UK Health Security Agency

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Event: Tick-borne encephalitis in the UK, Summer 2026

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Contact:	Clinicians should contact their local infection services to discuss possible cases. Infection Specialists seeking advice can contact the UKHSA Imported Fever Service (IFS) on 0844 778 8990 (available 24/7). Clinicians seeking advice regarding testing from the Rare and Imported Pathogens Laboratory (RIPL) should telephone 01980 612348 (available 9am to 5pm, Monday to Friday). UKHSA Health Protection Teams wishing to contact the national team regarding public health aspects of locally acquired vector borne disease can contact zoonoses@ukhsa.gov.uk (in working hours).
Incident Response Plan (IRP) Level:	Routine
Incident Lead:	N/A
Distribution:	Please see page 4 for information with regards to the distribution instructions for this Briefing Note.

Summary:

Tick-borne encephalitis (TBE) is an emerging public health concern in the UK, particularly in parts of southern England. Tick activity and human exposure is at its peak in Summer, and there has been an increase in human cases of TBE reported.

This briefing note aims to:

- Raise awareness of the emerging risk of TBE infection in the UK, particularly in southern England.
- Remind clinicians to consider tick-borne infections such as TBE in their differential diagnoses and arrange appropriate testing and treatment.
- Alert clinicians to updated guidance in the Green Book regarding TBE vaccination in the UK. See Tick-borne encephalitis: the green book - GOV.UK
- Encourage submission of ticks to the UKHSA's Tick Surveillance Scheme

- Remind local authorities (LAs) and UKHSA Health Protection Teams (HPTs) to promote tick-bite prevention messages using the tick toolkit throughout spring and summer in areas where ticks may be active.

Background and Interpretation:

Ticks are commonly found in woodland, heathland, moorland and long grassy areas and are most active during the spring and summer months. As illustrated in the One Health VBD surveillance report, the geographic range of ticks is expanding and therefore the areas where tick-borne diseases could be transmitted is likely to increase.

Tick Borne Encephalitis (TBE) is a viral infection caused by TBE virus (TBEV) transmitted mainly through tick bites and, rarely, through consumption of unpasteurised dairy products. The typical incubation period for TBE is 7 to 28 days. Whilst most TBEV infections are asymptomatic or result in mild, non-specific illness, a small proportion result in meningitis or encephalitis.

The first UK acquired TBE case was diagnosed in 2019, and up to 2025 a total of six UK cases were reported acquired in different areas in the UK (See Tick-borne encephalitis: epidemiology, diagnosis and prevention). A small number of additional cases of TBE have been reported this year with exposures in southern England.

The risk remains very low for the general population, and low for high-risk groups (see HAIRS risk assessment: tick-borne encephalitis - GOV.UK). Tick avoidance is the best way to prevent TBE: walking on clearly defined paths, using insect repellent, performing regular tick checks, and removing ticks as quickly as possible.

A licensed TBE vaccine is available in the UK. Previously, vaccination was recommended only for travellers visiting endemic areas abroad; however, the Green Book chapter on TBE was updated in August 2026 and now recommends that *'TBE vaccination should be considered in people with ongoing and regular exposure to ticks in regions in the United Kingdom where ticks infected with TBEV have been found'*. At the time of writing, these areas include the New Forest, Thetford Forest, the Hampshire and Dorset border and North Yorkshire Moors. Occupational groups at risk include forestry workers, deer cullers, and field scientists. There is no recommendation to include TBE vaccination in the UK vaccine schedule currently, and individuals who consider themselves to be at risk will need to obtain it through private providers or through employer occupational health services where appropriate.

Implications and Recommendations for UKHSA Regions:

UKHSA Health Protection Teams (HPTs) and Consultants in Public Health Infection should consider the risk in their area. Surveillance data is summarised in the One Health VBD surveillance report. If a case is reported in their area, a questionnaire is available to help HPTs identify potential sources of exposure and guide further investigations.

Implications and recommendations for laboratories

Clinical microbiology and virology laboratories should ensure that sample referral pathways are in place for timely dispatch of samples to the Rare and Imported Pathogens Laboratory (RIPL) where testing is required for compatible clinical

syndromes and local testing (e.g. for HSV, enterovirus etc.) has not identified a causative agent. Further advice is available through RIPL.

