



Surveillance, epidemiology and prevention of Hepatitis A in Greece

Results of the EUROHEP.NET feasibility survey

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COUNTRY CHARACTERISTICS¹

- Total population: 10,970,000
- GDP per capita (Intl \$, 2001): 16,247
- Life expectancy at birth m/f (years): 75.8/81.1
- Health expenditure/capita (Intl \$, 2001): 1,522
- Health expenditure as % of GDP (2001): 9.4

OBJECTIVES and METHODS

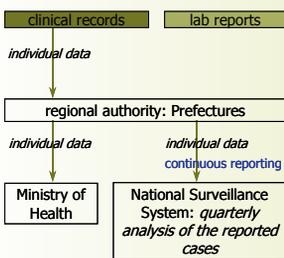
The EUROHEP.NET project is a EU concerted action, supported by the Quality of Life Programme of the fifth framework of the European Community for research. This project addresses issues related to surveillance and prevention of hepatitis A and B in the EU countries, Associated States and Israel. The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

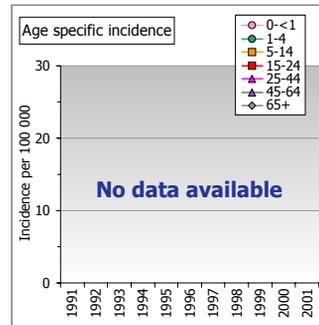
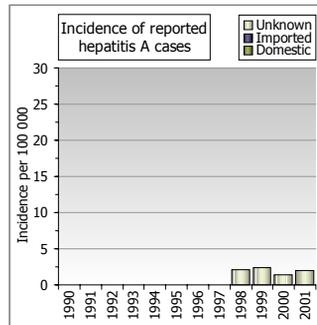
SURVEILLANCE²

Surveillance system	Since 1998
mandatory reporting	yes passive
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:** accumulation of hepatitis A cases in a specific time and in a certain location.

BURDEN OF DISEASE

Acute hepatitis A	1997	1998	1999	2000	2001
Hospitalised cases/100 000 inhabitants					
Hospitalisation days per case					
Deaths					
Mortality (total number of deaths per 100 000)					
Total number of liver transplants					
Proportion of liver transplants due to hepatitis A					

Outbreaks of hepatitis A: 1997-2001:

11 outbreaks were counted

COMMENTS

- Surveillance for hepatitis A is passive and based on a mandatory system.
- Underreporting is believed to be present, but no evaluation has been done.
- EC case definition is used for surveillance purposes.
- Hepatitis A is not considered endemic.
- There is no universal hepatitis A vaccination programme. Several risk groups are vaccinated.
- Pre-vaccination testing is done in risk groups.

PREVENTION by active immunisation

Risk group programmes	Available
injecting drug users	no
men who have sex with men	no
international travellers to endemic areas	no
chronic liver disease patients	yes
clotting factors disorder patients	yes
medical and paramedical personnel in hospitals including kitchen staff and cleaners	no
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	yes
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/
Figures are for 2002 unless indicated. Source: the World health report 2003 (derived April 2004).
- Clinicians as well as laboratories and infectious control nurses report cases of hepatitis A.