



Surveillance, epidemiology and prevention of Hepatitis A in the Slovak Republic

Results of the EUROHEP.NET feasibility survey

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COUNTRY CHARACTERISTICS¹

- Total population: 5,398,000
- GDP per capita (Intl \$, 2001): 11,994
- Life expectancy at birth m/f (years): 69.8/78.3
- Health expenditure/capita (Intl \$, 2001): 681
- Health expenditure as % of GDP (2001): 5.7

OBJECTIVES and METHODS

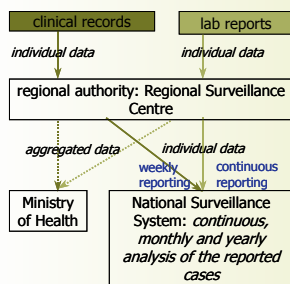
The EUROHEP.NET project is a EU concerted action, supported by the Quality of Life Programme of the fifth framework of the European Community for research. This project addresses issues related to surveillance and prevention of hepatitis A and B in the EU countries, Associated States and Israel. The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

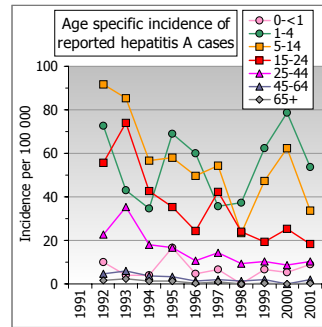
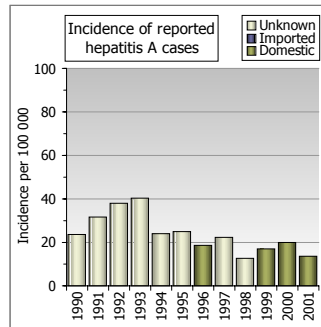
SURVEILLANCE

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

Flow chart of the surveillance system



EPIDEMIOLOGY



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:** Three and more cases linked by the same exposure or by exposure to case.

BURDEN OF DISEASE

Acute hepatitis A	1997	1998	1999	2000	2001
Hospitalised cases/100 000 inhabitants	22.4	12.5	17.1	20.0	13.8
Hospitalisation days per case ²	14.1	14.0	14.1	14.1	14.1
Deaths	0	1	1	0	0
Mortality (total number of deaths per 100 000) ³	0.00	0.02	0.02	0.00	0.00
Total number of liver transplants	0	0	0	0	2
Proportion of liver transplants due to hepatitis A	0	0	0	0	0

Outbreaks of hepatitis A: 1997-2001: 118 outbreaks are counted

COMMENTS

- Surveillance for hepatitis A is active.
- Hepatitis A is considered not endemic in Slovakia.
- Guidelines for post exposure outbreak control: vaccine alone is given when next exposure is probable and time period from the last contact with case or suspected case is more than 7 days. Immunoglobulin alone is given when next exposure is not probable and time period from the last contact with case or suspected case is less than 7 days or the time period from vaccination is less than 2 weeks and the exposure is confirmed or when next exposure is possible and time period from the last contact with case or suspected case is less than 7 days.
- Last sero-epidemiological study was conducted in 1998 on a representative sample of the general population.

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	1997
chronic liver disease patients	no
clotting factors disorder patients	no
medical and paramedical personnel in hospitals including kitchen staff and cleaners*	1997
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	no
household contacts of infected persons	1999
children of migrants visiting an endemic country of origin	no
other risk groups**	2001

* risk groups with mandatory vaccination

FOOTNOTES

1. Country characteristics: www.who.int/country/en/
Figures are for 2002 unless indicated. Source: the World health report 2003 (derived April 2004).
2. All suspect cases are notified to the ISPO (Infectious Diseases Information System) with epidemiological data including the date of hospital admission and the outcome of the case (survived or died).
3. Mortality data come from clinical reports.
4. Other risk groups for vaccination are gypsy children.