Norway

Population (January 2013):	5 051 275
Human development Index (2013):	0.944
HAV vaccine recommendations:	HAV vaccination is not included in the national childhood immunisation programme. Vaccination is recommended for: 1. travellers to endemic areas 2. migrants visiting friends and relatives in their former country of residence 3. PWID 4. patients with chronic liver disease 5. Haemophiliacs 6. For outbreak control (free vaccination). Vaccination is recommended to risk groups for hepatitis B in the form of the combined hep A/B vaccine.
Seroprevalence studies by quality score:	score 0: 2 studies; score 1: 0 studies; score 2: 0 studies
Seroprevalence studies timeframe:	1975–1976

Seroprevalence assessment*: **very low**
Incidence assessment: **very low**
Susceptibility in adults: **very high**

**this assessment is based on data from the 1970s*

Norway_Table 1. Hepatitis A seroprevalence level by time period

	Very low endemicity	Low endemicity	Intermediate endemicity
1975–1989			
1990–1999			
2000–2013			

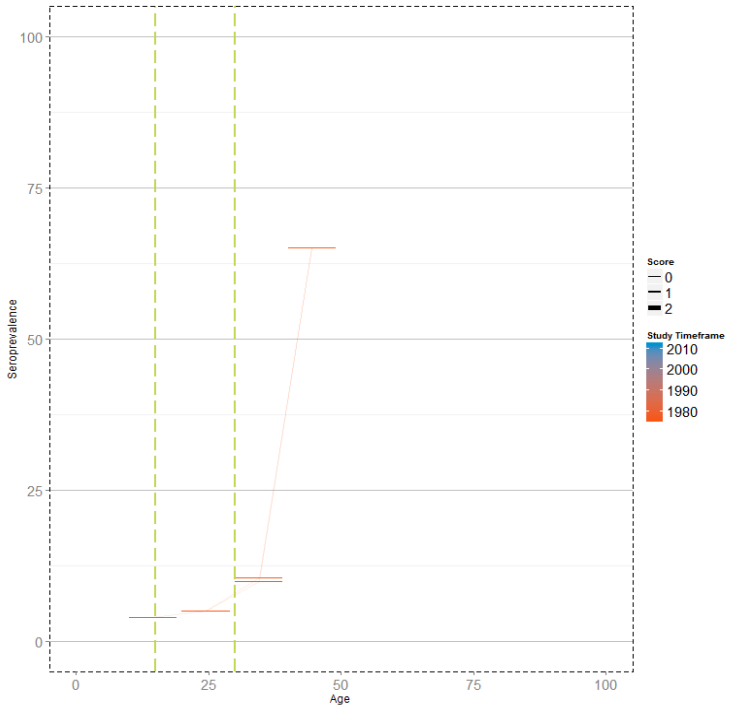
One study conducted in 1976 estimated HAV seroprevalence in the age group 30–39 years to be 10.5%; the seroprevalence estimates were 5% or below in those younger than 30 years of age and 65% in the age group 40–49 This was the only available study for Norway. Based on this, Norway is to be considered a very low endemicity country (Figure 2) and has likely been so since at least the mid-1960s.

Reported incidence from 1975–2005 has been below 1 and 5/100 000 with a steep peak in 1999 of 22/100 000 (Figure 1). TESSy data are consistent with a very low endemicity picture, showing an incidence ≤1/100 000 every year since at least 2006.

In 1976, the susceptibility level was above 70% at 30 years and around 40% at 50 years old. Considering the very low incidence profile of the country in the last decade and the absence of sustained circulation of the virus, the susceptibility, in the non-vaccinated population, is likely to be very high in the present situation.

Norway_Figure 1 (panel a). Summary of seroprevalence in Norway, by age and time period.

