European Liver Patients Association

ELPA

Hep-CORE

The 2016 Hep-CORE Report

Monitoring the implementation of hepatitis B and C policy recommendations in Europe

European Liver Patients Association

Tables and figures should be referenced as follows:
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Errata: 15 March 2017; a sentence was changed on page 18 and a table was changed on page 78 to reflect a data change made by a survey respondent. The survey respondent originally reported that drug consumption rooms are available in all parts of the country in Turkey, then later informed the research team that they are not available.

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Acknowledgements

The 2016 Hep-CORE Report was written by Jeffrey V Lazarus, Kelly Safreed-Harmon, and Samya R Stumo from the Barcelona Institute of Global Health (ISGlobal), Hospital Clínic, University of Barcelona, Spain, and CHIP, Rigshospitalet, a World Health Organization Collaborating Centre on HIV and Viral Hepatitis, University of Copenhagen, Denmark. The authors, along with colleagues on the Hep-CORE Study Group, designed, piloted, implemented, and analysed the Hep-CORE survey over the course of 2016.

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Bulgaria – National Association for Fighting Hepatitis - Hepasist

Croatia – CATIH “Hepatos”

Denmark – Hepatitis-Foreningen

Egypt – Association of Liver Patients' Care (ALPC)

Finland – The Finnish Kidney and Liver Association

France – Fédération SOS Hépatites

Germany – Deutsche Leberhilfe e.V.

Greece – Hellenic Liver Patient Association “Prometheus”

Hungary – Hungarian Association of Chronic Hepatitis Patients - VIMOR

Israel – Hetz - Israeli Association For The Health Of the Liver

Italy – Associazione EPAC Onlus

Macedonia – Hepar Centar - Bitola

Netherlands – Dutch Liver Patient Association (NLV)

Poland – Star of Hope Foundation

Portugal – SOS Hépatites Portugal

Romania – APAH-RO

Serbia – HRONOS

Slovakia – HEP HELP KLUB

Slovenia – Slovenija HEP

Spain – Catalan Association of Hepatitis Patients (ASSCAT)

Sweden – Riksföreningen Hepatit C (RHC)

Turkey – HEPYAŞAM - Living with Hepatitis Association

Ukraine – Stop Hepatitis

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List of abbreviations

AIDS: acquired immune deficiency syndrome

Anti-HBc: hepatitis B core antigen

Anti-HCV: hepatitis C antigen

DAAs: direct-acting antivirals

DNA: deoxyribonucleic acid

EASL: European Association for the Study of the Liver

ELPA: European Liver Patients Association

HbsAg: hepatitis B surface antigen

HBV: hepatitis B virus

HCV: hepatitis C virus

Hep-CORE: Hepatitis - Community, Opinion, Recommendations, Experts

HIV: human immunodeficiency virus

MSM: men who have sex with men

NAT: nucleic acid test

NICE: The National Institute for Health and Care Excellence

NGO: nongovernmental organization

NSP: needle and syringe programme

OST: opioid substitution therapy

PLHIV: people living with HIV

PWID: people who inject drugs

STI: sexually transmitted infection

WHO: World Health Organization

Foreword

2016 was a year of remarkable progress in the fight against viral hepatitis. With the World Health Organization's recent introduction of the first-ever global health sector strategy on viral hepatitis, stakeholders in all regions of the world are beginning to rally around the global goal of eliminating viral hepatitis as a public health threat by 2030.

The strategy gives us a common set of strategic directions and priority actions based on the best available scientific evidence. It is therefore an essential tool for countries to use when developing more focused responses to their viral hepatitis epidemics. Europe, however, has not been monitored as a whole since its inclusion in the WHO global hepatitis policy report of 2013. This was followed up by a 2014 global community response report. Now, as the monitoring and evaluation framework of the WHO hepatitis strategy is not expected to be operationalized until 2018 at the earliest, patients are again taking action.

Hep-CORE is a unique patient-led monitoring tool that we hope to repeat on a regular basis in order to compare results between countries and follow individual country progress over time. We recognise that each participating country is in a different phase of the viral hepatitis epidemic and that all countries have differing resource capacities. Nonetheless, given that all United Nations member states have committed themselves to the Sustainable Development Goals and to the WHO *Global health sector strategy on viral hepatitis, 2016–2021*, and that the WHO European Regional Committee has approved the *Action plan for the health sector response to viral hepatitis* in the WHO European Region, monitoring efforts are essential. The European Liver Patients Association is very proud to take the lead.

I would like to especially thank all the patient organisations that participated in this effort. It is unusual to have a 100% response rate for any questionnaire-based study and we sincerely appreciate their efforts as well as those of all other stakeholders who provided vital information. I would also like to thank all our sponsors as well as Professor Jeffrey Lazarus and his research team, who have been working closely with us for more than a year to develop the questionnaire, present it to member organisations, and analyse and prepare the final results for this report.

Tatjana Reic
President, European Liver Patients Association

1. About the Hep-CORE study

The European Liver Patients Association (ELPA) (Annex 1) commissioned the Hep-CORE study in 2016 to shed light on the policy response to hepatitis B virus (HBV) and hepatitis C virus (HCV) in Europe by engaging with ELPA member organisations. A research team based at the Barcelona Institute of Global Health (ISGlobal), Hospital Clínic, University of Barcelona and CHIP, Rigshospitalet, the University of Copenhagen carried out the study on ELPA's behalf. The findings are presented in this report.

