

Slovenia

Population (in millions) (2011)	2.0
Country classification (2012)	High-income
Gross national income per capita (PPP int \$) (2011)	\$26 510
Total health expenditure as % of GDP (2010)	9.41%
Per capita total health expenditure (PPP int \$) (2010)	\$2551.56
Per capita government health expenditure (PPP int \$) (2010)	\$1879.49
Life expectancy at birth (in years) (2009)	79
Human Development Index (2011)	0.935
Median age (in years) (2010)	42
Total fertility rate per woman (2010)	1.4

The Government of Slovenia reports as follows.

National coordination

There is a written national strategy or plan that focuses primarily on the prevention and control of viral hepatitis, and also integrates other diseases. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, treatment and care, and coinfection with HIV.

There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. It is a special national multidisciplinary expert team. However, there are no people working full-time on hepatitis-related activities in any government agency/body.

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, prisoners, people living with HIV and people undergoing immunosuppressive therapy.

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. However, an expert team sanctioned by the government has prepared events for World Hepatitis Day since 2008. These have included mass media awareness campaigns on prevention and control, as well as anonymous free testing for hepatitis B and hepatitis C.

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

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. No hepatitis case is reported as "undifferentiated" or "unclassified" hepatitis.

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.

There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted every six to 12 months; the target populations are the general population, people who inject drugs, blood donors, health-care workers and pregnant women. Information was not provided on when the last serosurvey was carried out.

Prevention of transmission

There is a national policy on hepatitis A vaccination.

The government has not 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 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, postgraduate training and viral hepatitis conferences.

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 both hepatitis B and hepatitis C register by name, and there is open access to their names. Hepatitis B and hepatitis C tests are not free of charge for all individuals, but they are free of charge for pregnant women, prisoners, people who inject drugs and family members of hepatitis B carriers. Hepatitis B and hepatitis C tests are compulsory for health-care workers.

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

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

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