

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Denmark 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 **68.0%** of items.

Survey points marked "accurate":
1.1, 1.3, 2.1, 2.2, 3.1, 3.2, 3.3, 3.4, 4.1, 4.2, 4.4, 4.7, 4.8, 4.9, 5.3, 5.4 and 5.5.

✗ The government information was thought to not be accurate for **24.0%** of items.

Survey points marked "not accurate":
1.2, 3.5, 4.5, 4.10, 5.1 and 5.2.

— The respondent took no position on the government information for **8.0%** of items.

Survey points marked "take no position":
4.3 and 4.6.

Survey comments from CHIP:

Information reported by government (2012–2013)

Civil society respondent comments (2014)

✓ To our knowledge, this information is 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 and C, and for the following types of chronic hepatitis: B and C.

Statens Serum Institute is responsible for this.

3.3 Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally. The government publishes hepatitis disease reports annually.

This information is captured in different databases: liver cancer in "Cancerregistret" at Statens Serum Institute. The Serum Institute also publishes an annual report on acute and chronic viral hepatitis diagnosed in the past year. There is a national database for chronic hepatitis B and C called DANHEP, which also has information on HIV co-infection.

4.2 The government has not established the goal of eliminating hepatitis B.

Does eliminated mean no new HBV infections? Many HBV infections are "imported" by people from high prevalence countries. HBV cannot be eradicated completely in the individual person.

✗ To our knowledge, this information is not accurate.

3.5 There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target populations are people who inject drugs, pregnant women and children of infected mothers. Information was not provided on when the last serosurvey was carried out.

It's correct that there is no national research agenda for viral hepatitis. National hepatitis serosurveys have not been carried out. A local survey in a specific part of Denmark (Funen) has been carried out.

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.

Sundhedsstyrelsen (Danish Health and Medicines Authority) recommends vaccination against HBV in healthcare workers with a significant risk of HBV exposure, but to my knowledge few (if any?) offer free HBV vaccination. For example, at the largest hospital in Denmark HBV vaccination is not offered to all who are at risk of HBV infection.

Denmark

CHIP continued

Information reported by government (2012–2013)

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

4.10 The government has guidelines addressing how hepatitis A and hepatitis E can be prevented through food and water safety.

5.1 Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools of health professionals (pre-service education), on-the-job training and post-graduate training. There are national clinical guidelines for the management of viral hepatitis, which include recommendations for cases with HIV coinfection.

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

— *We take no position regarding this statement.*

4.3 Nationally, 90% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 64% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

4.6 There is a national policy on injection safety in health-care settings, but it is not known what type of syringes it recommends for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all healthcare facilities.

Civil society respondent comments (2014)

In the guidelines from Sundhedsstyrelsen on prevention of viral hepatitis, prevention of hepatitis A is described in detail, but this is not the case for hepatitis E, for which only distribution, natural history and diagnostics are described in a few lines.

The last statement on guidelines is correct. The knowledge and skills regarding viral hepatitis among Danish health care workers (doctors and nurses) are in general very limited.

Guidelines on who should be screened for HBV and HCV, and if positive, referral to specialist department are described in Sundhedsstyrelsen's "Vejledning om HIV, HBV og HCV".

Assume that they are children of an HBV infected mother. I have not seen the Danish numbers, but they look likely to be correct.

The last statement is correct. Unsure about the first one.

Statement from CHIP regarding key hepatitis policy issues in Denmark:

In Denmark most people are diagnosed with hepatitis C by the general practitioners or in the municipal centres for drug users. Further evaluation of the infection and possibly HCV treatment is the responsibility of hospital infectious disease or gastroenterology departments. This physical barrier is often difficult to overcome especially for former or current drug users. It is estimated that fewer

than half of all drug users diagnosed with hepatitis C are followed by a specialist hospital department. Studies from other countries have shown that decentralised (in the centres for drug abusers) evaluation and treatment of hepatitis C have in general been positive. It is recommended that similar research based initiatives are developed in Denmark and supported economically by national and municipal funds.

The Danish Ministry of Health (via Sundhedsstyrelsen) has for many years published guidelines on who and how to screen for viral hepatitis, but there has been no evaluation of awareness, adherence and cost-effectiveness of these recommendations. This is pertinent since it is estimated that only about half all HBV and HCV infected in Denmark have been diagnosed. Again, nationally funded research based studies should further investigate this.

Denmark

Roskilde Sygehus

Medical society
Roskilde, Denmark

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Denmark 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 **96.0%** of items.

Survey points marked "accurate":
1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.2, 3.3, 3.4, 3.5,
4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9,
4.10, 5.1, 5.3, 5.4 and 5.5.

✗ The government information was thought to not be accurate for **4.0%** of items.

Survey points marked "not accurate":
5.2.

Roskilde Sygehus did not provide any comments about survey items.

Statement from Roskilde Sygehus regarding key hepatitis policy issues in Denmark:

Our government should do more to support vulnerable youth, e.g. children who lose one or both of their parents, so that they do not become criminals, drug abusers and hepatitis-C infected. This should be done in Denmark, but we should also support this work in other countries.

Denmark

Sex & Samfund (Danish Family Planning Association)

NGO – Sexual and reproductive health and rights advocacy organisation
Copenhagen, Denmark
www.sexogsamfund.dk

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Denmark 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 **68.0%** of items.

Survey points marked "accurate":
1.1, 1.3, 2.1, 2.2, 3.1, 3.3, 3.4, 4.1, 4.2, 4.4, 4.5, 4.8, 4.9, 4.10, 5.2, 5.3 and 5.4.

✗ The government information was thought to not be accurate for **4.0%** of items.

Survey points marked "not accurate":
4.3.

– The respondent took no position on the government information for **28.0%** of items.

Survey points marked "take no position":
1.2, 3.2, 3.5, 4.6, 4.7, 5.1 and 5.5.

Survey comments from Sex & Samfund (Danish Family Planning Association):

Information reported by government (2012–2013)

✗ To our knowledge, this information is not accurate.

4.3 Nationally, 90% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 64% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

Civil society respondent comments (2014)

Only as a temporary change in the national children's vaccination programme because of a shortage in the original DiTeKiPolHib vaccine. Otherwise it is only children of women in specific target groups that are offered the hepatitis B vaccine.

Sex & Samfund did not provide a statement regarding key hepatitis policy issues in Denmark.