

## Sweden

<b>Population (January 2013):</b>	9 555 893
<b>Human development Index (2013):</b>	0.898
<b>HAV vaccine recommendations:</b>	Hepatitis A vaccine is not part of the routine childhood immunisation programme. Vaccination is recommended for (not publicly funded): <ol style="list-style-type: none"> <li>1. travellers to endemic areas</li> <li>2. children of immigrant populations visiting endemic countries of origin,</li> <li>3. individuals with chronic hepatitis B and C</li> <li>4. sewage workers (funded by the employer)</li> <li>5. contacts of cases of hepatitis A are offered free vaccination (first dose)(postexposure).</li> </ol>
<b>Seroprevalence studies by quality score:</b>	Vaccination is recommended to certain risk groups for hepatitis B in the form of the combined hepatitis A/B vaccine. score 0: 0 study score 1: 2 study score 2: 1 studies
<b>Seroprevalence study timeframe:</b>	1977–1991

Seroprevalence assessment\*: **very low**

Incidence assessment: **very low**

Susceptibility in adults: **very high**

*\*this assessment is based on data from the 1990s*

Two studies (Iwarson 1978, Froesner 1979) reported seroprevalence levels of less than 10% in the age groups up to 39 years. One study (Bottiger 1997) conducted in 1991 reported very low seroprevalence, below 10%, in the adult population. Sweden should be considered a country that is likely at a very low endemicity level since the 1940s.

**Sweden\_ Table 1. Hepatitis A seroprevalence level, by time period**

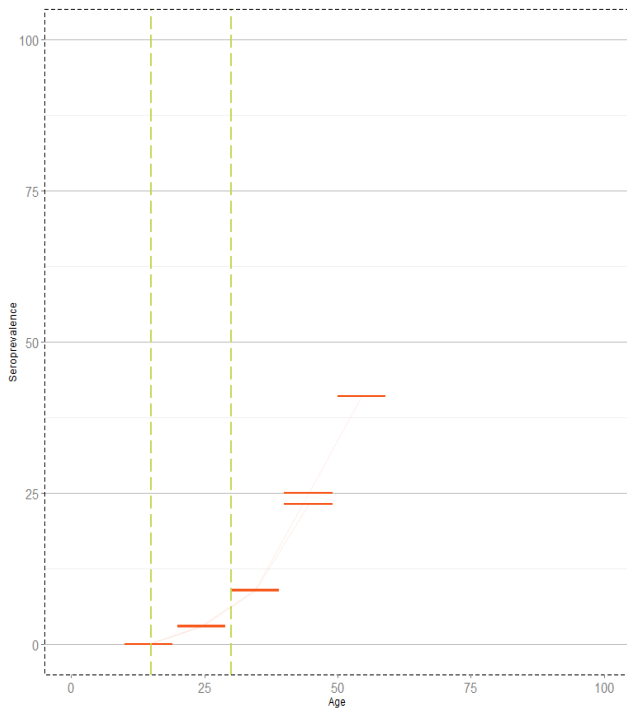
	Very low endemicity	Low endemicity	Intermediate endemicity
<b>1975–1989</b>			
<b>1990–1999</b>			
<b>2000–2013</b>			

Reported hepatitis A incidence has been low since 1985 (between 3 and 8 cases per 100 000) and has remained very low during the past years, below 2 cases per 100 000. The current level of incidence is in line with the very low endemicity level assessed through seroprevalence surveys.

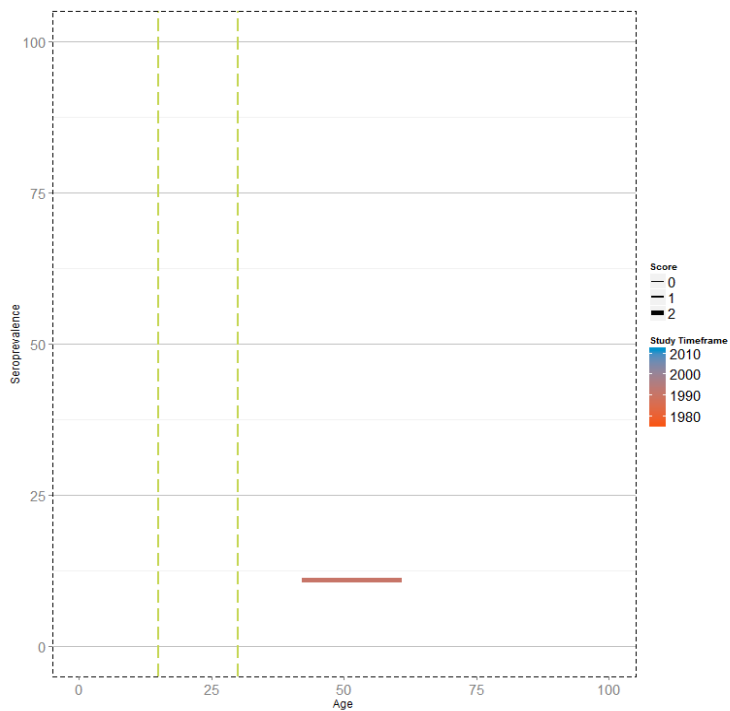
The susceptibility among adults has to be considered very high, with more than 70% of adult population susceptible to HAV infection.

