

## SUPPLEMENTAL MATERIAL

Andersen et al., <http://www.jem.org/cgi/content/full/jem.20142274/DC1>

**Medical history of the patient**

The patient, P1, was a 15-yr-old adolescent female of Danish (Caucasian) origin, who was admitted with a one week history of headache, fever, and confusion. At admission she was found to have nuchal rigidity and impaired level of consciousness (Glasgow coma score 8) and then developed generalized seizures, for which reason she was transferred to the intensive care unit. Cerebrospinal fluid was abnormal with mononuclear pleocytosis and elevated albumin, and there was positive PCR for HSV-1 (Table S1). MR imaging demonstrated diffuse encephalitic changes. During hospitalization, she remained unconscious for at least 10 d, had nystagmus at several occasions, and bladder paresis. She received acyclovir for a total of 21 days but no steroid. At discharge, she had neurological deficits, including impaired memory, epilepsy, incontinence, and partial paresis of the left leg. The clinical symptoms and findings are shown in the table below. Notably, there was no previous history of increased susceptibility to infection with viruses or other microbial pathogens to suggest a primary immunodeficiency. Moreover, the patient reported no mucocutaneous herpes manifestations prior to or during admission with HSE. The patient had been exposed to varicella zoster virus, as demonstrated by positive serological results, but not to Epstein–Barr virus or cytomegalovirus, and she did not harbor detectable DNA for human herpes virus 6, 7, or 8. She was immunized with diphtheria, tetanus, pertussis, and polio, as well as measles, mumps, and rubella with no adverse events.

**Table S1.** Demography, clinical symptoms, and findings

Parameter	P1
Gender	Female
Age	15 years
Symptoms	Fever, headache, confusion (GCS 8), convulsions
Cerebrospinal fluid findings	Mononuclear pleocytosis $197 \times 10^9$ cells/liter; elevated albumin 4.2 g/liter
PCR	HSV-1 positive
MR imaging	Modest diffuse edema
Treatment	Acylovir (21 d)
Neurological deficits	Impaired memory, epilepsy, urinary incontinence

GCS, Glasgow coma score.