Material, methods and limitations

Results of the EUROHEP.NET feasibility survey

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Background

- The EUROHEP.NET project (2002-2005) is a EU concerted action, supported by the Quality of Life Programme of the fifth framework of the European Community for research, technological development and demonstration activities.
- This project addresses issues related to surveillance and prevention of hepatitis A and B in the EU countries, Associated States (AS), Israel, Norway and Turkey, studying the feasibility of a future network of surveillance of hepatitis A and B in 28 countries.
- Hepatitis B is a serious threat to the health of populations in the region, with low to intermediate endemicity in the EU countries and the AS (despite the availability of safe and effective vaccines for over 20 years). Furthermore, many countries are in a transitional epidemiological situation for hepatitis A, with difficult decisions on implementation of hepatitis A immunization programmes. With the enlargement of Europe and the increasing travel and migration rates, the probability increases that hepatitis A and B will spread over the borders and involve more countries.

Material and Methods: EUROHEP.NET

- Twenty eight countries were invited to take part in this feasibility study. All countries were adressed through their Ministries of Health or National Institutes for Public Health.
- Data were collected by an online survey on the EUROHEP.NET website (www.eurohep.net). The survey contained questions on surveillance, case definitions used, burden of disease, epidemiology, vaccination programmes and strategies for hepatitis A and B prevention.
- Originally, twenty countries agreed to collaborate for the hepatitis B questionnaire and 19 countries for hepatitis A. The data of these twenty participating countries have been analysed by the project's partners and compiled in overview posters on different subjects: surveillance, epidemiology, burden of disease, vaccine effectiveness and vaccination programmes.
- Eight countries did not join the project for several reasons, of which the most important were personnel shortage and content-related ongoing projects. Although data from these countries are available in the literature and from earlier surveys, these data were not used within the project.
- Additionally, Norway and Turkey, as well as the hepatitis A part for the Netherlands, were included in a later stage (September 2004). They were not taken into account for the overview posters; the country-specific data are available in their hepatitis A and B poster.
- Country-specific posters on hepatitis A and hepatitis B were made for each participating country.
- After analysis of all data, additional information was requested from the respective country correspondents to validate and approve the data. The output in poster-format offered a second opportunity to double check the data.

General comments on the posters

- The major goal of this poster booklet is not only to show the diversity between the participating European countries on the described topics, but also the comparability. Therefore, we have chosen for a uniform layout in graphs and tables and we followed the questionnaire's content and wording to be able to compare the data. All additional information obtained from the participating countries, has, as far as possible, been put in footnotes or comments. These posters are not tailored to one specific country, but have to fit for all 22 countries.
- The graphical format was also designed for comparison. Different scales are used to show clearly low- intermediate or high incidence or endemicity.
- Blanks or missing figures can only be interpreted as that, unless otherwise specified, the information was not available/traceable or not applicable for the correspondent at the time of the survey. It does not necessarily mean that the information does not exists.
- As our project studies the feasibility of a network on vaccine-preventable hepatitis, the availability of data is an important part of this feasibility study. Therefore, we decided to show graphs without data, rather than just omitting the graphs.
- Extra data from older databases are used in some posters because of a low response rate, and are referenced in footnotes.
- Official agreement by signature to publish the data was obtained from all collaborating correspondents.

Participating countries

Limitations

- Data used in this publication are as being reported, no overall validation has been done, unless at country level. We recognize the need for a continuous validation and updating of the data. This is part of the main aim of the project: **the feasibility of a future network**.
- Not all countries answered all questions. The overview poster on disease burden shows the answer status for this particular topic.
- Data were requested until 2001. Available data from after 2001, were not further analysed in this publication, in order to make the different posters and data comparable.
- For the overview posters, the data gathered until the end of June, were used. All additional comments received afterwards, also during the final validation round for the country-specific posters, were not anymore included.
- Due to the wide range of questions, going from epidemiology, over burden of disease, to vaccination policy, the country correspondents had not always direct access to the requested information. Blanks or missing figures can only be interpreted as that, unless otherwise specified, the information was not available/traceable for the gatekeeper at the time of the survey.
- Sources of the data are not always national data. Often there is decentralisation, or only regional data are available.
- In many EU countries, surveillance data of vaccine preventable viral hepatitis are not collected in a standardized way. Most of the 22 countries have systems for surveillance in place, but wide differences between case-definition, and the completeness and methods of reporting exist.
- Case definitions used in the participating countries differ widely in clinical description, laboratory criteria and in case classification for acute viral hepatitis when we compare different international standards (e.g. EU, WHO, CDC). In addition, some countries use the EC case definition, but based on their comments, minor to major differences became noticeable, e.g. one country following the EC case definition, indicates that asymptomatic laboratory confirmed cases were reported.
- In many countries, ICD-9 code is used for declaring cases of hepatitis. In this code, no distinction is made between hepatitis A and B nor between acute/chronic cases.
- There are possible discrepancies between the officially recommended procedures and the actual performed programme in a country.