Surveillance system Since 1990

## Surveillance, epidemiology and prevention of Hepatitis B in Turkev M. Ugurlu<sup>1</sup>, E. Usta<sup>1</sup>, M.A. Torunoglu<sup>1</sup>

**OBJECTIVES and METHODS** 

Results of the EUROHEP.NET feasibility survey

Eurohep.net team<sup>2</sup>

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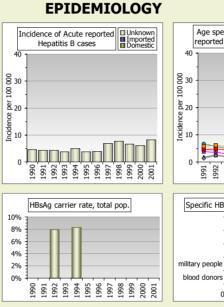
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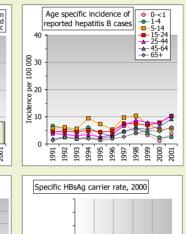
The EUROHEP.NET project is a concerted action, supported by Early 2003, EUROHEP.NET sent a feasibility survey to all mandatory reporting yes participating countries to take stock of the country-specific the Quality of Life Programme of the fifth framework of the voluntary reporting no European Community 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 surveillance and prevention activities for hepatitis A and B. The first achievement of this EU concerted action is to provide sentinel no laboratory no in a standardized/comparative way an overview of the goal is to study the feasibility of a future network on surveil different surveillance systems, epidemiology, burden of disease and prevention programmes for these infectious lance and prevention and to facilitate the progress of these Flow chart of the surveillance system countries towards enhanced control of hepatitis A and B. diseases clinical records lab reports individual data **EPIDEMIOLOGY RVEILLANCE** Health Centre aggregated data Incidence of Acute reported Imported
Domestic local authority: District Health Directory Hepatitis B cases aggregated data 4 regional authority: Provincial Health 100 30 8 30 Directory aggregated data monthly reporting 8 ية <sub>20</sub> <u>لة</u> 20 Ministry of Health SU Incidence 1 Incidence 10

#### **CASE DEFINITION**

- EU 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.
- <u>Confirmed</u>: clinical case definition and laboratory confirmation (IgM antibody to antiHBc or HBV nucleic acid in serum).

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# **BURDEN OF DISEASE**

Hepatitis B	1997	1998	1999	2000	2001
Acute hepatitis B: Hospitalised cases/100000 <sup>1</sup>					
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	11	10	18	17	9
Mortality (total number of deaths per 100 000)	0.02	0.02	0.03	0.03	0.01
Cirrhosis cases				13288	15098
Total number of patients with hepatocellular cancer			350		
Total number of liver transplants					

## COMMENTS

0% 2% 4%

• Underreporting is possible according to the gate keeper..

3.0%

- Turkey is a country with intermediate endemicity
- No epidemiological studies are conducted by the Ministry of Health, but may are conducted by the universities.

6% 8% 10%

- Prenatal screening of pregnant women is selective, not universal.
- The costs of the vaccination are completely covered by the Minstry of Health

## PREVENTION

Universal programme	starting		schedule	
	in	at age		rate
selective screening policy for pregnant women	yes			
vaccination of neonates	1998	0 months	0-2-9	72%
vaccination of adolescents				

Risk group programmes	available (since)	booster	reimbursed	
injecting drug users*	1998	no	1	
men who have sex with men*	1998	no		
attendees of STI clinics	no			
dialysis patients*	1998	no		
groups with occupational risk*	1998	no		
household contacts of known hepatitis B carriers*	1998	no		
hospitalised patients	no			
neonates born to HBsAg positive mothers*	1998	no		
other	no			
* mandatory vaccination	-			

#### FOOTNOTES

- 1. There are no data available on hospitalisation, because there is
- no separate registration for hepatitis A and B.
- 2. Data on liver transplantations are not available