

# Order form for Japanese encephalitis virus (JEV) vaccine



ACT  
Government

ACT Health

## Part A – Assessment for JEV vaccine eligibility (Immunisation Provider to complete)

Practice Name:

Patient Name:

DOB:

Patient Address:

Gender:

Medicare / IHI number:

Patient Number:

**Eligibility Criteria:** the patient must meet one of the following criteria (please tick applicable criteria).

Involvement with piggeries/pork industry as per one of the following categories:

- Works or resides at, or has 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 who transport pigs to piggeries,
- veterinarians and others involved in the care of pigs at piggeries,
- Works at, or has a planned, non-deferable visit to a pork abattoir or pork rendering plant.

OR

Works 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 who work directly with mosquitoes
- other personnel who work directly with mosquitoes

OR

- All diagnostic and research laboratory workers who may be exposed to the virus, such as persons working with JEV cultures or mosquitoes with the potential to transmit JEV; as per the [Australian Immunisation Handbook](#).

**Please note:** if the patient does not meet the above criteria (e.g. they are seeking JEV vaccination prior to international travel), they are not eligible to receive government funded JEV vaccine.

Occupation:

Employer\*:

*\*This information is being collected to support JEV vaccine distribution in the ACT – ACT Health will not contact the patient's employer about their vaccination.*

Does this patient meet the priority group eligibility for a government funded JEV vaccine? Yes  No

Review the [Australian Immunisation Handbook](#) and information available on the [Australian Government Department of Health website](#) regarding choice of JEV vaccine (including for people who are [immunocompromised](#)), doses for children, route of administration, contraindications, precautions and booster dose recommendations.

**Vaccine Required:** Imojev  JEspect

Number of doses required for this patient (JEspect only):

Is this vaccine required for a: Primary course  Booster dose

**If requesting JEspect, please provide a reason for requesting this vaccine:**

Patient is pregnant  Patient is immunocompromised

Patient is ≥ 2 months and < 9 months of age  Other:

Clinician Name:

Clinician Signature:

Date:

Please return this form to [immunisation@act.gov.au](mailto:immunisation@act.gov.au) or fax on 5124 9307 once Part A is complete.

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Part B – Vaccine Order (ACT Health use only)			
Office use only Vaccine approved:	Date: By:	Comments:	
Vaccine delivered to immunisation practice on: Dose 1:		Dose 2 (if applicable):	
Part C – Administration of JEV vaccine (Immunisation Provider to complete)			
Date vaccine administered		Batch number:	
Signature			
Dose 2 (JEspect® only)- Date vaccine administered		Batch number:	
Signature			
Please return this form to <a href="mailto:Immunisation@act.gov.au">Immunisation@act.gov.au</a> or fax on 5124 9307 once part C is complete.			
Part D – Order and Administration reconciliation (ACT Health use only)			
Office use only - Date returned:			
Dose 1:	Information on spreadsheet	<input type="checkbox"/>	Date filed:
Dose 2:	Information on spreadsheet	<input type="checkbox"/>	Date filed:

For any enquires relating to this form please contact the Immunisation unit on 5124 9800 or email [Immunisation@act.gov.au](mailto:Immunisation@act.gov.au).

## Instructions for completion:

**Japanese encephalitis virus (JEV) vaccine is being provided for eligible people only, who meet the national priority groups for JEV vaccination.** Please ensure that you are completing the latest version of this form with up-to-date priority groups, which is available from this link:

<https://health.act.gov.au/jev>

For information about choice of JEV vaccine, doses for children, route of administration, precautions, contraindications, and booster dose recommendations please refer to:

- [Australian Immunisation Handbook](#); and
- [JEV vaccines information on the Australian Department of Health website](#)

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## General Practitioners:

If a patient requests JEV vaccination, assess whether the patient is eligible to receive government funded JEV vaccine, as per the [current national priority groups](#). If eligible:

- Complete Part A of the [Order Form for JEV Vaccine](#) and return it to [immunisation@act.gov.au](mailto:immunisation@act.gov.au) or fax on 5124 9307.
- The Health Protection Service Immunisation Unit will organise delivery of the vaccine to your practice within two working days. Delivery will only occur between 9am and 5pm Monday to Friday (excluding public holidays). Please allow for this when booking a follow-up appointment for vaccine administration. Should there be any issues with delivery, the Immunisation Unit will advise your practice of this.
- The vaccine will be in a clear see-through bag and labelled with the patient's name.
- The Order Form for JEV will be returned to your practice with the vaccine. When the vaccine is administered, please complete Part C of the form, and return the completed form to the Immunisation Unit by email or fax on the same day.

## JEV vaccine providers with pre-placed vaccines:

- An initial base stock of 10 doses of Imojev vaccine will be provided. Further doses can be requested by emailing [immunisation@act.gov.au](mailto:immunisation@act.gov.au) when stock is exhausted.
- Doses of JEspect can be requested using the [Order Form for JEV Vaccine](#) if Imojev is contraindicated for a particular patient.
- If a patient requests JEV vaccination, assess whether the patient is eligible to receive government funded JEV vaccine, as per the [current national priority groups](#).
- If eligible, complete the [Order Form for JEV Vaccine](#) and return it to [immunisation@act.gov.au](mailto:immunisation@act.gov.au) or fax on 5124 9307.

For any enquires relating to this form please contact the Immunisation unit on 5124 9800 or email [Immunisation@act.gov.au](mailto:Immunisation@act.gov.au).

For more information, please see:

- Australian Government Department of Health – JEV vaccines: <https://www.health.gov.au/health-alerts/japanese-encephalitis-virus-jev/vaccines>
- ACT Health JEV webpage: <https://health.act.gov.au/jev>
- Australian Immunisation Handbook – vaccination for people who are immunocompromised: <https://immunisationhandbook.health.gov.au/vaccination-for-special-risk-groups/vaccination-for-people-who-are-immunocompromised>