encephalitis or encephalomyelitis (e.g., acute disseminated encephalomyelitis [ADEM]), which may be mediated by an immunologic response to an antecedent antigenic stimulus from an infecting microorganism or immunization. Nominfectious CNS diseases (e.g., vasculitis, collagen vascular disorders, and paraneoplastic syndromes) can have clinical presentations similar to those of infectious causes of encephalitis and should also be considered in the differential diagnosis.

In the approach to the patient with encephalitis, an attempt should be made to establish an etiologic diagnosis. Although there are no definitive effective treatments in many cases of encephalitis, identification of a specific agent may be important for prognosis, potential prophylaxis, counseling of patients and family members, and public health interventions. Epidemiologic closes that may help in directing the investigation for an etiologic diagnosis include season of the year, geographic locale, pervalence of disease in the local community, travel history, recreational activities, occupational exposure, insect contact, animal contact, vaccination history, and immune status of the patient. Various clinical close may also be helpful to physicians in considering specific etiologies.

The diagnostic evaluation of a patient who presents with encephalitis needs to be individualized and should be guided by epidemiologic and clinical clues and lab-

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It is important to resilize that quidelines cannot whenys account for individual variation among patients. They are not intended to supplied physician judgment with respect to particular patients or special clinical situations. The intectous Dissessin Society of America considers adherence to these guidelines to be particularly, with the ultimate determination regarding their application to be made by the physician in the light of each patient's individual circumstantants.

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