

# OECD Health Statistics 2016

## Definitions, Sources and Methods

### Incidence of pertussis

### Incidence of measles

### Incidence of hepatitis B

Rate of reported cases per 100 000 population (only acute cases are taken into account).

#### Sources and Methods

##### Australia

**Source:** Australian Government Department of Health. National Notifiable Diseases Surveillance System. Viewed 1 February 2016, <http://www9.health.gov.au/cda/source/cda-index.cfm>.

**Methodology:**

- Online surveillance figures are updated daily.
- Rates for hepatitis B include newly acquired infections only (acute cases). These infections are likely to be underestimated due to inconsistent follow-up of cases between jurisdictions to determine the true date of acquisition.

**Further information:** <http://www.health.gov.au/nndssdata>.

##### Austria

**Sources:**

From 2000 onwards: **Agentur für Gesundheit und Ernährungssicherheit (AGES)**, Abteilung für Infektionsepidemiologie und Surveillance.

Until 1999: **Federal Ministry of Health.**

**✂ Breaks in time series for Hepatitis B:**

- In 2014: The reason for the sharp increase in viral hepatitis cases in 2014 is due to a change in laboratory reporting regulations; whereby laboratories were legally required to notify any tested and laboratory indicative cases directly to the epidemiological reporting system (EMS) as of January 1st 2014. Also note that, due to the reporting structure and data available, it is not possible to fully differentiate prevalent and incident cases. Thus the numbers reported are for cases which were "newly diagnosed" and reported in the respective surveillance year.
- In 2009: Until 2008 the data show acute and chronic cases of Hepatitis B; from 2009 acute Hepatitis B cases only.

##### Belgium

**Source:** Scientific Institute of Public Health, Operational Direction of Public Health and Surveillance, reports on infectious diseases.

**Methodology:**

Incidence of Pertussis:

- Since 2005: Sentinel laboratory surveillance system [1]. Crude incidence rates are reported without correction for the coverage of the surveillance system.
- Before 2005: National Reference Centre for pertussis.

Incidence of Hepatitis B: Data for Hepatitis B are retrieved from a network of sentinel labs sending positive cases for IgM+ and E antigen [2].

**✂ Break in time series in 2010:** Since 2009, some labs also include viral load PCR in the data. The increase in the number of cases observed in 2010 is therefore due to a change in the surveillance system. Adaptation of case definition to cover only acute cases and a change in the surveillance network participation are planned.

**i Deviation from OECD definition:** Data for Hepatitis B cover all active cases, mainly acute cases but also some chronic active cases. Hepatitis B data are not available after 2010.

**Incidence of Measles:** Since 2009, the incidence is estimated on basis of the number of mandatory notifications, the number of cases through the Sentinel laboratory surveillance system, the National Reference Centre for Measles and the Sentinel network of pediatricians. The ECDC case definition is used [2]. Before 2009, crude incidence rates are reported, without correction for the coverage of the Sentinel network of pediatricians [3].

Belgium as most of the European countries has experienced measles outbreaks in 2011 [4, 5].

**Further information:**

1. Sentinel laboratory surveillance system: <https://epidemio.wiv-isp.be/ID/Surveillance/Pages/sentinelLabs.aspx>.
2. Commission Decision 2002/253/EC. Official Journal L 159 , 18/06/2008 P. 0046 – 0090: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2008:159:0046:01:EN:HTML>.
3. Surveillance of vaccine preventable diseases in children: <https://www.wiv-isp.be/pedisurv/>.
4. Sabbe M, Hue D, Hutse V, Goubau P. Measles resurgence in Belgium from January to mid-April 2011: a preliminary report. Euro Surveill. 2011;16(16):pii=19848. Available online at <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19848>.
5. European monthly measles monitoring, June 2011, ECDC. [http://ecdc.europa.eu/en/publications/Publications/2011\\_June\\_measles\\_monthly.pdf](http://ecdc.europa.eu/en/publications/Publications/2011_June_measles_monthly.pdf).

