Luxembourg

Population (in millions) (2011)	**0.5**
Country classification (2012)	**High-income**
Gross national income per capita (PPP int $) (2011)	**$64 260**
Total health expenditure as % of GDP (2010)	**7.77%**
Per capita total health expenditure (PPP int $) (2010)	**$6743.02**
Per capita government health expenditure (PPP int $) (2010)	**$5691.67**
Life expectancy at birth (in years) (2009)	**81**
Human Development Index (2011)	**0.854**
Median age (in years) (2010)	**39**
Total fertility rate per woman (2010)	**1.6**

The Government of Luxembourg 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 prisoners.

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

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 does not publish hepatitis disease reports.

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.

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.

It is not known what percentage of newborn infants nationally in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth. Nationally, 94% 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).

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.

It is not known whether 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 no national clinical guidelines for the management of viral hepatitis or 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 not free of charge. Hepatitis B tests are compulsory for health-care workers, who should subsequently be vaccinated. Hepatitis C tests are not compulsory for members of any specific group.

Publicly funded treatment is available for hepatitis B and hepatitis C. People insured by the national health insurance system are eligible. The amount spent by the government on publicly funded treatment for hepatitis B and hepatitis C is not known.

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 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 Luxembourg did not indicate a need for assistance from WHO in relation to viral hepatitis prevention and control.