



Surveillance, epidemiology and prevention of Hepatitis A in Malta

Results of the EUROHEP.NET feasibility survey

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COUNTRY CHARACTERISTICS¹

- Total population: 393,000
- GDP per capita (Intl \$, 2001): 9,263
- Life expectancy at birth m/f (years): 75.9/80.3
- Health expenditure/capita (Intl \$, 2001): 813
- Health expenditure as % of GDP (2001): 8.8

OBJECTIVES and METHODS

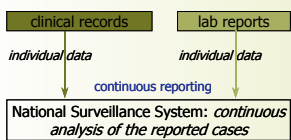
The EUROHEP.NET project is a EU concerted action, supported by the Quality of Life Programme of the fifth framework of the European Community for research. This project addresses issues related to surveillance and prevention of hepatitis A and B in the EU countries, Associated States and Israel. The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

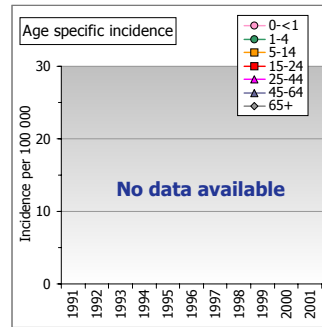
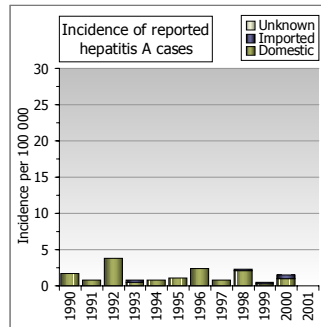
SURVEILLANCE

Surveillance system	Since over 30 years
mandatory reporting	yes active
voluntary reporting	no
sentinel	yes active
laboratory	yes active

Flow chart of the surveillance system



EPIDEMIOLOGY²



CASE DEFINITION

EC case definition is used:

- Probable:** clinical picture compatible with hepatitis (e.g. discrete onset of symptoms and jaundice or elevated serum aminotransferase levels) and epidemiological link.
- Confirmed:** clinical case definition and laboratory confirmation (IgM antibody to hepatitis A or nucleic acid in serum or antigen in stool)

- Definition of an **outbreak:** the identified occurrence of disease in 2 or more individuals linked in time, place or person.

BURDEN OF DISEASE^{2,4}

Acute hepatitis A	1997	1998	1999	2000	2001
Hospitalised cases/100 000 inhabitants	0.26	1.82	0.52	0.51	0.25
Hospitalisation days per case	8.0	5.7	4.5	5.5	5.0
Deaths	0	1	0	0	0
Mortality (total number of deaths per 100 000)	0.00	0.26	0.00	0.00	0.00
Total number of liver transplants not hep A specific ³					
Proportion of liver transplants due to hepatitis A					

Outbreak of hepatitis A: 1997-2001: three outbreaks were identified⁴

COMMENTS

- Surveillance for hepatitis A is active.
- Laboratory surveillance is the most reliable, supported by mandatory surveillance from doctors.
- There is a good liaison with the state hospital where positive results are reported to the unit however reporting from private labs are not always forthcoming.
- Hepatitis A is considered not endemic.
- There is no universal vaccination in place.

PREVENTION by active immunisation

Risk group programmes	Available since
injecting drug users	no
men who have sex with men	no
international travellers to endemic areas	1995
chronic liver disease patients*	1995
clotting factors disorder patients	no
medical and paramedical personnel in hospitals including kitchen staff and cleaners*	1995
people residing in areas of extended community outbreaks	no
pre-school children attending day care centres	no
day care centre personnel	no
residents and staff of closed communities (Psychiatric Institutions and Institutions for mentally disabled)	no
refugees residing in temporary camps	no
food-service establishment workers/food handlers	1998
household contacts of infected persons*	1996
children of migrants visiting an endemic country of origin	no
other risk groups	no

* risk groups with mandatory vaccination

FOOTNOTES

- Country characteristics: www.who.int/country/en/ Figures are for 2002 unless indicated. Source: the World health report 2003 (derived April 2004).
- The source of epidemiological data is the Disease Surveillance Unit. Statistics on hospitalisation and deaths are obtained from the Department of Health Information, which collects the information on mortality from death certificates and data on admissions to hospital from Hospital Activity Analysis.
- Liver transplants are not performed locally, but the patients requiring such interventions are transferred abroad.
- The number of outbreaks was derived from the 2002 hepatitis A survey, conducted by the University of Antwerp.