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| Japanese encephalitis (JE) vaccination  |
| Consent form  |

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## What is Japanese encephalitis?

Japanese encephalitis (JE) virus is spread to humans through mosquito bites and may cause a rare and potentially life-threatening infection of the brain.

Most JE virus infections are asymptomatic, however those with severe infection (less than 1%) may develop encephalitis (inflammation of the brain) which may lead to death or permanent disability.

Symptoms include fever, headache, convulsions, and sometimes coma. Other symptoms include neck or back stiffness, sensitivity to light, vomiting or confusion. Usually, symptoms develop 5 to 15 days after being bitten by an infected mosquito.

* JE virus is spread to humans through the bite of an infected mosquito.
* JE virus cannot be spread directly from person to person.
* JE virus cannot be caught through eating pork or pig products.

There is no specific treatment available for JE virus infection. For those with symptoms, treatment aims to reduce the severity of the symptoms and may include medication and hospitalisation. Hospitalisation is necessary for people with encephalitis.

**There are two ways to protect yourself and your family: avoiding mosquito bites and vaccination.**

## Who should have JE vaccine?

**In Victoria, JE vaccine is available free-of-charge and recommended for:**

**Eligible local government areas:**

People aged 2 months or older who live or routinely work in any of the following local government areas (LGAs) of Campaspe, Gannawarra, Greater Shepparton, Indigo, Loddon, Mildura, Moira, Swan Hill, Wodonga, Towong, Benalla, Wangaratta, Strathbogie, Buloke, Greater Bendigo, Hindmarsh, Horsham, Northern Grampians, West Wimmera, Yarriambiack, Alphine, Macedon Ranges, Mansfield and Mitchell **AND**:

* regularly spend time engaging in outdoor activities that place them as risk of mosquito bites, OR
* are experiencing homelessness, **OR**
* are living in conditions with limited mosquito protection (e.g. tents, caravans, dwellings with no insect screens), **OR**
* are engaging in natural disaster response activities, including repeated professional or volunteer deployments.\*

*\* Vaccination can be administered before arrival in eligible LGAs areas to those from other regions deployed for natural disaster response activities, by arrangement.*

**No restriction to local government areas:**

* People who work at, reside at, or have a planned non-deferable visit to a:

piggery, including but not limited to farm workers and their families (including children aged 2 months and older) living at the piggery, transport workers, veterinarians (including veterinary students and nurses) and others involved in the care of pigs

property that has been confirmed to be infected with JE virus

property suspected to be infected with JE virus

pork abattoir or pork rendering plant.

* Personnel who work directly with mosquitoes through their surveillance (field or laboratory based) or control and management, and indirectly through management of vertebrate mosquito-borne disease surveillance systems (e.g., sentinel animals) such as:
	+ - * + environmental health officers and workers (urban and remote)
				+ entomologists.
* All diagnostic and research laboratory workers who may be exposed to the virus, such as persons working with JE virus cultures or mosquitoes with the potential to transmit JE virus, as per the Australian Immunisation Handbook.

## JE vaccines

There are two safe and effective vaccines for JE, your immunisation provider will consider your age and medical history when deciding which vaccine is most appropriate for you:

* Imojev®: live attenuated vaccine given by subcutaneous injection. Registered for use in people aged ≥9 months. Primary course is one dose. Imojev is contraindicated in people who are immunocompromised and in pregnant women.
* JEspect®: inactivated JE vaccine given by intramuscular injection. Available for use in infants and children aged ≥2 months, including people who are immunocompromised, and pregnant women. Primary course is two doses.

Although JEspect is preferred in breastfeeding women, Imojev is not considered contraindicated in breastfeeding by the Australian Technical Advisory Group on Immunisation (ATAGI).

**Imojev® vaccine is prioritised in the Victorian JE vaccination program**.

Most people will develop protection within 14 days of receiving Imojev® vaccine and 28 days following a full course of JEspect® vaccine. It is important that people continue to protect themselves from mosquito-borne disease following vaccination.

