

Slovakia

The Government of Slovakia 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. 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 and people living with HIV.

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

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, D and E, and for the following types of chronic hepatitis: B, C and D.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. The percentage of hepatitis cases reported as "undifferentiated" or "unclassified" hepatitis is not known.

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

The government publishes hepatitis disease reports monthly.

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.

It is not known whether there is a national public health research agenda for viral hepatitis or whether viral hepatitis serosurveys are conducted regularly.

Population (in millions) (2011)	5.5
Country classification (2012)	High-income
Gross national income per capita (PPP int \$) (2011)	\$22 130
Total health expenditure as % of GDP (2010)	8.79%
Per capita total health expenditure (PPP int \$) (2010)	\$2060.24
Per capita government health expenditure (PPP int \$) (2010)	\$1356.77
Life expectancy at birth (in years) (2009)	75
Human Development Index (2011)	0.875
Median age (in years) (2010)	37
Total fertility rate per woman (2010)	1.3

Prevention of transmission

There is a national policy on hepatitis A vaccination.

It is not known whether the government has established the goal of eliminating hepatitis B.

Information was not provided on the percentage of newborn infants nationally in a given recent year who received the first dose of hepatitis B vaccine within 24 hours of birth or the percentage of one-year-olds nationally (ages 12–23 months) in a given recent year who 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 no specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Information was not provided on whether health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

It is not known whether there is a national policy on injection safety in health-care settings. 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.

It is not known whether there is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government does not have 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 postgraduate training.

There are national clinical guidelines for the management of viral hepatitis. 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 does not have national policies relating to screening and referral to care for hepatitis B or 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 free of charge for all individuals and are not compulsory for members of any specific group.

Publicly funded treatment is available for hepatitis B, but information was not provided on who is eligible for this. Information was not provided on whether publicly funded treatment is available for hepatitis C, or on the amount spent by the government on such treatment for hepatitis B and hepatitis C.

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

The Government of Slovakia welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).