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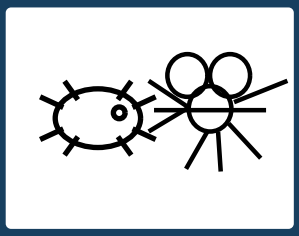

Vector-borne disease in UK and Europe; risk ahead of summer 2026.

Tick and mosquito bite awareness

1. What are vector-borne diseases?

- Infections spread by a bite. They are carried by a vector, most commonly ticks or mosquitoes.
- Ticks: can spread Lyme disease and, rarely in the UK, tick-borne encephalitis, anaplasmosis, babesiosis or louping ill.
- Mosquitoes: in some countries can spread dengue, chikungunya, West Nile virus, malaria and other infections.
- Most bites do not cause serious illness. The worker message is: avoid bites, check for ticks, remove ticks safely and seek advice if unwell.
- Season: risk in the UK and Europe increases from late spring, April/May, to October.

2. Why WJA members should know

- Water jetting, drain, sewer and industrial work may take place near long grass, woodland edges, riverbanks, culverts, wetlands, flood water or standing water.
- Outdoor work, temporary accommodation and European/overseas deployment can change the risk.
- High-pressure jetting should not be used as an insect-control method. Avoid creating unnecessary mist, spray, slip hazards or contamination spread.
- The aim is simple: spot the risk, prevent bites, check after work, report symptoms or credible exposures.

SPOT	PROTECT	CHECK	REPORT
vegetation / standing water	cover skin / repellent	skin, clothing and PPE	bite exposure / symptoms

Before starting: does the job involve any of these?

☐ Outdoor work between April/May and October.

☐ Standing water around welfare units, buckets, plant, tyres, drains or accommodation.

☐ Long grass, woodland, hedges, moorland, parks, gardens or overgrown access routes.

☐ Outdoor work at dawn, dusk, evening or night.

☐ Riverbanks, canals, wetlands, ditches, culverts, reservoirs, flood water or standing water.

☐ Multiple insect bites or unusually heavy mosquito activity on site.

☐ A worker finds an attached tick during or after the job.

☐ European or overseas work, secondment, travel or outdoor accommodation.

☐ Known local tick, mosquito or vector-borne disease alert.

☐ A worker develops fever, rash, flu-like illness, severe headache, joint pain, weakness or confusion after bites/travel.

If yes: pause, keep people away if needed, and follow the control plan on page 2 before disturbing vegetation, standing water or contaminated material. Add tick and mosquito controls to the dynamic risk assessment.

Current context at production date (May 2026): UKHSA reports that vector-borne disease risk in the UK and Europe increases from late spring to October. Lyme disease remains the most common locally acquired vector-borne disease reported in humans in the UK. Across Europe, local transmission of some mosquito-borne infections is becoming more frequent. Figures and affected areas can change - check official travel and public-health updates before deployment.

Routine	Controlled task	Stop/escalate
No vegetation, no standing water, no bite exposure, no travel/outbreak concern: continue normal RAMS, hygiene and PPE.	Outdoor vegetation, wetland, culvert, ditch, riverbank, standing-water work or European/overseas deployment: add bite controls and tick checks.	Worker unwell, attached tick with symptoms, heavy insect activity, suspected outbreak/travel link, or unsafe welfare/accommodation: stop routine work and get advice.

On-site control plan for tick and mosquito exposure

Use this as a simple add-on to the job risk assessment. Local WJA, company, client, confined-space, environmental and public-health rules take precedence.

1. STOP / PLAN

- Check the location: long grass, woodland edge, wetland, culvert, ditch, riverbank, flood water, standing water or outdoor accommodation.
- Brief the team before work starts, especially in spring and summer.
- For overseas work, check country-specific travel-health advice before travel and allow time for vaccination or malaria advice where relevant.
- Record the risk on RAMS/dynamic assessment: location, season, standing water, vegetation, planned controls and PPE/RPE decisions.

