

Hepatitis A

Annual Epidemiological Report for 2018

Key facts

- In 2018, 30 European Union/European Economic Area (EU/EEA) countries reported 15 815 cases of hepatitis A, of which 15 677 (99.1%) were confirmed.
- Romania and Spain accounted for 43.5% of all confirmed cases
- The EU/EEA notification rate was 3.0 cases per 100 000 population. Ten EU/EEA countries had a notification rate of less than one confirmed case per 100 000 population. The countries with the highest notification rates were Bulgaria (19.1 cases per 100 000 population) and Romania (23.2 cases per 100 000 population).
- In 2018, a considerable reduction in the number of reported cases and notification rates was observed compared with 2017. This is because 2017 was characterised by an unprecedented large and prolonged multi-country outbreak disproportionately affecting men who have sex with men, which mainly subsided during 2018.
- Similar to previous years (excluding 2017), children between the ages of five and 14 years accounted for a large proportion of cases (29%) and the highest notification rate (8.2 cases per 100 000 population).

Introduction

Hepatitis A is an inflammation of the liver caused by the hepatitis A virus (HAV). In children, hepatitis A virus infection is often asymptomatic or mild. In adults, the onset of illness is usually abrupt, characterised by fever, malaise, and abdominal discomfort. Jaundice is the predominant symptom. Very severe disease is unusual, but the infection can lead to acute liver failure and death, particularly in the elderly and in patients with liver disease. Symptoms may last from one or two weeks to months. Hepatitis A virus is highly transmissible and has an average incubation period of 4 weeks, ranging from 2 to 6 weeks. Transmission most often occurs via the faecal–oral route through contaminated food and water or via person-to-person contact (e.g. among household contacts, sexual contacts, day-care centres or schools).

Suggested citation: European Centre for Disease Prevention and Control. Disease name. In: ECDC. Annual epidemiological report for 2018. Stockholm: ECDC; 2022.

Stockholm, November 2022

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Methods

This report is based on data for 2018 retrieved from The European Surveillance System (TESSy) on 17 September 2019. TESSy is a system for the collection, analysis and dissemination of data on communicable diseases.

For a detailed description of methods used to produce this report, please refer to the Methods chapter [1]. An overview of the national surveillance systems is available online [2]. A subset of the data used for this report is available through ECDC's online Surveillance atlas of infectious diseases [3].

Epidemiology

For the purpose of this report, only tables and figures are presented. Please refer to the 2019 Hepatitis A annual epidemiological report [4] and the more recent annual epidemiological reports for the most up-to-date information relating to hepatitis A.

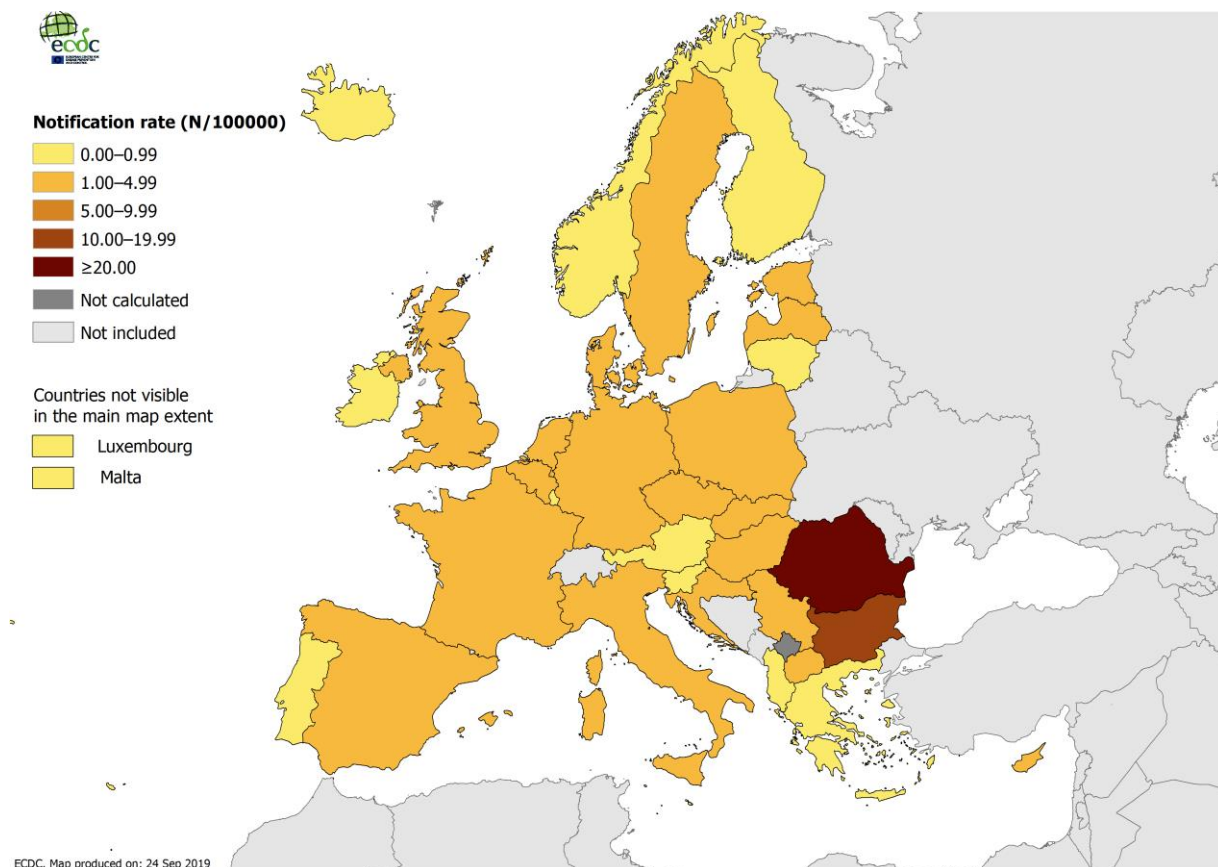
Table 1. Number of confirmed hepatitis A cases and rates per 100 000 population by country, EU/EEA, 2014–2018

