



# Surveillance, epidemiology and prevention of Hepatitis A in Austria

## Results of the EUROHEP.NET feasibility survey

C. Hain<sup>1</sup>, J.P. Klein<sup>1</sup>, EUROHEP.NET team<sup>2</sup>

<sup>1</sup> Federal Ministry for Health and Women, Vienna

<sup>2</sup> University of Antwerp, Belgium

### COUNTRY CHARACTERISTICS<sup>1</sup>

- Total population: 8,111,000
- GDP per capita (Intl \$, 2001): 28.233
- Life expectancy at birth m/f (years): 76.4/82.2
- Health expenditure/capita (Intl \$, 2001): 2.259
- Health expenditure as % of GDP (2001): 8.0

### OBJECTIVES and METHODS

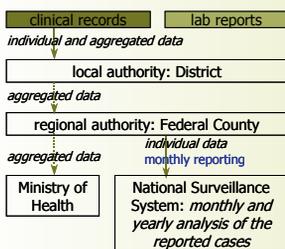
The EUROHEP.NET project is a EU concerted action, supported by the Quality of Life Programme of the fifth framework of the European Community for research. This project addresses issues related to surveillance and prevention of hepatitis A and B in the EU countries, Associated States and Israel. The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

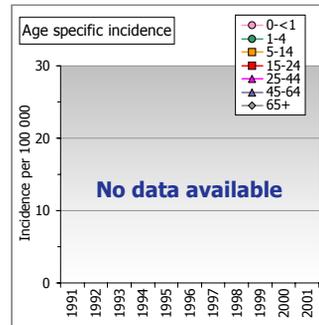
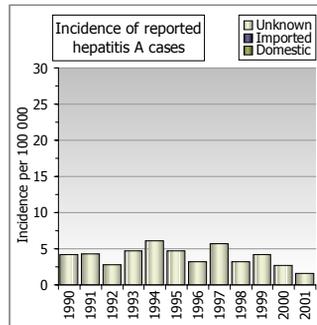
## SURVEILLANCE

Surveillance system	Since 1989
mandatory reporting	yes passive
voluntary reporting	no
sentinel	no
laboratory	no

Flow chart of the surveillance system



## EPIDEMIOLOGY



### CASE DEFINITION

EC Hepatitis A 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:** More than 3 cases linked according to epidemiological investigation.

## BURDEN OF DISEASE

Acute hepatitis A	1997	1998	1999	2000	2001
Hospitalised cases/100 000 inhabitants <sup>2</sup>	4.81	2.66	3.47	2.23	1.51
Hospitalisation days per case <sup>2</sup>	8.4	7.5	7.3	7.3	7.8
Deaths	0	0	0	0	0
Mortality (total number of deaths per 100 000)	0.00	0.00	0.00	0.00	0.00
Total number of liver transplants	134	134	151	151	128
Proportion of liver transplants due to hepatitis A					

Outbreaks of hepatitis A: 1997-2001: none

## COMMENTS

- Surveillance is passive for hepatitis A.
- EC case definition is used for surveillance purposes.
- Austria is a low endemic country for hepatitis A. There is no universal vaccination, only risk group vaccination of certain well-described groups.
- During an outbreak, contact persons are mandatory immunized.

## 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	no
chronic liver disease patients	no
clotting factors disorder patients	no
medical and paramedical personnel in hospitals including kitchen staff and cleaners*	no
people residing in areas of extended community outbreaks	yes
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)	yes
refugees residing in temporary camps	no
food-service establishment workers/food handlers	no
household contacts of infected persons	yes
children of migrants visiting an endemic country of origin	no
other risk groups	no

## FOOTNOTES

- Country characteristics: [www.who.int/country/en/](http://www.who.int/country/en/)  
Figures are for 2002, unless indicated. Source: The world health report 2003 (derived April 2004).
- The hospital admission source is the National Hospital Admission Database and is established for remuneration reason, not for epidemiological purpose. The numbers reflect hospital admissions, one case may be admitted several times a year with the same diagnosis.