COUNTRY ACTIVITIES WITH SUPPORT FROM PATH’S JE PROJECT

NEPAL
- Sustained JE vaccine campaigns and routine immunization were introduced in high-risk districts in 2006.
- Diagnostic assessments provided information on the accuracy of commercial ELISA kits.

INDIA
- JE vaccine campaigns were introduced in high-risk districts, beginning in 2006. JE vaccine was then added to routine immunization services in campaign districts.
- Reporting of adverse events following immunization was enhanced.

SRI LANKA
- Clinical studies evaluated co-administration of JE and measles vaccines and use of the live, attenuated SA 14-14-2 JE vaccine for children who previously received doses of the inactivated vaccine.
- After reviewing preliminary study results, the Government of Sri Lanka transitioned from the inactivated vaccine to the SA 14-14-2 vaccine in 2009.

COUNTRY PARTNERS
Cambodia: Department of Communicable Disease Control, National Institute of Public Health, National Immunization Program
China: Center for Disease Control, Chengdu Institute of Biological Products, China National Biotec Group
India: Indian Council on Medical Research, Ministry of Health & Family Welfare, National Vector-borne Disease Control Programme, National Institute of Virology
Indonesia: Center of Biomedical and Pharmaceutical Research and Development, National Institute of Health Research and Development
Nepal: Ministry of Health and Population
North Korea: Democratic People's Republic of Korea Ministry of Health, Academy of Medical Sciences
Sri Lanka: Ministry of Healthcare & Nutrition, Epidemiology Unit
Vietnam: National Institute of Hygiene and Epidemiology, National Expanded Programme on Immunization
PATH's Japanese Encephalitis (JE) Project: Collaboration and Commitment to Protect Asia’s Children

**China**
- AES surveillance in Baoji Prefecture, Shaanxi Province (2005–2007), found that more than 7% of cases diagnosed clinically as non-JE were laboratory-confirmed as JE.
- Evaluation of knowledge, attitudes, and practices and lessons learned from transition from the mouse brain–derived to the live, attenuated SA 14-14-2 JE vaccine in three counties identified “best practices” for effective vaccine delivery.
- PATH’s partnership with the Chengdu Institute of Biological Products fostered affordability of the SA 14-14-2 JE vaccine and construction of a new production facility to meet international manufacturing standards.

**Vietnam**
- Enhanced surveillance in 2007 showed persistent JE cases in areas not covered by routine JE immunization.
- A disability study found that 8% of JE patients had severe sequelae incompatible with independent living.

**Cambodia**
- Surveillance (June 2006–May 2008) found that JE comprised 19% of all meningoencephalitis cases; children under 12 were at highest risk.
- A disability study showed that 1 in 4 children with clinical JE either died or had severe sequelae.
- Data on treatment costs associated with hospitalized JE cases helped guide decision-making on JE vaccine introduction.
- JE vaccine was introduced in 2009.

**Indonesia**
- Follow-up assessments found that half of JE survivors had died or were left with severe disabilities.

The JE project also supported WHO regional offices for JE surveillance in the following countries:
- Bangladesh
- Bhutan
- Cambodia
- China
- India
- Laos
- Nepal
- Papua New Guinea
- Philippines
- Timor L’este
- Vietnam

Source: US Centers for Disease Control and Prevention
REFERENCES


About PATH

PATH is an international nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that change the way people think and act. PATH’s work improves global health and well-being.

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