Surveillance, epidemiology and prevention of Hepatitis B in the Netherlands
Results of the EUROHEP.NET feasibility survey
H. de Melker1, M.G. van Veen1, Eurohep.net team2

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. The project addresses issues related to surveillance and prevention of hepatitis A and B in the EC countries, Australia and Japan. The central enforcement of surveillance and prevention and to facilitate the progress of these countries towards enhanced control of hepatitis A and B.

Since 2003, EUROHEP.NET sent a feasibility survey to all participating countries to take stock of the country-specific surveillance and prevention systems, epidemiology, burden of disease and prevention programmes for these infectious diseases.

CASE DEFINITION
• EC hepatitis B case definition is used, however no strict distinction is made between confirmed and probable cases. Asymptomatic cases with low level viremia in the notifications since 1996.
• Probable: clinical case defintion and laboratory confirmation (IgM antibody to antiHBc or HBV nucleic acid in serum).

EPIEMIOLOGY

BURDEN OF DISEASE

PREVENTION by active immunisation

COMMENTS
• Surveillance is passive for hepatitis B.
• Notifications are the most reliable source for surveillance, with further research project as supporting tools.
• Laboratories do not have the obligation to report hepatitis B cases.
• Hepatitis B is a low endemic infection in the Netherlands. The RIVM performed a sero-prevalence study from October 1995 to December 1996, in a population based survey (n= 7395 individuals) called FIVAM. A hepatitis B prevalence of 2.1% (95% CI 1.9-2.4%) was found. The male to female ratio was 1.7:1 with a high prevalence rate in the adult age group (15-64 years).

FOOTNOTES
1. All data on hospitalisation are related to viral hepatitis and not only hepatitis B. The source for hospitalisation days per case and hospitalised cases is Prismant. Data on death and mortality are related to all hepatitis, and the source is the Central Bureau of Statistics (CBS).
2. Prevalence of HBsAg carrier rate in 1995-0.2%. Feaster project 1995-96 (BMA003).
3. Children residing in the Netherlands of whom the parents are born in an endemic country, are vaccinated since 2003.

www.eurohep.net