Measurement and reporting of burden of disease for Hepatitis A

Results of the EUROHEP.NET feasibility survey

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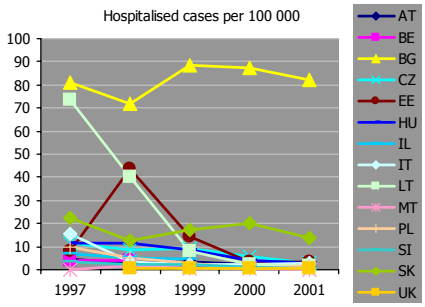
Objectives

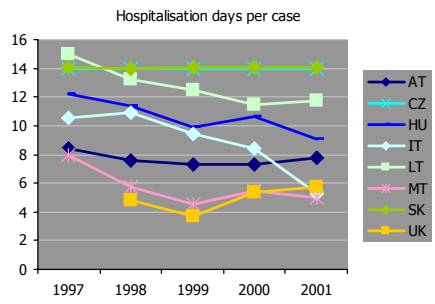
- To give an overall picture of the existing surveillance systems for burden of disease of hepatitis A in the participating countries. Two particular aspects were analysed: the type of surveillance systems and the numeric data of disease burden.
- To study the feasibility to formulate guidelines to enable uniform measurement and reporting of the burden of disease.

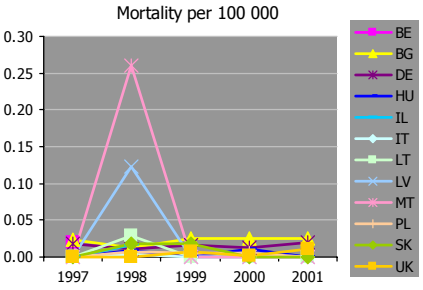
Methods

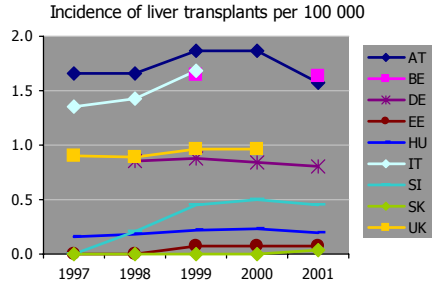
- 19 countries (AT, BE, BG, CZ, EE, DE, GR, HU, IL, IT, LV, LT, LU, MT, PL, RO, SK, SL, UK) participated in the EUROHEP.NET survey (2003) for hepatitis A.
- Based on the results of this survey, an overview and comparison between different surveillance systems for burden of disease of hepatitis A was generated.
- An analysis was made of the data sources related to the national surveillance systems of disease burden:
  - analysis/comparison of data sources on hospital admission for acute hepatitis A
  - analysis/comparison of data sources related to mortality due to hepatitis A
- An analysis was carried out of numeric data related to disease burden in each involved country for the years 1997-2001: total number of:
  - hospitalized cases
  - hospitalization days
  - deaths
  - liver transplants.
- The evolution of the burden of disease for hepatitis A during the years 1997-2001 is graphically presented.

Available data on disease burden









In AT, CZ, RO, SI no deaths occurred due to hepatitis A during the years 1997-2001.

In BG, LT, LV, MT no liver transplants were performed during the years 1997-2001.

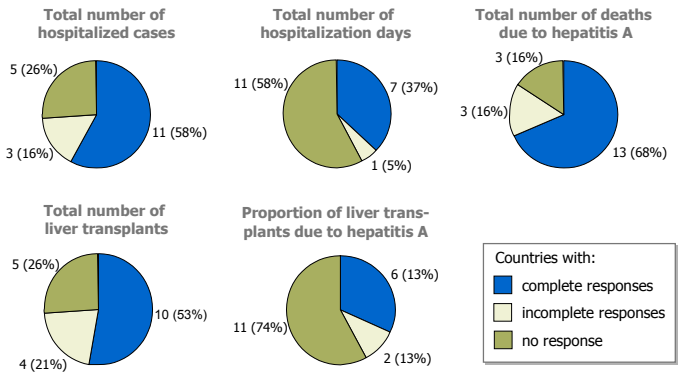
Data sources

Hospital admissions sources	
Official notification	8 countries
Hospital statistics	8 countries
Clinical records	1 countries
Not available	2 countries

Sources related to mortality due to hepatitis A	
Official notification	15 countries
Hospital statistics	1 countries
Clinical records	0 countries
Unspecified	1 countries
Not available	2 countries

It is possible that the same data source has different names among involved countries or the same name represents different data sources on hospital admission and mortality for hepatitis A.

Available responses on disease burden



Discussion

- In some countries data on the total number of hospital admissions and deaths due to hepatitis A are not available. Sometimes the available data are not immediately accessible or complete.
- Many countries are able to measure and report total number of deaths and hospital admission. However, data on days of hospitalization, total number of liver transplants and the proportion due to hepatitis A, B or C often are not included in the surveillance systems.
- Data on hospital admission are gathered for remuneration reasons, not for epidemiological purposes in some countries. Sometimes only data from studies are available. In a number of countries the data are collected regionally and there is no centralised national data collection or the data aggregation at the central level is not timely.
- There is not a unique adoption of ICD-10 to report the diagnosis for hospital admission or deaths.
- Incidence of hospital admission: in five countries (BG, CZ, HU, RO, SK) the hospitalisation for hepatitis A is compulsory. All the suspected cases must be admitted in an infectious disease hospital: in reality some cases are treated at home. In addition the data reflect the number of hospital admissions: one patient might have been admitted several times a year with the same diagnosis.

OBSTACLES

1. In many countries data on disease burden are not available.
2. Different data sources for hospital admission and mortality for hepatitis A are in place.
3. Different names are used for the same data sources among involved countries.
4. Underreporting of data is occurring because of non-specified jaundice.
5. Data are gathered related to hepatitis NANB.
6. Some data refer to different periods of time (i.e. financial year, from April to March).