

to maintain immunity. The recombinant zoster vaccine (RSV, Shingrix) contains recombinant VZV glycoprotein E in combination with an adjuvant (ASO1_B) and has greater efficacy in preventing zoster in adults aged ≥ 70 years than the live attenuated vaccine (Zostrax). ACIP recommends the use of the recombinant zoster vaccine in immunocompetent adults aged ≥ 50 years. An inactivated varicella vaccine is available for transplant recipients and others for whom live viral vaccines are contraindicated.

■ PROGNOSIS

In adults, the prognosis for full recovery from viral meningitis is excellent. Rare patients complain of persisting headache, mild mental impairment, incoordination, or generalized asthenia for weeks to months. The outcome in infants and neonates (<1 year) is less certain; intellectual impairment, learning disabilities, hearing loss, and other lasting sequelae have been reported in some studies.

SUBACUTE MENINGITIS

■ CLINICAL MANIFESTATIONS

Patients with subacute meningitis typically have an unrelenting headache, stiff neck, low-grade fever, and lethargy for days to several weeks before they present for evaluation. Cranial nerve abnormalities and night sweats may be present. **This syndrome overlaps that of chronic meningitis, discussed in detail in Chap. 139, but is included here as the meningeal pathogens of subacute meningitis can also present as an acute meningitis.**

■ ETIOLOGY

Common causative organisms include *M. tuberculosis*, *C. neoformans*, *H. capsulatum*, *C. immitis*, and *T. pallidum*. Initial infection with *M. tuberculosis* is acquired by inhalation of aerosolized droplet nuclei. Tuberculous meningitis in adults does not develop acutely from hematogenous spread of tubercle bacilli to the meninges. Rather, millet seed–sized (miliary) tubercles form in the