

United Kingdom

Population (January 2013):	63 905 297
Human development Index (2013):	0.892
HAV vaccine recommendations:	Hepatitis A vaccine is not part of the routine childhood immunisation programme. Vaccination is recommended to: <ol style="list-style-type: none"> 1. people travelling to countries at high or intermediate endemicity 2. patients with chronic liver disease 3. haemophiliacs 4. MSM 5. PWID 6. People with occupational exposure, e.g. laboratory staff, sewage workers 7. close contacts for outbreak control.
Seroprevalence studies by quality score:	<i>score 0:</i> 5 study; <i>score 1:</i> 5 study; <i>score 2:</i> 5 studies
Seroprevalence study timeframe:	1985–2003

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

One study (Scott 1989) reported a seroprevalence level of 66% in 1988 in the age group 30–39 years; in the same period other studies (Gay 1994, Tettmar 1987, Bernal 1996) reported seroprevalence levels of less than 50% by 30 years of age. All studies conducted from 1990 to 2003 reported seroprevalence levels below 30% by 30 years of age. Therefore, the UK should be considered a country with a very low endemicity level that probably transitioned to such a level during the 1980s.

UK_table 1. Hepatitis A seroprevalence level by time period

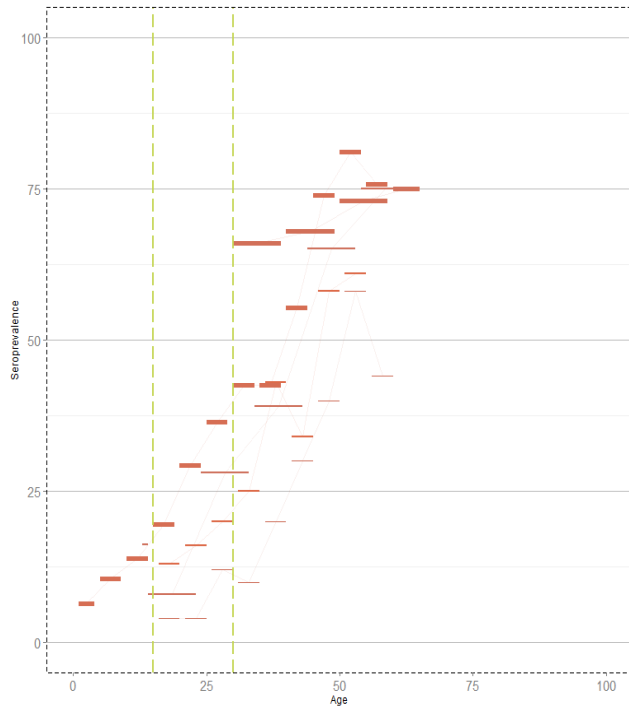
	Very low endemicity	Low endemicity	Intermediate endemicity
1975–1989			
1990–1999			
2000–2013			

Reported hepatitis A incidence has been below 5 cases per 100 000 since 1995, with no evidence of large outbreaks. Since 2004 it remains around 1 case per 100 000. The current level of incidence is in line with the very low endemicity level assessed through seroprevalence surveys.

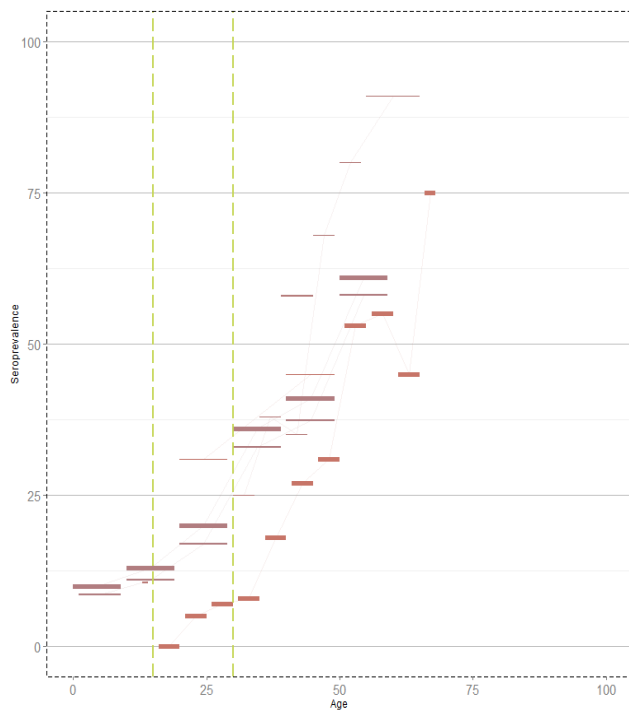
In 2000, the susceptibility was estimated to be above 60% by the age of 30 and in the 1990s around 40% at the age of 50. Considering the current very low seroprevalence in young adults and the incidence picture of the past years, the susceptibility in adults may be considered high at the present time.

United_Kingdom_Figure 1 (panel a). Summary of seroprevalence in the UK, by age and time period.

