

## Germany

Deutsche Leberhilfe e.V.\*

NGO – hepatitis patient group (addresses all liver diseases)

Cologne, Germany  
www.leberhilfe.org

## SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Germany 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 **92.0%** of items.

Survey points marked "accurate":  
1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.2, 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 **8.0%** of items.

Survey points marked "not accurate":  
3.3 and 5.2.

## Survey comments from Deutsche Leberhilfe e.V.:

## Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

2.2 The government does not collaborate with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

3.2 There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Information was not provided on the percentage of hepatitis cases reported as "undifferentiated" or "unknown" hepatitis.

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. Hepatitis B vaccination is also recommended for health-care waste handlers.

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) and on-the-job training. There are national clinical guidelines for the management of viral hepatitis, which include recommendations for cases with HIV coinfection.

## Civil society respondent comments (2014)

The government has started after we have produced a national strategy paper. We are now in first discussion with representatives of the Ministry of Health.

It is true that there is a central registry but in real life it is not working well. So we do not have in Germany a very correct overview of hepatitis-related mortality.

Yes, for those who are employed by a hospital, vaccination is reimbursed but not very often proactively offered. Those who are not hospital employees (e.g., cleaning staff) have difficulties to get vaccination reimbursed or to be informed.

But hepatitis is only a minor little part in the education in university.

\* World Hepatitis Alliance member.

# Germany

## Deutsche Leberhilfe e.V. continued

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

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

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

**5.2** The government has national policies relating to screening and referral to care for hepatitis B, but not for hepatitis C.

### Civil society respondent comments (2014)

*To our knowledge there are in some counties liver cancer registries but not a proper national one. As far as I know, only two counties out of 16 have good registries.*

*We are not aware that there is a hepatitis B screening policy in place. Vaccination yes, but not screening.*

### Statement from Deutsche Leberhilfe e.V. regarding key hepatitis policy issues in Germany:

**National coordination.** At this time, national coordination is not good. The German national hepatitis action group initiative (including the leading physicians and NGOs but not government representatives) has developed an action/strategy paper which was launched in 2013 and presented to the Ministry of Health. One of the recommendations is to create a national hepatitis task force to coordinate hepatitis-related activities and implement needed strategies.

#### **Awareness-raising, partnerships and resource mobilisation.**

Awareness strategies in the different hepatitis risk groups is key but not been started by the government. In vain we have discussed several times with the

Ministry of Health that there is a high need of individualised awareness strategies for better prevention and better diagnosis.

#### **Evidence-based policy and data for action.**

The Robert Koch Institute (a central scientific institution serving the Federal Ministry of Health) has started several minor projects to have better data. But although the first publications appeared in 2013, there have been no follow-up efforts to initiate programmes, which are especially needed for high-risk groups.

#### **Prevention of transmission.**

The highest incidence groups in Germany for hepatitis C are people who inject drugs and men who have sex with men. However, no prevention programmes have been established for either group (e.g., harm reduction in prison). Also, regarding hepatitis B, there are no specific programmes for e.g. migrants coming

from highly endemic countries. The BzGA (Bundeszentrale für gesundheitliche Aufklärung) claims they run programmes but in fact NGOs like Deutsche Leberhilfe, Aidshilfe or Leberstiftung are the only ones who roll out prevention programmes. Everything is paid by private donations and with no financial support from the government.

**Screening, care and treatment.** Of all hepatitis cases in Germany, a maximum of 25% are diagnosed. Out of this only 20% have received treatment. The total treatment rate is less than 5%. Because as mentioned above only private initiatives care for more screening there is no expectation to increase this number. On the other hand we have excellent physicians in clinic and private sector for all hepatitis cases. The treatment success rate is close to pivotal clinical studies.

## Germany

## Deutsche Leberstiftung/German Liver Foundation

Foundation  
Hannover, Germany  
www.deutsche-leberstiftung.de

## SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Germany 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 **72.0%** of items.

Survey points marked "accurate":  
1.1, 1.3, 2.1, 3.1, 3.2, 3.4, 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 **24.0%** of items.

Survey points marked "not accurate":  
1.2, 2.2, 3.3, 4.1, 4.2 and 5.2.

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

Survey points marked "take no position":  
3.5.

## Survey comments from the Deutsche Leberstiftung/German Liver Foundation:

## Information reported by government (2012–2013)

✓ 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, C, D and E, and for chronic hepatitis C.

**5.5** The following drugs for treating hepatitis B are on the national essential medicines list or subsidised by the government: interferon alpha, pegylated interferon, lamivudine, adefovir dipivoxil, entecavir, telbivudine and tenofovir. The following drugs for treating hepatitis C are on the national essential medicines list or subsidised by the government: interferon alpha, pegylated interferon, ribavirin, boceprevir and telaprevir.

## Civil society respondent comments (2014)

**No differentiation between acute and chronic hepatitis C.**

**Outdated – Sofosbuvir is available.**

The Deutsche Leberstiftung/German Liver Foundation did not provide a statement regarding key hepatitis policy issues in Germany.