

PRESS RELEASE

More than 10,000 new TBE/FSME cases in Europe every year!

(Vienna, April 25th, 2006) Over the past 30 years the incidence of TBE (Tick-borne encephalitis = FSME = Frühsommer-Meningoenzephalitis) has significantly increased by more than 400% in eleven European countries, adding up to more than 10,000 patients every year. However, this development is only partially the result of a real increase in the TBE incidence caused, for example, by global warming, often the object of accusation in this context. In addition to this climate change there are other biological/ecological and non-biological factors which contribute to this trend, as well as the ever increasing number of travellers across Europe. An International TBE Expert Team (ISW-TBE, www.isw-tbe.info) is now calling for a broad vaccination programme as well as appropriate action from the health authorities responsible. A first step towards this goal is the establishment of the first European TBE/FSME patient platform www.tick-victims.info, which will be available in 16 different languages.

In Germany, if we compare the years 2004/2005, there has been an increase of 156%, (a total increase from 274 to 433 TBE patients). Other countries showing a similar strong increase, such as Switzerland with 149 % and the Czech Republic with 127 % confirm the German trend. The Baltic States are presently considered the most endemic TBE area in Europe with a range from 1,000 to 2,000 TBE cases each year. The highest TBE incidence rate in the world - 26.9/100,000 – was registered in Latvia. Currently the highest proportion of TBE cases among children are being reported in Russia, reaching in some regions up to 26%.

More than 60 million travels to TBE/FSME endemic regions per year

Problem No. 1 in the propagation of FSME is mobility: With 365 million travellers in 2004, Europe today generates more than half of all international tourist arrivals, with major source markets being Germany, the United Kingdom, France, Italy, the Netherlands, the Russian Federation, Belgium, Austria, Switzerland, Spain and the Nordic countries. Every year, over 60 million times, people from EU member states travel into TBE endemic countries.

Based on an estimated risk of TBE illness of 1/10,000 for a 4-week stay in the TBE endemic province of Styria in Austria, the predicted number of travel-associated TBE cases was 6 per year across that Province and 60 per year over the whole of Austria.

“With tourism within Europe increasing, we still realize that there is an amazing ignorance and lack of awareness among the public in most European countries – especially in non-endemic countries such as the UK, France, the Netherlands, - about the potential risks of TBE when travelling to endemic countries”, according to expert Prof. Dr. Michael Kunze, of the Institute for Social Medicine, Vienna, and Chairman of the ISW-TBE group.

Other causes of the massive spread of the TBE virus are associated with climatic conditions which provide the ticks with better chances of survival as well as the lack of immunisation among the population. A survey has revealed that in Germany and the Czech Republic on average of only 11 percent of the population has complete basic immunisation. Changes in lifestyles, the wearing of lighter clothing, and the fact that many people tend to stay out in open natural surroundings further increase the risk of exposure.

Austria's concept for success in fighting TBE/FSME – Teamwork

It was 30 years ago that the TBE/FSME vaccine was developed in Austria. At that time the disease was still regarded as occupation-related, which meant that it was exclusively agricultural and forestry workers who were protected with the first effective TBE/FSME vaccine. Later it was recognised that this is also a leisure-time illness that can strike anyone, and a campaign was launched in Austria nationwide. By way of concerted actions by governmental and medical institutions such as the Austrian Ministry of Health and the Austrian Chamber of Physicians and Pharmacists, the health insurance funds, and the vaccine manufacturer Baxter, on the one hand the TBE/FSME vaccine has received financial support for 25 years, and is therefore

available to consumers at a 30% price reduction. On the other, a widespread awareness and information campaign was launched, which is still being implemented today, in order to alert doctors and pharmacists, as well as the Austrian public in general, to the danger posed by ticks and the symptoms of TBE/FSME. Valuable patient platforms such as the "Tick Victims Self-help Group" have been formed and are interacting very intensively with the major players among the Austrian health organizations.

One sign of success is the fact that in the pre-immunisation era an average of 700 FSME cases were diagnosed in Austria every year, while in 2005 this had been cut to 100. This drastic reduction by 90 percent would not have been possible without constant communications and the tried and trusted teamwork which is still proving its worth today.

Severity and long-term sequelae of TBE/FSME still not known among the public

Intensive sensitisation is needed to increase awareness about the symptoms and serious consequences of an FSME infection. Once a patient has been infected, all that can be done is to treat the symptoms. There is no possibility any longer of preventing the TBE/FSME itself from taking its course. Wearisome sequential illnesses can then impair a patient for the rest of his or her life.