2. PREVENT BITES

- Cover exposed skin where practical: long sleeves, long trousers, socks and boots. In tick areas, tuck trousers into socks or use gaiters.
- Use insect repellent on exposed skin. GOV.UK advises 50% DEET as first choice where suitable; use alternatives if DEET is not tolerated.
- Reapply repellent as instructed, especially after sweating, washing or heavy work. Apply after sunscreen when sunscreen is used.
- Balance bite protection with heat-stress controls: hydration, shade, rest breaks and supervision.

3. CHECK / REMOVE TICKS

- After outdoor work, check clothing, boots, socks, gloves and PPE before travelling home or to accommodation.
- Check skin carefully: legs, waistband, behind knees, armpits, groin, neck, hairline and behind ears.
- If a tick is attached, use a tick-removal tool or fine-tipped tweezers. Grip close to the skin and pull slowly upwards.
- Do not squeeze, crush, burn or cover a tick with chemicals. Clean the bite and record the date and site.

4. CONTROL SITE / AFTER THE JOB

- Where the site is under your control, remove, empty or cover unnecessary standing water in buckets, tyres, containers, plant recesses and waste areas.
- Keep welfare doors/windows screened or closed where practical; keep break areas away from long grass and standing water.
- Log credible exposures: tick bite, attached tick, heavy biting, symptoms, travel link, PPE used and affected workers.
- If a worker is unwell, direct them to same-day medical advice and escalate immediately for emergency signs.

Do

- Treat tick and mosquito exposure as a seasonal site risk where vegetation, standing water or travel is relevant.
- Cover skin and use repellent correctly.
- Check for ticks after outdoor work and remove attached ticks promptly and safely.
- Tell medical staff about outdoor work, tick bites, mosquito bites and travel if symptoms develop.

Do not

- Do not ignore an attached tick or a spreading rash.
- Do not crush, burn or cover a tick with chemicals.
- Do not leave removable standing water around welfare areas.
- Do not assume fever after travel is "just flu" - malaria and other infections may need urgent testing.

Credible exposure for reporting: attached tick; tick bite with symptoms; heavy or repeated mosquito bites; outdoor work in high tick/mosquito activity; exposure to standing water or vegetation with subsequent illness; or illness after European/overseas travel. Routine work with no bite, no symptoms and no travel/outbreak concern is not, by itself, a vector-borne disease alert.

Symptoms, medical action and key conclusions

Most bites do not cause serious illness. Seek advice promptly if a worker becomes unwell after a credible exposure.

Exposure tick bite / mosquito bites / travel	Watch period days to weeks	Early illness fever, rash, aches, fatigue	Emergency signs confusion, stiff neck, collapse

Early symptoms to report

- Fever, chills, sweats or sudden flu-like illness.
- New circular, oval or spreading rash after tick exposure. On brown or black skin it may look more like a bruise.
- Headache, muscle aches, joint pains, severe tiredness or pain behind the eyes.
- Facial droop, numbness, tingling, weakness, severe headache or stiff neck.
- Fever after travel, especially after a malaria-risk country.

Seek urgent help now

- Call 999/112 or go to ED/A&E if there is confusion, seizure, collapse, severe headache with stiff neck, new facial/limb weakness, breathing difficulty, unusual bleeding, persistent vomiting, severe dehydration or rapidly worsening illness.
- Fever after malaria-risk travel is urgent. Malaria must be excluded quickly.
- Do not drive yourself if faint, confused, breathless or very unwell.

Medical information to say or show:
"I work in water jetting/drainage/sewer/industrial environments. On [date] at [site/country], I worked near [long grass / woodland / riverbank / wetland / culvert / standing water / outdoor accommodation] and had [an attached tick / tick bite / multiple mosquito bites]. Symptoms started on [date]. Please consider vector-borne infection, including Lyme disease or travel-related mosquito-borne disease depending on exposure."

Lyme disease reminder, supervisor actions and sources

Use exact site, outdoor-exposure and travel details in risk assessments, exposure reports and medical handovers.

