



Surveillance, epidemiology and prevention of Hepatitis B in Israel

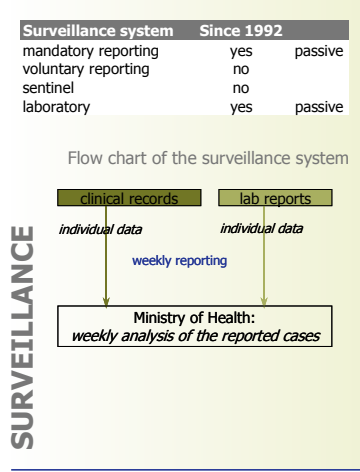
Results of the EUROHEP.NET feasibility survey

E. Anis¹, R. Dagan², Eurohep.net team³

¹ Department of infectious diseases, Ministry of Health, Jerusalem

² Pediatric Infectious Disease Unit, Soroka University Medical Center, Ben-Gurion University of the Negev, Beer Sheva

³ University of Antwerp, Belgium



OBJECTIVES and METHODS

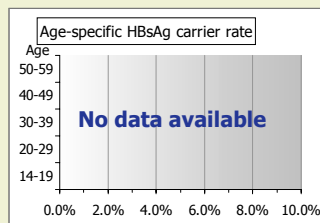
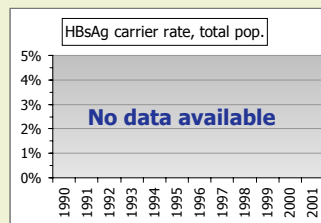
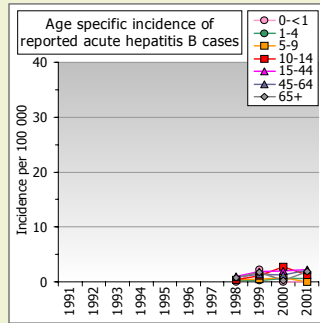
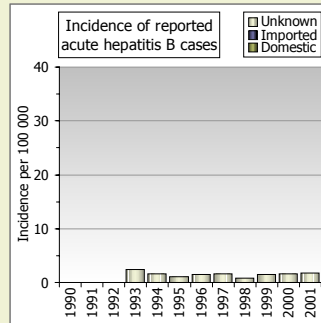
The EUROHEP.NET project is a concerted action, supported by the Quality of Life Programme of the fifth framework of the European Community for research. This project addresses issues related to surveillance and prevention of hepatitis A and B in the EU countries, Associated States and Israel. The overall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

- A country-specific Hepatitis B case definition is used:
- A hepatitis B case is defined as 'diagnosed by the reporting clinician, or lab confirmed.'

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	13.93	15.63	18.32	19.75	19.15
Total: Hospitalisation days per case					
Deaths	18	26			
Mortality (total number of deaths per 100 000)	0.31	0.44			
Cirrhosis cases					
Total number of patients with hepatocellular cancer	89	87	103	94	123
Total number of liver transplants not hep B specific	28	51	38	54	53

COMMENTS

- Surveillance is passive, mandatory and mostly laboratory report-based. Hepatitis B surveillance data are not only based on laboratory reports, but the diagnosis of HBV must be laboratory based. As any passive surveillance, this is not a complete nor 100% reliable system. However, validation with active surveillance demonstrates that the passive one is appropriate for trends.
- A country-specific case definition is used.
- Hepatitis B is considered an endemic disease. Some populations originating from endemic regions have high carrier rates. The degree of underreporting is unknown.
- A universal vaccination programme is in place and reimbursed for all newborns.

PREVENTION by active immunisation

Universal programme	starting in	starting at age	schedule	coverage rate
universal screening policy for pregnant women				
vaccination of neonates	1992	birth	0,1,6	
vaccination of adolescents				

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

FOOTNOTES

- Sources for disease burden data are the Ministry of Health, Information Center, reported by code ICD9.