# Austria

## Österreichische Gesellschaft für Gastroenterologie und Hepatologie continued

| | Information reported by government (2012–2013) | Civil society respondent comments (2014) |
|---|---|---|
| ✓ *To our knowledge, this information is accurate.* | **4.10** Information was not provided on whether the government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety. | *There are probably guidelines regarding food safety, which is very good in Austria. Also, infection control reporting in the past has been repeatedly successful in finding and controlling the rare outbreaks that have occurred.* |
| | **5.4** Publicly funded treatment is available for hepatitis B and hepatitis C. Information was not provided on who is eligible for this. The amount spent by the government on publicly funded treatment for hepatitis B and hepatitis C is not known. | *Every Austrian resident who is insured (and even the ones who are not insured) is eligible for treatment including reimbursement.* |
| ✗ *To our knowledge, this information is not accurate.* | **3.1** There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: *A, B, C, D and E*, and for the following types of chronic hepatitis: *B, C and D*. | *There is an inefficient system, which has been improved recently by shifting the reporting from the physicians to the Virology Laboratories. There is, however, no information on the clinical scenario available and no distinction between acute or chronic hepatitis possible. Also, this is not routine surveillance in a strict sense but just opportunistic surveillance, finding cases by chance if the treating physician decides to order a test.* |
| | **3.3** Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally. The government publishes hepatitis disease reports monthly. | *Cancer in general and HIV infections are registered nationally. I have never in the last 22 years in my practice seen a single monthly hepatitis disease report. If they are published, nobody of interest gets to see them.* |
| | **5.1** Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education). There are national clinical guidelines for the management of viral hepatitis, but they do not include recommendations for cases with HIV coinfection. There are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis. | *The Austrian Guidelines are joint guidelines with the Germans as well as the Swiss and they do of course contain recommendations about how to treat HIV/hepatitis C coinfection.* |

| | Information reported by government (2012–2013) | Civil society respondent comments (2014) |
|---|---|---|
| ✕ *To our knowledge, this information is not accurate.* | **5.5** The following drugs for treating hepatitis B are on the national essential medicines list or subsidised by the government: interferon alpha, lamivudine and tenofovir. The following drugs for treating hepatitis C are on the national essential medicines list or subsidised by the government: interferon alpha and ribavirin. | *We have all treatment options available, which in addition to the ones listed also include peginterferon, telbivudine, entecavir, telaprevir, boceprevir. Sofosbuvir is available in Austria but reimbursement is currently negotiated, so it is at the moment only reimbursed for the most urgent cases (approved on a case-by-case basis).* |
| – *We take no position regarding this statement.* | **2.2** The government collaborates with in country civil society groups to develop and implement its viral hepatitis prevention and control programme. Information was not provided about the identity of civil society partners. | *There might be a collaboration with the Austrian branch of the European Liver Patients Association but there is definitely no collaboration with the Austrian Society of Gastroenterology and Hepatology, the only professional medical association dealing with viral hepatitis. I have been Secretary General (4 years) and head of the liver disease working party (4 years) of this society and never had any contact with the Austrian government regarding viral hepatitis prevention and control.* |
| | **4.2** The government has not established the goal of eliminating hepatitis B. | *That I do not know, but they offer nationwide hepatitis B vaccination to children and adolescents at least born after 1997, and screening for all mother-to-be, so there is a good programme that comes close to eradicating hepatitis B in native Austrians. This does not cover screening of immigrants, which is the true population at risk for hepatitis B in Austria.* |

### Statement from ÖGGH regarding key hepatitis policy issues in Austria:

Prevention of transmission is taken care of quite well in Austria: screening of blood products is universal and well controlled, transmission in the hospital or other health care settings is rare. Hepatitis B vaccination is performed in all children since 1997 (unless they actively refuse). The biggest source oftransmission is intravenous drug use, but also here information campaigns and generous needle exchange programmes are available. In addition, screening is offered at several low-barrier contact points for people who inject drugs (PWID). Since awareness campaigns for safe sex are being conducted in the context of HIV transmission, this is also taking care of hepatitis B transmission.

In Austria, we do not have universal screening for hepatitis C but there is opportunistic screening in many hospitals at admission. Screening for elevated liver enzymes is done for all male citizens at age 18 when examined for eligibility for the military service and followed up if enzymes are elevated. For female residents, hepatitis B screening is carried out during any pregnancy in the "mother-child-pass" examinations, which are coupled to financial incentives (child support after birth). No screening of any organised sort is available for female residents who never become pregnant. In a low-prevalence country for chronic viral hepatitis like Austria (prevalence may be 0.5%), universal screening does not seem to be cost-effective but screening of risk groups would be advisable.

Since the largest number of infected people in Austria belongs to the immigrant communities, at least voluntary screening for these people should be offered together with awareness campaigns specifically targeting these groups. Screening of prison inmates (even short-term inmates) should be universally applied.

Once detected, laboratories are mandated to transmit positive results of hepatitis B and hepatitis C testing to a central state agency that makes sure individuals are informed of their diagnosis: so once infection is detected, loss to follow-up is rare.