



Surveillance, epidemiology and prevention of Hepatitis A in Poland

Results of the EUROHEP.NET feasibility survey

W. Magdzik¹, A. Zielinski¹, M. Czerwinski¹, EUROHEP.NET team²

¹ National Institute of Hygiene, Warsaw
² University of Antwerp, Belgium

COUNTRY CHARACTERISTICS¹

- Total population: 38,622,000
- GDP per capita (Intl \$, 2001): 10,315
- Life expectancy at birth m/f (years): 70.6/78.7
- Health expenditure/capita (Intl \$, 2001): 629
- Health expenditure as % of GDP (2001): 6.1

OBJECTIVES and METHODS

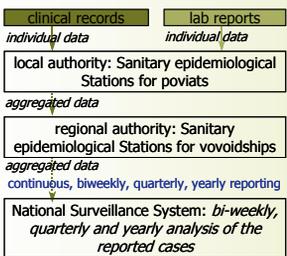
The EUROHEP.NET project is a EU concerted action, supported by the Quality of Life Programme of the fifth framework of the European Community for research. This project addresses issues related to surveillance and prevention of hepatitis A and B in the EU countries, Associated States and Israel. The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

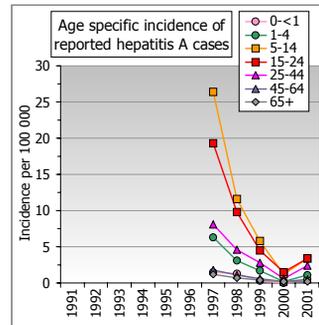
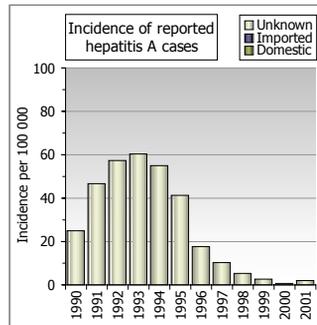
SURVEILLANCE

Surveillance system	Since 1997
mandatory reporting	yes passive
voluntary reporting	no
sentinel	no
laboratory	no

Flow chart of the surveillance system



EPIDEMIOLOGY²



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:** The occurrence in a community or region, of cases of illness associated with common source of infection and ways of spreading.

BURDEN OF DISEASE³

Acute hepatitis A	1997	1998	1999	2000	2001
Hospitalised cases/100 000 inhabitants	10.0	5.17	2.65	0.67	1.89
Hospitalisation days per case ³					
Deaths	0	3	2	2	0
Mortality (total number of deaths per 100 000)	0.00	0.01	0.01	0.01	0.00
Total number of liver transplants					
Proportion of liver transplants due to hepatitis A					

Outbreaks of hepatitis A: 1997-2001: not communicated.

COMMENTS

- Surveillance for hepatitis A is passive.
- Hepatitis A is considered not to be endemic in Poland.
- Vaccination is only used during epidemics, not individually.
- A last sero-epidemiological study was performed in the region of Warsaw in 1997.
- Since 1996, vaccination is recommended by the Ministry of Health for children, adolescents, persons travelling to high and medium endemic areas of hepatitis A and food handlers. Vaccine is bought by the persons and is not reimbursed, but medical examination before injection, injection of the vaccine and documentation is free of charge.

PREVENTION by active immunisation

Risk group programmes	Available since
injecting drug users	no
men who have sex with men	no
international travellers to endemic areas	no
chronic liver disease patients	no
clotting factors disorder patients	no
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	1996
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).
- Sources of epidemiological data are data based on mandatory epidemiological reports.
- Data source of hospital admission is official notification, based on mandatory epidemiological reports. The mortality data source is the Central Statistical Office.