

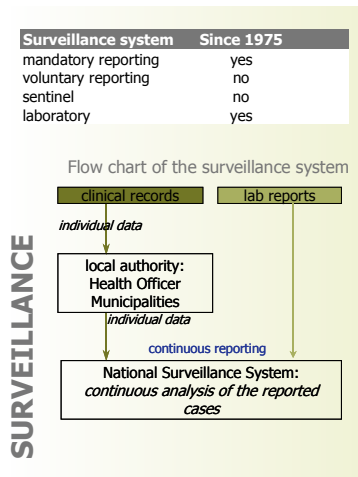
Surveillance, epidemiology and prevention of Hepatitis B in Norway

Results of the EUROHEP.NET feasibility survey

H. Blystad¹, Eurohep.net team²

¹ Norwegian Institute of Public Health, Oslo

² University of Antwerp, Belgium



OBJECTIVES and METHODS

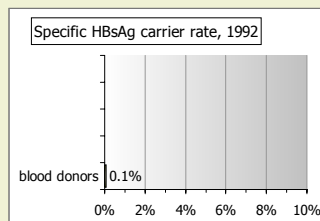
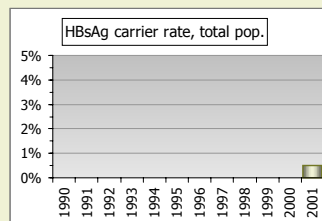
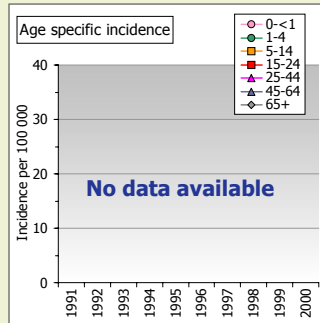
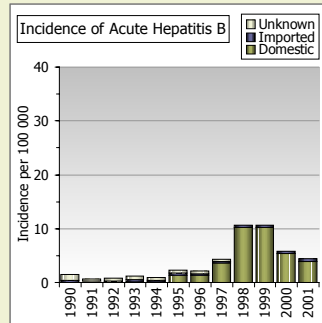
The EUROHEP.NET project is a concerted action, supported by the Quality of Life Programme of the fifth framework of the European Community for research. This project addresses issues related to surveillance and prevention of hepatitis A and B in the EU countries, Associated States and Israel. The overall 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

- EU Hepatitis B case definition is not used:
- Acute infection:** clinical picture compatible with acute hepatitis with detection of HBsAg or HBV nucleic acid in serum
Or
- Detection of HBsAg or HBV nucleic acid in serum and a history of exposure within the last year
Or
- Detection of HBsAg or HBV nucleic acid in serum and antibodies and previous negative test within the last 12 months (seroconversion)
Or
- Detection of Hbsag of nucleic acid in serum and a high IgM antibody titer.

EPIDEMIOLOGY



BURDEN OF DISEASE¹

Hepatitis B	1997	1998	1999	2000	2001
Acute hepatitis B: Hospitalised cases/100000					
Acute hepatitis B: Hospitalisation days per case					
Chronic hepatitis B: Hospitalised cases/100000					
Chronic hepatitis B: Hospitalisation days per case					
Total: Hospitalised cases/100000					
Total: Hospitalisation days per case					
Deaths					
Mortality (total number of deaths per 100 000)					
Cirrhosis cases					
Total number of patients with hepatocellular cancer					
Total number of liver transplants					

COMMENTS

- Surveillance in Norway is passive.
- Last prevalence studies were carried out in 2001 on the general population of Oslo and in 2003 on the population of IV drug users in the city of Oslo. Data will be published end of 2004.
- EC case definition is not used for surveillance purposes.
- There is no universal vaccination programme against hepatitis B in place, but there are programmes implemented for many risk groups.
- Cost of hepatitis B vaccine:
Private pediatric dose: 20€(Engerix B) and 32€ (Twinrix);
Public pediatric price: 20€ (Engerix B) and 32€ (Twinrix).

PREVENTION

Universal programme	starting	starting	schedule	coverage
	in	at age		rate
universal screening policy for pregnant women				
vaccination of infants				
vaccination of adolescents				

Risk group programmes	available (since)	booster	reimbursed
injecting drug users	1984	no	yes
men who have sex with men	1984	no	yes
attendees of STI clinics	no		
dialysis patients	1984	no	yes
groups with occupational risk	1984	no	no
household contacts of known hepatitis B carriers	1984	no	yes
hospitalised patients	no		
neonates born to HBsAg positive mothers*	1984	no	yes
other ²	1992	no	yes

FOOTNOTES

- There are no data available on disease burden.
- Other risk groups: newborns of immigrants and immigrants of <25 years of age, as well as sex workers.