The study methodology, described in Annex 2, can be summarised as follows: the research team invited one ELPA group or coalition of groups in each country where ELPA is represented (as well as Denmark) to complete a 39-item survey that asked about key aspects of the response to HBV and HCV in their countries. Survey topics included national coordination, disease monitoring, prevention, testing and treatment. The survey instrument can be found in Annex 3. Respondents representing 27 countries (25 in Europe) completed surveys, and the data that they submitted provide the basis for this report.

Section two of the report presents a narrative account of study findings, with information organised in accordance with the seven broad topics addressed in the survey:

- Overall national response
- Public awareness and engagement
- Monitoring and data collection
- Prevention
- Testing and diagnosis
- Clinical assessment
- Treatment

Responses to all survey items are reported in detailed tables in section three of the report.

The 2016 Hep-CORE study findings are a resource that can aid the efforts of all of those who are working to eliminate HBV and HCV as public health threats in Europe and beyond in line with the Global health sector strategy on viral hepatitis, 2016–2021 published by the World Health Organization (WHO).[1] ELPA looks forward to engaging with other stakeholders to explore how the findings might inform stronger policy responses to HBV and HCV. ELPA also welcomes the addition of another important policy document – the Action plan for the health sector response to viral hepatitis in the WHO European Region,[2] which was approved in September 2016, just as the Hep-CORE survey was closing.

The unique value of the Hep-CORE findings is that they directly represent the knowledge of patient groups, that are working very hard at the national and local levels to protect the interests of people with liver diseases. ELPA and its member organisations stand ready to make further substantive contributions to the knowledge base that is needed to end both the hepatitis B and hepatitis C epidemics.

[1] Global health sector strategy on viral hepatitis, 2016–2021. World Health Organization. 2016. http://apps.who.int/iris/bitstream/10665/246177/1/WHO-HIV-2016.06-eng.pdf.

[2] Action plan for the health sector response to viral hepatitis in the WHO European Region. World Health Organization Regional Office for Europe, 2016. http://www.euro.who.int/en/health-topics/communicable-diseases/hepatitis/publications/2016/action-plan-for-the-health-sector-response-to-viral-hepatitis-in-the-who-european-region.-draft-2016.

2. Results

All results represent the full dataset of 27 survey respondents unless otherwise noted.

2.1. Overall National Response

The first section of the survey asked five questions about the overall national response to hepatitis B virus (HBV) and hepatitis C virus (HCV) in the 27 study countries.

2.1.1. Written national HBV and/or HCV strategy

Patient groups in 13 countries (48%) reported that their respective countries have a written national HBV and/or HCV strategy (Figure 2.1.1). In ten of the 13 countries (77%), the strategy was said to address both HBV and HCV, while in the other three countries (Belgium, Spain, United Kingdom),[3] the strategy was said to address only HCV. Twelve of the 13 countries that were reported to have a strategy (92%) also were reported to have an action plan stating how the strategy will be implemented.[4] Nine (69%) of the 13 countries were reported to have strategies exclusively for viral hepatitis while four countries (31%; Belgium, Germany, Israel, Turkey) were reported to integrate viral hepatitis with other diseases in their strategies (Table 3.1.1).

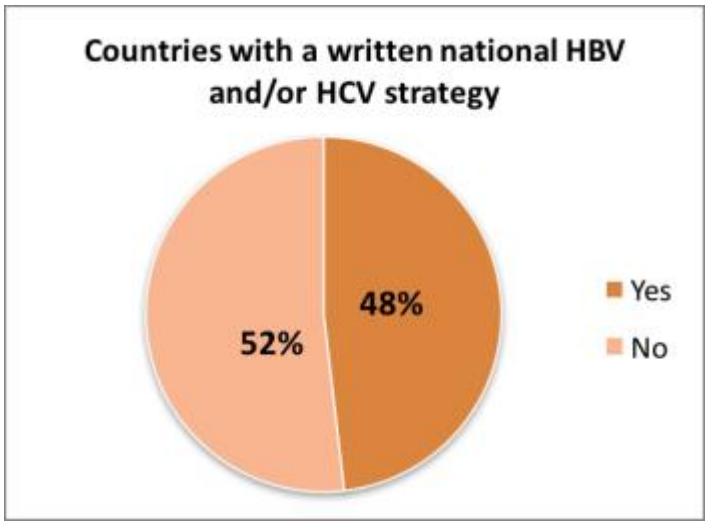

Figure 2.1.1.

2.1.2. National clinical guidelines for the diagnosis and treatment of HBV

Patient groups in 26 countries (96%) reported that their respective countries have national clinical guidelines for HBV. One country was reported not to have such guidelines (4%; Portugal). Seven of the 26 countries with guidelines (27%) have adopted the guidelines of the European Association for the Study of the Liver[5] (EASL) or those of another international clinical association as their national HBV guidelines. One country (4%; Italy) uses HBV guidelines from the World Health Organization[6] (WHO). One country (4%; Sweden) has HBV guidelines developed by its national government. Fifteen countries (58%) have HBV guidelines that their own national medical societies developed. Two countries (8%; Finland, United Kingdom) were reported to have other sources for their national HBV guidelines: the Helsinki University Hospital in Finland and the National Institute for Health and Care Excellence (NICE) in the United Kingdom (Table 3.1.2).

