

Bulgaria

HepActive*

NGO – hepatitis patient group
Sofia, Bulgaria
www.hepactive.org

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Bulgaria reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **36.0%** of items.
Survey points marked "accurate": 1.1, 1.2, 2.2, 4.2, 4.8, 5.1, 5.2, 5.4 and 5.5.

✗ The government information was thought to not be accurate for **40.0%** of items.
Survey points marked "not accurate": 1.3, 2.1, 3.1, 3.2, 3.3, 3.4, 3.5, 4.1, 4.4 and 4.9.

— The respondent took no position on the government information for **24.0%** of items.
Survey points marked "take no position": 4.3, 4.5, 4.6, 4.7, 4.10 and 5.3.

Survey comments from HepActive:

Information reported by government (2012–2013)

Civil society respondent comments (2014)

✓ To our knowledge, this information is accurate.

4.2 The government has established the goal of eliminating hepatitis B but does not have a specific timeframe for this.

The vaccination with vaccine against hepatitis B has been mandatory since 1992.

✗ To our knowledge, this information is not accurate.

2.1 The government held events for World Hepatitis Day 2012 but has not funded other viral hepatitis public awareness campaigns since January 2011.

As far as we know, until now there is not any government activity dedicated to World Hepatitis Day in any year.

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, but not for any type of chronic hepatitis.

There is no routine surveillance of any type of viral hepatitis (neither chronic nor acute).

— We take no position regarding this statement.

4.3 Nationally, 98.6% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 96% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

The vaccination is mandatory but we cannot say whether the given percentages are valid or not.

Statement from HepActive regarding key hepatitis policy issues in Bulgaria:

First of all, Bulgaria health policy is not including ALT/AST in annual screening tests. This is a cheap but effective tool to determine people with liver problems. Also, there are no free screening laboratories, no long-term

screening programmes, most of the general practitioners are not familiar with hepatitis – we need educational programmes for them.

During the treatment, the patient needs to stay in hospital for three days only for blood tests – we need some serious changes in our hospital policies,

especially for chronic hepatitis patients. And last but not least – Bulgaria is on the bottom when it comes to new treatments. We get those three or four years after other European countries.

* World Hepatitis Alliance member.

Bulgaria

National Association for Fighting Hepatitis – Hepasist*

NGO – hepatitis patient group

Sofia, Bulgaria

www.hepasist.org

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Bulgaria reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **64.0%** of items.

Survey points marked "accurate":
1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.4, 4.3, 4.5, 4.6, 4.7, 4.8, 5.1, 5.2, 5.4 and 5.5.

✗ The government information was thought to not be accurate for **32.0%** of items.

Survey points marked "not accurate":
3.2, 3.3, 3.5, 4.1, 4.4, 4.9, 4.10 and 5.3.

— The respondent took no position on the government information for **4.0%** of items.

Survey points marked "take no position":
4.2.

Survey comments from National Association for Fighting Hepatitis – Hepasist:

Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

1.1 There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.

1.3 The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific population: health-care workers (including health-care waste handlers).

2.2 The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: Hepasist National Association to Fight Hepatitis and Hepactive Association to Fight Hepatitis.

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, but not for any type of chronic hepatitis.

3.4 Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support outbreak investigations and other surveillance activities for hepatitis A, hepatitis B, and hepatitis C, but not for hepatitis E.

Civil society respondent comments (2014)

Though there is no strategy thus far, there is already a written proposal and it is submitted to the Ministry of Health for adoption.

There is such an activity written in the hepatitis plan submitted to the Ministry of Health.

To our knowledge only Hepasist is involved in the working group. We do not know how and whether Hepactive is involved in the work.

There is monitoring of cases, but there is no register where this information is officially stored.

It is possible to screen the population in a case of an epidemic outbreak, but this only applies for hepatitis A.

✓ To our knowledge, this information is accurate.

