

## **STATEMENT**

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### **Tick-borne encephalitis**

Tick-borne encephalitis (TBE) often runs a biphasic course. The first phase with fever and rather uncharacteristic “flu-like” symptoms is followed by the second phase with meningitis (often benign) or meningo-encephalitis (can be severe), sometimes also myelitis (can be catastrophic, with respiratory failure and intermittently mechanically ventilation, development of a flaccid paralysis of the upper and lower extremities).

Encephalitis and myelitis could be a life-threatening disease, dependent on localisation within the central nervous system. The mortality in Europe is 1-4 %.

After TBE, long-term sequelae with permanent paresis, ataxia, incoordination, headache and a post-encephalitic syndrome with cognitive dysfunctions like memory disturbances can occur. Neuropsychiatric complaints are very common and include loss of energy, emotional disability, sleep disturbances, existential fear.

The risk for permanent sequelae is increasing with age.

Treatment of TBE is symptom-related, there is no causal-orientated therapy available. Vaccination is the only efficient protection.