[3] In cases where the response includes fewer than five countries, the countries are listed in the text.
[4] It was reported that Denmark has an action plan, but the answer is not included in the total number of "yes" answers for this sub-question because the respondent representing Denmark answered "no" to the main question ("Does your country have a written national HBV and/or HCV strategy?").
[5] EASL clinical practice guidelines: Management of chronic hepatitis B virus infection. *J Hepatol*. 2012;57(1):167-85.
[6] Guidelines for the prevention, care and treatment of persons with chronic hepatitis B infection. World Health Organization, 2015.

2.1.3. National clinical guidelines for the diagnosis and treatment of HCV
Patient groups in 26 countries (96%) reported having national clinical guidelines for HCV, with the United Kingdom being the only country where no such guidelines were reported. Six of the 26 countries with guidelines (23%) have adopted guidelines by EASL[7] or another international clinical association as their national HCV guidelines. Five countries (19%) reported having HCV guidelines developed by their own national governments. Fourteen countries (54%) have HCV guidelines developed by their own national medical societies. In one country (Finland), the source for national HCV guidelines was reported to be the Helsinki University Hospital (Table 3.1.3).

2.1.4. Multidisciplinary/technical advisory/Ministry of Health working group for viral hepatitis
Patient groups in 12 countries (44%) reported having a working group for viral hepatitis in their national government, whereas 15 (56%) reported not having a working group. Of these, working groups in four countries (33%; Denmark, Italy, Spain, Turkey) meet less than once per year and those in seven (58%) meet more than once per year. The survey respondent from the Netherlands reported not knowing how often their national viral hepatitis working group meets (Table 3.1.4).

2.1.5. National laws that protect people against discrimination based on their HBV/HCV status
National laws protecting people against discrimination based on their HBV or HCV status were reported in eight countries (30%). In 18 countries (67%) there were said to be no national laws of this nature. The survey respondent from Israel reported not knowing whether there was a national law of this nature (Table 3.1.5).

2.2. Public Awareness and Engagement

The second section of the survey asked five questions about government-initiated campaigns and about public awareness and engagement with HBV and HCV.

2.2.1. Events or awareness campaigns for World Hepatitis Day 2015
When asked about government-staged events and awareness campaigns around World Hepatitis Day 2015, patient group respondents indicated that the governments of nine countries (33%) planned events or awareness campaigns at the national or subnational level. In seven of these countries (78%), civil society groups were reported to be involved in government-planned activities. Seven of the nine (78%) had events planned by the national government, one (11; Bosnia & Herzegovina) had events planned by the subnational governments with at least 50% of governments participating, and one (11; Egypt) had events planned by the subnational governments with less than 50% of governments participating (Table 3.2.1).

2.2.2. Events or awareness campaigns for World Hepatitis Day 2016
When asked if their governments were planning to stage events and awareness campaigns around World Hepatitis Day 2016, patient group respondents indicated that the governments of nine countries (33%) were planning to hold events or awareness campaigns at the national level, subnational level or both levels. One country (4%; Romania) did not know whether its government was planning to hold events in 2016. Of those nine countries that had governments that were planning events around World Hepatitis Day 2016, eight countries (89%) reported that civil society groups would be involved in government-planned activities. Six countries (67%) reported events that were being planned by the national government, two (22%; Turkey, Ukraine) reported events being planned by all subnational governments, three (33%; Turkey, Ukraine, Bosnia & Herzegovina) reported events being planned by subnational governments with at least 50% of governments

[7] EASL Recommendations on Treatment of Hepatitis C 2016. *J Hepatol* (2016), http://dx.doi.org/10.1016/j.jhep.2016.09.001.

participating, two (22%; Turkey, Egypt) reported events being planned by subnational governments with less than 50% of governments participating, and a patient group from one country (11%; France) did not know at what government level national events would be staged (Table 3.2.2).

2.2.3. Viral hepatitis awareness campaigns since January 2015, other than World Hepatitis Day

As part of a comprehensive four-part question on further viral hepatitis awareness campaigns, patient groups in seven countries (26%) reported that, since January 2015, their governments have funded at least one viral hepatitis awareness campaign other than World Hepatitis Day – directly or through a non-governmental organization (NGO) (Figure 2.2.3). Of the seven that were reported to have viral hepatitis awareness campaigns, six respondents (86%) reported that these campaign(s) were funded at a national level and one (Egypt) reported that these campaigns were funded at a subnational governmental level with less than 50% of governments participating (Table 3.2.3a). In all seven countries with campaigns (100%), it was reported that campaign channels were via social media and public events and in five countries (71%), mass media was reported as an additional channel for the campaign(s). In two countries (29%), 'other' channels were reported including radio and web television (France) as well as European Union Testing Week activities and a mobile phone application for infectious diseases (Slovenia) (Table 3.2.3b).

