



Surveillance, epidemiology and prevention of Hepatitis A in Latvia

Results of the EUROHEP.NET feasibility survey

I. Jansone¹, E. Pujate¹, EUROHEP.NET team²

¹ State agency 'Public Health Agency',
Department of Epidemiological Surveillance of Infectious Diseases, Riga
² University of Antwerp, Belgium

COUNTRY CHARACTERISTICS¹

- Total population: 2,329,000
- GDP per capita (Intl \$, 2001): 7,934
- Life expectancy at birth m/f (years): 64.6/75.8
- Health expenditure/capita (Intl \$, 2001): 509
- Health expenditure as % of GDP (2001): 6.4

OBJECTIVES and METHODS

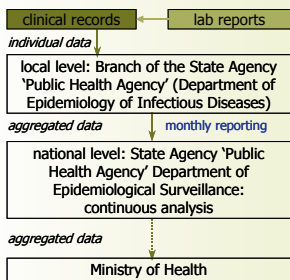
The EUROHEP.NET project is a EU concerted action, supported by the Quality of Life Programme of the fifth framework of the European Community for research. This project addresses issues related to surveillance and prevention of hepatitis A and B in the EU countries, Associated States and Israel. The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

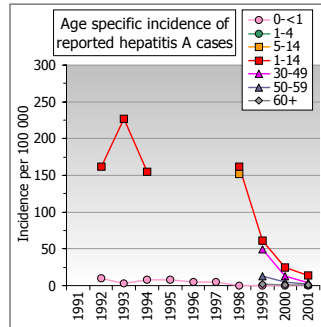
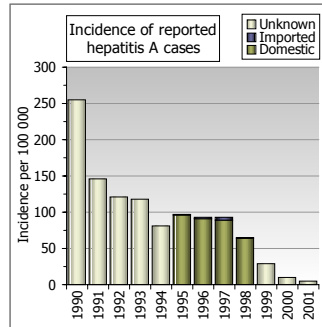
SURVEILLANCE

Surveillance system	Since 1951	viral hepatitis
mandatory reporting	yes	passive
voluntary reporting	no	
sentinel	no	
laboratory	no	

Flow chart of the surveillance system



EPIDEMIOLOGY



CASE DEFINITION

An own case definition is used nation-wide:

- Suspected: clinical picture compatible with hepatitis, (e.g. discrete onset of symptoms and jaundice or elevated serum aminotransferase levels) and no epidemiological link with the confirmed case.
- Probable: NA
- Confirmed: a case that meets the clinical case definition and is laboratory confirmed (Ig M antibody to hepatitis A virus positive) or clinical picture compatible with hepatitis and has an epidemiological link with the confirmed case.
- Definition of an **outbreak**: 1/ The occurrence of infectious disease in the community in excess of the normal expectancy or occurrence and spread of infectious disease in the community where it has not been registered previously./ 2 and more epidemiologically linked cases.

BURDEN OF DISEASE²

Acute hepatitis A	1997	1998	1999	2000	2001
Hospitalised cases/100 000 inhabitants					
Hospitalisation days per case ³					
Deaths	0	3	0	0	0
Mortality (total number of deaths per 100 000)	0.00	0.12	0.00	0.00	0.00
Total number of liver transplants	0	0	0	0	0

Outbreak of hepatitis A: 1997-2001:

There have been 75 outbreaks notified from 1997 to 2002. These data provide the information only on outbreaks with 5 and more cases.

COMMENTS

- Surveillance in Latvia is passive and mandatory.
- Every clinician has to report acute cases. Epidemiologists of the local branch of the public health agency, perform investigation of the cases, analyse data and organize preventive and control measures.
- Hepatitis A is considered endemic in Latvia because most of the cases are from local origin.
- A last seroepidemiological study was performed on the total population in 1998.
- There is no mandatory vaccination against hepatitis A nor official recommendations, only recommendations in local medical journals.

PREVENTION by active immunisation

Risk group programmes	Available since
injecting drug users	yes
men who have sex with men	yes
international travellers to endemic areas	yes
chronic liver disease patients	no
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	yes
pre-school children attending day care centres	yes
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	no
household contacts of infected persons	yes
children of migrants visiting an endemic country of origin	no
other risk groups ⁴	yes

FOOTNOTES

1. Country characteristics: www.who.int/country/en/
Figures are for 2002 unless indicated. Source: the World health report 2003 (derived April 2004).
2. Data on hospital admission and mortality are derived from official notification and epidemiological investigation.
3. For the hospital admission data acute hepatitis A data are available only at the local level and not collected at national level. The number of hospitalisation days is not recorded.
4. Other risk groups considered for vaccination are laboratory personnel working with potentially contaminated biological and environmental (for example sewage) material, patients with a high risk of complications (incl. carriers of HBV) and staff of social care institutions (incl. institutions for mentally disabled people and specialised social care centre).