



Japanese Encephalitis

Japanese encephalitis (JE) is a virus closely related to yellow fever, dengue fever and West Nile virus. It is the leading cause of childhood encephalitis in Asia and is transmitted to humans by a mosquito bite which can lead to encephalitis (acute inflammation of the brain).

How is it spread?

It is endemic in rural areas, especially where rice growing and pig farming coexist and epidemics occur during and just after wet seasons, when mosquitoes are most active as the rains encourage the mosquitoes to breed in the humid rice growing fields. Seasonal patterns can vary both within individual countries and from year to year.

Rice field breeding mosquitoes become infected by feeding on domestic pigs and wild birds infected with the Japanese encephalitis virus. Infected mosquitoes then transmit the Japanese encephalitis virus to humans and animals by biting them. Only domestic pigs and wild birds are carriers of the Japanese encephalitis virus.

How can infection be prevented?

The only means of infection is the bite of mosquitoes infected with the Japanese encephalitis virus. The risk can be reduced by insect bite avoidance methods particularly between the hours of dusk and dawn, when mosquitoes are most active.

Japanese encephalitis virus is NOT transmitted from person-to-person.

Should I be vaccinated against Japanese B encephalitis?

Japanese encephalitis does not usually occur in urban areas and rarely infects travellers. Therefore Japanese encephalitis vaccine is NOT recommended for all travellers to Asia. In general, vaccine should be offered to persons spending a month or longer in endemic areas during the transmission season, especially if travel will include rural areas.

Residents of rural areas in endemic locations are most at risk. Risk for most short-term travellers may be one per million and the risk becomes greater if you are intending to undertake certain activities such as field work, camping or cycling in rural areas.

Vaccine recommendations

For children aged three years or over and adults, the recommended vaccine schedule is three doses which are given on days 0, 7-14 and 28-30. Full immunity takes up to a month to develop. Under exceptional circumstances, when time constraints preclude an accelerated course can be given.



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All travellers should undergo a careful risk assessment with a health professional that takes into consideration their itinerary, season of travel, duration of stay and planned activities. The risk of JE should then be balanced against the risk of adverse reactions from the vaccine which may include allergic reactions and on rare occasions, neurological adverse events.