Specific reminder: Lyme disease

1. What it is / where to think of it

• Lyme disease is a bacterial infection spread by infected ticks. It is usually easier to treat when diagnosed early.
• Ticks are found across the UK. Higher-risk places include grassy and wooded areas, long grass, woodland edges, parks, gardens and moorland.
• UKHSA states Lyme disease remains the most common locally acquired vector-borne disease reported in humans in the UK.

2. Rash and early symptoms

• A circular, oval or spreading rash around a bite can be an early sign. It may look like a bullseye, but not always.
• The rash is not usually hot or itchy. On brown or black skin it may be harder to see and may look more like a bruise.
• Flu-like symptoms can include fever or shivers, headache, muscle or joint pain and tiredness.

3. Check and remove promptly

• After outdoor work, check skin, clothing, boots, socks, gloves and PPE. Tick bites are not always painful.
• Use a tick-removal tool or fine-tipped tweezers. Grip close to the skin and pull slowly upwards.
• Do not squeeze, crush, burn or cover a tick with chemicals. Clean the bite and record date/site.

4. When to seek medical advice

• Ask for an urgent GP appointment or NHS 111 advice if a worker has had a tick bite, or visited a tick area in the last 3 months, and develops flu-like symptoms or a round/oval rash.
• Tell the clinician the work location, date, tick exposure and symptoms.
• Do not rely on commercial tick-testing results to decide diagnosis or treatment.

Worker reminder: most tick bites do not cause illness, but Lyme disease is best treated early. Check after outdoor work and act quickly if rash or flu-like symptoms develop.

Supervisor actions after a credible exposure

• Record date, time, exact site, task, vegetation/standing-water exposure, travel location, tick or mosquito exposure, PPE used and exposed workers.
• Check whether anyone has symptoms, an attached tick, heavy bite exposure or recent travel.
• Direct unwell workers to same-day medical advice; escalate immediately for emergency signs.
• Review RAMS: access routes, vegetation, standing water, welfare areas, repellent, tick checks and worker briefing.
• For overseas work, confirm country-specific travel-health advice before deployment and after return if illness occurs.
• Follow company reporting, occupational-health and local public-health procedures for clusters, unusual vector activity or outbreak-linked travel.

Current UK and Europe context - May 2026

• UKHSA reports that vector-borne disease risk in the UK and Europe increases from late spring, April/May, to October.
• In the UK, Lyme disease remains the most common locally acquired vector-borne disease reported in humans.
• The geographic range of ticks is expanding, so areas where Lyme disease could be transmitted are likely to increase.
• Across Europe, local transmission of some mosquito-borne infections is becoming more frequent. West Nile virus continues to expand northwards; dengue and chikungunya activity is an increasing concern.
• Native UK mosquito-borne disease risk remains low, but mosquito surveillance and local control remain important.

Key conclusions for WJA members

• Tick and mosquito risks are usually low in routine UK industrial work, but they increase during warmer months and vary by site and country.
• Think about bite risk near long grass, woodland, wetlands, riverbanks, culverts, ditches, flood water, standing water and outdoor accommodation.
• Prevent bites: cover skin, use repellent correctly, reduce standing water where practical, and avoid unnecessary contact with vegetation.
• Check for ticks after outdoor work and remove attached ticks safely. Do not ignore a spreading rash, fever, severe headache, confusion, weakness or illness after travel.
• High-pressure water jetting injuries remain separate surgical emergencies: a small entry wound can hide severe internal injury. Follow WJA emergency procedures.

Verified sources used

UKHSA Briefing Note BN2026/013: Vector-borne disease in UK and Europe; risk ahead of summer 2026; NHS Lyme disease guidance; GOV.UK/UKHSA tick awareness and tick bite prevention resources; GOV.UK mosquito bite avoidance advice for travellers; WJA water-jetting clinical guidance and previous WJA member leaflet format.

Safety note

This leaflet is for awareness and should not be used as a stand-alone vector-borne disease response plan. Follow local public-health direction, site procedures and specialist clinical or occupational-health advice where required.