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Media alert from the Media Scanning & Verification Cell, IDSP-NCDC.

Alert ID	Publication Date	Reporting Date	Place Name	News Source/Publication Language
4421	26.11.2017	27.11.2017	Pune Maharashtra	www.timesofindia.com/English https://timesofindia.indiatimes.com/city/pune/with-26-cases-je-sets-5-yr-record-spreads-outside-its-endemic-zone/articleshow/61810948.cms
Title:	With 26 cases, JE sets 5-yr record; spreads outside its endemic zone in Pune, Maharashtra			
Action By CSU, IDSP -NCDC	Information communicated to DSU-Pune, SSU-Maharashtra			

Having already infected 26 people in the state this year, Japanese encephalitis (JE), a mosquito-borne viral disease, has set a five-year record. What is more worrying, the virus seems to have adapted and spread to areas outside its endemic zone. In fact, along with dengue and chikungunya, JE has emerged as a potential threat this year.

Till recently, JE cases were mostly confined to the state's eastern districts. However, most of the cases now are being reported from outside of the endemic zone. "Maharashtra has recorded a total of 26 Japanese encephalitis cases so far this year. Of these, 21 cases were recorded from outside the endemic areas, including Pune, Jalna, Raigad, Parbhani, Osmanabad and Solapur," said M S Diggikar, the joint commissioner (vector-borne diseases) of the state health department.

This shift in transmission base of the virus is being observed for the first time in Maharashtra, indicating the virus's greater adaptability. Understandably, this has set the alarm bells ringing. State surveillance officer Pradip Awate said, "We have been diagnosing the virus outside the endemic areas, mainly western Maharashtra and the Marathwada region, for the last one-and-a-half years. This means that the virus's endemic areas are expanding. It sure warrants a close watch."

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**Integrated Disease Surveillance Programme (IDSP), National Centre for Disease Control,
Ministry Of Health & Family Welfare, Government of India**

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The JE surveillance system, experts say, should be improved to better understand the drivers of the disease expansion for instituting a robust control programme. Awate also underlined the need for an in-depth study to gauge the virus's adaptability to different environs and vectors.

"Cases of viral encephalitis occur all year round, but we may be underdiagnosing JE as the test availability is not widespread," added an infectious disease expert.

Clinically, the signs and symptoms of JE cases are similar to those presented by viral encephalitis. Symptoms, depending on the severity, can include headache, fever, stupor, disorientation, meningeal signs, coma, tremors, paralysis (generalized), hypertonia and loss of coordination.

Several laboratory tests, however, can detect JE virus. These tests include antibody detection and antigen detection among others. Antibody detection tests include haemagglutination inhibition (HI) test; complement fixation (CF) test; enzyme-linked immuno-sorbent assay (ELISA) for IgG (paired) and IgM (MAC) antibodies, etc. Meanwhile, antigen detection includes RPHA, IFA, immunoperoxidase etc.

There is no specific anti-viral medicine available for Japanese encephalitis virus. Cases are usually managed symptomatologically.

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