

Japanese encephalitis

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The Japanese encephalitis virus binds to the membranes of host cells, initially replicating at the location of the bite and in adjacent lymph nodes.⁴ Following this, viremia occurs; however, in the majority of instances, the virus is eliminated before it can penetrate the central nervous system, leading to subclinical manifestations. Should the virus reach the brain through the bloodstream and breach the blood-brain barrier, neuroinvasive disease can ensue. The Japanese encephalitis virus exhibits both direct neurotoxic properties and the ability to influence the development of neural stem cells.

References

1. Muniaraj M, Rajamannar V. Impact of SA 14-14-2 vaccination on the occurrence of Japanese encephalitis in India. *Hum Vaccin Immunother*. 2019;15(4):834-840.
2. Houle SKD, Eurich DT. Completion of multiple-dose travel vaccine series and the availability of pharmacist immunizers: A retrospective analysis of administrative data in Alberta, Canada. *PLoS One*. 2019;14(1): e0211006.
3. Chai C, Palinski R, Xu Y, Wang Q, Cao S, Geng Y, Zhao Q, Wen Y, Huang X, Yan Q, Ma X, Wen X, Huang Y, Han X, Ma W, Wu R. Aerosol and Contact Transmission Following Intranasal Infection of Mice with Japanese Encephalitis Virus. *Viruses*. 2019 Jan 21;11(1).
4. Vasanthapuram R, Shahul Hameed SK, Desai A, Mani RS, Reddy V, Velayudhan A, Yadav R, Jain A, Saikia L, Borthakur AK, Mohan DG, Bandyopadhyay B, Bhattacharya N, Dhariwal AC, Sen PK, Venkatesh S, Prasad J, Laserson K, Srikantiah P. Dengue virus is an under-recognised causative agent of acute encephalitis syndrome (AES): Results from a four-year AES surveillance study of Japanese encephalitis in selected states of India. *Int J Infect Dis*. 2019 Jul; 84S:S19-S24.