

Hepatitis in Costa Rica, 1978-1979

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In 1978, a total of 1,870 cases of viral hepatitis were reported in Costa Rica, the rate of incidence being 100.22 per 100,000 inhabitants. Viral hepatitis is, after infections of the respiratory tract, the infectious disease with the highest incidence in Costa Rica. It is present in virtually all parts of the country, with the highest incidence in the southern area.

According to surveys carried out in the city of Limón and the Santa Ana district of San José, the cases were due to virus A.

In 1979, 1,813 cases were reported, a rate of incidence of 90.0 per 100,000 inhabitants. The age group most affected was the 5-9 year group (Table 1).

The rate of incidence of hepatitis ranged from 78.4 to 147.0 per 100,000 inhabitants in the five regions of the country.

Table 1. Cases of viral hepatitis and rates per 100,000 inhabitants, by age group, Costa Rica, 1979.

Age in years	Cases	Rate
1	58	96.3
1-4	241	108.9
5-9	528	171.8
10-14	337	113.2
15-19	166	69.9
20-29	219	69.9
30-39	98	47.6
40-49	52	33.9
50+	92	42.2
Unknown	22	—
Total	1,813	90.0

(Source: *Semana Epidemiológica*, Vol. VII (8) and Vol. VIII (3 and 4), 1979. Ministry of Health of Costa Rica.)

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National Survey on Disease Surveillance in the United States

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In April 1979 a questionnaire was distributed to 55 epidemiologists of states and territories of the United States for the purpose of examining the disease surveillance activities being carried out and obtaining suggestions for improving them. All but two of the epidemiologists returned the questionnaires duly completed.

The epidemiologists indicated that both national and state data were used extensively for disease control efforts, while national data was also used for archival purposes and program development. The information in the *Morbidity and Mortality Weekly Report* was used weekly in about 60 per cent of the states. Approximately 80 per cent of the epidemiologists believed that, if surveillance against noncommunicable diseases were to be intensified, useful data would be obtained for national program policy; approximately two-thirds were of the

opinion that this would contribute to a reduction of mortality and morbidity due to these diseases. One-fourth of the respondents expressed willingness to participate in a three-year program of surveillance of environmentally induced or chronic diseases.

More than three-fourths of the epidemiologists said that automated data processing would be useful in their surveillance activities. Although fewer than half of the states are using computers for data analyses, this technology should be used more extensively, according to the replies.

(Source: *Morbidity and Mortality Weekly Report*, Vol. 29 (9), 105-106, 1980, Center for Disease Control, Atlanta, Georgia, U.S.A.)