## Canada

**Source: Public Health Agency of Canada.**

**From 1981:** Notifiable Diseases and Field Surveillance Section, Surveillance and Epidemiology Division, Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada, custom tabulations.

**Methodology:**

- Confirmed reported cases only.
- The National Advisory Committee (NACI) on Immunization provides recommendations on the use of immunization for the prevention and control of vaccine-preventable diseases, including measles, pertussis and hepatitis B. NACI statements are published on the Public Health Agency of Canada website, as well as in the Canadian Immunization Guide. The Public Health Agency of Canada has recently published an update to the national Guidelines on the Prevention and Control of Measles Outbreaks in Canada (2013). HBV vaccine is now given routinely in most provinces and territories to young adolescents or to both infants and young adolescents. Hepatitis B vaccine is also recommended for certain groups at higher risk of infection with HBV.
- Data for Prince Edward Island were not available for measles in 1986-1988.

**i Deviation from the definition:** Hepatitis B includes Hepatitis B Acute, Chronic Carrier & Unspecified categories combined (Only acute cases were reported for British Columbia in 2005-2008, Saskatchewan in 2007-2008, and Ontario 2009-2011).

**Further information:** [http://dsol-smed.phac-aspc.gc.ca/dsol-smed/ndis/index\\_e.html](http://dsol-smed.phac-aspc.gc.ca/dsol-smed/ndis/index_e.html).

## Chile

**Source: Ministry of Health (MINSAL),** Epidemiology Department (Communicable Diseases Unit) and Department of Health Statistics and Information (DEIS). National System of Mandatory Reporting Diseases.

**Methodology:** Data are collected daily through a mandatory online notification system.

**2015:** Since 2015 RT-PCR technique is implemented for diagnosing pertussis in hospitalised patients.

**2010-2012:** Outbreak of pertussis. Since 2013 the incidence of pertussis is decreasing mainly due to the effectiveness of the immunisation strategy implemented in the country.

**i Since 2008,** the Mandatory Reporting is done online (“Sistema en línea de Registro de Enfermedades de Notificación Obligatoria”). This explains the variations in trends. Also, since 2010, all regions are working side by side with the National Institute of Public Health in order to achieve the notification of all new cases.

- In 2002, measles transmission in the Americas was halted. To this end, Chile launched its first mass vaccination campaign in 1992. Called “Catch-up” (“Puesta al día”), it was aimed at those younger than 15 years old. Subsequently, there have been three other follow-up campaigns to date: one in 1996 which included those under 15 years old again, reaching 100% coverage; for the following 2 campaigns carried out in 2001 and 2005, the target group for vaccination was between 1 and 5 years of age, reaching 99% and 93% coverage, respectively. As recommended by PAHO, these campaigns should continue being carried out every 4 or 5 years in order to eliminate birth cohorts susceptible to measles or rubella and to protect children who do not respond to the first vaccine dose.
- In 1990 the Triviro vaccine (parotitis, rubella and measles) started being used, replacing the vaccine for one-year-

olds and young schoolchildren with subsequent changes in the vaccine's components in the course of its implementation. After the introduction of this second dose, cases decreased by 85% between 1989 and 1990. - In 1964 the anti-measles vaccine (VAS in Spanish) was incorporated via a programme into the country's vaccination scheme, to be administered to infants at 8 months of age. This decreased measles incidence by 180% the following year. Subsequently, outbreaks of measles were observed with lower intensity every four years except for 1979 and 1988 when outbreaks occurred on a scale similar to the period before the introduction of the vaccine.

**Further information:** <http://epi.minsal.cl/>.

## Czech Republic

**Source:** National Institute of Public Health, National Reference Centre for Analysis of Epidemiological Data Epidat System (until 1992 called Information System on Communicable Diseases).

