

Japanese Encephalitis Vaccination Update

GENERAL PRACTITIONERS and ABORIGINAL MEDICAL SERVICES

ISSUED 3.20PM 4 November 2022

Please distribute to all doctors and staff in your practice



1. **Be alert** to Japanese Encephalitis virus (JEV) infection as a possible diagnosis in patients presenting with symptoms such as fever, headache, or new neurological signs. See: https://www.health.nsw.gov.au/Infectious/factsheets/Pages/japanese_encephalitis.aspx
2. **Offer** JE vaccine to patients recommended vaccination. **Eligible groups have been updated. Authorised Nurse Immunisers can now administer JE vaccine in NSW.** For eligibility criteria see below or visit: <https://www.health.nsw.gov.au/JEvaccine>.
3. **Advise** patients on the importance of routine mosquito bite prevention during the summer and autumn to help prevent JE and other mosquito-borne diseases, including Murray Valley Encephalitis, Kunjin, Ross River virus and Barmah Forest virus infections.

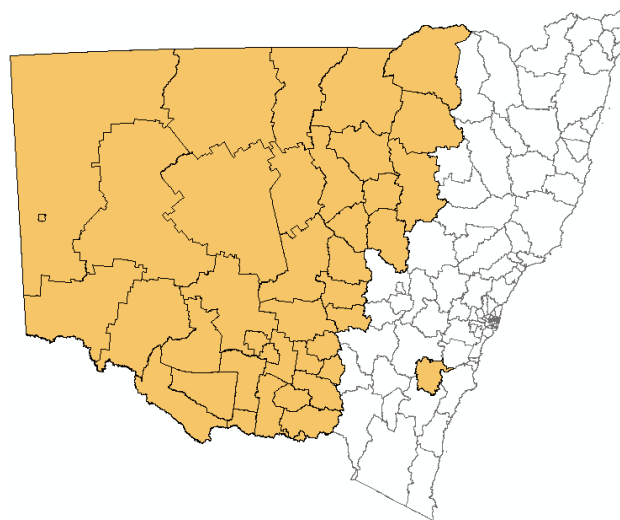
Japanese Encephalitis vaccine is now recommended for a broader group of people:

People aged 2 months or older who live or routinely work-in any of the below Local Government Areas (Table 1) **AND**:

- Spend significant time outdoors (four hours per day), for unavoidable work, recreation, education, or other essential activities, **OR**
- Are living in temporary or flood damaged accommodation (e.g. camps, tents, dwellings exposed to the external environment) that place them at increased risk of exposure to mosquitoes, **OR**
- Are engaged in the prolonged outdoor recovery efforts (clean up) of stagnant waters following floods

Table 1: LGAs of high JEV concern

Albury	Hay
Balranald	Junee
Berrigan	Lachlan
Bland	Leeton
Bogan	Lockhart
Bourke	Moree Plains
Brewarrina	Murray River
Broken Hill	Murrumbidgee
Carrathool	Narrabri
Central Darling	Narrandera
Cobar	Narromine
Coolamon	Temora
Coonamble	Parkes
Dubbo Regional	Unincorporated Far West Area
Edward River	Wagga Wagga
Federation	Walgett
Forbes	Warren
Gilgandra	Warrumbungle
Goulburn Mulwaree	Weddin
Greater Hume	Wentworth
Griffith	



NSW Health also continues to **recommend and offer free** vaccination for people who live in any part of NSW and:

- work, live, or are visiting a:
 - piggery, including farm workers and their families (including children aged 2 months and older) living at the piggery, pig transport workers, veterinarians (including veterinary students and nurses) and others involved in the care of pigs.
 - pork abattoir or pork rendering plant.
- work directly with mosquitoes through their surveillance (field or laboratory based) or control and management, and indirectly through management of vertebrate mosquito-borne disease surveillance systems (e.g. sentinel animals) such as:
 - environmental health officers and workers (urban and remote)
 - entomologists

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- all diagnostic and research laboratory workers who may be exposed to the virus, such as people working with JEV cultures or mosquitoes with the potential to transmit JEV; as per the Australian Immunisation Handbook.

How to order vaccine:

Vaccine doses can be ordered through the State Vaccine Centre (<https://nsw.tollhealthcare.com/>).

Practices administering vaccines to people who live/work in high-risk LGAs can order up to 100 doses of Imojev, or up to 15 doses of JEspect / Ixiaro (for immunocompromised people, pregnant people or very young children). Larger orders can be arranged (supply dependent) by contacting the local public health unit on **1300 066 055**.

- **Imojev:** people aged ≥ 9 months can receive Imojev. The dose is 0.5 mL given by subcutaneous injection.
- **JEspect / Ixiaro** is given by intramuscular injection. The primary dose needed depends on the age of the person: infants and children aged ≥ 2 months to < 3 years should receive 2 doses, each of 0.25 mL, 28 days apart. Children aged ≥ 3 years and adults should receive 2 doses, each of 0.5 mL, 28 days apart

For more information see: [Australian Immunisation Handbook](#).

Authorised nurse immunisers can now administer Japanese encephalitis vaccines – see: [Authority for RNs and Midwives](#)

Background

Between January-March 2022, 13 people acquired JE infection in NSW. Most presented with severe disease and two people died. This was the first ever local transmission of JEV in NSW.

Japanese encephalitis virus is transmitted to humans and other animals by the bite of infected mosquitoes. Most cases are asymptomatic, but 1 in 250 will develop a severe infection, and about 20-30% of severe infections are fatal.

Patients may develop fever, headache, myalgia, rash and diarrhoea. More severe infection is associated with acute encephalitis/meningoencephalitis. Neurological sequelae include focal deficits such as paresis, cranial nerve pathology and movement disorders. Seizures are common, particularly in children.

Patients often need to be admitted to hospital, and sometimes require high dependency or intensive care. Permanent neurological or psychiatric sequelae can occur in 30-50% of cases with encephalitis, the case fatality rate is 30%.

Japanese encephalitis prevention includes the following:

1. Preventing mosquito bites. This includes the use of mosquito repellents, flyscreens, bed-nets, vapour dispensing units (indoors) and mosquito coils (outdoors), wearing loose fitting, light colored and/or permethrin impregnated clothing, and tipping out and removing any water-holding containers where mosquitoes may breed.
2. Vaccination. There are 2 JEV vaccines registered for use: Imojev a live attenuated vaccine (single dose) and JEspect / Ixiaro an inactivated vaccine, preferred in those who are immunocompromised, pregnant or < 9 months

For more information contact your local public health unit on 1300 066 055

Yours sincerely

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