



Surveillance, epidemiology and prevention of Hepatitis B in Italy

Results of the EUROHEP.NET feasibility survey

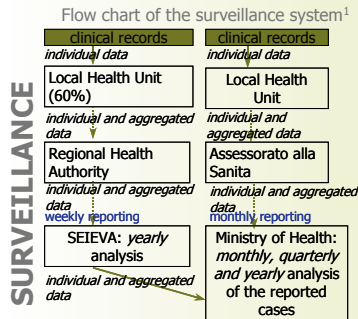
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Surveillance system	Since 1986	
mandatory reporting	yes	passive
voluntary reporting	yes	passive
sentinel	yes	passive
laboratory	no	



CASE DEFINITION

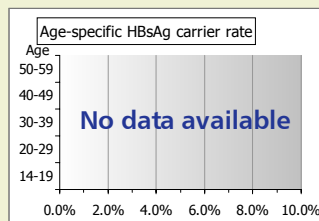
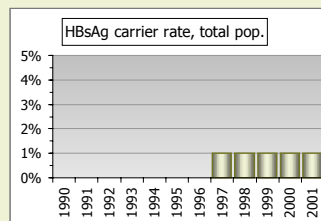
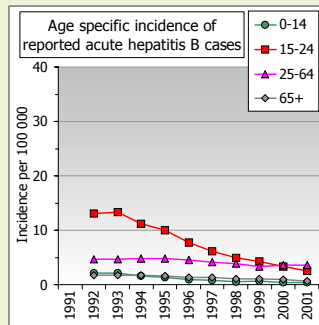
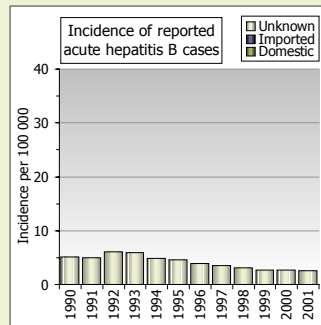
- EC Hepatitis B case definition is used:
- Probable:** clinical picture compatible with hepatitis (e.g. discrete onset of symptoms and jaundice or elevated serum aminotransferase levels) and HBsAg positive.
- Confirmed:** clinical case definition and laboratory confirmation (IgM antibody to antiHBc 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 DISEASE²

Hepatitis B	1997	1998	1999	2000	2001
Acute hepatitis B: Hospitalised cases/100000		2.78	2.43	2.35	2.23
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	2	5	6	3	2
Mortality (total number of deaths per 100 000)	0.01	0.01	0.02	0.01	0.01
Cirrhosis cases					
Total number of patients with hepatocellular cancer	11898	10905			
Total number of liver transplants not hep B specific	425	478	564		
Proportion of liver transplants due to hepatitis B					

COMMENTS

- There are two surveillance systems in Italy, one by the Ministry of Health, which is passive, and one by SEIEVA (Sistema Epidemiologico Integrato Epatiti Virali Acute) which is a sentinel based surveillance system for acute viral hepatitis set in Italy since 1985. The systems are clinical report-based, with clinical cases that are laboratory confirmed.
- EC case definition is used for surveillance purposes.
- Hepatitis B is considered a low endemic disease with carrier rates of <2%. There is underreporting of <5%.
- A universal vaccination programme is performed for infants and adolescents, the latter until 2003.
- Specific programmes for risk groups are in place.
- Cost for hepatitis B vaccines: private pediatric use: 19.50€ (Enderix B) and 19.63€ (Hbvaxpro).

PREVENTION by active immunisation

Universal programme	starting in	starting at age	schedule	coverage rate (2001)
universal screening policy for pregnant women	1985			
vaccination of infants*	1991	3 months	0,2,6	96%
vaccination of adolescents*	1991	12 years	0,1,6	70%

* mandatory vaccination

Risk group programmes	available (since)	booster	reimbursed
injecting drug users	1988		yes
men who have sex with men	1988		yes
attendees of STI clinics			
dialysis patients	1988	yes	yes
groups with occupational risk	1988		yes
household contacts of known hepatitis B carriers	1988		yes
hospitalised patients			
neonates born to HBsAg positive mothers*	1988		
other			

* mandatory vaccination

FOOTNOTES

- SEIEVA surveillance system is a sample based system, collecting the reports from a (relevant) part of the local health units spread all over Italy(approximately 60%).
- Source for hospital admission data is MOH notification: DRG (Diseases Related Groups: used in the system for the surveillance of hospital admission to classify, on the basis of final diagnosis, all the patients discharged by the hospitals) and Communicable Disease Reporting System from the MOH. The mortality data, carrier rates, HCC data and transplantation data are originated from SEIEVA. Seieva does not include chronic hepatitis B cases.