**Methodology:** Pertussis: A37.0 + A37.1- (ICD-10); Measles: B05 (-ICD-10); Hepatitis B: B16- (ICD-10).

## Denmark

**Source:** The Danish Health Data Authority.

**Methodology:**

- Suspected and confirmed cases.
- Pertussis is reported for all ages.
- Hepatitis is not part of the general vaccination programme.

**Further information:** <http://sundhedsdatastyrelsen.dk/da>.

## Estonia

**Source:** Board of Health.

**Further information:** <http://www.terviseamet.ee/en.html> and <http://www.tai.ee/en>, <http://pxweb.tai.ee/esf/pxweb2008/dialog/statfile1.asp>.

## Finland

**Source:** National Institute for Health and Welfare (THL), National Infection Register.

**Methodology:** In Finland, the National Infection Register records confirmed cases only; suspected cases are not registered.

**Further information:** [http://www.thl.fi/en\\_US/web/en](http://www.thl.fi/en_US/web/en).

## France

**Source:** National Disease Surveillance Institute (INVS) - Réseau Sentinelles.

**Methodology:**

Pertussis:

- Surveillance of pertussis is carried out by a network of voluntary pediatric hospital services (*Renacoq*), in place in 42 hospitals since 1996. It is not mandatory to declare cases of pertussis, but the occurrence of clustered cases must be notified to the Regional Health Agency (ARS).

- Since 1996 and in order to reflect changes in surveillance, the following criteria have been retained to monitor trends: confirmed cases of pertussis in children aged under 17 years old (reported at least by laboratories) and in infants aged under 6 months old (reported by pediatricians).

**Further information:** <http://www.invs.sante.fr/Dossiers-thematiques/Maladies-infectieuses/Maladies-a-prevention-vaccinale/Coqueluche/Donnees-epidemiologiques>.

Measles:

- It is mandatory to declare cases of measles. In the case of physicians, any case of measles (confirmed or clinical) must be promptly reported to the Regional Health Agency (ARS) which they depend upon. Reporting is crucial to enable early detection or identify a chain of transmission. Reporting is complemented by sending a compulsory notice (unless the notice has already been addressed to the ARS) which includes a detailed description of the case carried out by the physician. In the case of biologists, all positive cases of measles diagnosed in laboratories must be reported to ARS, in the same way as for physicians.

- Measles is still a common disease. Mass vaccination is recent, but insufficient to stop spread the disease.

**Further information:** <http://www.invs.sante.fr/Dossiers-thematiques/Maladies-infectieuses/Maladies-a-prevention-vaccinale/Rougeole/Points-d-actualites>.

#### Hepatitis B:

- In France, a network of general practitioners called *Sentinelles* have been assessing many diseases since 1985, including the incidence of acute viral hepatitis B, manifested by the presence of HB antigens and/or IgM anti-HB antibodies.
- Acute viral hepatitis are defined by a transaminase rate greater than twice the normal laboratory value, and by the recent appearance of an icterus or an asthenia, in the absence of another cause of hepatitis.
- An estimation of the incidence of annual cases of hepatitis B, identified by general practitioners, is calculated from the cases recorded by the Sentinelles network, which is then used to calculate the incidence rate. In 2010, a survey was conducted among a sample of clinical laboratories from the public and private sectors. This survey was repeated in 2013.

**Further information:** <http://www.invs.sante.fr/Publications-et-outils/BEH-Bulletin-epidemiologique-hebdomadaire/Archives/2013/BEH-n-19-2013> (2010 survey).

### Germany


#### **Sources:**

**2001-2014: Robert Koch-Institute (RKI);** Statistics on Notifiable Infectious Diseases, Robert Koch-Institute 2015, *Infektionsepidemiologisches Jahrbuch meldepflichtiger Krankheiten für 2014*, Berlin, p.99, 129, 155.

**1991-2000: Federal Statistical Office,** Statistics on other illness which require registration; <http://www.gbe-bund.de>, Home > Diseases/Health Problems > Table (ad hoc): Notifiable diseases, other (1981-2000).

