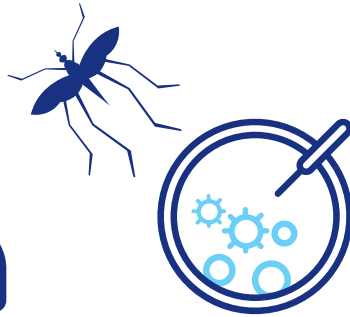




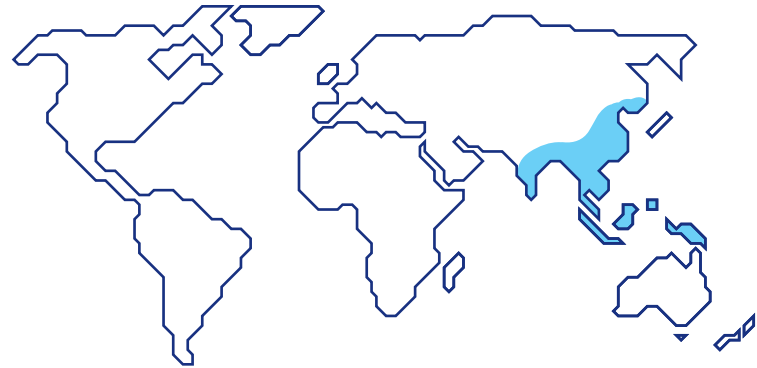
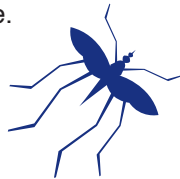
Who

Japanese encephalitis is endemic throughout most of Asia and parts of the Western Pacific region. Among immunologically naïve travelers visiting endemic regions, the disease can affect individuals at any age.



What

Japanese encephalitis is a viral disease transmitted by *Culex* mosquitoes which feed at dusk and during the night. It is the most important cause of viral encephalitis in Asia. Pigs and wading birds are important hosts. Pigs develop high levels of viremia, and in Asia, large numbers of pigs are often kept near human dwellings. Humans develop levels of viremia too low to infect feeding mosquitoes.



Where and when

In areas with temperate climates, most cases occur when the weather is warmest, usually after the monsoons begin. The peak months of transmission vary from place to place. In areas with tropical climates, there is year-round transmission. An increase in cases may be observed during the rainy season. The risk for infection is highest in rural, agricultural areas of Asia.

Prevention

Measures to prevent mosquito bites reduce the risk among travelers to endemic regions. In addition, a vaccine is registered. This provides substantial additional protection in settings which are considered to be high-risk, based on location, duration, season, accommodations, and activities.



Treatment

There is no specific antiviral treatment for Japanese encephalitis. Treatment consists of supportive care with emphasis on control of intracranial pressure, maintenance of adequate cerebral perfusion pressure, seizure control, and prevention of secondary complications.

Symptoms

The majority of human infections are asymptomatic. After an incubation period of 5 to 15 days, initial symptoms -if any- are usually nonspecific and may include fever, diarrhea, and rigors followed by headache, vomiting, and generalized weakness. Over the next few days, mental status changes, focal neurologic deficits, and/or movement disorders or even coma develop.



In case of infection

Less than 1% of infections result in symptomatic neuro-invasive disease. However, when neurologic disease does occur, it is usually very severe with a high mortality rate. The mortality rate is about 25%. Long-term neurologic sequelae like weakness, cognitive impairment, recurrent seizures, and behavioral problems occur in 20-50%.