Surveillance, epidemiology and prevention of Hepatitis B in Bulgaria
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 Health. The project addresses areas related to surveillance and prevention of hepatitis and in the EEC countries. The overall aim is to improve the surveillance and prevention and to facilitate the progress of these countries towards the control of Hepatitis A and B.

Results of the EUROHEP.NET feasibility survey

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 B. The first achievement of this EEC consultation is to provide a standardized/comparative view on an overview of the different surveillance systems, epidemiology, burden of Hepatitis B. The first achievement of this EEC consultation is to provide a standardized/comparative view on the different surveillance systems, epidemiology, burden of Hepatitis B.

Flow chart of the surveillance system

CASE DEFINITION
- EC hepatitis B case definition is used.
- Probable: clinical picture compatible with (e.g. elevated ALT, symptoms and signs, abnormal liver transaminases (even) and/or aminotransferase levels) and anti-HBc positive.
- Confirmed: clinical case definition and laboratory confirmation (IgM antibody to antiHBc or HBV nucleic acid in serum).

PREVENTION by active immunisation

EMPIROLOGICAL

Burdens of Disease

Comments

- Surveillance for hepatitis B is passive.
- All directly notified acute cases with jaundice are subject to compulsory hospitalisation in an infectious disease unit, subsequent laboratory confirmation and mandatory notification and registration.
- EC case definition is used for surveillance purposes.
- Hepatitis B is one of the communicable diseases with the highest incidence in Bulgaria, because of the HBsAg carrier rate ranging between 3-5%.
- Universal vaccination programme is in place for newborns. Newborn vaccination is included in the National Immunisation calendar and it is mandatory. The coverage rates in children are satisfactory. There is a universal screening policy for pregnant women and for regional epidemiologists, the National Surveillance system is informed timely and precisely about the number of cases and the outcome.
- * mandatory vaccination

Footnotes
1. Clinical reports originate from General Practitioners, Coronavirus Specialist/Infectious and Acute Care.
2. Data on hospitalised hepatitis B cases are related only to clinically manifested acute cases. The number of hospitalised cases considered in this survey does not represent a true picture of the situation in Bulgaria. Considering that there are specialized hospital wards for communicable diseases only where in close contact with regional epidemiologists, the National Surveillance system is informed timely and precisely about the number of cases and the outcome.
3. Data on cirrhosis and deaths refer to acute cases only. The specialized communicable disease hospital wards fill in an official reporting form for cases with lethal outcome.
4. The main sources of information on coverage rates are the National surveillance system for immunization coverage and the National statistical information.
5. Risk groups are vaccinated. Other mentioned risk groups are HIV positive persons since 2003, military and police personnel since 2006 and persons born before 1950 since 2005. Vaccination in groups with occupational risk is only mandatory in health care personnel.

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