#### **Methodology:**

- Starting from 1<sup>st</sup> January 2001, the data have been procured by the Robert Koch-Institute in compliance with the Infectious Disease Control Act. Cases that are transmitted to the Robert Koch-Institute are filtered according to a so-called "Reference Definition" before being published. All charts and tables in publications of the Robert Koch-Institute refer to cases that comply to the reference definition - unless otherwise noted.
- Reporting mandatory for measles and hepatitis B in all years.
- The Robert Koch-Institute disposes of nationwide data on the incidence of pertussis only since the entry into force of the nationwide compulsory registration on March 29, 2013. For the years 2001 to 2012 only data based on reports of the New Federal States are available. But due to different vaccination practices these are not representative for Germany as a whole.

 **Break in time series in 2001:** By the Law of the rearrangement for legal epidemic instructions (SeuchRNeuG) the previous Federal Contagious Diseases Act (BSeuchG) became void. At the same time the basis of the federal statistic for notifiable diseases was omitted by the new law. The responsibility of the collection, interpretation and publication of the transmitted missions by the local health authorities passed into the hands of the Robert Koch-Institute. The years before 2001 are therefore not comparable to the following years.

**Further information:** <http://www3.rki.de/SurvStat/> (data as of January 15, 2016).

### Greece

**Source: Hellenic Center for Diseases Control and Prevention - KEELPNO.**

#### **Methodology:**

- The data represent only the cases reported to the Hygiene Divisions and Sections of the Prefectures concerning the infectious diseases included in the Greek List of Diseases for Compulsory Notification.
- 2012 and 2013 data for measles and 2013 for hepatitis B were calculated by Hellenic Statistical Authority using KEELPNO. 2014 data provisional, derived from <http://www.keelpno.gr/>.

**Further information:** <http://www.keelpno.gr/> (in Greek).

### Hungary

**Source: Central Statistical Office (KSH),** Yearbook of Health Statistics. Johan Béla National Center of Epidemiology (OEK).

**Methodology:** Reported infectious diseases; repeated every year. The number of reported cases includes the number of imported cases from abroad.

**Further information:** <http://www.ksh.hu/?lang=en> and <http://www.oek.hu> (in Hungarian).

## Iceland

**Source:** Directorate of Health.

**i Deviation from the OECD definition:** Data on hepatitis B refer to yearly incidence of chronic hepatitis B infections.

## Ireland

**Source:** HSE Health Protection Surveillance Centre. Annual Report.

**Methodology:**

- Data refer to the number of acute cases notified.
- Data on hepatitis B refer to acute hepatitis B only where acute/chronic status was known.

**i** Case classification data were not collected prior to 2004 and it was not specified whether the reported cases of infectious hepatitis B were acute or chronic. Historic data back to 2004 have been re-calculated.

**Further information:** <http://www.hpsc.ie/hpsc/AboutHPSC/AnnualReports/>.

## Israel

**Source:** Ministry of Health, Division of Epidemiology.

**Methodology:**

- The Public Health Services of the Israeli Ministry of Health operates 15 district and sub-district health offices throughout the country. Measles case notification has been legally mandated in Israel since the establishment of the State in 1948. Pertussis and Hepatitis B case notification has been legally mandated in Israel since 1965 and 1994, respectively. Cases are reported to the Health Ministry's district offices, and the data are centralised by the Ministry's Division of Epidemiology. Each notification includes age, gender, nationality, address, date of disease onset, laboratory methods of measles diagnosis and the patient's prior vaccination history.

**Further information:** <http://www.health.gov.il/UnitsOffice/HD/PH/epidemiology/Pages/default.aspx>.

**Note:** The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

## Italy

**Source:** Ministry of Health.

**Methodology:**

- The results for pertussis and hepatitis B are exclusively based on confirmed cases, according to the definition written in the Ministerial Decree 15.12.1990.
- The results for measles are based on confirmed cases, according to the definition written by the European Commission (Commission Decision of 28 April 2008 amending Decision 2002/253/EC laying down case definitions for reporting communicable diseases to the Community Network under Decision No. 2119/98/EC of the European Parliament and of the Council and Commission Implementing Decision of 8 August 2012 amending Decision 2002/253/EC laying down case definitions for reporting communicable diseases to the Community network under Decision No 2119/98/EC of the European Parliament and of the Council).
- Figures are based on notification of infectious disease, according to National Law. Reporting is mandatory.
- Data for 2013 and 2014 are provisional.

