



# Surveillance, epidemiology and prevention of Hepatitis B in Latvia

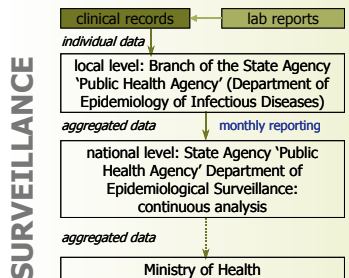
## Results of the EUROHEP.NET feasibility survey

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Surveillance system	Since 1975	
mandatory reporting	yes	passive
voluntary reporting	no	
sentinel	no	
laboratory	no	

Flow chart of the surveillance system<sup>1</sup>



### CASE DEFINITION

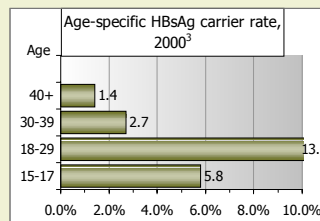
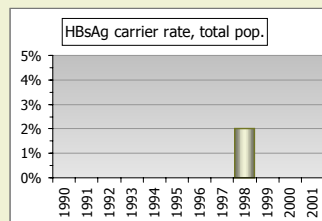
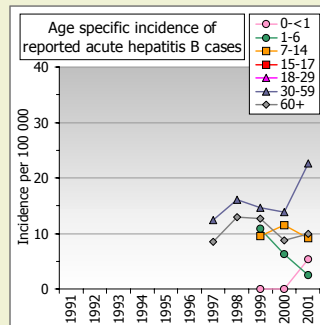
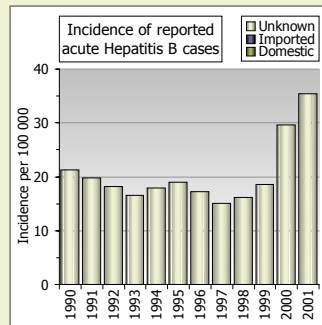
- An own hepatitis B case definition is used:
- Probable:** clinical picture compatible with hepatitis (e.g. discrete onset of symptoms and jaundice or elevated serum aminotransferase levels).
- Confirmed:** clinical case definition and laboratory confirmation (IgM antibody to antiHBc or HBV nucleic acid in serum).

### 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.

### EPIDEMIOLOGY<sup>2</sup>



### BURDEN OF DISEASE<sup>4</sup>

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		3	3	0	1
Mortality (total number of deaths per 100 000)		0.12	0.12	0.00	0.04
Cirrhosis cases					
Total number of patients with hepatocellular cancer					
Total number of liver transplants not hep B specific	0	0	0	0	0

### COMMENTS

- Surveillance in Latvia is passive.
- Hepatitis B is considered to be low endemic in Latvia.
- Sero-epidemiological study was performed in 2000 on pregnant women, military persons and boarding-school pupils.
- Universal vaccination is performed for newborns.
- All persons with defined occupational risk and haemodialysis patients must be vaccinated.
- It was planned to vaccinate orphans in 2004 additional to all other risk groups, but due to a lack of resources this measure has been postponed.
- Cost of hepatitis B vaccine:  
private pediatric dose: 11€ (Engerix B) and 9.2€ (Euvax);  
public pediatric use: 2.0€ (Engerix B)

### PREVENTION by active immunisation

Universal programme	starting in	starting at age	schedule	coverage rate 2001
universal screening policy for pregnant women	1977			
vaccination of neonates*	1997	0-12 hour	0,1,6-8	96%
vaccination of adolescents				
* mandatory vaccination				
Risk group programmes	available (since)	booster	reimbursed	
injecting drug users	no		no	
men who have sex with men	no		no	
attendees of STI clinics	no		no	
dialysis patients*	1999		yes	
groups with occupational risk*	2002		yes	
household contacts of known hepatitis B carriers	2001		yes	
hospitalised patients			no	
neonates born to HBsAg positive mothers*	1997		yes	
other	no			
* mandatory vaccination				

### FOOTNOTES

- Each branch of State agency "Public Health Agency" performs epidemiological investigation of each hepatitis B case and outbreak investigation, collects, stores and analyses the data. They are responsible for monthly reporting to National level of State agency "Public Health Agency" data about registered cases of infectious diseases by filling in the standard form (form N.1 "Monthly (annual) report on several infectious and parasitic diseases"). This form includes: total number of cases; cases with exitus letalis; distribution of cases according to age groups; intra-hospital hepatitis B cases.
- Sources of epidemiological data: According to the Cabinet Regulations, clinicians of every healthcare facility have to report to the Local level (branch of the State agency 'Public health Agency') about every suspected single case, laboratory confirmation of diagnosis, final diagnosis and outcome of infectious disease.
- Include data from 2000. Only 3 groups of population are included in this study: pregnant women, military people, boarding school pupils.
- Data sources on hospital admission and mortality are official notification and epidemiological investigation. For the hospital admission data, hepatitis B data are not collected at National level. The number of hospitalisation days is not recorded.