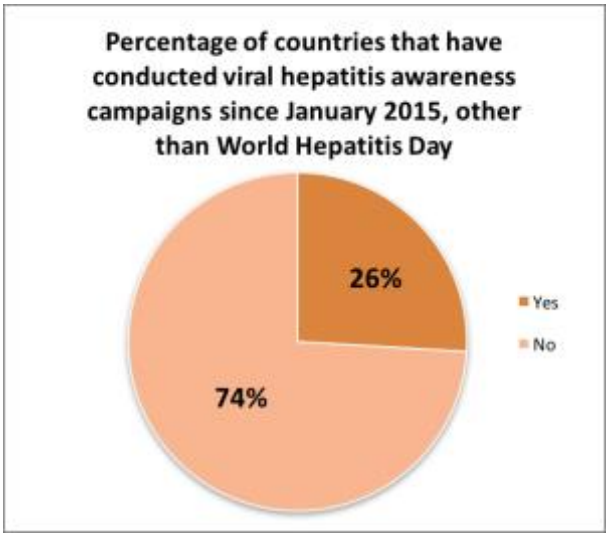

Figure 2.2.3.

Primary target groups for these awareness campaigns were reported to be the general population in five countries (71%), people who inject drugs (PWID) in four countries (57%; Egypt, France, Israel, Slovenia), healthcare workers[8] in four countries (57%; Egypt, Israel, Slovenia, Ukraine), and migrants in three countries (43%; France, Slovenia, Turkey). Patient groups in two countries (29%; Israel, Slovenia) reported additional target groups for viral hepatitis awareness campaigns including men who have sex with men (MSM), transgender people, and people living with HIV (PLHIV). Sex workers were a specifically targeted population for awareness campaigns in Israel only (14%) and prisoners were targeted only in France (14%). Four patient groups (57%) reported 'other' target populations for awareness campaigns such as HCV-infected patients (Egypt), people who received blood transfusions prior to 1992 (Israel), youth and general medical practitioners (Slovenia), and national army soldiers (Ukraine) (Table 3.2.3c).

Primary topics and messages included general information about viral hepatitis (seven countries; 100%), the importance of knowing one's HBV/HCV status (four countries; 57%; Egypt, Israel, Slovenia, Ukraine), harm reduction for PWID as well as viral hepatitis awareness in healthcare settings (57%; Egypt, France, Israel, Slovenia), the importance of HBV vaccination (43%; Egypt, Israel, Slovenia), and the importance of safer sex (29%; Egypt, Slovenia). Four patient groups (57%) reported 'other' topics and messages such as risky behaviours leading to HBV/HCV infection (Egypt), HCV testing (France, Slovenia), and information on treatment (Slovenia, Ukraine) (Table 3.2.3d).

[8] Two countries (Bulgaria, United Kingdom) responded in a slightly different way in their answers here compared to their answers to a similar question below (see 2.2.5). Here both reported that there were no government-funded viral hepatitis awareness activities for any population, whereas in 2.2.5 both reported that their countries have in fact carried out viral hepatitis activities targeting healthcare workers.

2.2.4. Government collaboration with any in-country civil society groups

Patient groups in 15 countries (56%) reported that their governments collaborate with in-country civil society groups such as patient groups, community groups, or local or national NGOs to plan and carry out their viral hepatitis prevention and control programmes. Nine patient groups (33%) reported that their countries do not collaborate with in-country civil society and three (11%; France, Poland, Romania) reported that they did not know. Specific collaborating civil society organizations are listed in the Annex (Table 3.2.4).

2.2.5. Viral hepatitis awareness activities targeting healthcare workers

Patient groups in five countries (19%) reported that a government agency in their country has carried out viral hepatitis awareness activities targeting healthcare workers.[9] Eighteen groups (67%) reported that no agency has carried out viral hepatitis awareness activities targeting healthcare workers, and four groups (15%; Bosnia & Herzegovina, Israel, Poland, Turkey) reported that they did not know (Table 3.2.5).

2.3. Monitoring and Data Collection

The third section of the survey asked four questions about national government approaches to monitoring as well as national disease registries for HBV, HCV, and hepatocellular carcinoma (HCC).

2.3.1. National government employs a "cascade-of-care" approach to monitor the numbers and proportions of people who progress through each stage of the HBV and HCV care cascades.

Patient groups in ten countries (37%) reported that their national governments employ a cascade-of-care approach to monitor the numbers and proportions of people who progress through each stage of the HBV and HCV care cascades. The patient group in Poland reported not knowing whether its government employs this approach to viral hepatitis monitoring (Table 3.3.1).

2.3.2. National disease register for HBV infection

Patient groups in ten countries (37%) reported that their governments, or government-related institutions, have national disease registers for HBV infection. Seventeen patient groups (63%) reported no national HBV register. Data are reportedly collected from mandatory notification of every HBV case nationwide in nine of the ten instances (90%) where countries were reported to have a national HBV disease register. Subnational data on HBV infection are reported to be available in all ten of these countries (100%) (Table 3.3.2).