**Further information:** [http://www.salute.gov.it/portale/temi/p2\\_6.jsp?lingua=italiano&id=657&area=Malattieinfettive&menu=vuoto](http://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&id=657&area=Malattieinfettive&menu=vuoto).

## Japan

**Source:** National Institute of Infectious Diseases, Infectious diseases weekly report.

**Methodology:** Numbers of cases estimated from the sentinel surveillance (pertussis), number of cases from case-based surveillance (measles, hepatitis B); the population of the latest national census is used for the calculation.

**Further information:** <http://www.nih.go.jp/index-e.html>.

## Korea

**Sources:** Korea Center for Disease Control and Prevention, Infectious Diseases Surveillance Yearbook, and Ministry of Health and Welfare, Yearbook of Health and Welfare Statistics.

**Methodology:**

- Data are collected by the Legal communicable surveillance system,
- Data only include acute Hepatitis B. They exclude maternal Hepatitis B and perinatal Hepatitis B.

**Further information:** <http://www.cdc.go.kr/CDC/eng/main.jsp> and <http://stat.cdc.go.kr> (in Korean).

## Luxembourg

**Source:** Ministry of Health, Health Directorate, Division of Health inspection, mandatory declarable infectious diseases registration system MedPerSanitas for the numerator; NSO (STATEC) for the denominator.

**Methodology:**

Numerator: number of declared cases, residents and non-residents.

Denominator: population estimate 1 July of reference year.

- For Hepatitis B, acute cases and AG HBs+ people are considered.

## Mexico

**Source:** Ministry of Health (Secretaría de Salud), Mexico, SUAVE: Epidemiological Surveillance System, 2000-2014. Population of National Population Council (CONAPO), Mexico 2014: Population projections 2010-2050.

**Methodology:** Measles mortality includes cases of measles and German measles.

**Further information:** <http://www.salud.gob.mx/>.

## Netherlands

**Source:** National Institute for Public Health and the Environment, Centre for Infectious Disease Epidemiology.

**Methodology:**

- The results are based on confirmed cases.

Pertussis: Countrywide immunisation for children against pertussis was introduced in 1952.

Measles: Country-wide immunisation for children against measles was introduced in 1976.

Hepatitis B:

- In November 2002, vaccination for groups with high-risk behaviour was introduced. The Municipal Public Health Services performs the tracing of these groups: homo- and bisexual men, prostitutes, heterosexual persons with a health care consultation related to a sexually transmitted disease and drug users.
- Since 2000, employers in health care have the obligation to give their health care workers (including students) the opportunity to have a vaccination.
- In January 2003, the hepatitis B vaccination was added to the National Immunisation Programme (NIP) for children born to parents from middle or high endemic countries (birth cohort 1st January 2003 onwards).
- Vaccination against hepatitis B for children born to mothers tested positive for HBsAg was introduced in 1989. In January 2006, vaccination at birth was added to the NIP for these children.

**Further information:** RIVM, Infectieziektenbulletin: <http://www.rivm.nl/cib/publicaties/bulletin/> (in Dutch).

## New Zealand

**Source:** Institute of Environmental Science and Research (ESR) - Annual Notifiable Disease Tables.

**Methodology:**

- Latest figures for 1997-2015 are based on notifications to EpiSurv, the national notifiable disease surveillance database, and are correct as of 18 February 2016.
- Populations used for rate calculations are mid-year population estimates from Statistics New Zealand.