Information reported by government (2012–2013)

4.3 Nationally, 98.6% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 96% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

4.5 There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

5.2 The government does not have national policies relating to screening and referral to care for hepatitis B or hepatitis C.

5.4 Publicly funded treatment for hepatitis B and hepatitis C is available to all people with health insurance. Information was not provided on the amount spent by the government on such treatment.

✗ To our knowledge, this information is not accurate.

3.2 There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Less than 5% of hepatitis cases are reported as “undifferentiated” or “unclassified” hepatitis.

4.1 There is a national hepatitis A vaccination policy.

4.4 There is a national policy specifically targeting mother-to-child transmission of hepatitis B (Annex B).

Civil society respondent comments (2014)

The programme is since 1992.

This is specially marked in the proposal for the national hepatitis plan.

This is also included and stressed in the hepatitis plan.

The drugs are available and the National Health Insurance Fund should have outlined their expenditures on them in their annual budget. There is a fiscal report, but it is not accessible for everyone.

In a case when someone died from cirrhosis the autopsy says “death from cirrhosis” but it is never specified whether it was caused by hepatitis and what kind.

In the case of an outbreak the government does not have the capacities to react. Should there be a crisis situation, they tend to turn to NGOs for assistance.

Since 2014, there is no more testing for pregnant women for hepatitis B.

Bulgaria

National Association for Fighting Hepatitis – Hepasist continued

Information reported by government (2012–2013)

✘ *To our knowledge, this information is not accurate.*

5.3 People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not free of charge for all individuals, but are free of charge for injecting drug users, men who have sex with men, prisoners and sex workers. Hepatitis B and hepatitis C tests are not compulsory for members of any specific group.

Civil society respondent comments (2014)

The Ministry of Health only gives 500 tests for free, though there is a lot more demand. There are centres where these tests are administered but they end quickly and it is not clear why.

Statement from National Association for Fighting Hepatitis – Hepasist regarding key hepatitis policy issues in Bulgaria:

National coordination is missing in Bulgaria. The governmental structures receive partial information on acute hepatitis, and the information is spread by word-of-mouth. There are no follow-up data on what happens to those diagnosed with acute hepatitis and whether they receive treatment. There are no specific data on mortality from acute or chronic hepatitis. The responsibilities for conducting screenings, diagnostics, treatment and continuous care services need to be clearly distributed among the relevant stakeholders. The government needs to take the leading role as a unifier of all the stakeholders and needs to adopt and support the national hepatitis plan. Regardless of the political majority and leadership in the country, the essence of the plan should be preserved as a long-term investment in social health. The roles of the stakeholders are (as we see them):

- **Institutions** supporting the development and implementation of the proposed national hepatitis plans; work on improving access to treatment for hepatitis and revaccination for hepatitis B; introducing plans for hepatitis A vaccination for children and high-risk groups.
- **Doctors** conducting diagnostics and treatment; put pressure on the government to develop a hepatitis register and later register new patients in the system; raise awareness among their patients of the disease and the need and benefits of early testing.
- **Patient organisations** informal support for patients; presenting useful information in a user-friendly manner to the general public; advocating for the rights and interests of patients in regards to access to treatment and care; collating and sharing best-practice case examples from the international scene.
- **Industry** to deliver new therapies to the Bulgarian market; to make treatment and medicines financially

accessible for the patients; to support the patient and professional organisations.

- **Media** to provide unbiased coverage of the developments in the field and to raise awareness among the general public of the dangers of hepatitis and benefits of early screening.

Altogether, we stress the lack of adequate data on hepatitis in Bulgaria and access to quality and timely treatment and care. As mentioned above, information is mainly spread by word-of-mouth, which is based on one's perceptions of the environment. At any given moment there is no certainty of how many people are diagnosed, how many are in critical condition, how many are on treatment and what type of treatment, and so on. We observe and learn from the good experiences and practices of the international community and do our best to bring those good examples to Bulgaria.