Panel a.1: 1975–1989

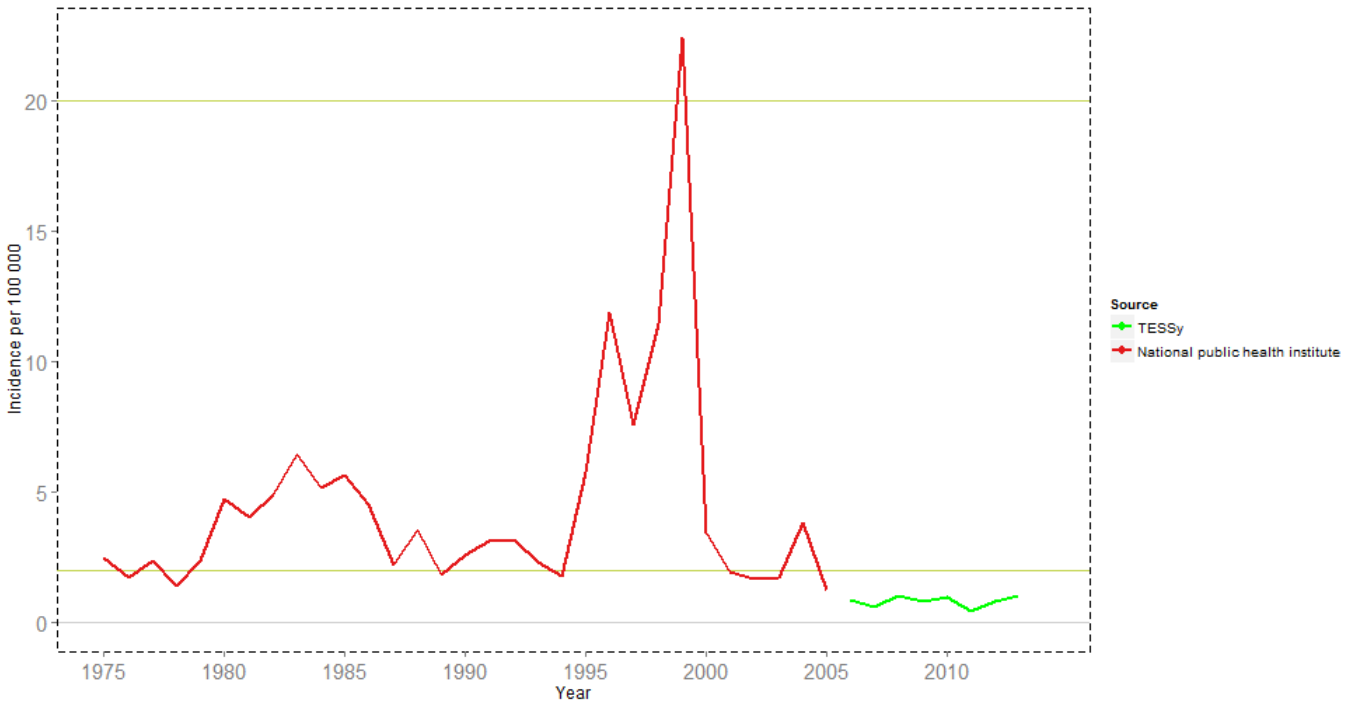


Panel a.2: 1990–1999

No data available Panel a.3: 2000–2013

No data available

Norway_Figure 2. Reported incidence of hepatitis A, Norway, 1975–2013*



National data source: www.fhi.no

Bibliography

1. Froesner GG, Froesner HR, Haas H. Prevalence of anti-HA in different European countries. Schweizerische Medizinische Wochenschrift. 1977;107(5):129-33.

2. Froesner GG, Papaevangelou G, Buetler R. Antibody against hepatitis A in seven European countries. I. Comparison of prevalance data in different age groups. Am J Epidemiol. 1979;110(1):63-9.

3. Nothdurft HD, Dahlgren AL, Gallagher EA, Kollaritsch H, Overbosch D, Rummukainen ML, et al. The risk of acquiring hepatitis A and B among travelers in selected Eastern and Southern Europe and non-European Mediterranean countries: Review and consensus statement on hepatitis A and B vaccination. J Travel Med. 2007;14(3):181-7.