**JAPANESE ENCEPHALITIS VACCINATION PROGRAM- Eligible Employee letter -KIMBERLEY**

Japanese encephalitis (JE) is a rare, serious infection caused by Japanese Encephalitis Virus (JEV). JEV is spread to humans and other animals, such as waterbirds, pigs and horses, by infected mosquitoes.

Human cases of JEV have been detected in the Northern Territory, Queensland, Victoria, New South Wales and South Australia. Although there have been no human cases of JEV detected in Western Australia, there have been recent detections of JE activity in animals in the Kimberley and Pilbara regions.

WA Health is proactively implementing a targeted vaccination program aimed at protecting persons in geographic areas with higher risk of JEV exposure.

Persons requesting vaccination due to potential occupational exposure will be required to provide this letter of eligibility from their employer to present at the vaccination appointment.

Eligibility criteria due to occupation, are persons who:

* Are employed in a role for 30 days or more in an area that is located in an eligible postcode **AND**
* Spend at least 4 hours per day outdoors, as part of their occupation, on most days.

The table below outlines the areas that are currently eligible.

|  |  |
| --- | --- |
| **Eligible postcodes** | **Details** |
| 6740 | Including remote Aboriginal communities and suburbs/localities of Drysdale River, Kalumburu, Mitchell Plateau, Oombulgurri, Prince Regent River, and Wyndham**.** |
| 6743 | Including remote Aboriginal communities and suburbs/localities of Cambridge Gulf, Durack, Gibb, Lake Argyle, Warmun, and Kununurra. |
| 6770 | Including remote Aboriginal communities and suburbs/localities of Mueller Ranges, Ord River, Purnululu, Sturt Creek, Tanami, andHalls Creek. |
| 6765 | Including remote Aboriginal communities and suburbs/localities of Mount Hardman and Fitzroy Crossing. |
| 6728 | Including remote Aboriginal communities and suburbs/localities of Camballin, Meda, Kimbolton, King Leopold Ranges, St George Ranges and Derby. |

Dear Health Provider,

I confirm that (insert name of employee)**…………………………………………………………….…** meets the eligibility criteria as listed above.

**Employers name:**

**Employers Position:**

**Phone:**

**Email:**

**Organisation name**

Yours sincerely,

………………………………………

Date: / /2023

Note to employer: Please print and provide this completed letter to the eligible employee to bring to their vaccination appointment. For vaccination clinic information, please visit [healthywa.wa.gov.au/JEV](https://www.healthywa.wa.gov.au/Articles/J_M/Japanese-encephalitis)