

Encephalitis/meningitis, similarly, includes some infections with a history of rapid epidemic spread (e.g. *Neisseria meningitidis* [meningococcus]), and many that are significant regional threats, such as the meningococcus in parts of Africa and Asia, Japanese encephalitis in Asia, and a number of encephalitides in the Americas, including Venezuelan equine encephalomyelitis.

*<http://www.fas.org/promed/proposal.html> - size 64K - 5 Apr 96*

#### **EquineCare Watch—January 1996**

This site describes research related to VEE pathology. It is summarized from EquineCare Watch, January 1996. The EquineCare Watch monthly bulletin is provided as a service of Thoroughbred Racing Communications, Inc., New York, NY. In horses, clinical signs occur approximately five days after infection and include fever, impaired vision, irregular gait, wandering, reduced reflexes, circling, incoordination, yawning, grinding of teeth, drowsiness, pendulous lower lip, inability to swallow, photophobia, head-pressing, inability to rise, paralysis, occasional convulsions and death. Mildly affected animals may slowly recover in a few weeks but may have residual brain damage. Mortality for horses diagnosed with VEE is 50 to 75 percent.

*<http://bloodhorse.com/health/ecwatch.html> - size 27K - 21 Feb 96*

#### **Disease Outbreak**

This site describes what actions are taken by the U.S. Government when an infectious disease outbreak occurs. It states that U.S. Government response to international epidemics occurs on an ad hoc basis. During 1994 and early 1995, the U. S. Naval Medical Research Institute Detachment (NAMRID) in Lima, Peru, detected several cases of dengue fever, oropouche, and Venezuelan