

Czech Republic

Population (in millions) (2011)	10.5
Country classification (2012)	High-income
Gross national income per capita (PPP int \$) (2011)	\$24 370
Total health expenditure as % of GDP (2010)	7.88%
Per capita total health expenditure (PPP int \$) (2010)	\$2050.95
Per capita government health expenditure (PPP int \$) (2010)	\$1716.16
Life expectancy at birth (in years) (2009)	77
Human Development Index (2011)	0.917
Median age (in years) (2010)	39
Total fertility rate per woman (2010)	1.5

The Government of the Czech Republic reports as follows.

National coordination

There is a written national strategy or plan that focuses exclusively on the prevention and control of viral hepatitis. It includes components for surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, and treatment and care.

There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. It is not known how many people work full-time on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers), people who inject drugs, workers at centres for people who inject drugs, newborns, adolescents, medical students, nurses and workers in selected social services, prison workers, emergency services workers, patients on regular dialysis, new clients in residences for people with poor health, and contacts of hepatitis B-infected patients and hepatitis B surface antigen (HBsAg)-positive carriers.

Awareness-raising and partnerships

The government did not hold events for World Hepatitis Day 2012 and has not funded other viral hepatitis public awareness campaigns since January 2011.

The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: patient associations.

Evidence-based policy and data for action

There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B, C and E, but not for any type of chronic hepatitis.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Less than 1% of hepatitis cases are reported as “undifferentiated” or “unclassified” hepatitis.

Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally.

The government publishes hepatitis disease reports weekly, monthly and annually.

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly. The most recent serosurvey was conducted in 2001 and targeted the general population.

Prevention of transmission

There is a national policy on hepatitis A vaccination.

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

Nationally, less than 1% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 99% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

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

It is not known whether 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.

There is a national policy on injection safety in health-care settings, which recommends single-use syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

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

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education), on-the-job training and postgraduate training.

There are national clinical guidelines for the management of viral hepatitis, which include recommendations for cases with HIV coinfection. It is not known whether there are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

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

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, though they are for certain groups, but information was not provided regarding which groups. Hepatitis B and hepatitis C tests are compulsory for members of some specific groups but these groups were not identified.

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

Information was not provided on whether any drug for treating hepatitis B or hepatitis C is on the national essential medicines list or subsidized by the government.

The Government of the Czech Republic did not indicate a need for assistance from WHO in relation to viral hepatitis prevention and control.