2.3.3. National disease register for HCV infection

Patient groups in twelve countries (44%) reported that their governments, or government-related institutions, have national disease registers for HCV infection. Fifteen patient groups (56%) reported no national HCV infection register. In nine of the twelve instances (75%) of HCV national disease registers, data are collected from mandatory notification of every HCV case, and in two cases it is not (Denmark, Greece). No answer was provided for one country (8%; Portugal). Subnational data on HCV infection is available in 11 out of 12 countries (92%). Not available for Greece (8%) (Table 3.3.3).

[9] Two countries (Bulgaria, United Kingdom) responded in a slightly different way in their answers here compared to their answers to a similar question above (see 2.2.3). Here both reported that their countries have carried out viral hepatitis activities targeting healthcare workers, whereas previously both had reported that there were no government-funded viral hepatitis awareness activities for any population.

2.3.4. National disease register for hepatocellular carcinoma
Patient groups in twelve countries (44%) reported that their governments, or government-related institutions, have national disease registers for hepatocellular carcinoma. Thirteen (48%) reported no national HCC register. Two patient groups (7%; Austria, Romania) reported that they did not know if there was an HCC register in their country. In ten of the instances (83%) of HCC national disease registers, data are collected from mandatory notification of every HCC case and in two cases they are not (17%; Belgium, Spain). Subnational data on HCC cases are available in nine out of 12 countries (75%). patient groups in Bulgaria and Spain reported that subnational data were not available and the patient group in Serbia reported that they did not know if subnational data were available (Table 3.3.4).

2.4. Prevention

The fourth section of the survey asked eight questions about prevention of HBV and HCV, including questions about national and subnational policy, HBV vaccination and cost, screening of biological donations, prevention campaigns, harm reduction services generally and in prisons, and the specific populations targeted by each of these.

2.4.1. National policy to address prevention of HBV/HCV infection in healthcare settings
Six (22%) out of 27 patient groups reported that their respective countries do not have national policies that specifically address prevention of viral hepatitis B or C infection in healthcare settings whereas 21 patient groups (78%) reported that they do have HBV or HCV prevention policies of this type (Table 3.4.1).

Of the 21 groups that responded that they had policies which specifically address prevention of HBV or HCV in healthcare settings there was particular reference to the following topics:

- Universal blood and body fluid precautions – 21 countries (100%)
- Safe injections – 19 countries (90%)
- HBV vaccination for healthcare workers – 18 countries (86%)
- Post-exposure management and prophylaxis for healthcare workers – 17 countries (81%)
- Safe medical waste management – 17 countries (81%)
- National HBV/HCV prevention and control regulations/protocols – 14 countries (67%)
- Other – one country (5%).[10]

2.4.2. HBV prevention addressed in different populations in your country
Patient groups reported extensively on which populations are referred to in policy for HBV prevention (besides vaccination) (Figure 2.4.2 and Table 3.4.2):

HBV prevention is addressed in national policy for the following populations:

- People who inject drugs – eight countries (30%)
- Men who have sex with men – seven countries (26%)
- Transgender people – four countries (15%)
- Sex workers – seven countries (26%)
- Prisoners – seven countries (26%)
- Migrants – six countries (22%)
- People living with HIV – nine countries (33%)
- Other – four countries (15%).

[10] It was reported that Denmark's national prevention policy additionally addresses screening of blood in healthcare settings.

HBV prevention is addressed in subnational HBV policies in all provinces/regions for the following populations:

- People who inject drugs – five countries (19%)
- Men who have sex with men – four countries (15%)
- Transgender people – three countries (11%)
- Sex workers – three countries (11%)
- Prisoners – two countries (7%)
- Migrants – four countries (15%)
- People living with HIV – four countries (15%)
- Other – one country (4%).

HBV prevention is addressed in national HBV strategy for the following populations:

- People who inject drugs – eight countries (30%)
- Men who have sex with men – six countries (22%)
- Transgender people – four countries (15%)
- Sex workers – six countries (22%)
- Prisoners – six countries (22%)
- Migrants – six countries (22%)
- People living with HIV – seven countries (26%)
- Other – one country (4%).

HBV prevention is addressed in subnational HBV strategies in all provinces/regions for the following populations:

- People who inject drugs – five countries (19%)
- Men who have sex with men – three countries (11%)
- Transgender people – four countries (15%)
- Sex workers – two countries (7%)
- Prisoners – two countries (7%)
- Migrants – two countries (7%)
- People living with HIV – three countries (11%)
- Other – two countries (7%).

HBV prevention is addressed in national clinical guidelines for the following populations:

- People who inject drugs – 12 countries (44%)
- Men who have sex with men – 11 countries (41%)
- Transgender people – five countries (19%)
- Sex workers – nine countries (33%)
- Prisoners – ten countries (37%)
- Migrants – ten countries (37%)
- People living with HIV – 12 countries (44%)
- Other – one country (4%).

