

Risk of Japanese Encephalitis by country, region and season – CDC 2017

<https://wwwnc.cdc.gov/travel/yellowbook/2018/infectious-diseases-related-to-travel/japanese-encephalitis#5200>

Country	Affected areas/jurisdictions	Transmission season	Comments
Australia	Outer Torres Strait islands	December to May; all human cases reported from February to April	One human case reported from north Queensland mainland
Bangladesh	Presumed widespread	Most human cases reported from May to October	Sentinel surveillance has identified human cases in Chittagong, Dhaka, Khulna, Rajshahi, Ranjpur and Sylhet Divisions, highest incidence reported from Rajshahi Division; outbreak reported from Tangail District, Dhaka Division in 1977.
Bhutan	Very rare reports; probably endemic in nonmountainous areas	No data	Proximity to other endemic areas and presence of vectors suggests virus transmission is likely.
Brunei	Presumed transmission in many areas in the country	Unknown; presumed year-round transmission.	Outbreak with laboratory-confirmed cases occurred in October-December 2013
Cambodia	Presumed to be endemic countrywide	Year-round with peak season from May to October	Sentinel surveillance has identified human cases in at least 15 of 23 provinces including Phnom Penh, Takeo, Kampong Cham, Battambang, Svay Rieng and Siem Reap; 1 case reported in 2010 in a traveler who visited Phnom Penh and Angkor Wat/Siem Reap only.
China	Human cases reported from all provinces except Xizang (Tibet), Xinjiang and Qinghai. JE virus isolated from mosquitoes in Tibet	Most human cases reported from June to October	Highest rates reported from Guizhou, Shaanxi, Sichuan and Yunnan provinces, and Chongqing City; vaccine not routinely recommended for travel limited to Beijing, Shanghai, Hong Kong City /Kowloon, Macau or other major cities.
India	Human cases reported from all states except Dadra, Daman, Diu, Gujarat, Himachal Pradesh, 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	Year-round; peak season varies by island	Sentinel surveillance has identified human cases in Bali, Kalimantan, Java, Nusa Tenggara, Papua and Sumatra; several traveler cases reported in recent years from Bali
Japan*	Rare sporadic human cases on all islands except Hokkaido; enzootic activity ongoing.	Most human cases reported from July to October	Large number of human cases reported until JE vaccination program introduced in late 1960s; most recent small outbreak reported from Chugoku district in 2002; 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> Limited data, presumed to be endemic countrywide <i>South Korea*:</i> rare sporadic human cases countrywide; enzootic activity ongoing.	<i>North Korea:</i> No data; proximity to South Korea suggests peak transmission is likely to be from May to October. <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 program introduced in mid-1980s; last major outbreak reported in 1982; vaccine not routinely recommended for travel limited to Seoul or other major cities.
Laos	Limited data; presumed to be endemic countrywide	Year-round, with peak season from June to September	Sentinel surveillance has identified human cases in north, central and southern Laos.

Malaysia	Endemic in Sarawak; sporadic cases reported from all other states	Year-round; in Sarawak, peak season from October to December	Most human cases reported from Sarawak; vaccine not routinely recommended for travel limited to Kuala Lumpur or other major cities.
Myanmar (Burma)	Limited data; presumed to be endemic countrywide	Unknown; most human cases reported from May to October	Outbreaks of human disease documented in Shan and Rakhine States; antibodies documented in animals and humans in other areas.
Nepal	Endemic in southern lowlands (Terai); cases also reported from hill and mountain districts, including the Kathmandu Valley	Most human cases reported from June to October	Highest rates of human disease reported from western Terai districts, including Banke, Bardiya, Dang and Kailali; vaccine not routinely recommended for those trekking in high-altitude areas.
Pakistan	Limited data; human cases reported from around Karachi	Unknown	No comments
Papua New Guinea	Limited data; probably widespread	Unknown; probably year-round	Sporadic human cases reported from Western Province; serologic evidence of disease from Gulf and Southern Highland Provinces; a case of JE was reported from near Port Moresby in 2004.
Philippines	Human, animal and mosquito studies have indicated transmission in 32 provinces located in all regions of the country; presumed to be endemic countrywide	Year-round, with peak season from April to August	Several traveler cases recently reported
Russia	Rare human cases reported from the Far Eastern maritime areas south of Khabarovsk	Most human cases reported from July to September	Vaccine not routinely recommended
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 islandwide	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 peak season from May to October, especially in the north	Highest rates of human disease reported from the Chiang Mai Valley; several cases reported recently in travelers who visited resort or coastal areas of southern Thailand.
Timor-Leste	Sporadic human cases reported; presumed to be endemic countrywide	No data; cases reported year-round in neighboring West Timor	No comments
Vietnam	Endemic countrywide; seasonal epidemics in the northern provinces	Year-round with peak season from May to October, especially in the north.	Highest rates of disease in the northern provinces around Hanoi and northwestern and northeastern 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	Outbreaks likely followed introduction of virus, with enzootic cycle not sustained; vaccine not recommended.

* In some endemic areas, human cases among residents are limited because of natural immunity among older people or vaccination. 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.