EUROHEP.NET



The EUROHEP.NET project is a concerted action, supported by

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

the Quality of Life Programme of the fifth framework of the

goal is to study the feasibility of a future network on surveil

lance and prevention and to facilitate the progress of these

countries towards enhanced control of hepatitis A and B.

OBJECTIVES and METHODS

Results of the EUROHEP.NET feasibility survey

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5%

4%

3%

2%

1%

0%

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Early 2003, EUROHEP.NET sent a feasibility survey to all

in a standardized/comparative way an overview of the

different surveillance systems, epidemiology, burden of

disease and prevention programmes for these infectious

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1998 000

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

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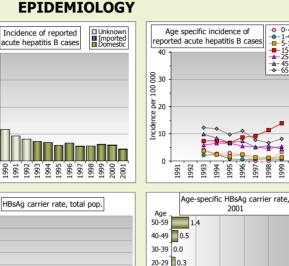
diseases

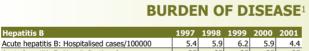
Surveillance system Since 1976 mandatory reporting active yes voluntary reporting no sentinel no laboratory no Flow chart of the surveillance system



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.
- <u>Confirmed</u>: clinical case definition and laboratory confirmation (IgM antibody to antiHBc or HBV nucleic acid in serum).





1990 1991 1992 1993 1995 1995 1997 1997 1997 1999 1999 2000 2000

Acute hepatitis b: hospitalised cases/100000	5.4	5.9	0.2	5.9	4.4
Acute hepatitis B: Hospitalisation days per case	35	35	35	35	35
Chronic hepatitis B: Hospitalised cases/100000					
Chronic hepatitis B: Hospitalisation days per case					
Total: Hospitalised cases/100000					
Total: Hospitalisation days per case	35	35	35	35	35
Deaths	2	7	10	2	2
Mortality (total number of deaths per 100 000)	0.02	0.07	0.10	0.02	0.02
Cirrhosis cases					
Total number of patients with hepatocellular cance					
Total number of liver transplants not hep B specific	:				

PREVENTION by active immunisation

Universal programme	starting in	starting at age	schedule	coverage rate ²
universal screening policy for pregnant women	1987			
vaccination of infants*	2001	9 weeks	0.1.6	97%
vaccination of adolescents*	2001	12	0.1.6	96.50%
* mandatory vaccination				

Risk group programmes	available (since)	booster	reimbursed	
injecting drug users	1995		yes	
men who have sex with men				
attendees of STI clinics				
dialysis patients*	1985	yes	yes	
groups with occupational risk*	1984	yes	yes	
household contacts of known hepatitis B carriers*	1990		yes	
hospitalised patients				
neonates born to HBsAg positive mothers*	1987	yes	yes	
other risk groups				
* mandatory vaccination				

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COMMENTS

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- Surveillance is active for hepatitis B.
- EC case definition is used for surveillance purposes.

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2001

0.0% 2.0% 4.0% 6.0% 8.0% 10.0%

0 8

- A seroepidemiological study is conducted in 2001: multipurpose A serological survey in the Czech Republic 2001-2003, Zprávy Centra epidemiology a mikrobiologie, 12, 2003, 7-8 Suppl. Serological survey of the antibodies against selected infectious diseases in the Czech Republic, 2001. European Journal of Public Health Vol 11 (JHEM vol.47) Dec. 2003 supplement, ISSN 1210/7778
- Hepatitis B is low endemic in the Czech Republic with low carrier rates of HBsAg.
- There is universal mandatory vaccination of infants and adolescents at 12 years of age in place. Risk group vaccination programmes are recommended for several subpopulations.
- Cost of hepatitis B vaccine
- public pediatric use: 10€ (Engerix B), 27€ (Twinrix)

FOOTNOTES

- 1. Data on hospitalization consider only acute cases. The average duration of hospitalization is approximately 35 days, no precise data are available. The total number of hospitalised cases and the total number of reported cases for hepatitis B are the same. Source for hospital admissions is the mandatory reporting system. Source for mortality data is the Czech Statistical Office through MOH. These data are related to acute hepatitis B.
- 2. Vaccination coverage control is organised at a central level and is covering a sample of population of vaccinated children from all regions.

