

Nirman Bhawan, New Delhi
Dated the 21st September, 2016

Notification of Japanese Encephalitis Cases

Japanese Encephalitis (JE) is an important public health concern in the country accounting for substantial morbidity, mortality and disability. Early reporting of JE cases is necessary for effective implementation of preventive measures and case management.

2. In order to ensure early diagnosis & case management, reduce transmission, address the problems of emergency and spread of disease in newer geographical areas, it is essential to have complete information of all JE cases. Therefore, the healthcare providers shall notify every JE case to local authorities i.e. District Health Officer/Chief Medical Officer of the district concerned and Municipal Health Officer of the Municipal Corporation/Municipality concerned every week (daily during transmission period).

3. Accordingly, all laboratory- confirmed cases of Japanese Encephalitis should be notified as detailed below:

(A) Definition of laboratory-confirmed JE case:

Patient having any one of the following:

- Presence of IgM antibodies specific to JE virus in a single sample of cerebrospinal fluid (CSF) or serum, as detected by an IgM-capture ELISA specifically for JE virus.
- Detection of a fourfold or greater rise in antibodies specific to JE virus as measured by haemagglutination inhibition (HI) or plaque reduction neutralization assay (PRNT) in serum collected during the acute and convalescent phase of illness. The two specimens for IgG should be collected at least 14 days apart. The IgG test should be done in parallel with other confirmatory tests to eliminate the possibility of cross-reactivity.
- Isolation of JE virus in serum, plasma, blood, CSF or tissue.
- Detection of JE-virus antigens in tissue by immunohistochemistry;
- Detection of JE-virus genome in serum, plasma, blood, CSF or tissue by reverse transcriptase polymerase chain reaction (PCR) or an equally sensitive and specific nucleic acid amplification test.

(B) A suspected case is defined as:

A person of any age, at any time of year, with the acute onset of fever, not more than 5-7 days duration and a change in mental status (including symptoms such as confusion, disorientation, coma, or inability to talk) AND/OR new onset of seizures (excluding simple febrile seizures). Other early clinical findings can include an increase in irritability, somnolence or abnormal behaviour greater than that seen with usual febrile illness.

4. For the purpose of this notification, healthcare providers will include clinical establishment run or managed by the Government (including local authorities), private or NGO sectors and/or individual practitioners under Clinical Establishment (Registration & Regulation) Act, 2010.
5. The doctors in Government Health Institutions and the registered medical private practitioners of the private hospitals /clinics are required to immediately inform the office of the District Health Authority of concerned district, if a suspected case of JE is reported at their health institution.
6. The blood samples of the all JE suspected cases have to be sent to the JE Sentinel Surveillance Hospital (SSH), to be tested by ELISA technique. The information of the positive case should be sent to the office of the District Health Authority immediately after the diagnosis.
7. The management of the JE cases need to be done as per the guidelines issued by the Government of the India from time to time and available on the website of Directorate of National Vector Borne Disease Control Programme (NVBDCP), Government of India.
8. For more detailed information, the concerned State Programme Officers, NVBDCP whose details are available on www.nvbdc.gov.in may be contacted.

(S.Natarajan)
Deputy Secretary
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Copy for immediate further necessary action, to:

- 1) All Principal Secretaries/Secretaries of Health of States/UTs
- 2) All Directors of Health Services of States/UTs
- 3) All State Programme Officers, NVBDCP of States/UTs
- 4) All JE Sentinel Surveillance Hospitals (SSH)

With the request to kindly immediately bring this circular to the notice of all concerned for compliance, in their respective State/UT

CC for information to:

1. PS to Union Minister of Health & Family Welfare
2. PPS to Union Secretary(HFW)/DGHS/Union Secretary(AYUSH)/Union Secretary(HR) & DG-ICMR/Spl.DGHS
3. All PSs to Addl. Secretaries & Joint Secretaries in MOHFW/GOI
4. Director, NVBDCP/All Dy. Director Generals, Dte.GHS
5. Director (Media) MOHW/GOI
6. All Regional Directors (HFW/GOI) – with request to facilitate wide dissemination of this Govt. Order, for compliance, in respective States/UTs.
7. Websites of MOHFW/GOI (www.mohfw.nic.in) and National Vector Borne Disease Control Programme (www.nvbdc.gov.in)