**Booster dose recommendations**

JE vaccine booster doses are recommended for people 1-2 years after their primary course if they remain eligible in Victoria, and their primary course was with:

* Imojev®, and the individual was<18 years at time of primary dose, **OR**
* JEspect®.

## On the day you have your vaccine

Before you are vaccinated, tell the person giving you the vaccine if you:

* have had an allergic reaction, particularly a severe allergic reaction (anaphylaxis), to:
* a previous dose of a JE vaccine or any component of JE vaccine (see JE vaccines section above)
* other vaccines, medications, or foods
* are immunocompromised. (see JE vaccines section above)
* pregnant, breastfeeding or planning a pregnancy
* are feeling unwell
* have received an immunoglobulin or blood product administration within the last 3 months.

## JE vaccine - common reactions

JE vaccine can cause side effects. Most side effects are minor and quickly disappear. If the following reactions do occur, they will most likely occur within the first three days after vaccination, are usually mild and disappear within 3 days.

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| **Common side effects** |
| Adults – can include* Injection site tenderness, redness
* Headache
* Fatigue, malaise
* Myalgia (muscle pain)

Children – can include* Pain, redness and swelling at the injection site (Imojev)
* Fever
* Appetite loss
* Irritability
* Abnormal crying
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### Extremely rare side effect

There is a very small risk of a serious allergic reaction (anaphylaxis) to any vaccine.

It is recommended you wait on the premises where you received your vaccination for at least 15 minutes following vaccination in case further treatment is required.

### Where to get help:

If reactions are severe or persistent, or if you are worried, seek medical advice.

# Japanese encephalitis immunisation consent form

**Please read the immunisation information provided and discuss with your immunisation provider before completing this consent form. Complete and sign the form for the person to be vaccinated.**

All immunisation providers are committed to protecting the privacy, confidentiality, and security of personal information, in accordance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

A record of your Japanese encephalitis (JE) vaccination will be added to your Australian Immunisation Register (AIR) record.

Medicare Number cccc ccccc c c *Reference Number beside name*

Please ensure that the details completedexactly match the details on your Medicare Card.

VACCINEE’S Family name: ccccccccccccccccccccccc

First Name: ccccccccccccccccccc Gender

Street Number & Name: cccccccccccccccccccccccc

Suburb: cccccccccccccccccccc Postcode: cccc

Contact number: cccc ccc ccc Birth Date (D/M/YR): cc.cc.cccc

Is this person of Aboriginal and/or Torres Strait Islander origin? Yes c No c Both c Prefer not to answer c

## Pre-immunisation checklist

Tick Yes or No for each of the following questions. You may be asked for more information before your vaccination.

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| **Please answer the questions below**  | **Yes** | **No** |
| Have you ever had a serious reaction to any vaccine? |  |  |
| Do you feel unwell today or have a fever (temperature over 38.5°C)? |  |  |
| Do you have any severe allergies (to anything)? |  |  |
| Are you immunocompromised (see JE vaccines section above)? |  |  |
| Do you have or are you related to someone with known IFNAR1 deficiency? |  |  |
| Have you received immunoglobulin or blood product administration within the 3 months?  |  |  |
| Are you pregnant or breastfeeding? |  |  |

**I confirm I have read and understood the information provided to me on Japanese encephalitis vaccination including the risk of the vaccination and the risk of not being vaccinated. I have been given the opportunity to discuss the risks and benefits with my immunisation provider. I consent for the above named to receive the Japanese encephalitis vaccine.**

**Please complete if you are giving consent to vaccinate:**

Print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle: Vaccine recipient / Parent / Guardian

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Office use only**

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| **Vaccine brand and batch number** |  |
| **Vaccination date and time**  |  | **Immunisation provider initials** |  | **Site: L/R arm** |  |

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