Tick-borne encephalitis

Tick-borne encephalitis became notifiable at the EU level in 2012. In 2014, 2057 cases were reported to TESSy, 1986 of which were confirmed (0.42 cases per 100,000 population). The lowest rates were observed in children.

Age and gender distribution shows a clear predominance of cases in over 45-year-olds and in males. The proportion of confirmed TBE cases was higher in men (59.2%), with a male-to-female ratio of 1.4:1. The majority of cases belonged to the age group 45–65 years (n=802, 41.1%).

Seasonality was comparable with previous surveys and showed a clear peak during the summer months. Currently, countries with enhanced surveillance in 2014 aimed to increase the numbers of reported cases. The proportion of confirmed TBE cases started to increase in April, peaked in July and slowly decreased for the rest of the year, with only a small number of cases reported in December. The importation status was available for 1901 confirmed cases, 1.3% of which were travel associated. The United Kingdom only had travel-associated cases. For 22 travel-associated cases, the risk factor for acquisition in the source country could be identified. For 21 cases, no risk factor was found, with four cases being travel-related and 17 selected on the basis of confirmed cases in the source country. The risk factors for the source country were tick exposure in Austria and Italy, tick exposure in South Korea, and tick exposure in China.

Enhanced surveillance in 2014 was entirely possible to be exposed to ticks – and to get bitten by them – in winter, even in northern countries. Currently, countries with enhanced surveillance in 2014 aimed to increase the numbers of reported cases. The proportion of confirmed TBE cases started to increase in April, peaked in July and slowly decreased for the rest of the year, with only a small number of cases reported in December. The importation status was available for 1901 confirmed cases, 1.3% of which were travel associated. The United Kingdom only had travel-associated cases. For 22 travel-associated cases, the risk factor for acquisition in the source country could be identified. For 21 cases, no risk factor was found, with four cases being travel-related and 17 selected on the basis of confirmed cases in the source country. The risk factors for the source country were tick exposure in Austria and Italy, tick exposure in South Korea, and tick exposure in China.

Key facts:

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