**Further information:** [http://www.surv.esr.cri.nz/public\\_health\\_surveillance/notifiable\\_disease\\_surveillance.php](http://www.surv.esr.cri.nz/public_health_surveillance/notifiable_disease_surveillance.php).

Annual Notifiable Disease Tables are available at [https://surv.esr.cri.nz/surveillance/annual\\_diseasetables.php](https://surv.esr.cri.nz/surveillance/annual_diseasetables.php).

## Norway

**Source:** "HIV/AIDS surveillance in Europe - 2014" report published by the European Centre for Disease Prevention (ECDC, <http://ecdc.europa.eu>) and the WHO-Regional Office for Europe (<http://www.euro.who.int>).

**Further information:** <http://ecdc.europa.eu/en/publications/Publications/hiv-aids-surveillance-in-Europe-2014.pdf>.

## Poland

**Source:** National Institute of Public Health - National Institute of Hygiene, Department of Epidemiology.

**Methodology:**

- According to EU definitions, the reported cases are suspected and/or probable and/or confirmed for Pertussis and Measles, probable and/or confirmed for Hepatitis B.
- Data are obtained from surveys.

**Further information:** <http://www.pzh.gov.pl/page/?&L=1>.

## Portugal

**Source:** Ministry of Health General, Directorate for Health. Doenças de Declaração Obrigatória (several issues).

**Further information:** <http://www.portaldasaude.pt/portal> (in Portuguese).

## Slovak Republic

**Source:** Public Health Institute.

**Further information:** <http://www.uvzsr.sk/> (in Slovak).

## Slovenia

**Source:** National Institute of Public Health, National Communicable Diseases database.

**Methodology:**

- Notification of 75 communicable diseases is obligatory for doctors, according to Law on Communicable Diseases (Official Gazette 69/95). Notifications in electronic form are sent from regional institutes of public health to NIPH, where they are analysed.
- Data are sent from all regions of the country (Data are underreported to a certain extent).
- Data are collected on daily basis.

**Further information:** <http://www.nijz.si/en>.

## Spain

**Source:** Centro Nacional de Epidemiología (National Center of Epidemiology) - Instituto de Salud Carlos III (National Institute of Health Carlos III) management combines Ministerio de Sanidad, Servicios Sociales e Igualdad (Ministry of Health, Social Services and Equity) and Ministerio de Economía y Competitividad (Ministry of Economy and Competitiveness).

**Methodology:** The source of information collects data on incident cases of diseases diagnosed in the whole country. For reporting purposes the EU case definitions are used (Commission Decision of 8 August 2012 amending Decision 2002/253/EC laying down case definitions for reporting communicable diseases to the Community network). There were no significant changes for these diseases in the period requested.

**Further information:** <http://www.isciii.es/ISCIII/es/contenidos/fd-servicios-cientifico-tecnicos/vigilancias-alertas.shtml> (in Spanish).

## Sweden

**Source:** Swedish Institute for Infectious Disease Control/The Public Health Agency of Sweden.

**Methodology:**

- The Swedish Institute for Infectious Disease Control (SMI) was a governmental authority with the mission to monitor the epidemiology of infectious disease among Swedish citizens and to promote control and prevention of these diseases. Around 50 infectious diseases are continuously surveyed in Sweden through statutory notifications according to the communicable disease act. As from January 1, 2014, SMI was merged with the Public Health Institute to form the new Public Health Agency of Sweden. The new agency has taken over the responsibilities for communicable diseases monitoring.
- The information is based on cases notified both by clinicians and laboratories. It is published in an annual epidemiological report from The Public Health Agency ("Epidemiologisk Årsrapport").
- An arbitrary case can be notified by either a clinician or a laboratory. It can also be notified in both instances, counted as one case.

- Data show acute Hepatitis B cases only (independent of the origin of the infection, i.e. including persons infected abroad).
- The rates per 100 000 have been computed using the number of cases notified divided by the total average population number for the applicable year reported by Statistics Sweden.

**Further information:** <http://folkhalsomyndigheten.se/about-folkhalsomyndigheten-the-public-health-agency-of-sweden/>.

