



# Surveillance, epidemiology and prevention of Hepatitis B in Lithuania

## Results of the EUROHEP.NET feasibility survey

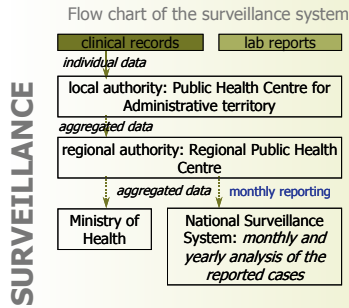
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Surveillance system	Since 1965	
mandatory reporting	yes	passive
voluntary reporting	no	
sentinel	no	
laboratory	no	



### CASE DEFINITION

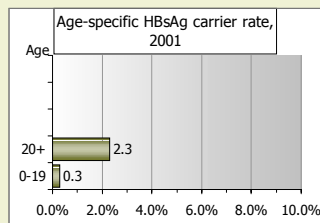
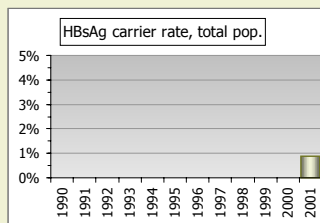
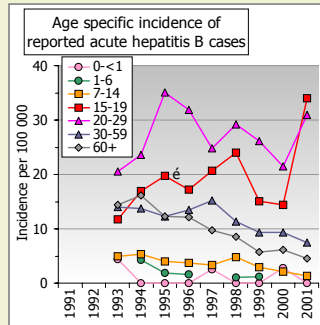
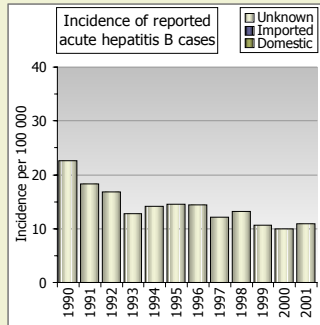
- A country-specific Hepatitis B case definition is used:
- A case that is compatible with the clinical description of acute viral hepatitis and is laboratory confirmed.

### 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<sup>1</sup>



### BURDEN OF DISEASE<sup>2</sup>

Hepatitis B	1997	1998	1999	2000	2001
Acute hepatitis B: Hospitalised cases/100000	14.55	13.92	11.75	11.03	9.996
Acute hepatitis B: Hospitalisation days per case	21.5	18.2	19.69	18.08	21.05
Chronic hepatitis B: Hospitalised cases/100000					
Chronic hepatitis B: Hospitalisation days per case					
Total: Hospitalised cases/100000					
Total: Hospitalisation days per case					
Deaths		3	3	1	1
Mortality (total number of deaths per 100 000)	0.08	0.08	0.03	0.03	0.00
Cirrhosis cases	762	940	892	1000	1004
Total number of patients with hepatocellular cancer	91	97	101	109	105
Total number of liver transplants not hep B specific	0	0	0	0	0

### COMMENTS

- Surveillance in Lithuania is passive.
- Epidemiological investigation reports are an additional tool for surveillance purposes.
- Hepatitis B is considered intermediate endemic because of incidence data and sero-epidemiological study results, latest studies are conducted in 2002 on blood donors and the general population.
- Children with onco-haematological diseases are considered as an additional risk group.
- Official recommendations on risk group vaccination should be available from the end of 2003. Other risk groups were mentioned but not specified.
- Cost of hepatitis B vaccine:  
public paediatric use: 2.66€ (Engerix B);  
private paediatric use: 9.25€ (Engerix B) and 7.2€ (Euuvax B).

### PREVENTION by active immunisation

Universal programme	starting in	starting at age	schedule	coverage rate 2001
universal screening policy for pregnant women				
vaccination of neonates*	1998	2-3 days	0,1,6	99%
vaccination of adolescents*	2002	12 years	0,1,6	

\* mandatory vaccination

Risk group programmes	available (since)	booster	reimbursed
injecting drug users	no		
men who have sex with men	no		
attendees of STI clinics	no		
dialysis patients	1998		no
groups with occupational risk	1998		no
household contacts of known hepatitis B carriers	1998		no
hospitalised patients	no		
neonates born to HBsAg positive mothers			
other risk groups	1998		yes

\* mandatory vaccination

### FOOTNOTES

- Sources of epidemiological data are data of Lithuanian Health Information Centre. The mission of this Institution is monitoring of the health state of the Lithuanian population and the activity of the health care institutions.
- For the hospital admission data, the reported data on hospitalized cases and on hospitalization days are related only to acute hepatitis B cases. Since 1997, hospitalisation is no longer compulsory. Mortality data are only acute hepatitis B related mortality.