**Sweden\_Figure 1 (panel a).** Summary of seroprevalence in Sweden, by age and time period.

Panel a.1: 1975–1989



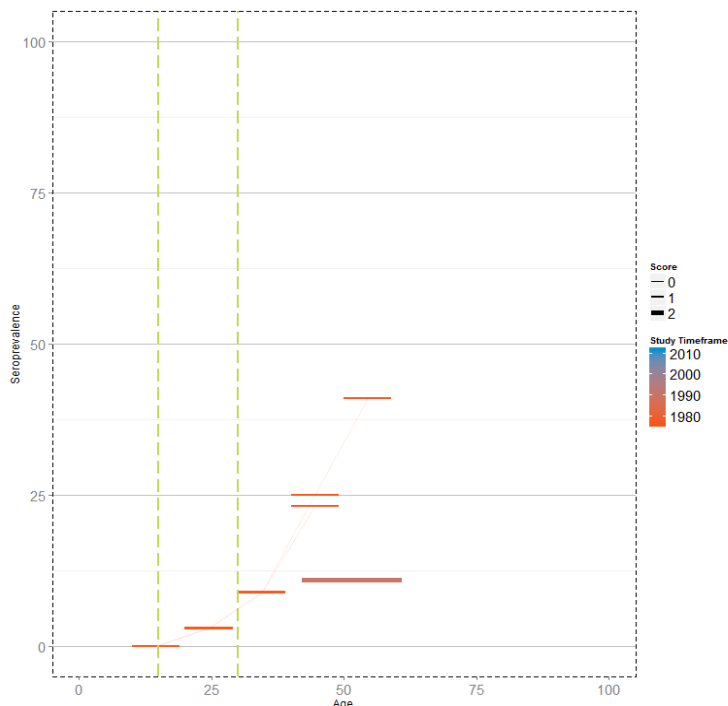
Panel a.2: 1990–1999



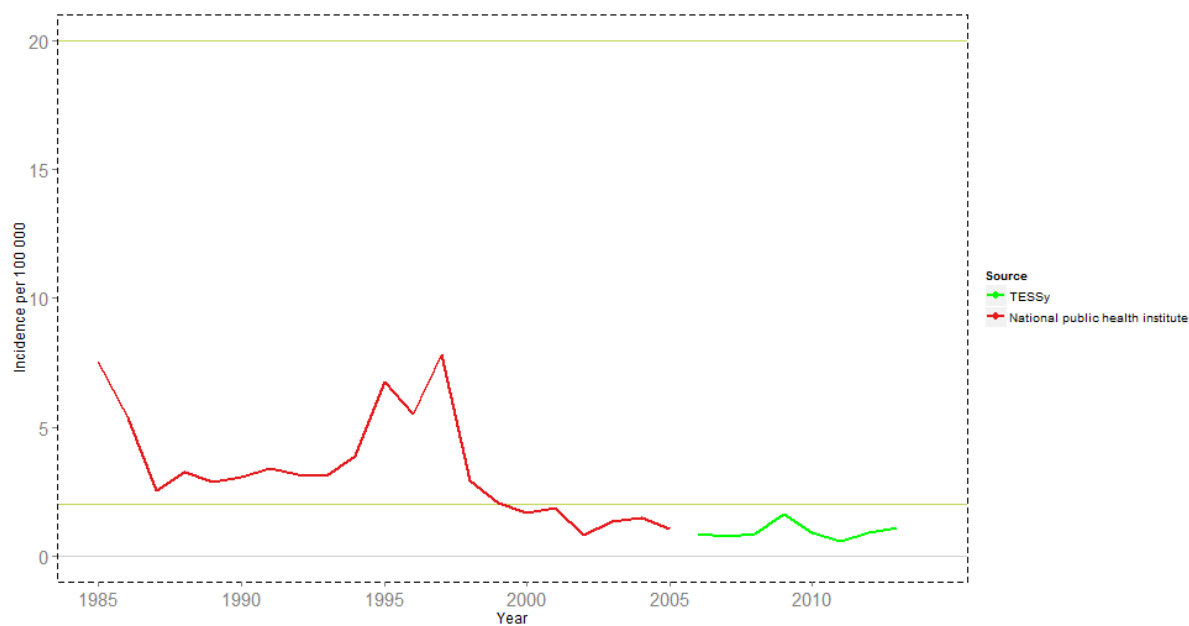
Panel a.3: 2000–2013

No data available

**Sweden\_Figure 1 (panel b). Summary of seroprevalence in Sweden, by age and time period (1975-2013).**



**Sweden\_Figure 2. Reported incidence of hepatitis A, Sweden, 1985–2013**



National data source: personal communication from ECDC National Focal Point/Operational Contact Point, Public Health Agency of Sweden

### Bibliography

1. Bottiger M, Christenson B, Grillner L. Hepatitis A immunity in the Swedish population. A study of the prevalence of markers in the Swedish population. *Scand J Infect Dis.* 1997;29(2):99-102.
2. Froesner GG, Papaevangelou G, Buetler R. Antibody against hepatitis A in seven European countries. I. Comparison of prevalence data in different age groups. *Am J Epidemiol.* 1979;110(1):63-9.
3. Iwarson S, Froesner G, Lindholm A, Norkrans G. The changed epidemiology of hepatitis A infection in Scandinavia. *Scand J Infect Dis.* 1978;10(2):155-6.
4. Nordenfelt E. Hepatitis A in Swedish travellers. *Vaccine.* 1992;10 Suppl 1:S73-4.