Country	2014		2015		2016		2017		2018			
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Confirmed cases	Rate	ASR	Reported cases
Austria	47	0.6	60	0.7	92	1.1	242	2.8	80	0.9	0.9	80
Belgium	125	-	113	1.0	152	1.3	368	3.2	241	2.1	2.0	241
Bulgaria	601	8.3	1 061	14.7	1 625	22.7	2 510	35.3	1 347	19.1	21.1	1 347
Croatia	7	0.2	4	0.1	5	0.1	46	1.1	96	2.3	2.4	96
Cyprus	8	0.9	4	0.5	3	0.4	6	0.7	9	1.0	1.1	9
Czechia	673	6.4	724	6.9	930	8.8	772	7.3	209	2.0	2.1	210
Denmark	29	0.5	19	0.3	37	0.6	38	0.7	65	1.1	1.1	65
Estonia	12	0.9	6	0.5	7	0.5	45	3.4	15	1.1	1.1	15
Finland	27	0.5	45	0.8	6	0.1	26	0.5	27	0.5	0.5	27
France	933	1.4	743	1.1	693	1.0	3 387	5.1	1 525	2.3	2.3	1 525
Germany	679	0.8	846	1.0	729	0.9	1 227	1.5	1 035	1.3	1.3	1 043
Greece	84	0.8	62	0.6	207	1.9	276	2.6	104	1.0	1.0	110
Hungary	1 548	15.7	963	9.8	685	7.0	366	3.7	177	1.8	1.9	182
Iceland	0	0.0	0	0.0	0	0.0	5	1.5	1	0.3	0.3	1
Ireland	21	0.5	35	0.7	37	0.8	67	1.4	35	0.7	0.7	35
Italy	601	1.0	487	0.8	523	0.9	3 766	6.2	1 077	1.8	2.0	1 082
Latvia	20	1.0	6	0.3	10	0.5	75	3.8	67	3.5	3.6	67
Liechtenstein	ND	NR	ND	NR	ND	NR	ND	NR	ND	NR	NR	ND
Lithuania	17	0.6	7	0.2	17	0.6	38	1.3	13	0.5	0.5	22
Luxembourg	5	0.9	5	0.9	6	1.0	7	1.2	2	0.3	0.3	2
Malta	2	0.5	4	0.9	6	1.3	27	5.9	4	0.8	0.9	4
Netherlands	97	0.6	75	0.4	77	0.5	345	2.0	180	1.0	1.1	183
Norway	75	1.5	32	0.6	42	0.8	49	0.9	32	0.6	0.6	32
Poland	75	0.2	49	0.1	35	0.1	2 990	7.9	1 440	3.8	3.8	1 455
Portugal	23	0.2	26	0.3	53	0.5	559	5.4	82	0.8	0.9	82
Romania	6 646	33.3	5 176	26.0	3 190	16.1	2 477	12.6	4 527	23.2	24.3	4 562
Slovakia	735	13.6	883	16.3	1 358	25.0	673	12.4	173	3.2	3.2	173
Slovenia	11	0.5	5	0.2	13	0.6	35	1.7	16	0.8	0.8	16
Spain	594	1.3	557	1.2	1 308	2.8	4 528	9.7	2 294	4.9	5.2	2 345
Sweden	84	0.9	96	1.0	88	0.9	110	1.1	123	1.2	1.2	123
United Kingdom	334	0.5	435	0.7	496	0.8	1085	1.6	681	1.0	1.0	681
EU/EEA	14 113	2.8	12 528	2.4	12 430	2.4	26 145	5.1	15 677	3.0	3.2	15 815

Source: country reports.

