JAPANESE ENCEPHALITIS LABORATORY RESEARCH SAFETY



The following is general information for those involved in the laboratory-based research of Japanese encephalitis. Contact occupational.health@cuanschutz.edu if you have any questions.

ABOUT JAPANESE ENCEPHALITIS

Japanese encephalitis virus (JEV) is a mosquitoborne zoonotic disease. While mosquitoes are the primary vector for JEV, wading birds and pigs are the primary reservoirs. JEV is a flavivirus and is related to dengue, yellow fever, and West Nile viruses. Infection with JEV may occur through laboratory contact with infected blood or tissue.

EXPOSURE TO JAPANESE ENCEPHALITIS



- · Accidental exposure to JE may occur through
 - Needle stick
 - Droplet exposure of mucous membranes or broken skin with infectious particles

JAPANESE ENCEPHALITIS INFECTION

- 99% of infected individuals are asymptomatic or only experience mild symptoms
 - Mild symptoms include fever and headache
- Symptoms of neurological illness (less than 1% of infected individuals)
 - Fever
 - Headache
 - Vomiting
 - Disorientation and weakness
 - Coma
 - Seizures (common in children)
- After acute symptoms have improved, those who develop neurological illness/ encephalitis may experience continued symptoms related to behavior, movement, or thinking
- Symptoms typically appear in 5 to 15 days after exposure

VACCINATION FOR JAPANESE ENCEPHALITIS WORK



- The Advisory Committee on Immunization Practices (ACIP) recommends:
 - JE-VC (IXIARO) two-dose series (day 0 and at 1 month)
 - Booster one year after primary series
 - Titer 5 years after booster
 - If the titer results low, a booster dose is administered

JAPANESE ENCEPHALITIS EXPOSURE SAFETY

Follow proper exposure reporting protocols

- If you are injured on the job, promptly report the incident to your supervisor
 - Immediately call or email Occupational Health (303) 724-9145 during business hours
 - Outside of normal hours seek medical attention at emergency department or other healthcare provider
 - Fill out incident report for exposure to biological hazards
 - File a claim with University Risk
 Management
 - https://www.cu.edu/risk/file-claim
- Minor cuts and abrasions should be immediately cleansed with antibacterial soap
 - Protect injuries from exposure

Tell your physician you work with Japanese encephalitis

 Whenever you are ill, mention to your physician that you work with Japanese encephalitis virus

PPE FOR JAPANESE ENCEPHALITIS



- Personal Protective Equipment (PPE) for work with JEV
 - Laboratory coats, gloves; safety goggles;
 N95 respirator (requires fit test) or PAPR (requires training)
- Do not reuse PPE used for work with biohazards
 Dispose of all PPE as biohazardous waste
- Always wash your hands after removing gloves and after handling biohazards

CONTROLS FOR JAPANESE ENCEPHALITIS

- BSL-3 protections for procedures involving JEV
 - Physical separation from access corridors
 - Self closing, double door access
 - Exhausted air not recirculated
 - Negative airflow into laboratory

For more information, refer to the Occupational Health website: https://research.cuanschutz.edu/ehs/home/divisions/occupational-health or contact Occupational Health at occupational.health@cuanschutz.edu



Updated: 3/21/2025

Sources

- Centers for Disease Control and Prevention. Japanese encephalitis virus. May 15, 2024. Accessed December 18, 2024. www.cdc.gov/japanese-encephalitis/about/index.html.
- 2. World Health Organization. Japanese encephalitis. August 6, 2024. Accessed December 18, 2024. www.who.int/news-room/fact-sheets/detail/japanese-encephalitis#:~:text=Japanese%20encephalitis%20virus%20(JEV)%20is,cases%20every%20year%20(1).
- 3. Boston University Office of Research. Japanese encephalitis virus agent information sheet. Accessed December 18, 2024. www.bu.edu/research/ethics-compliance/safety/rohp/agent-information-sheets/japanese-encephalitis-virus-agent-information-sheet/.