

Netherlands (the)

The Government of the Netherlands reports as follows.

National coordination

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

There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. There are two to three full-time equivalent staff members who work 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, migrants, prisoners, sex workers, people living with HIV and men who have sex with men.

Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 and has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

The government collaborates with the following in-country civil society group to develop and implement its viral hepatitis prevention and control programme: National Hepatitis Centrum.

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 and C, and for chronic hepatitis B.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Of hepatitis cases, 2% 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 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

Population (in millions) (2011)	16.7
Country classification (2012)	High-income
Gross national income per capita (PPP int \$) (2011)	\$43 140
Total health expenditure as % of GDP (2010)	11.92%
Per capita total health expenditure (PPP int \$) (2010)	\$5037.83
Per capita government health expenditure (PPP int \$) (2010)	\$3991.24
Life expectancy at birth (in years) (2009)	81
Human Development Index (2011)	0.944
Median age (in years) (2010)	41
Total fertility rate per woman (2010)	1.8

serosurveys are conducted regularly; the target populations are the general population and prisoners. The last serosurvey was carried out in 2010.

Prevention of transmission

There is a national policy on hepatitis A vaccination.

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

Nationally, 99% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth. It is not known what percentage of one-year-olds (ages 12–23 months) nationally 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).

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 no national policy on injection safety in health-care settings, although there is a policy on needle-stick injuries. 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. 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 hepatitis B and hepatitis C do not register by name. Hepatitis B and hepatitis C tests are not free of charge for all individuals. Hepatitis B tests are free of charge for patients attending sexually transmitted infection (STI) clinics who meet specific criteria. Hepatitis C tests are free of charge for people living with HIV and men who have sex with men. Hepatitis B and hepatitis C tests are not compulsory for members of any specific group.

Publicly funded treatment for hepatitis B and hepatitis C is available to all people with social health insurance. The amount spent by the government on such treatment for hepatitis B and hepatitis C is not known.

It is not known 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 Netherlands did not indicate a need for assistance from WHO in relation to viral hepatitis prevention and control.