

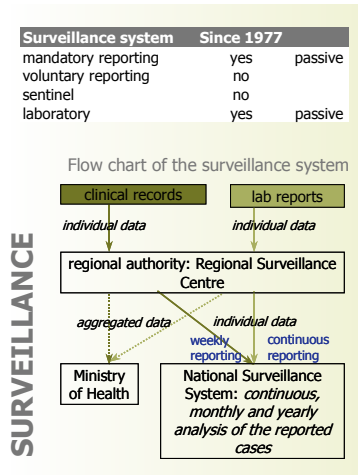
Surveillance, epidemiology and prevention of Hepatitis B in Slovenia

Results of the EUROHEP.NET feasibility survey

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OBJECTIVES and METHODS

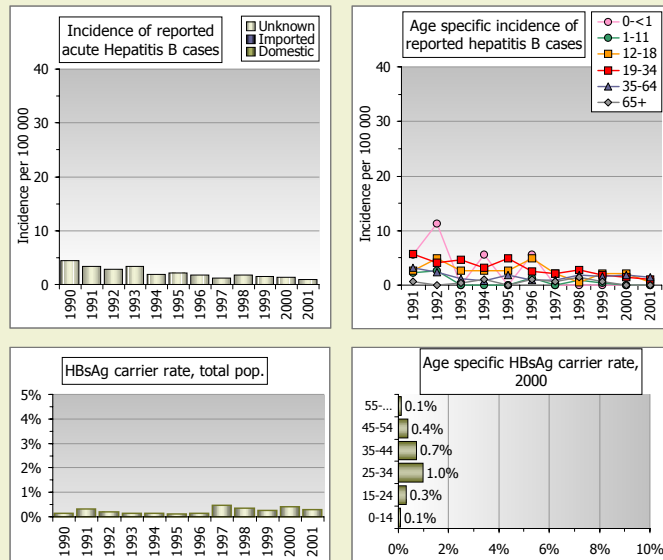
The EUROHEP.NET project is a concerted action, supported by the Quality of Life Programme of the fifth framework of the European Community for research. This project addresses issues related to surveillance and prevention of hepatitis A and B in the EU countries, Associated States and Israel. The overall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

CASE DEFINITION

- EC Hepatitis B case definition is used:
- Probable:** clinical picture compatible with hepatitis (e.g. discrete onset of symptoms and jaundice or elevated serum aminotransferase levels) and HBsAg positive.
- Confirmed:** clinical case definition and laboratory confirmation (IgM antibody to antiHBc or HBV nucleic acid in serum).

EPIDEMIOLOGY¹



BURDEN OF DISEASE²

Hepatitis B	1997	1998	1999	2000	2001
Acute hepatitis B: Hospitalised cases/100000	1.01	1.27	1.37	1.26	0.85
Acute hepatitis B: Hospitalisation days per case					
Chronic hepatitis B: Hospitalised cases/100000	0.35	0.35	0.81	1.57	0.70
Chronic hepatitis B: Hospitalisation days per case					
Total: Hospitalised cases/100000	1.36	1.62	2.18	2.83	1.56
Total: Hospitalisation days per case					
Deaths	0	0	0	3	0
Mortality (total number of deaths per 100 000)	0.00	0.00	0.00	0.15	0.00
Cirrhosis cases					
Total number of patients with hepatocellular cancer	53	71	66	57	
Total number of liver transplants not hep B specific	0	4	9	10	9
Proportion of liver transplants due to hepatitis B	0	0	0	2	0

COMMENTS

- Surveillance for hepatitis B is passive and laboratory based.
- Hepatitis B is considered low endemic in Slovenia.
- Coverage data are collected from computerized national database and calculated as the number of vaccinations divided by the number of 6-7 year old children x 100.
- Cost of hepatitis B vaccine:
private pediatric dose: 9€ (Engerix B)
public pediatric use: 9€ (Engerix B)

PREVENTION by active immunisation

Universal programme	starting in	starting at age	schedule	coverage rate 2001
universal screening policy for pregnant women	1996			
vaccination of infants				
vaccination of children*	1998	6-7 y	0,1,12	97%
* mandatory vaccination				
Risk group programmes	available (since)	booster	reimbursed	
injecting drug users*	1993		yes	
men who have sex with men		no	no	
attendees of STI clinics	1997		yes	
dialysis patients*	1991		yes	
groups with occupational risk*	1983		yes	
household contacts of known hepatitis B carriers*	1988		yes	
hospitalised patients		no		
neonates born to HBsAg positive mothers*	yes		yes	
other risk groups ³ *	1988		yes	
* mandatory vaccination				

FOOTNOTES

- Sources of epidemiological data are official notifications.
- For the hospital admission data, Hospital Statistics are the source. Data source for hepatitis A and B are the same, data for acute and chronic hepatitis B are reported separately. Mortality data come from the mortality database.
- Medical students are considered an important group to be vaccinated. Vaccination of groups with occupational risk is paid by the employer. Immunocompromised patients are tested every 6 months and receive a booster.