



# Surveillance, epidemiology and prevention of Hepatitis B in Malta

## Results of the EUROHEP.NET feasibility survey

C. Gauci<sup>1</sup>, M. Micallef<sup>1</sup>, Eurohep.net team<sup>2</sup>

<sup>1</sup> Department of Public Health, Msida

<sup>2</sup> University of Antwerp, Belgium

Surveillance system	Since 30 y	
mandatory reporting	yes	passive
voluntary reporting	no	
sentinel	no	
laboratory	yes	passive

Flow chart of the surveillance system

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    graph TD
      CR[clinical records] --> ID1[individual data]
      LR[lab reports] --> ID2[individual data]
      ID1 --> CR
      ID2 --> LR
      ID1 -- continuous reporting --> NSS[National Surveillance System: continuous analysis of the reported cases]
      ID2 -- continuous reporting --> NSS
  
```

### CASE DEFINITION

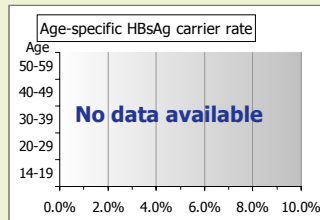
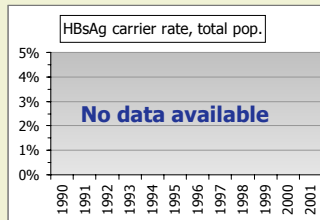
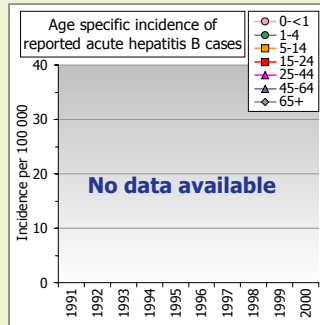
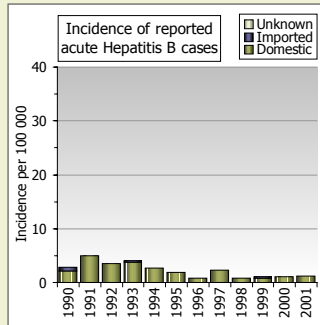
- EC Hepatitis B case definition is used:
- Probable:** clinical picture compatible with hepatitis (e.g. discrete onset of symptoms and jaundice or elevated serum aminotransferase levels) and HBsAg positive.
- Confirmed:** clinical case definition and laboratory confirmation (IgM antibody to antiHBc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

### 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.

### EPIDEMIOLOGY<sup>1</sup>



### BURDEN OF DISEASE<sup>2</sup>

Hepatitis B	1997	1998	1999	2000	2001
Acute hepatitis B: Hospitalised cases/100000	0.00	0.78	0.00	0.51	1.02
Acute hepatitis B: Hospitalisation days per case	0	4	0	8	9
Chronic hepatitis B: Hospitalised cases/100000					
Chronic hepatitis B: Hospitalisation days per case					
Total: Hospitalised cases/100000					
Total: Hospitalisation days per case					
Deaths	0	0	0	0	3
Mortality (total number of deaths per 100 000)	0.00	0.00	0.00	0.00	0.76
Cirrhosis cases					
Total number of patients with hepatocellular cancer					
Total number of liver transplants not hep B specific	0	0	0	0	0

### COMMENTS

- Surveillance for hepatitis B is passive.
- Laboratory surveillance is the most reliable surveillance system, supported by mandatory surveillance from doctors.
- Hepatitis B is considered low endemic.

### PREVENTION by active immunisation

Universal programme	starting in	starting at age	schedule	coverage rate
universal screening policy for pregnant women	1990			
vaccination of infants				
vaccination of children*	1997	9 years	0,1,6	

\* mandatory vaccination

Risk group programmes	available (since)	booster	reimbursed
injecting drug users	1999		yes
men who have sex with men	2000		yes
attendees of STI clinics	2000		yes
dialysis patients	1990		yes
groups with occupational risk	1990		yes
household contacts of known hepatitis B carriers	1980		yes
hospitalised patients	no		no
neonates born to HBsAg positive mothers	1990		yes
other risk groups <sup>3</sup>	yes		

### FOOTNOTES

- The sources of epidemiological data is the Disease Surveillance Unit.
- Statistics on hospitalisation and deaths are obtained from the Department of Health Information, which collects the information on mortality from death certificates and data on admissions to hospital from Hospital Activity Analysis. No distinction is made between acute and chronic hepatitis B.
- Additional risk groups are recommended for vaccination: hepatitis B contacts, tourists going to high risk areas, police, prisoners, chronic renal patients, chronic blood conditions, chronic liver conditions, environment department workers (recycling plant/ agriculture workers/ refuse collectors).