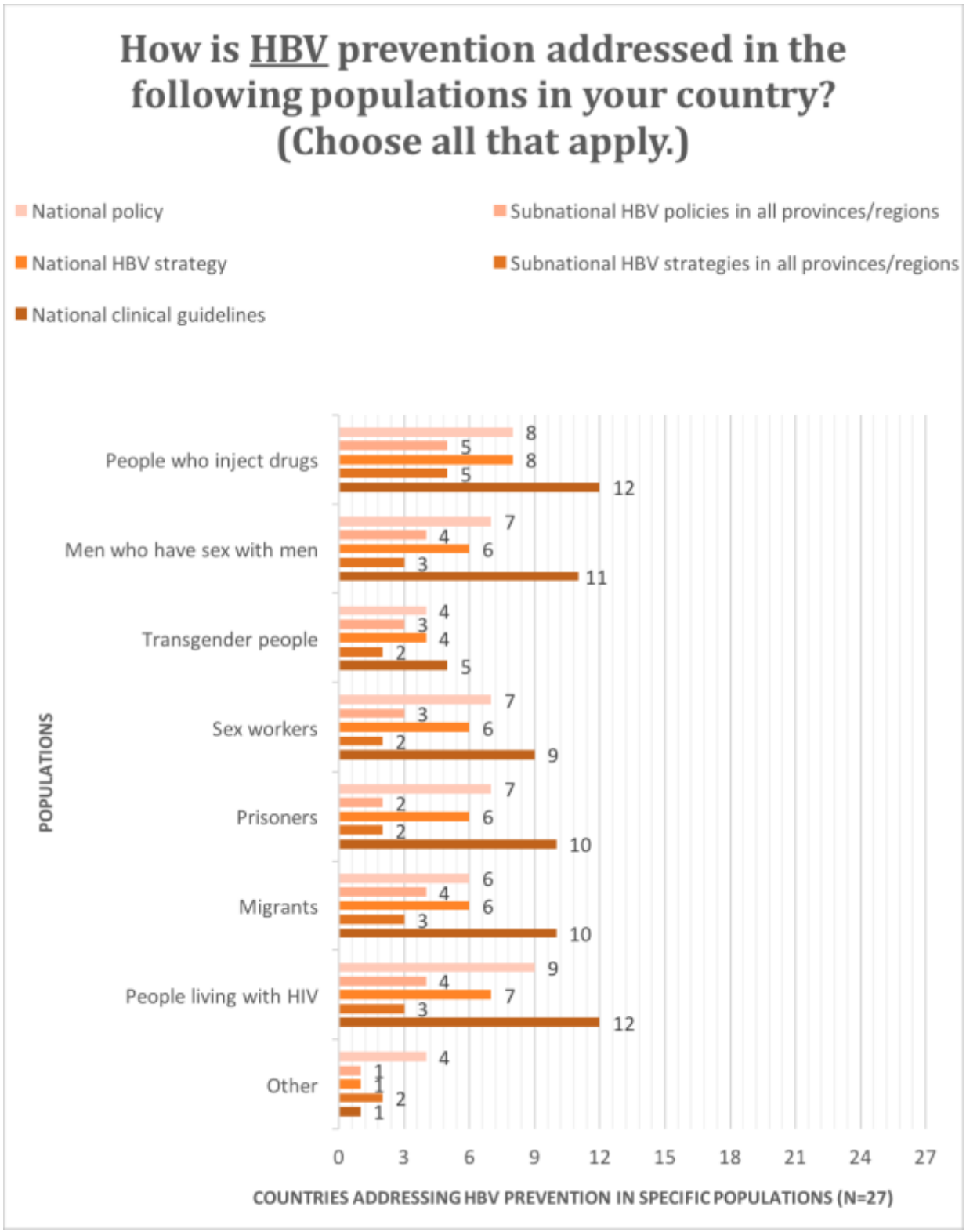

Figure 2.4.2.

2.4.3. HCV prevention addressed in different populations in your country

Patient groups also reported on which populations are referred to in national policy for HCV prevention (Figure 2.4.3 and Table 3.4.3):

HCV prevention is addressed in national policy for the following populations:

- People who inject drugs – ten countries (37%)
- Men who have sex with men – six countries (22%)
- Transgender people – four countries (15%)
- Sex workers – six countries (22%)
- Prisoners – seven countries (26%)
- Migrants – five countries (19%)
- People living with HIV – eight countries (30%)
- Other – three countries (11%).

HCV prevention is addressed in subnational HCV policies in all provinces/regions for the following populations:

- People who inject drugs – four countries (15%)
- Men who have sex with men – four countries (15%)
- Transgender people – two countries (7%)
- Sex workers – two countries (7%)
- Prisoners – two countries (7%)
- Migrants – three countries (11%)
- People living with HIV – four countries (15%)
- Other – one country (4%).

HCV prevention is addressed in national HCV strategy for the following populations:

- People who inject drugs – nine countries (33%)
- Men who have sex with men – seven countries (26%)
- Transgender people – four countries (15%)
- Sex workers – five countries (19%)
- Prisoners – five countries (19%)
- Migrants – four countries (15%)
- People living with HIV – seven countries (26%)
- Other – three countries (11%).

HCV prevention is addressed in subnational HCV strategies in all provinces/regions for the following populations:

- People who inject drugs – three countries (11%)
- Men who have sex with men – three countries (11%)
- Transgender people – two countries (7%)
- Sex workers – two countries (7%)
- Prisoners – two countries (7%)
- Migrants – three countries (11%)
- People living with HIV – three countries (11%)
- Other – one country (4%).