## Switzerland

**Source:** Federal Office of Public Health, Berne, Public Health Directorate, Communicable Diseases.

**Further information:** <http://www.bfs.admin.ch/bfs/portal/en/index.html>.

## Turkey

**Source:** Ministry of Health, Public Health Institution of Turkey.

### Methodology:

#### Measles:

- In Turkey, a Measles Vaccination Campaign was carried out in 2003, 2004 and 2005, and children aged from 9 months to 14 years old were vaccinated.
- In 2005, the Communicable Diseases Notification System was changed, case description was made and only laboratory-confirmed cases were reported.
- According to case description, all maculopapular exanthema diseases are accepted as probable measles cases; disease samples are taken and absolute cases are notified after confirming lab tests.
- In June 2006, the Measles vaccination, which previously was given in the 9<sup>th</sup> month, was given in the 12<sup>th</sup> month in the MMR (Measles, Mumps, Rubella) vaccine. Vaccination ratios reached up to 97 % in 2007-2008-2009.
- The epidemic in 2001 was the latest one, and the number of cases was 30509 across the country. In 2003, a vaccination campaign started.

**Further information:** [http://ekutuphane.sagem.gov.tr/kitaplar/health\\_statistics\\_yearbook\\_2014.pdf](http://ekutuphane.sagem.gov.tr/kitaplar/health_statistics_yearbook_2014.pdf).

## United Kingdom

**Source:** World Health Organisation (WHO) data repository (at the UK level):

<http://www.who.int/gho/database/en/>.

### Methodology:

#### Pertussis:

- Pertussis in the United Kingdom is not always lab-confirmed; notifications are reported on clinical suspicion. If lab tests show it is not pertussis, then it is supposed to be denotified, but this does not often happen, so pertussis incidence is likely to be an overestimate. These latest revisions are numbers of reported cases.

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#### Hepatitis B:

- According to Hepatitis B Foundation UK, accurate data on Hepatitis B incidence are not collected in the UK due to the low infection rate. Estimates for the number of Hepatitis B in the UK in 2006 are 326000 but this is purely conjectural.
- From 2005 onwards, data not available due to very low incidence rate.

**Further information:** <http://www.hpa.org.uk/>, <http://www.hps.scot.nhs.uk/> and <http://www.cdscni.org.uk/>.

## United States

**Source:** U.S. Department of Health and Human Services/Centers for Disease Control and Prevention/Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services. Morbidity and Mortality Weekly Report: Summary of Notifiable Diseases, United States (Various Years). Notifiable Diseases Surveillance System.

**Coverage:** National Coverage.


### Methodology:

Pertussis: Suspected and confirmed cases are reported.

Note on 2012 pertussis data: Reported pertussis increased significantly between 2011 (incidence 6.1 per 100,000 population) and 2012 (15.4 per 100,000 population). Several states experienced epidemic level of disease, resulting in more U.S. pertussis cases reports in 2012 (n= 48,277) than in any year since 1955 (n= 62,786). Source: MMWR/setp 19, 2014 Vol.61/No.53.

Measles and Hepatitis B: Only confirmed cases are reported. A confirmed case meets the clinical definition and is laboratory-confirmed.

Estimation: Reported cases, Notifiable Diseases Surveillance System.

 **Break in time series:** Break in time series in 1990 due to change in case definitions. Prior to 1990, data were reported to CDC based upon medical diagnoses. From 1991 onwards, estimates are based upon national surveillance case definitions. The first national surveillance case definitions for the NNDSS were published in 1990, to help classify and enumerate cases consistently across reporting jurisdictions. For further information, all the United States current and historical national surveillance case definitions for the NNDSS are listed on the NNDSS web page at <http://wwwn.cdc.gov/nndss/script/casedefDefault.aspx>.

**Further information:** MMWR website, <http://www.cdc.gov/mmwr/summary.html>.

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<http://www.oecd.org/health/health-data.htm>