

WHO memo to all medical personal date 10/10/2027

## WHO GUIDELINES FOR CADAVER ANIMATUM

### OVERVIEW

This document will cover the various threats and hazards posed by Cadaver Animatum to medical personal and patients. it will explain how to dispatch the threat, treatment options for patients who are infected with ZP-98, how to dispose of bodies or hold them for storage, tips for family members, facts about ZP-98 and Cadaver Animatums and other misc info.

### GLOSSARY

ZP-98 is the official term for the TSE or Prion which turns humans into Cadaver Animatums. the prion enters the body most commonly through the blood stream via a bite from a Cadaver Animatum

**Cadaver Animatum:** a human which was I infected by ZP-98 and has been declared medically dead but still show signs of life and seek to spread ZP-98 primarily through occlusion bites.

**Reanimation:** a thoroughly studied but not well understood process which human cadaver infected with ZP-98 will under-go. This process permanently turns them into a Cadaver Animatum until the frontal lobe is destroyed.

**Plymouth protocol:** the primary treatment for early stages of ZP-98. very low to no successes in later stages

### SECTION ONE: IDENTIFYING A PATIENT INFECTED WITH ZP-98

A common reason for medical personnel fatalities when dealing with ZP-98 patients is a failure to identify the threat. While most patients report their encounter properly and receive treatment, a small amount, out of fear, lack of understanding, or other reasons, hide the cause of their admission and claim they were attacked by an animal. The most common report is about a dog or wild animal. while any trained medical personnel can easily identify a bite from a human vs. a dog. Some patients come in the late stages of infection or are not properly seen until they fall into a coma, after which death and reanimation are certain. A patient infected with ZP-98 will present with a variety of symptoms. The most common are chills, fever, sore throat, vision problems, and visual and auditory hallucinations.

While these symptoms are present, the infection is treatable by the Plymouth protocol. For patients who have advanced into the coma and organ failure stage, please see information section 3.

### TREATMENT IN EARLY STAGES

Once a patient has been confirmed to be infected with ZP-98, the Plymouth protocol must be begun as soon as possible. While thought impossible for years, a breakthrough in 2019 resulted in the first-ever antiprion drug, Saluprime, being produced. A patient must be intubated and restrained as soon as possible. Once a patient is restrained, therapeutic hypothermia is to be begun as soon as medically possible. Once the therapy has begun, an IV drip is to be started. Saline for hydration, ketamine, epinephrine, and Saluprime are to be administered. The full dose and time guide can be found in the subtext of the full version of this document.

### TREATMENT IN LATE STAGES

Patients who have entered the coma stage are to be considered a hazard. These patients are to be restrained, and a bite guard is to be applied to the patient. As of 2027 there is no official treatment of any kind for patients who have entered the coma phase. Medical personnel are to offer counseling for family members and give them information about the various courses of action that can be taken. WHO officially recommends euthanasia for patients, but different laws apply depending on location. While WHO does not recognize any treatment for this stage, families may opt for a variety of experimental treatments.

### PROTOCOL FOR DECEASED PATIENTS

There are 2 different cases for a deceased patient.

1. A patient who died during treatment and had proper preparations (restraints, bite guard, etc.)
  2. A patient who was brought in already deceased and had no preparations for reanimation
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1. Once a patient has been declared deceased, if the family is available, they must decide if they wish for the Cadaver Animatum to be terminated by medical staff, or they may opt for a private company that offers live storage or cryogenic storage. If no family member or legal designee is available, termination is to be completed before reanimation, if possible, by destruction of the frontal lobe. There are a variety of approved specialized tools for this purpose, but in case of an emergency, any sharp or blunt object may be used.
  2. Once a patient has been declared deceased, medical staff are to evacuate the area as soon as possible. Security staff are to restrain the cadaver or destroy the frontal lobe at their own

discretion. If the Cadaver Animatum has been restrained and is placed in a safe area the next steps are determined by hospital policy and local laws.