



Surveillance, epidemiology and prevention of Hepatitis A in Lithuania

Results of the EUROHEP.NET feasibility survey

V. Bakasenas¹, V. Usonis², EUROHEP.NET team³

¹ Centre for Communicable Diseases Prevention and Control, Vilnius

² Vinius University, Vilnius

³ University of Antwerp, Belgium

COUNTRY CHARACTERISTICS¹

- Total population: 3,465,000
- GDP per capita (Intl \$, 2001): 7,978
- Life expectancy at birth m/f (years): 66.2/77.6
- Health expenditure/capita (Intl \$, 2001): 478
- Health expenditure as % of GDP (2001): 6.0

OBJECTIVES and METHODS

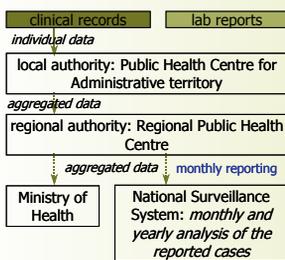
The EUROHEP.NET project is a EU concerted action, supported by the Quality of Life Programme of the fifth framework of the European Community for research. This project addresses issues related to surveillance and prevention of hepatitis A and B in the EU countries, Associated States and Israel. The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

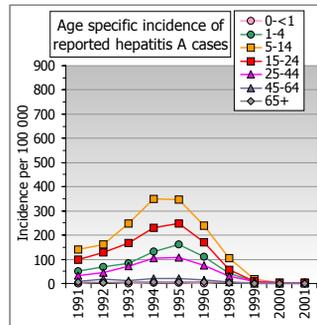
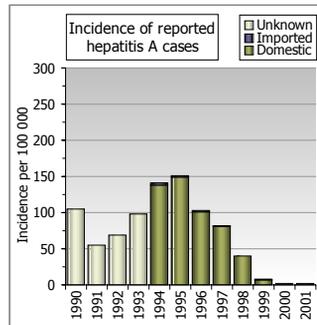
SURVEILLANCE

| Surveillance system | Since 1955 viral hepatitis | |
|---------------------|----------------------------|---------|
| mandatory reporting | yes | passive |
| voluntary reporting | no | |
| sentinel | no | |
| laboratory | no | |

Flow chart of the surveillance system



EPIDEMIOLOGY²



CASE DEFINITION

- An own nation-wide definition is used: A case that is compatible with the clinical description of acute viral hepatitis and is laboratory confirmed.
- Definition of an **outbreak**: 3 or more cases related to time, place or person.

BURDEN OF DISEASE²

| Acute hepatitis A | 1997 | 1998 | 1999 | 2000 | 2001 |
|--|-------|-------|------|------|------|
| Hospitalised cases/100 000 inhabitants | 73.70 | 40.43 | 8.14 | 2.11 | 1.87 |
| Hospitalisation days per case | 15.0 | 13.2 | 12.4 | 11.5 | 11.8 |
| Deaths | 0 | 1 | 0 | 0 | 0 |
| Mortality (total number of deaths per 100 000) | 0.00 | 0.03 | 0.00 | 0.00 | 0.00 |
| Total number of liver transplants not hep A specific | 0 | 0 | 0 | 0 | 0 |

Outbreaks of hepatitis A: 1997-2001: no outbreaks

COMMENTS

- Surveillance in Lithuania is passive and mandatory.
- Hepatitis A is considered as an endemic disease because of the incidence data and results from seroepidemiological studies, last conducted in 2002 on the general population.
- Official recommendations for risk groups are available at the end of 2003.
- According to statistical data (monthly/ annual reporting forms) of the Centre for Communicable Diseases prevention and control, 841 travellers were vaccinated in 2002.
- The sharp decrease in the incidence of hepatitis A could be explained by a complex mixture of influences including the improved living conditions, smaller family size and more hygienic food handling.

PREVENTION by active immunisation

| Risk group programmes | Available since ³ |
|---|------------------------------|
| injecting drug users | 2003 |
| men who have sex with men | 2003 |
| international travellers to endemic areas | 1997 |
| chronic liver disease patients | 2003 |
| clotting factors disorder patients | 2003 |
| medical and paramedical personnel in hospitals including kitchen staff and cleaners | 2003 |
| people residing in areas of extended community outbreaks | 2003 |
| pre-school children attending day care centres | 2003 |
| day care centre personnel | no |
| residents and staff of closed communities (Psychiatric Institutions and Institutions for mentally disabled) | 2003 |
| refugees residing in temporary camps | no |
| food-service establishment workers/food handlers | 2003 |
| household contacts of infected persons | 2003 |
| children of migrants visiting an endemic country of origin | no |
| other risk groups | no |

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. Sources of epidemiological data are data of Lithuanian Health Information Center. Since 1997 hospitalisation is no longer compulsory.
3. Hepatitis A vaccine is available since 1996 in Lithuania. At the moment of the survey, official recommendations for risk groups were in progress and were planned to be implemented at the end of 2003.