

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
BLS**

SMO: Equine Encephalitides

Revised Date:

Overview: Venezuelan equine encephalomyelitis, eastern equine encephalomyelitis and western equine encephalomyelitis (VEE, EEE and WEE) are mosquito-borne viral infections found in North and South America. VEE occurs in many areas of South and Central America, and outbreaks have occurred in North America. EEE occurs primarily along the eastern and gulf coasts of the United States and the case-fatality rate can be as high as 50 to 70 percent. WEE viruses are found primarily west of the Mississippi. Outbreaks occur primarily in the summertime. These alphaviruses are limited in their geographic distribution by the mosquito vector, so finding these viruses outside the endemic areas should arouse suspicion of an intentional release. These viruses are considered highly infectious by aerosol. Because they are stable during storage and can be produced in large amounts, they are considered to be agents that are easily weaponized. Reports of ill horses in the vicinity would suggest a natural epidemic, or the release of an equine encephalitis virus. It is not known whether aerosol exposure in a bioterrorism event would lead to a different pattern of symptoms than the mosquito-borne illness.

INFORMATION NEEDED

- ___ History of the current illness
- ___ Recent exposure to areas with high populations of mosquitoes
- ___ Recent (within the last month) travel away from home
- ___ Other members of the patient's family or friends displaying similar signs and symptoms

OBJECTIVE FINDINGS

- ___ • Most infections with these viruses result in nonspecific symptoms of fever, headache, and myalgia. Only a fraction of those individuals infected will progress to frank encephalitis. Infants and the elderly are more prone to developing encephalitis.
- ___ • CNS: The initial viral early symptoms may be followed by confusion, and sleepiness/drowsiness which may progress to coma

BLS

- ___ Standard isolation techniques to be used by EMS personnel
- ___ Vital signs
- ___ Assess the patient for any other medical or trauma issues
- ___ Assess the patient's respiratory effort and rate
- ___ Assess the patient's airway
- ___ Provide supplemental oxygenation by nasal cannula at 2-6 LPM or by non-rebreather mask at 10-15 LPM
- ___ Support the patient's airway if the patient is unable to maintain their own airway

Documentation of adherence to protocol:

- ___ History related to the incident
- ___ Oxygen provided
- ___ Airway maintenance provided

Medical Control Contact Criteria

- ___ • Contact Medical Control if there is any suspicion that the patient has been exposed to this disease

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