



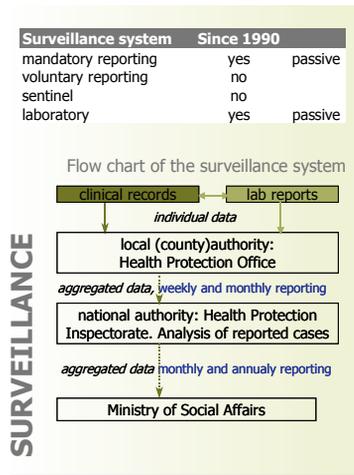
Surveillance, epidemiology and prevention of Hepatitis B in Estonia

Results of the EUROHEP.NET feasibility survey

N. Kerbo¹, Eurohep.net team²

¹ Health Protection Inspectorate, Tallinn

² University of Antwerp, Belgium



CASE DEFINITION

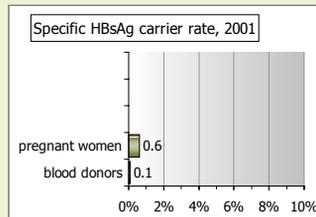
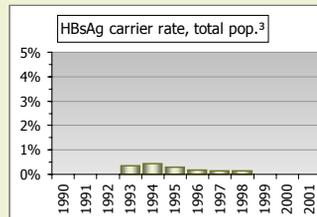
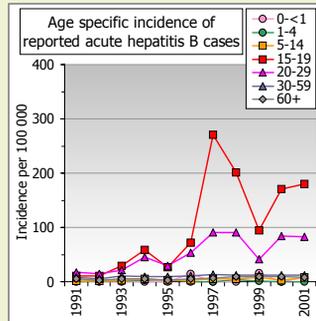
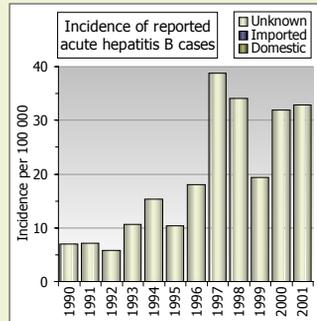
- EC Hepatitis B case definition is used:
- Probable:** clinical picture compatible with hepatitis (e.g. discrete onset of symptoms and jaundice or elevated serum aminotransferase levels) and HBsAg positive.
- Confirmed:** clinical case definition and laboratory confirmation (IgM antibody to antiHBc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

EPIDEMIOLOGY



BURDEN OF DISEASE^{1,2}

Hepatitis B	1997	1998	1999	2000	2001
Acute hepatitis B: Hospitalised cases/100000	27.85	16.65	15.18	25.8	27.58
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	1	1
Mortality (total number of deaths per 100 000) ²	0.00	0.00	0.00	0.07	0.07
Cirrhosis cases					
Total number of patients with hepatocellular cancer					
Total number of liver transplants not hep B specific	0	0	1	1	1

COMMENTS

- Surveillance is passive for hepatitis B and based on clinical reports and laboratory records.
- EC case definition is used for surveillance purposes.
- Hepatitis B is considered endemic by the reporter because of the high incidence rate, although HBsAg carrier rates are below 3%. Sero-epidemiological studies are performed constantly on blood donors.
- There is a recommended universal vaccination programme for newborns and adolescents. There are recommendations for voluntary vaccination of risk groups.
- Cost of hepatitis B vaccine:
private pediatric dose: 4.0€ (Engerix B) and 2.5€ (Euvax);
public pediatric use: 3.43€ (Engerix B) and 2.12€ (Euvax).

PREVENTION by active immunisation

Universal programme	starting in	starting at age	schedule	coverage rate 2001
universal screening policy for pregnant women	1997			
vaccination of neonates	2003	birth	0,1,6	
vaccination of adolescents	1999	12-13 yrs	0,1,6	90%

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*	1997	yes	yes
household contacts of known hepatitis B carriers	no		
hospitalised patients	no		
neonates born to HBsAg positive mothers*	1997		yes
other risk groups			

* mandatory vaccination

FOOTNOTES

- Source of hospitalization data are clinical records. The reported data are related to acute cases only.
- Mortality data are reported by General Practitioners and hospitals.
- Data of HBsAg carrier rate between 1993 and 1996 are based on investigated blood donors only, for 1997 and 1998 on blood donors and pregnant women together.