

ENCEPHALITIS**NON-IMMEDIATE NOTIFICATION****EPIDEMIOLOGY PROGRAM**

Event Name:	ENC/U	
Event Time Period:	30 days	
Clinical Description:	N/A	
CDC Event Classification (<year>):	N/A	
Massachusetts Event Classification:	<i>Confirmed</i>	Meets clinical case definition

Report Type	Test Type	Source	Result	New event or beyond report period?	Data Entry
SLI Specimen Submission Form		CSF	Encephalitis	Yes	New event SUSPECT
				No	Same event
Select:	No lab results. Treat as Intake.				