HCV prevention is addressed in national clinical guidelines for the following populations:

- People who inject drugs – 11 countries (41%)
- Men who have sex with men – 12 countries (44%)
- Transgender people – five countries (19%)
- Sex workers – nine countries (33%)
- Prisoners – ten countries (37%)
- Migrants – eight countries (30%)
- People living with HIV – 12 countries (44%)
- Other – three countries (11%).

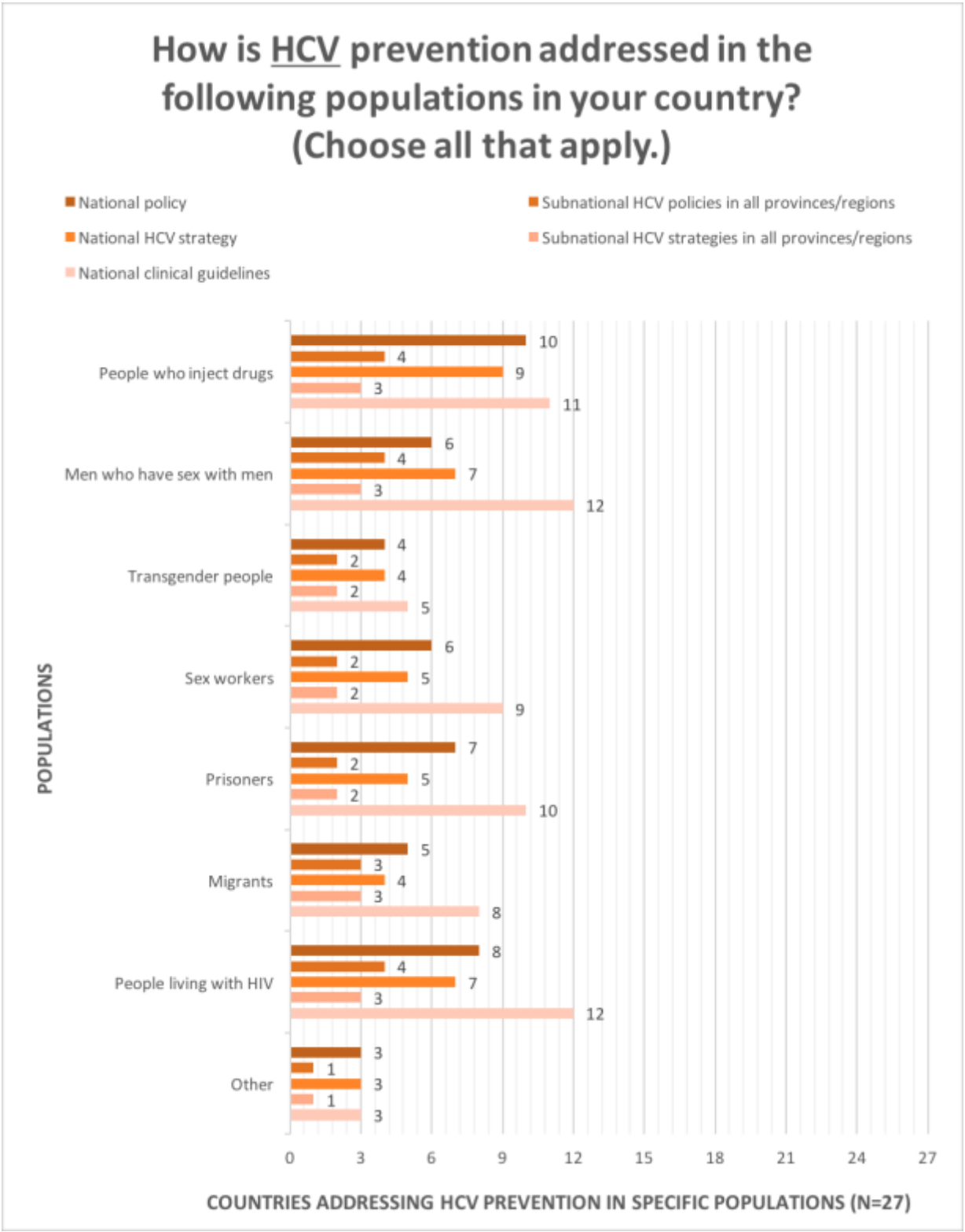

Figure 2.4.3.

2.4.4. Screening for HBV and HCV in blood, tissue and organ donations

Patient groups reported on screening of blood, tissue and organ donations for HBV and HCV in their respective countries.

In reference to screening of blood and blood products for HBV, ten patient groups (37%) reported that these products are screened for HBV using only serological tests (HbsAg, anti-HBc) and 16

groups (59%) reported that they are screened for HBV using both serological tests and NAT (HBV DNA). In reference to screening of tissue and organ donations for HBV, ten patient groups (37%) reported that such donations are screened for HBV using only serological tests, 15 groups (56%) reported that they are screened using both serological tests and NAT, and one group (Ukraine) reported that they are not screened for HBV.

In reference to screening of blood and blood products for HCV, ten patient groups (37%) reported that they are screened for HCV using only serological tests (anti-HCV) and sixteen groups (59%) reported that blood and products are screened for HCV using both serological tests and NAT (HCV RNA test). In reference to screening of tissue and organ donations for HCV, ten patient groups (37%) reported that such donations are screened for HCV using only serological tests, 14 groups (52%) reported that they are screened using both serological tests and NAT, one group (Ukraine) reported that they are not screened for HCV, and one group (Israel) did not respond to this part of the question.

