



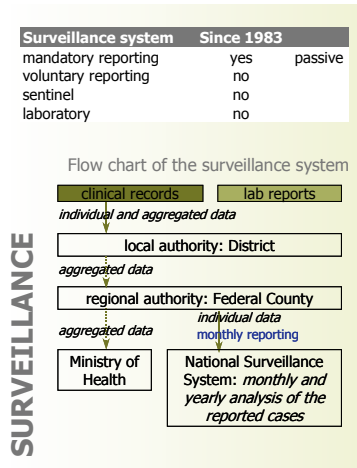
Surveillance, epidemiology and prevention of Hepatitis B in Austria

Results of the EUROHEP.NET feasibility survey

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OBJECTIVES and METHODS

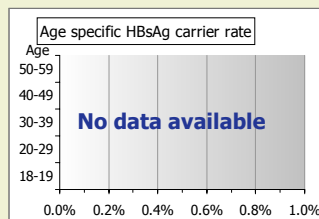
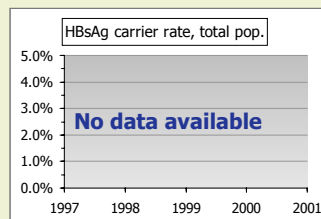
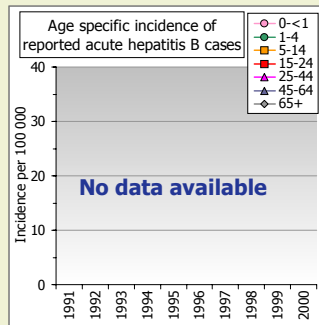
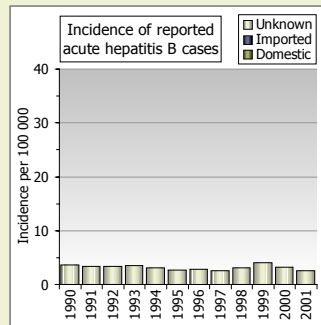
The EUROHEP.NET project is a concerted action, supported by the Quality of Life Programme of the fifth framework of the European Community for research. This project addresses issues related to surveillance and prevention of hepatitis A and B in the EU countries, Associated States and Israel. The overall goal is to study the feasibility of a future network on surveillance and prevention and to facilitate the progress of these countries towards enhanced control of hepatitis A and B.

Early 2003, EUROHEP.NET sent a feasibility survey to all participating countries to take stock of the country-specific surveillance and prevention activities for hepatitis A and B. The first achievement of this EU concerted action is to provide in a standardized/comparative way an overview of the different surveillance systems, epidemiology, burden of disease and prevention programmes for these infectious diseases.

CASE DEFINITION

- EC Hepatitis B case definition is used:
- Probable:** clinical picture compatible with hepatitis (e.g. discrete onset of symptoms and jaundice or elevated serum aminotransferase levels) and HBsAg positive.
- Confirmed:** clinical case definition and laboratory confirmation (IgM antibody to antiHBc or HBV nucleic acid in serum).

EPIDEMIOLOGY



BURDEN OF DISEASE¹

Hepatitis B	1997	1998	1999	2000	2001
Acute hepatitis B: Hospitalised cases/100000	3.37	3.38	2.84	2.95	3.52
Acute hepatitis B: Hospitalisation days per case	10.9	10.3	9.74	9.33	7.67
Chronic hepatitis B: Hospitalised cases/100000					1.697
Chronic hepatitis B: Hospitalisation days per case					6.34
Total: Hospitalised cases/100000					5.214
Total: Hospitalisation days per case					7.236
Deaths	1	1	2	2	1
Mortality (total number of deaths per 100 000)	0.01	0.01	0.02	0.02	0.01
Cirrhosis cases					
Total number of patients with hepatocellular cancer					
Total number of liver transplants not hep B specific	134	134	151	151	128
Proportion of liver transplants due to hepatitis B					

COMMENTS

- Surveillance is passive for hepatitis B and is based on clinical reports.
- EC case definition is used for surveillance purposes.
- Austria is a low endemic country for hepatitis B.
- There is universal, not mandatory vaccination of infants at the age of three months. Risk group vaccination is performed. Vaccination of children and adolescents below 15 years of age, is completely covered by the authorities.
- Booster policy for risk groups is performed according to the recommendations of the vaccine brand.
- Cost of hepatitis B vaccine:
private pediatric dose: 24.40€ (Engerix B) and 77.70€ (Hexavac);
public pediatric use: 9.66€ (Engerix B) and 31.20€ (Hexavac)

PREVENTION by active immunisation

Universal programme	starting in	starting at age	schedule	coverage rate 2001
universal screening policy for pregnant women	1992			
vaccination of infants	1998	3 months	3,4,5,15	42%
vaccination of adolescents	no			

Risk group programmes	available (since)	booster	reimbursed
injecting drug users	yes		no
men who have sex with men	no		no
attendees of STI clinics	no		no
dialysis patients	no		no
groups with occupational risk	yes		no
household contacts of known hepatitis B carriers	no		no
hospitalised patients	no		no
neonates born to HBsAg positive mothers	yes		no
other risk groups	no		no

* mandatory vaccination

FOOTNOTES

- Burden of disease: the numbers reflect hospital admissions, one case may be admitted several times a year with the same diagnosis. The hospital admission source is the National Hospital admission database and is established for remuneration reason, not for epidemiological purpose. In the years 1997-2000 ICD-9 was used; in this code differentiation of chronic hospitalisation is not foreseen. The total number of deaths is related only to acute hepatitis B.