



## 2ND EDITION OF THE TBE BOOK COMING SOON

Dear Readers, Authors and Contributors to THE TBE BOOK,

It is with great pleasure that we can announce today that we will have a second edition of the TBE Book – and it is planned to be published by May 2019, just about one year after the first edition. On behalf of the editors and the publisher, we thank all our authors and contributors – as well as all those “silent workers behind the scenes” who did all the project management, formatting and programming of the website.

The 2<sup>nd</sup> Edition will have a new online appearance with an easier to use functionality. The printed version will be improved with larger fonts for easier legibility, with corrections of any errors, and most of all with updates of the content – with a special focus on the epidemiological data. With Dr. Michael Bröker as a new addition to our editorial team, we welcome a knowledgeable and experienced expert on TBE – with whom we already shared a trusted collaboration this year.

When reading once again through all the chapters, we identified several “areas of uncertainty for TBE” and we want to use this opportunity to ask our readers for help:

### What is the evidence for the incubation period of TBE?

An incubation period for TBE is mentioned on several occasions in the book. However, to be sure about the time elapsed from “infecting tick bite” to the start of symptoms, one would need to be sure that the infection was due to exactly this tick bite and not due to any earlier or later - perhaps even unnoticed - tick bite. This seems to be difficult or even impossible to achieve in an endemic area, but maybe it exists from short-term tourists to an endemic country.

Alternatively, one could get such data if the infecting tick is captured and tested for the presence of the TBEV.

[Would any of the readers have data or thoughts on this topic?](#)

### What is the percentage of subjects in a region with symptoms after the bite of a TBEV-infected tick?

Like before, this is a statistically difficult question to answer. To do a study which is scientifically ideal to address the question, one would need to follow unvaccinated, TBE-seronegative subjects for tick bites, ideally by testing of all ticks and, to find those which are infected and to periodically search for seroconversion of these subjects. Without consulting any statistician on this, we assume >100 “newly infected subjects” would be needed and given the relatively low incidence of infected ticks (<< 10%) and of TBE (<10/10<sup>5</sup>) this would require a huge effort which is not feasible.

[Would any of the readers have data or thoughts on this topic?](#)

### Do the different TBEV-subtypes really cause different disease severity?

While we read that the Siberian - and perhaps the Far Eastern - TBEV subtype may cause a more severe disease, one would need to follow cohorts of probably >100 infected subjects per TBEV subtype in the same health care system to really be able to back up this statement. It is unlikely that in different countries hospital admissions are based on the same criteria – it is known that they do not.

[Would any of the readers have data or thoughts on this topic?](#)

## **Does higher age result in more frequent TBE infection?**

As one of us is getting older himself (HJS), this question really concerns him a lot. Our gut feeling is that higher age is associated with more leisure time resulting in a type of behavior that has a higher risk for TBE infection, like collecting mushrooms. So, the question is, if the higher incidence of TBE in older subjects results from more frequent exposure, from a higher susceptibility, or both.

[Would any of the readers have data or thoughts on this topic?](#)

## **Does chronic TBE exist or do patients “post TBE” suffer from long-term sequelae of the infection?**

One may consider this to be a philosophical question without any clinical relevance. However, as good scientists, we want to categorize diseases as either “ongoing”, e.g. like rheumatoid arthritis, where the cause(s) and the pathogenesis continue to cause damage (= chronic disease), or as “over and past”, e.g. like in a stroke, where the disabling event occurred once in the past and any ongoing symptoms result from the initial disease event.

[Would any of the readers have data or thoughts on this topic?](#)

Dear Readers: It would be great to hear your thoughts on these challenges, to receive any viewpoints or even evidence that we missed. We say good-bye for this year with a big thank you again for the positive feedback throughout 2018 and wish you all the best, a wonderful holiday season and a successful year 2019.

Best regards,

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Editors, THE TBE BOOK