Epidemiology, risk assessment and prevalence of tick-borne pathogens in Northern Europe

The Tick-Borne Diseases STING-study

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Life stages of the *Ixodes ricinus* tick





Ixodes ricinus expands its distribution



Emergence of tick-borne diseases

Lyme borreliosis

Tick-borne encephalitis

Ehrlichiosis

Rickettsiosis

Neoehrlichiosis

Babesiosis

Bartonellosis

Tularemia

Toxoplasmosis

Borrelia burgdorferi sensu lato

Tick-borne encephalitis virus

Anaplasma phagocytophilum

Rickettsia spp.

Candidatus Neoehrlichia mikurensis

Babesia spp.

Bartonella spp.

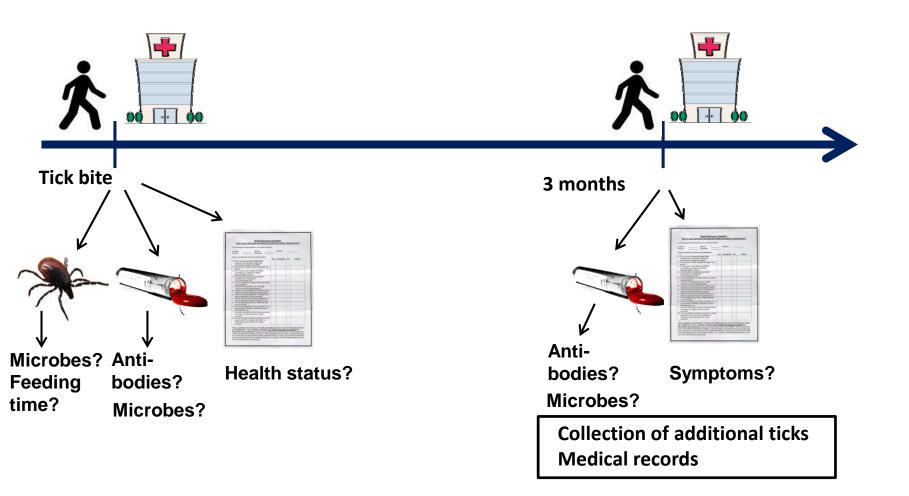
Francisella tularensis

Toxoplasma gondii

Why investigate the incidence of tick-borne infections in humans?

- Increasing tick density and spread
- A trend towards higher number of tick-borne infections
- Fear of ticks and tick-borne infections
- Poor knowledge about the risk of pathogen transmission after a tick bite

The TBD STING-study design

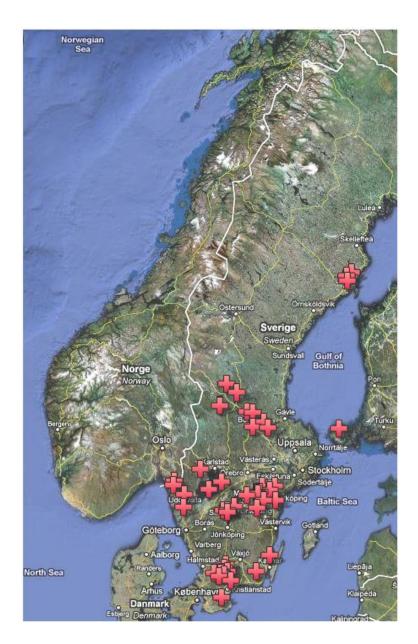


Results

The TBD STING-study

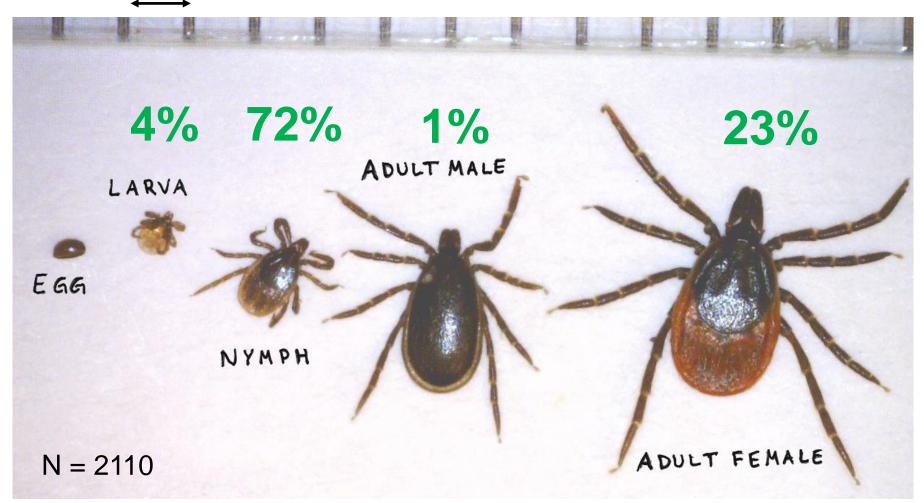
2007-2015 >60 primary healthcare centres ~10 000 ticks ~5 500 tick bitten individuals

65% women median age 63 years (range 19-92)



Collected ticks

1 mm



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Pathogen	Prevalence	Infections	Diagnosis
<i>Borrelia</i> spp.	26% (554/2154)	5% (78/1546)	2.1% (33/1546)
<i>Rickettsia</i> spp.	8.3% (39/472)	20% (44/218)	None
Babesia spp.	3.1% (65/2098)	0% (0/159)	None
A. phagocytophilum	1.2% (31/2553)	1.1% (1/90)	None
TBE-virus	0.23% (5/2167)	0.1% (2/1886)	None
<i>Francisella</i> spp.	0% (0/2098)	N/A	N/A
<i>Bartonella</i> spp.	0% (0/967)	N/A	N/A
Toxoplasma gondii	0% (0/961)	N/A	N/A

The risk of contracting infection after a tick bite is

LOW

The TBD STING-study

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