

## Japanese encephalitis virus alert

### Information for General Practitioners

#### Key Points for GPs

1. Japanese encephalitis virus (JEV) has been detected in pigs in piggeries in NSW, Victoria, QLD and South Australia. JEV is transmissible to humans via mosquitoes.
2. There have been recent confirmed cases in humans in these areas, with additional cases in these areas under investigation.
3. People visiting areas where there are significant mosquito populations or engaging in outdoor activities (e.g. camping, fishing, hiking) near significant mosquito populations, particularly near waterways, may be at increased risk.
4. Consider JEV infection in any patients presenting with headache, fever and signs of encephalitis – they should be referred to hospital for further investigation and management.
5. Encourage all your patients to protect themselves from mosquito bites.

#### Background

- Japanese encephalitis virus (JEV) is transmitted to humans and other animals by the bite of an infected mosquito. Pigs are a reservoir for transmission because they develop high levels of viraemia sufficient to infect mosquitoes, who can go on to infect humans.
- JEV has been confirmed in pigs in several commercial piggeries in NSW, Victoria, QLD and South Australia. There are no piggeries in the ACT.
- Human cases of JEV have been confirmed in these areas, with additional cases in these areas under investigation. There have been no cases identified in the ACT.
- There is no human-to-human transmission for JEV, nor risk from consumption of or contact with pork.
- Fewer than 1% of infected people experience clinical disease. Symptoms occur between 5 and 15 days after a bite from an infected mosquito and may include fever and headache, neck stiffness, disorientation, tremors, coma, convulsions and paralysis. The case fatality in those with encephalitis is 20%-30%. Of those who survive, almost half experience neurologic sequelae.
- There is no specific treatment for Japanese encephalitis. Prevention through avoidance of mosquito bites is recommended.

#### Clinical implications:

- If patients present with symptoms of encephalitis/meningitis consider JEV as a differential.
- Refer patients with suspected encephalitis to hospital for investigation and management.

#### Vaccination

- Effective vaccines are available but are not included in the National Immunisation Program in Australia
- Vaccination is being prioritised nationally for workers and residents at piggeries where pigs are infected with JEV. There are no piggeries in the ACT.

- Initial national JEV vaccination guidance is available here: [Japanese encephalitis virus \(JEV\) vaccines | Australian Government Department of Health](#)
- Further information will follow about how vaccine supply for these initial priority groups will be implemented in the ACT.

## **Prevention**

Everyone should take the following steps to avoid being bitten by mosquitoes:

- Covering up as much as possible with light-coloured, loose-fitting clothing and covered footwear when outside.
- Using an effective insect repellent on exposed skin and reapply within a few hours. The best mosquito repellents contain Diethyl Toluamide (DEET), Picaridin, or oil of lemon eucalyptus.
- Using insecticide sprays, vapour dispensing units (indoors) and mosquito coils (outdoors) to clear rooms or repel mosquitoes from an area.
- Covering all windows, doors, vents and other entrances with insect screens.
- Remove any water-holding containers outside the house where mosquitoes could breed.

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On behalf of Dr Vanessa Johnston  
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