

## PRESS INFORMATION

**“8<sup>th</sup> Meeting of the International Scientific Working Group on TBE  
(TBE: Tick Borne Encephalitis)”  
“TBE a European Health Challenge“  
Hotel Bayerischer Hof, Munich  
Friday, March 17<sup>th</sup> 2006**

### **TBE a European Health Challenge**

Prof. Dr. Michael Kunze

The International Scientific Working Group on TBE has proved its worth as a scientific information platform. Among many other things, a comprehensive range of views and opinions on the matters of “FSME in Childhood” and “FSME in the Age Range of 50+” have been prepared and published in the most important journal in the sector of vaccinology.

The 8<sup>th</sup> meeting of the ISW-TBE is dedicated to the topic of “TBE: A European Health Challenge”, because this illness has developed from being a problem of European significance to a matter of European importance. Not least among the causes of this has been the increasing mobility of people in general, since even travellers from non-endemic areas can easily become infected in countries in which the disease is endemically present.

It can be assumed from this that FSME (TBE) is still far too little known, too rarely diagnosed, and also not prevented to the degree which it would be possible to achieve. There is a very well tried and trusted protective inoculation, and the Austrian vaccine in particular has proved its value millions of times over, is very well-tolerated, and extraordinarily effective. In therapy there are no specific approaches at all, and the prevention of FSME (TBE) is accordingly the main strategic measure for controlling the disease.

It follows that the true scale of the endemic presence of FSME in Europe needs to be determined urgently, and this can only come about with increased interest in this disease. Interest must therefore be aroused and encouraged, in both the professional sphere (medical system) as well as in what may be termed the lay public.

The diagnostic measures and methods still need to be exploited much more intensively. One crucial piece of information for the medical system, in particular in countries in which FSME is not endemic, is this: If meningitis or encephalitis are diagnosed, it should become a matter of routine for the patient’s recent travel history to be determined. In other words, patients need to be asked where they spent the time before the onset of the meningitis and/or encephalitis, in order to find out what exposure risks might pertain.

With regard to preventive programmes, it should be pointed out that inoculations basically exert their best effect if administered as early as possible (i.e. during childhood and adolescence). The successes achieved in Austria with the containment of FSME are attributable not least to organized programmes (such as in schools). There has accordingly been a substantial shift in the age distribution of cases towards patients of middle age and older.

The 50+ age group is characterised today in many cases by particularly active lifestyles, close association with nature, and an orientation towards leisure time. This automatically increases the risk of infection in the endemic areas, and in many cases these are preferred travel and holiday destinations.

In connection with the control of FSME (TBE) the basic principle from the public health sector must apply: If there is a preventive strategy available, then it should be used. In specific terms, this means that if a vaccine is available it can and should be used, both in areas in which FSME is already known as well as among those people who travel to those areas.

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