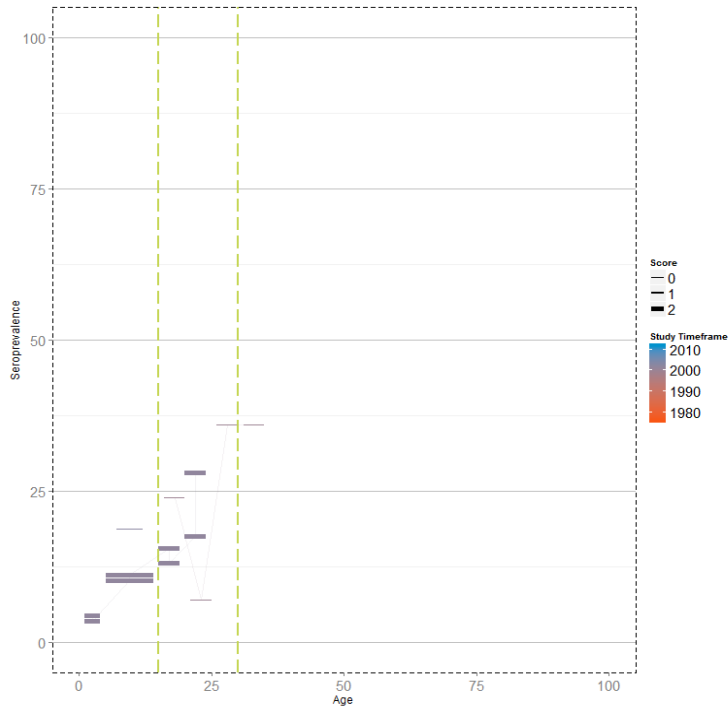
Panel a.1: 1975–1989



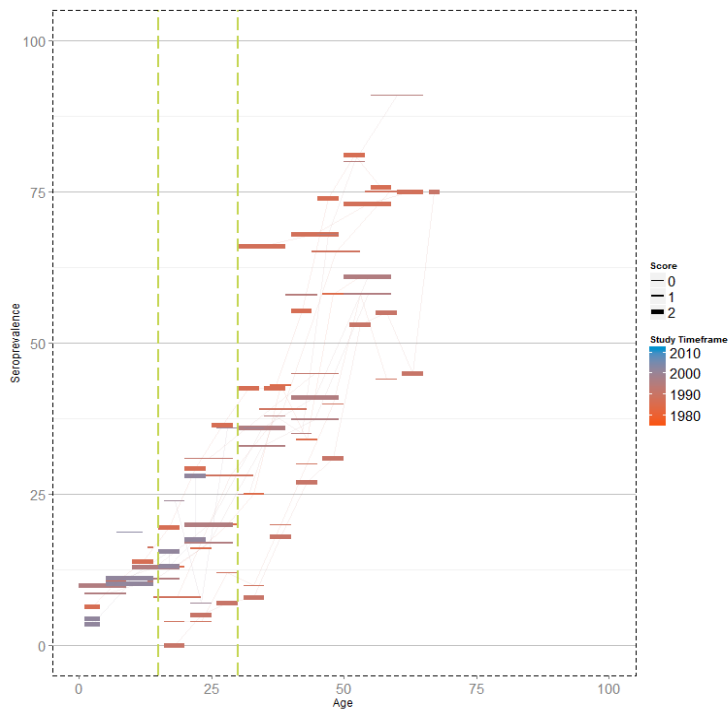
Panel a.2: 1990–1999

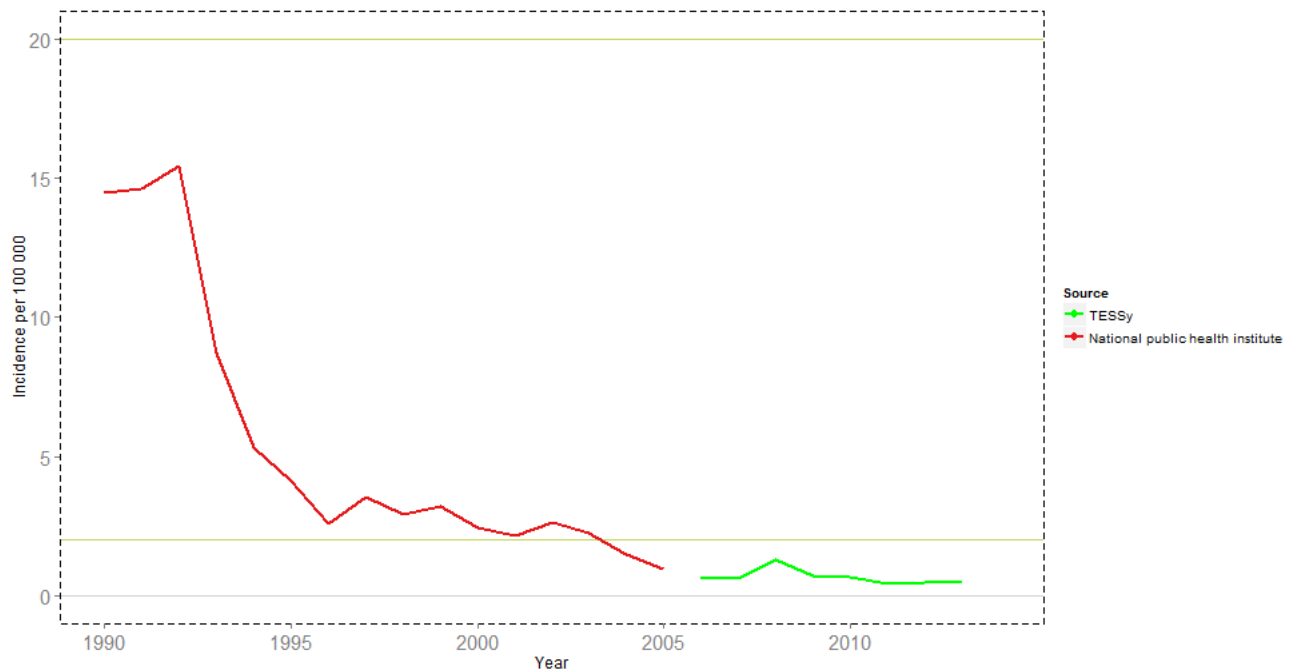


Panel a.3: 2000–2013



United_Kingdom_Figure 1 (panel b). Summary of seroprevalence in the UK, by age and time period (1975-2013). . .



United Kingdom Figure 2. Reported incidence of hepatitis A, UK, 1989–2013

National data source: <https://www.gov.uk/government/organisations/public-health-england>

Bibliography

- Bernal W, Smith HM, Williams R. A community prevalence study of antibodies to hepatitis A and E in inner-city London. *J Med Virol.* 1996 Jul;49(3):230-4.
- Bodner C, Anderson WJ, Reid TS, Godden DJ. Childhood exposure to infection and risk of adult onset wheeze and atopy. *Thorax.* 2000 May;55(5):383-7.
- Gay NJ, Morgan-Capner P, Wright J, Farrington CP, Miller E. Age-specific antibody prevalence to hepatitis A in England: implications for disease control. *Epidemiol Infect.* 1994 Aug;113(1):113-20.
- Hesketh LM, Rowlatt JD, Gay NJ, Morgan-Capner P, Miller E. Childhood infection with hepatitis A and B viruses in England and Wales. *Commun Dis Rep CDR Rev.* 1997 Apr 4;7(4):R60-3.
- Higgins G, Wreghitt TG, Gray JJ, Blagdon J, Taylor CE. Hepatitis A virus antibody in East Anglian blood donors. *Lancet.* 1990 Nov 24;336(8726):1330.
- Howell DR, Thompson CJ, Barbara JAJ. Anti-HAV prevalence in a UK urban blood donor population and the effect on human normal Ig provision. *Transfus Med.* 1993;3(4):285-9.
- Kurkela S, Pebody R, Kafatos G, Andrews N, Barbara C, Bruzzone B, et al. Comparative hepatitis A seroepidemiology in 10 European countries. *Epidemiol Infect.* 2012 Dec;140(12):2172-81.