The symptoms of those affected can lead, after initial influenza-like symptoms, to meningitis, encephalitis or radiculomyelitis (inflammation of nerve roots and spinal marrow) which may result in death or long-term neurological sequelae including permanent paralysis in 35-58% of all patients. The encephalitic cases present with signs of involvement of the brain as ataxia (disorders of the locomotor system), cognitive dysfunctions, dysphasia (speech impairment), altered consciousness, confusion, irritability, tremor and more rarely seizures and cranial nerve paralysis.

A recently published prospective study revealed that TBE/FSME patients require hospitalisation for up to a maximum of 262 days. 50 % of patients are still sick-listed after 40 days.

Children can also be affected in a severe way which – with a high probability - may even lead to long-term impairment of attention and psychomotor speed.

TBE experts express need for international TBE vaccination and travel guidelines

Drawn up by the international TBE experts as a challenge to public institutions and to those responsible for policy in the individual countries, a pan-European 10-point-action-plan (=catalogue of demands) has been prepared, which was introduced for the first time in the course of the official launch of the international TBE/FSME patients' platform on April 25th, 2006, and which is intended to raise awareness of TBE/FSME as still being one of the great health policy challenges of the 21st Century.

The "10-Point Action-Plan" on TBE comprises the following requests:

1. Generate a common European definition of "endemic TBE area" and "TBE case"
2. Bring TBE area/TBE case definitions to the attention of national health authorities and international health committees
3. Invest in better diagnostics – investigate each suspected TBE case
4. Harmonise national TBE vaccination schedules
5. Establish European recommendations on TBE vaccination
6. Establish European travellers' recommendations on TBE
7. Increase the level of information about TBE as well as on the severity of the disease among the population in general
8. Increase awareness on TBE with local health authorities
9. Implement school vaccination programmes against TBE
10. Strive for public financial support for European TBE projects

First Aid with international TBE/FSME Patient Platform

The ultimate goal of the European TBE experts, which is to increase public awareness about TBE and to increase the number of people vaccinated in order to prevent as many new cases as possible, is being given support – as a first step - by the newly implemented international patient platform.

This platform (www.tick-victims.info) will provide additional support by way of comprehensive service and information and is intended to become the first pan-European TBE network for those affected - following the fine example of the Tick Victims Self-help Group in Austria which has now been in action successfully for more than 20 years. The new patient platform is available immediately to patients across Europe - in 16 different European languages.

For questions please refer to:

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Number of reported cases of TBE from various European countries and Russia ⁽¹⁾

Country	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005*
Albania	8															
Austria	89	128	84	102	178	109	128	99	62	41	60	54	60	82	54	100
Belarus			2	20	50	66	97	67	78	26	23	61	18	25		
Croatia	23	60	27	76	87	59	57	25	24	26	18	27	30			
Czech R.	193	356	338	629	613	744	571	415	422	490	719	411	647	606	500	642
Denmark									1	4	3	1	1	4	8	4
Estonia	37	68	163	166	177	175	177	404	387	185	272	215	90	237	182	164
Finland	9		14	25	16	23	10	19	17	12	41	33	38	16	31	17
France	2	1	2	5	4	6	1	1	2	5	0	0	2	6	7	0
Germany		44	142	118	306	226	114	211	148	115	133	253	226	278	274	426
Hungary	222	288	206	329	258	234	224	99	84	51	45	76	80	114	59	90
Italy			2	2	8	6	8	8	11	5	15	19	6	14	23	
Latvia	122	227	287	791	1,366	1,341	716	874	1,029	350	544	303	153	365	251	142
Lithuania	9	14	17	198	284	426	309	645	548	171	419	298	168	763	425	
Norway									1	1	2	1	2	1	3	
Poland	8	4	8	249	181	267	257	201	209	101	170	205	126	339	262	174
Russia	5,486	5,225	6,301	7,893	5,593	5,982	9,548	6,539	6,987	9,955	5,931	6,339	5,150	4,770	4,235	
Slovak R.	14	24	16	51	60	89	101	76	54	57	92	76	62	74	70	28
Slovenia	235	245	210	194	492	260	406	274	136	150	190	260	262	275	204	
Sweden	54	75	83	51	116	68	44	76	64	53	133	128	105	105	160	130
Switzerland	26	37	66	44	97	60	62	123	68	112	91	107	53	116	138	206
Ukraine													12			

* Registrations not completed

Table 8