

STATEMENT

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Press Workshop ISW-TBE 2009: Event Tourism and TBE

TBE is a non-treatable viral infection with a CFR of 1-2% and persistent neurological sequelae in up to 58% (according to WHO). Based on good statistical data the risk to contract TBE in a highly endemic area (as in big parts of Central Europe) is comparable to the risk to get typhoid fever in India (1:10000 / mo).

Whereas there is no doubt that vaccination against typhoid fever (a treatable disease by the way) should be recommended to travelers going to India TBE is a mostly neglected risk for travelers coming to endemic areas. Low specific awareness is not only true for distant countries, but even for some central European areas such as Bavaria/Germany (complimentary vaccination/about 15% of the population vaccinated) or the Czech Republic (vaccination rate 10% – 2007: >1100 clinical cases).

During their holidays most tourists spend a part of their time outdoors with exposure prone activities. Street interviews conducted recently in Vienna showed that – in contrast with Austrian people and even children – most travelers do not know anything about TBE.

Leisure time activities are increasing as is short-term travel including event tourism. Event tourism (sports, culture, politics, religion) more than “regular tourism“ is especially dedicated to and focused on a specific motive to travel (“event“) – resulting in the likelihood of neglecting other travel-related issues in general and travel-associated health risks in detail.

Millions of people attend events every year. This includes major sports events, cultural events, political scenarios (such as the anti-G8-demonstrations), and religious events such as pilgrimages or mass meetings (Catholics' day, visits by the Pope). In comparison with other travelers, event travelers (at least in some subgroups) tend to be younger and healthy (and therefore see no reason for a travel-related medical appointment).

Informations on health risks associated with leisure time, fun, holidays etc. are not appreciated, neither by the travelers themselves nor by the travel agencies (who in fact play a crucial role in building awareness).

In many countries vaccines against TBE are not licensed, and therefore there is actually only limited or no access to the vaccine prior to departure. Furthermore, there is no official short-term vaccination scheme adapted to the needs of these travelers that could be applied after arrival.

Recommendations

Also short term travelers going to TBE endemic areas should be vaccinated against TBE if they plan outdoor activities. This is especially true for “VIPs“ such as outstanding sportspeople, politicians, business people and managers. If someone has no access to the vaccine at home and is traveling to

or through countries where the vaccine is available, the series could be started as soon as this strategy of prevention is accepted and can be completed during following stays.

Travel medicine practitioners should do their best to raise awareness about TBE among travelers. In addition to the promotion of the vaccine, this should include measures of personal protection

(repellents), early detection (tick check) and removal of the ticks. This is of utmost importance in travelers with no access to a vaccine of high quality or not willingness to get vaccinated.

Awareness campaigns make sense and may have impact on preventive strategies as could be demonstrated with the EURO 2008: as a result of an awareness campaign launched during a meeting of the ISW-TBE in 2008 the Spanish and Italian national soccer teams were vaccinated against TBE in April 2008.

Future examples for travelers at risk are the FIFA (= soccer) Women's World Cup 2011 in Germany, scientists attending meetings in central Europe including cities like Vienna, the leading city in the world for conference tourism according to the UIA ranking 2007, visitors of big music events (like the annual big outdoor jazz festival in Wiesen/Austria) or those participating in the annual midsummer celebration festival in Lithuania.

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