

<b>SDG Goal 3</b>	<b>Good health and well-being</b>
<b>SDG Target 3.3</b>	<b>By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</b>
<b>SDG Indicator 3.3.4</b>	<b>Hepatitis B incidence per 100,000 population</b>
<b>Time series</b>	<b>Hepatitis B incidence</b>

### 1. General information on the time series

- Date of national metadata: 12 January 2022
- National data: <http://sdg-indikatoren.de/en/3-3-4/>
- Definition: The time series measures the reported number of hepatitis B cases arising in a given year, expressed per 100,000 inhabitants.
- Disaggregation: Not available.

### 2. Comparison with global metadata

- Date of global metadata: April 2021
- Global metadata: <https://unstats.un.org/sdgs/metadata/files/Metadata-03-03-04.pdf>
- The time series is not compliant with the global metadata, but provides additional information.

### 3. Data description

- The German Protection against Infection Act (IfSG), which came into force on January 2001, regulates which diseases have to be reported in case of suspicion, illness or death. The reporting, usually by doctors and laboratories, is mandatory. However, this reporting requirement is not always followed, so that parts of the diagnosed notifiable diseases are not included in the reporting system. The number of hepatitis B cases reported by the Robert Koch Institute (RKI) is based on the reports according to § 6 (1) No 1 letter e of the German Protection against Infection Act (IfSG). The definition for HBV cases comprised until 2015 diagnosed acute HBV cases with presence of clinical symptoms and lab markers. In 2015 the definition was changed and clinical symptoms-cases are no longer included in the definition.

The population data comes from the intercensal population updates, the basis of which is the last census conducted in 2011. The population data is rolled forward using statistical results on natural population change (births, deaths) and migrations. For 2010, the population was calculated backwards using the 2011 census and migration, birth and death statistics.

### 4. Accessibility of source data

- Online database SurvStat@RKI 2.0:  
<https://survstat.rki.de/default.aspx>
- Infectious Disease Epidemiology - Annual Report:  
[https://www.rki.de/EN/Content/infections/epidemiology/inf\\_dis\\_Germany/yearbook/Yearbook\\_inhalt.html](https://www.rki.de/EN/Content/infections/epidemiology/inf_dis_Germany/yearbook/Yearbook_inhalt.html)
- Average population – GENESIS online 12411-0041:  
<https://www-genesis.destatis.de/genesis//online?operation=table&code=12411-0041&bypass=true&levelindex=1&levelid=1639396599054#abreadcrumb>
- Population data based on Census 2011 – 1991 to 2011 (only available in German):  
[https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Bevoelkerung/Bevoelkerungsstand/\\_inhalt.html#sprg233540](https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Bevoelkerung/Bevoelkerungsstand/_inhalt.html#sprg233540)

## 5. Metadata on source data

- Online database SurvStat@RKI 2.0 - Content:  
<https://survstat.rki.de/Content/Instruction/Content.aspx>

## 6. Timeliness and frequency

- Timeliness: t + 3 weeks after data received
- Frequency: Annual

## 7. Calculation method

- Unit of measurement: Per 100,000 inhabitants
- Calculation method:

$$\text{Hepatitis B incidence} = \frac{\text{Hepatitis B cases}[\text{number}]}{\text{Population}[\text{number}]} \cdot 100,000$$