



Surveillance, epidemiology and prevention of Hepatitis B in Romania

Results of the EUROHEP.NET feasibility survey

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Surveillance system	Since 1978	
mandatory reporting	yes	passive
voluntary reporting	no	
sentinel	no	
laboratory	no	

Flow chart of the surveillance system

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    graph TD
      A[clinical records] --> B[lab reports]
      A --> C[individual data]
      B --> C
      C --> D[local authority: District Public Health Directorates]
      D --> E[regional authority: Public Health Institutes]
      E --> F[Ministry of Health: monthly and yearly analysis of reported cases]
      style C fill:none,stroke:none
      style D fill:none,stroke:none
      style E fill:none,stroke:none
      style F fill:none,stroke:none
      style C stroke-dasharray: 5 5
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      style E stroke-dasharray: 5 5
      style F stroke-dasharray: 5 5
  
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SURVEILLANCE

CASE DEFINITION

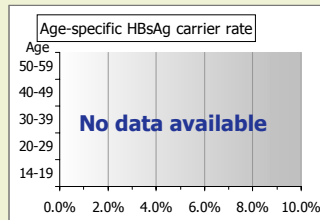
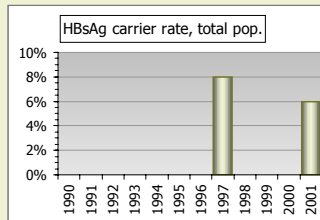
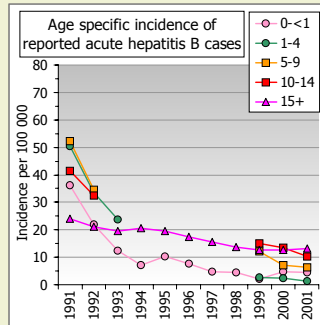
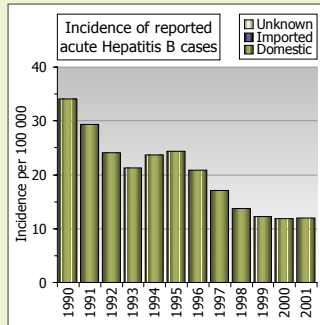
- EC Hepatitis B case definition is used:
- Probable:** clinical picture compatible with hepatitis (e.g. discrete onset of symptoms and jaundice or elevated serum aminotransferase levels) and HBsAg positive.
- Confirmed:** clinical case definition and laboratory confirmation (IgM antibody to antiHBc 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.

EPIDEMIOLOGY¹



BURDEN OF DISEASE^{2,3}

Hepatitis B	1997	1998	1999	2000	2001
Acute hepatitis B: Hospitalised cases/100000	17.14	13.73	12.27	12	11.94
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	0	0	0	0	0
Mortality (total number of deaths per 100 000)	0.00	0.00	0.00	0.00	0.00
Cirrhosis cases					
Total number of patients with hepatocellular cancer					
Total number of liver transplants not hep B specific					

COMMENTS

- Surveillance for hepatitis B is hospital based and passive. By Law, all suspected cases must be admitted in an infectious disease hospital. There is a national surveillance in an aggregated format since long time and in 1997 a case-based surveillance for age group 0-4 was added in order to monitor the impact of the hepatitis B vaccination programme.
- The vaccination coverage is calculated based on a biannual survey for universal vaccination – infants at 18-24 months, not for children in school (9 years).

PREVENTION by active immunisation

Universal programme	starting in	starting at age	schedule	coverage rate
universal screening policy for pregnant women				
vaccination of neonates*	1995	birth	0,2,6	98%
vaccination of children*	1999	9 years	0,1,6	98%
* mandatory vaccination				
Risk group programmes	available (since)	booster	reimbursed	
injecting drug users	no			
men who have sex with men	no			
attendees of STI clinics	no			
dialysis patients	no			
groups with occupational risk*	1995		yes	
household contacts of known hepatitis B carriers*	2003		yes	
hospitalised patients	no			
neonates born to HBsAg positive mothers*	1995		yes	
other risk groups				
* mandatory vaccination				

FOOTNOTES

- Sources of epidemiological data are official reports and hospitalised cases.
- For the hospital admission data, the source are the infectious diseases hospitals. Data are focused on acute cases. By law, all the suspected cases must be admitted in an infectious diseases hospital. Data on chronic hepatitis or liver transplantations are not collected.
- For the mortality data the source is the National Statistical Commission. For acute cases the number of death due to a fulminant hepatitis, since 1997 when the case based surveillance was introduced, is 0. Since 1990, the death are collected by the national Statistic Committee but hepatitis is included in the death by cause called: digestive illness. Therefore it is difficult to know exactly how many deaths are due to acute hepatitis.
- Cost of hepatitis B vaccine:
private pediatric dose: 5€ (Engerix B)
public pediatric use: 1€ (Engerix B)