

Risk of Japanese Encephalitis by country, region and season – CDC 2010

<http://wwwn.cdc.gov/travel/yellowBookCh4-JapaneseEncephalitis.aspx>

Country	Affected areas/jurisdictions	Transmission season	Comments
Australia	Outer islands of Torres Strait	December to May; all human cases reported from February to April	One human case reported from north Queensland mainland
Bangladesh	Limited data, probably widespread	Unknown; most human cases reported from May to October	One outbreak of human disease reported from Tangail District in 1977. Sentinel surveillance has identified human cases in Chittagong, Khulna, Rajshahi Divisions and Mymensingh district.
Bhutan	No data	No data	No comments
Brunei	No data; presumed to be endemic countrywide	Unknown; presumed year-round transmission.	No comments
Cambodia	Presumed to be endemic countrywide	Probably year round with peaks reported from May to October	Sentinel surveillance has identified human cases in at least 14 provinces including Phnom Penh, Takeo, Kampong, Cham, Battambang, Svay Rieng and Siem Reap.
China	Human cases reported from all provinces except Xizang (Tibet), Xinjiang and Qinghai. <i>Hong Kong and Macau:</i> Not considered endemic. Rare cases reported from the New Territories	Most human cases reported from April to October	Highest rates reported from the southwest and south central provinces. Vaccine not routinely recommended for travel limited to Beijing or other major cities.
India	Human cases reported from all states except Dadra, Daman, Diu, Gujarat, Himachal, Jammu, Kashmir, Lakshadweep, Meghalaya, Nagar Haveli, Punjab, Rajasthan and Sikkim	Most human cases reported from May to October especially in northern India. The season may be extended or year round in some areas especially in southern India.	Highest rates of human disease reported from the states of Andhra Pradesh, Assam, Bihar, Goa, Haryana, Karnataka, Kerala, Tamil Nadu, Uttar Pradesh and West Bengal.
Indonesia	Presumed to be endemic countrywide	Human cases reported year round; peak season varies by island	Sentinel surveillance has identified human cases in Bali, Kalimantan, Java, Nusa Tenggara, Papua and Sumatra
Japan*	Rare sporadic human cases on all islands except Hokkaido. Enzootic activity ongoing.	Most human cases reported from May to October	Large numbers of human cases reported until routine JE vaccination introduced in 1968. Most recent small outbreak reported from Chugoku district in 2002. Sporadic cases reported among U.S. military personnel on Okinawa. Enzootic transmission without human cases observed on Hokkaido. Vaccine not routinely recommended for travel limited to Tokyo or other major cities.
Korea	<i>North Korea:</i> No data <i>South Korea:</i> rare sporadic human cases countrywide. Enzootic activity ongoing.	<i>North Korea:</i> no data <i>South Korea:</i> most human cases reported from May to October	<i>North Korea:</i> no comments. <i>South Korea:</i> large number of human cases reported until routine JE vaccination introduced in 1968. Highest rates of disease were reported from the southern provinces. Last major outbreak reported in 1982. Vaccine not routinely recommended for travel limited to

			Seoul or other major cities.
Laos	No data; presumed to be endemic countrywide	Presumed to be May to October	No comments
Malaysia	Endemic in Sarawak; sporadic cases or outbreaks reported from all states of Peninsula and probably Sabah	Year-round transmission	Most human cases reported from Penang and Sarawak. Vaccine not routinely recommended for travel limited to Kuala Lumpur or other major cities.
Myanmar (Burma)	Limited data; presumed be endemic countrywide	Unknown; most human cases reported from May to October	Outbreaks of human disease documented in Shan State. JEV antibodies documented in animals and humans in other areas.
Nepal	Endemic in southern lowlands (Terai). Sporadic cases or outbreaks reported from the Kathmandu Valley	Most human cases reported from May to November	Highest rates of human disease reported from western Terai districts including Bankey, Bardia, Dang and Kailali. Vaccine not routinely recommended for travel limited to high-altitude areas.
Pakistan	Limited data; human cases reported from around Karachi	Most human cases reported from May to October	No comments
Papua New Guinea	Limited data; sporadic human cases reported from Western, Gulf and South Highland Provinces	Unknown	A case of JE was reported from near Port Moresby in 2004. Human cases documented in Papua Indonesia.
Philippines	Limited data; presumed to be endemic on all islands	Unknown; probably year-round	Outbreaks reported in Nueva Ecija, Luzon and Manila
Russia	Rare human cases reported from the Far Eastern maritime areas south of Khabarousk	Most human cases reported from July to September	No comments
Singapore	Rare sporadic human cases reported	Year-round transmission	Vaccine not routinely recommended
Sri Lanka	Endemic countrywide except in mountainous areas	Year-round with variable peaks based on monsoon rains	Highest rates of human disease reported from Anuradhapura, Gampaha, Kurunegala, Polonnaruwa and Puttalam districts
Taiwan*	Rare sporadic human cases island-wide	Most human cases reported from May to October	Large number of human cases reported until routine JE vaccination introduced in 1968. Vaccine not routinely recommended for travel limited to Taipei or other major cities.
Thailand	Endemic countrywide; seasonal epidemics in the northern provinces	Year-round with seasonal peaks from May to October, especially in the north	Highest rates of human disease reported from the Chiang Mai Valley. Sporadic human cases reported from Bangkok suburbs.
Timor-Leste	Limited data; anecdotal reports of sporadic human cases	No data	No comments
Vietnam	Endemic countrywide; seasonal epidemics in the northern provinces	Year-round with seasonal peaks from May to October, especially in the north.	Highest rates of disease in the northern provinces around Hanoi and northwestern provinces bordering China
Western pacific islands	Outbreaks of human disease reported in Guam in 1947-1948 and Saipan in 1990	Unknown; most human cases reported from October to March	Enzootic cycle might not be sustainable; outbreaks may follow introductions of JE virus.

* In some endemic areas, human cases among residents are limited because of vaccination or natural immunity. However, because JE virus is maintained in an enzootic cycle between animals and mosquitoes, susceptible visitors to these areas still may be at risk for infection.