Implications and recommendations for clinicians

Primary and secondary care clinicians should be aware of the possibility of UK acquisition of TBE. A travel history and outdoor exposure history is important for patients with infection syndromes, particularly fever or symptoms of central nervous system infection. Clinical queries can be discussed with local infection services where indicated.

Patients with encephalitis of unknown aetiology should be discussed with the UKHSA Imported Fever Service on 0844 778 8990 (available 24/7) who will consider the need for TBE testing and other emerging infections regardless of travel history.

In the UK, there is minimal risk of TBE infection in those with employment or recreational exposure to ticks, even in areas where the infection has been found to be present in ticks. However, since the consequence of infection can be significant and there is a protective vaccine available, the Green Book now recommends that *'vaccination can be considered in people with ongoing and regular exposure to ticks in regions where ticks infected with TBEV have been found'*. See Tick-borne encephalitis: the green book - GOV.UK. At the time of writing, these areas include the New Forest, Thetford Forest, the Hampshire and Dorset border and North Yorkshire Moors but updates can be found on the UKHSA web page: Tick-borne encephalitis: epidemiology, diagnosis and prevention - GOV.UK and in the annual One Health vector-borne disease (VBD) surveillance report. Occupational groups at risk include forestry workers, deer cullers, and field scientists.

TBE vaccination can be obtained privately at a number of pharmacies or travel health clinics, and patients who consider themselves to be at risk can be signposted to the NHS information at Tick-borne encephalitis (TBE) - NHS.

Implications and recommendations for Local Authorities

LAs should consider the risk in their area, and local tick awareness initiatives for visitors and residents. The UKHSA Tick awareness and toolkit can support these activities. If the public report tick biting to the LA, they should be encouraged to submit ticks to the UKHSA's Tick Surveillance Scheme.

References or Sources of information

HAIRS risk assessment: tick-borne encephalitis - GOV.UK

One Health vector-borne disease surveillance

Ticks – UK Health Security Agency

Tick-borne encephalitis: the green book - GOV.UK

Tick awareness and toolkit

Tick-borne encephalitis: epidemiology, diagnosis and prevention

Instructions for Cascade:

Briefing Notes are routinely cascaded to the below groups:

- UKHSA Private Office Groups who cascade onwards within Groups
- UKHSA Health Protection in Regions:
  UKHSA Field Services
  UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
  Deputy Directors in Regions Directorate
- UKHSA Lab Management Teams
- UKHSA Regional Communications
- Generic inbox for each of the Devolved Administrations
- Inboxes for each of the Crown Dependencies
- UKHSA UKOT Programme SPOC
- DHSC CMO (*excluding internal UKHSA briefing notes*)
- OHID Regional Directors of Public Health
- National NHSE Emergency Preparedness, Resilience and Response (EPRR)
- NHSE National Operations Centre

- **Devolved Administrations** to cascade to Medical Directors and other DA teams as appropriate to their local arrangements.
- **UKHSA Regional Deputy Directors** to cascade to Directors of Public Health
- **UKHSA microbiologists** to cascade to non-UKHSA labs (NHS labs and private)
- **UKHSA microbiologists** to cascade to NHS Trust infection leads
- **NHS labs/NHS infection leads/NHS microbiologists/NHS infectious disease specialists** to cascade to infectious disease, emergency departments, microbiology, primary care, general medicine, paediatrics
- **NHSE National Operations Centre** to cascade to infectious disease, emergency departments, microbiology, primary care, general medicine, paediatrics

- Royal College of Emergency Medicine
- Royal College of General Practitioners
- Faculty of Intensive Care Medicine
- Royal College of Obstetricians and Gynaecologists
- Faculty of Occupational Medicine
- Royal College of Paediatrics and Child Health
- Royal College of Pathologists
- Royal College of Physicians
- Faculty of Public Health

- Healthcare Infection Society (HIS)
- Infection Prevention Society (IPS)
- NHS Immunisation Team (for BNs relating to immunisation or vaccination programmes)