

## SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Estonia 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, 1.2, 1.3, 2.1, 2.2, 3.2, 3.5, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.1 and 5.3.

✗ The government information was thought to not be accurate for **28.0%** of items.

Survey points marked "not accurate":  
3.1, 3.3, 3.4, 5.1, 5.2, 5.4 and 5.5.

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

Survey points marked "take no position":  
4.1.

## Survey comments from the Estonian Society of Gastroenterology:

## Information reported by government (2012–2013)

## Civil society respondent comments (2014)

✗ 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.

*Chronic viral hepatitis B and hepatitis C surveillance only specific population groups (for example pregnant women, prisoners, etc), blood donors screening for hepatitis B and hepatitis C.*

**3.3** Liver cancer cases are not registered nationally, but cases with HIV/hepatitis coinfection are. The government publishes hepatitis disease reports monthly and annually.

*Hepatocellular cancer cases are registered nationally.*

**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.

*Hepatitis E surveillance is possible also.*

**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). There are national clinical guidelines for the management of viral hepatitis, but it is not known whether they include recommendations for cases with HIV coinfection.

*National clinical guidelines for the management of hepatitis B and hepatitis C include recommendations for coinfection cases (HCV/HIV, HBV/HCV, HBV/HIV).*

**5.2** The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.

*Only for screening for hepatitis B.*

# Estonia

## Estonian Society of Gastroenterology continued

### Information reported by government (2012–2013)

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

**5.4** Publicly funded treatment for hepatitis B and hepatitis C is available to people covered by the Estonian Health Insurance Fund. Information was not provided on the amount spent by the government on such treatment.

**5.5** The following drugs for treating hepatitis B are on the national essential medicines list or subsidised by the government: interferon alpha and pegylated interferon. The following drugs for treating hepatitis C are on the national essential medicines list or subsidised by the government: interferon alpha, pegylated interferon and ribavirin.

### Civil society respondent comments (2014)

*With limitations for hepatitis B and hepatitis C, not all available drugs are 100% reimbursed.*

*For hepatitis B, peginterferon alpha2a is 100% reimbursed, entecavir is only 50% reimbursed. For hepatitis C, peginterferon alpha 2a and 2b, and ribavirin 100% reimbursed, telaprevir and boceprevir are reimbursed 100% only for patients with advanced fibrosis (F3-F4).*

*The Estonian Society of Gastroenterology did not provide a statement regarding key hepatitis policy issues in Estonia.*