- Morris MC, Gay NJ, Hesketh LM, Morgan-Capner P, Miller E. The changing epidemiological pattern of hepatitis A in England and Wales. *Epidemiol Infect.* 2002 Jun;128(3):457-63.
- Morris-Cunnington M, Edmunds WJ, Miller E. Immunity and exposure to hepatitis A virus in pre-adolescent children from a multi-ethnic inner city area. *Commun Dis Public Health.* 2004 Jun;7(2):134-7.
- Morris-Cunnington MC, Edmunds WJ, Miller E, Brown DWG. A population-based seroprevalence study of hepatitis A virus using oral fluid in England and Wales. *Am J Epidemiol.* 2004 Apr 15;159(8):786-94.
- 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.
- Ross JD, Ghanem M, Tariq A, Gilleran G, Winter AJ. Seroprevalence of hepatitis A immunity in male genitourinary medicine clinic attenders: a case control study of heterosexual and homosexual men. *Sex Transm Infect.* 2002 Jun;78(3):174-9.
- Scott NJ, Harrison JF, Zuckerman AJ. Hepatitis A antibody in blood donors in North East Thames region: implications to prevention policies. *Epidemiol Infect.* 1989 Oct;103(2):377-82.

14. Tettmar RE, Masterton RG, Strike PW. Hepatitis A immunity in British adults--an assessment of the need for pre-immunisation screening. *J Infect.* 1987 Jul;15(1):39-43.
15. Webb PM, Knight T, Newell DG, Elder JB, Forman D. Helicobacter pylori transmission: evidence from a comparison with hepatitis A virus. *Eur J Gastroenterol Hepatol.* 1996 May;8(5):439-41.
16. Zuckerman JN, Powell L. Hepatitis A antibodies in attenders of London Travel Clinics: cost-benefit of screening prior to hepatitis A immunisation. *J Med Virol.* 1994 Dec;44(4):393-4.