ND: no data reported, NR: no rate calculated, ASR: age-standardised rate. Data were not reported by Liechtenstein for all years; the reasons for this are unclear.

Figure 1. Confirmed hepatitis A cases per 100 000 population by country, EU/EEA, 2018



Source: Country reports from Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, and the United Kingdom.

Figure 2. Confirmed hepatitis A cases per 100 000 population, by age and sex, EU/EEA, 2018

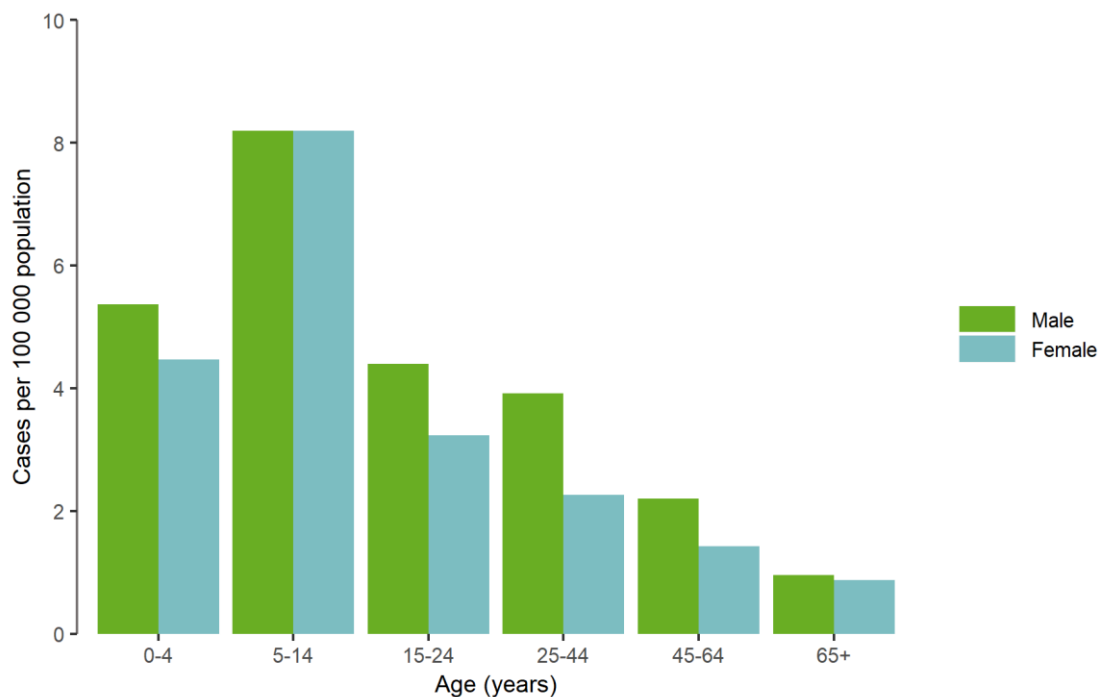
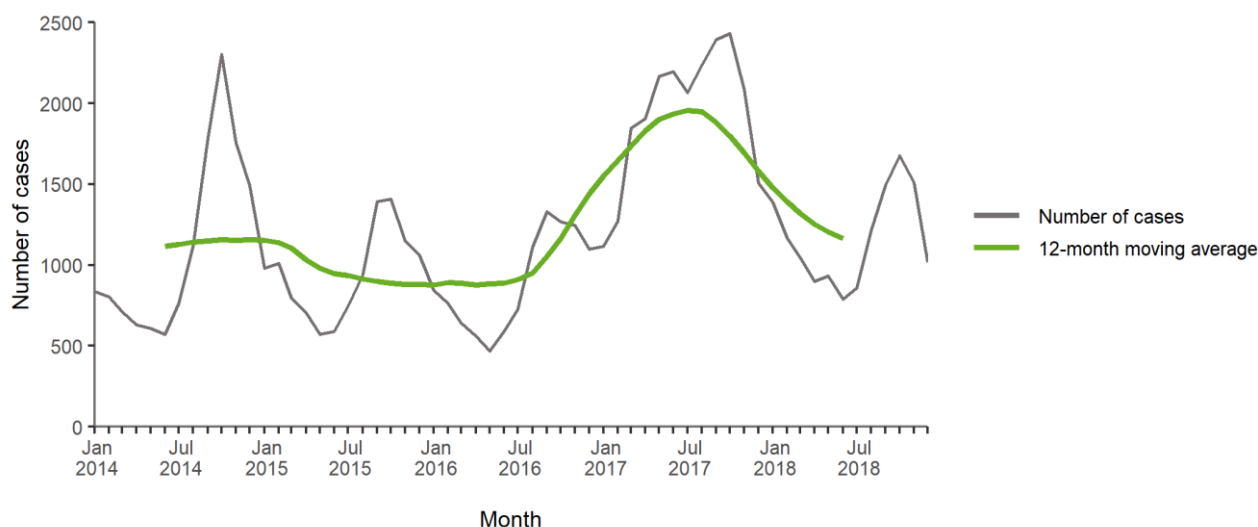
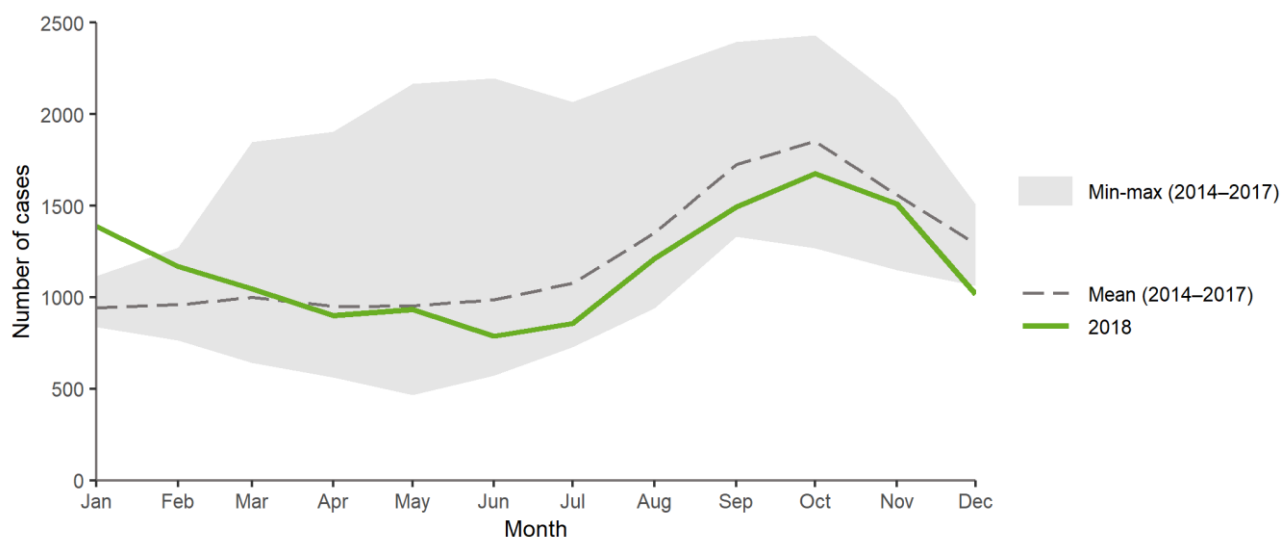


Figure 3. Confirmed hepatitis A cases by month, EU/EEA, 2014–2018

Source: Country reports from Austria, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, and the United Kingdom.

Figure 4. Confirmed hepatitis A cases by month, EU/EEA, 2018 and 2014–2017

Source: Country reports from Austria, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, the United Kingdom.

Public health implications

The World Health Organization (WHO) sets out the following vaccination recommendations to reduce the incidence of hepatitis A. In countries at very low and low HAV endemicity, like most EU/EEA countries, WHO recommends vaccinating men who have sex with men (MSM), travellers to endemic areas and people who inject drugs (PWID) [5,6]. The same groups should be targeted with communication campaigns to increase awareness regarding HAV infection and the modes of transmission.

In very low and low HAV endemicity settings, WHO also recommends vaccinating those individuals at risk of a severe outcome (i.e. immunocompromised individuals and the elderly). In countries of intermediate endemicity, WHO recommends universal childhood vaccination [6].

In all settings, actions aiming at improving hygiene and sanitation and rapid implementation of outbreak response are essential to reduce HAV transmission, including rapid implementation of contact tracing of cases to reduce the likelihood of secondary and tertiary transmission. Further, collaboration between the public health and the food safety sector is important to help reduce foodborne infections.

References

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