A patient group from one country (Poland) reported not knowing which, if any, HBV or HCV screening processes are used in either type of specimen donation (Table 3.4.4).

2.4.5. Routine HBV vaccination

Patient groups reported on which populations are routinely vaccinated for HBV in their countries and how vaccination costs are met (Table 3.4.5).[11]

- Everyone[12]
  - Free – four countries (15%)
  - Co-payment – three countries (11%)
  - Out of pocket – ten countries (37%)

- Travellers
  - Free – three countries (11%)
  - Co-payment – two countries (7%)
  - Out of pocket – 13 countries (48%)

- Military personnel
  - Free – 13 countries (48%)
  - Co-payment – two countries (7%)
  - Out of pocket – four countries (15%)

- Healthcare workers
  - Free – 19 countries (70%)
  - Co-payment – zero countries (0%)
  - Out of pocket – three countries (11%)

- Individuals other than healthcare workers who are at risk for HBV due to occupation (including environmental and sanitary workers)
  - Free – 15 countries (56%)
  - Co-payment – one country (4%)
  - Out of pocket – six countries (22%)

[11] Note that this question makes the assumption that if a cost-type was not selected for a population, then the respondent was indicating that the population is not routinely vaccinated. It was left up to respondents to decide what they consider to be 'routine' in their context.

[12] Respondents selecting "everyone" may also have selected specific additional population groups.

- Neonates (infants under 28 days of age) born to HbsAg-positive mothers
  - Free – 21 countries (78%)
  - Co-payment – one country (4%)
  - Out of pocket – zero countries (0%)

- All neonates (infants under 28 days of age)
  - Free – 20 countries (74%)
  - Co-payment – zero countries (0%)
  - Out of pocket – three countries (11%)

- All infants (children aged < 365 days)
  - Free – 16 countries (59%)
  - Co-payment – one country (4%)
  - Out of pocket – four countries (15%)

- People who inject drugs
  - Free – ten countries (37%)
  - Co-payment – one country (4%)
  - Out of pocket – six countries (22%)

- Migrants (including refugees and asylum seekers)
  - Free – five countries (19%)
  - Co-payment – zero countries (0%)
  - Out of pocket – nine countries (33%)

- Prisoners
  - Free – nine countries (33%)
  - Co-payment – zero countries (0%)
  - Out of pocket – six countries (22%)

- Haemodialysis patients
  - Free – 13 countries (48%)
  - Co-payment – two countries (7%)
  - Out of pocket – three countries (11%)

- Chronic liver disease patients (e.g., people with chronic HCV, alcoholic liver disease, non-alcoholic fatty liver disease)
  - Free – 13 countries (48%)
  - Co-payment – two countries (7%)
  - Out of pocket – five countries (19%)

- Sexually transmitted infection (STI) clinic patients
  - Free – nine countries (33%)
  - Co-payment – two countries (7%)
  - Out of pocket – seven countries (26%)

- People living with HIV
  - Free – 11 countries (41%)
  - Co-payment – two countries (7%)
  - Out of pocket – five countries (19%)

- People with multiple sexual partners
  - Free – three countries (11%)
  - Co-payment – three countries (11%)
  - Out of pocket – 11 countries (41%)

- Men who have sex with men
  - Free – eight countries (30%)
  - Co-payment – four countries (15%)
  - Out of pocket – seven countries (26%)

- Transgender people
  - Free – three countries (11%)
  - Co-payment – two countries (7%)
  - Out of pocket – ten countries (37%)

- Contacts of HBV-infected people
  - Free – 11 countries (41%)
  - Co-payment – one country (4%)
  - Out of pocket – seven countries 26%)

- Sex workers
  - Free – six countries (22%)
  - Co-payment – three countries (11%)
  - Out of pocket – eight countries (30%)

- Other
  - Free – two countries (7%)[13]
  - Out of pocket – one country (4%).[14]

2.4.6. National campaigns promoting safer sex as an HBV/HCV prevention strategy

Patient groups from six countries (22%) responded that, since January 2015, their government or a governmental-related institution has conducted or funded an NGO to conduct a national campaign promoting safer sex as an HBV/HCV prevention strategy. In these six countries, campaigns were primarily targeted at men who have sex with men (67%; Denmark, Portugal, Slovenia, Ukraine), as well as the general population (33%; Slovenia, Turkey), PWID and prisoners (33%; Slovenia, Ukraine), transgender people (33%; Portugal, Slovenia), sex workers (33%; Portugal, Ukraine), young adults (17%; Slovenia). In one country (17%; Romania), it was not known which populations were targeted by these campaigns (Table 3.4.6).

2.4.7. Harm reduction services available to people who inject drugs

[13] Denmark: patients receiving immunosuppression therapy, haemophilia patients, Down syndrome, HCV, dialysis etc.; Serbia: diabetics, residents of social care institutions, patients on dialysis.
[14] Macedonia: *do not specify population*.

Patient groups were asked a question about the geographic availability of needle and syringe programmes (NSPs), opioid substitution therapy (OST), and drug consumption rooms for PWID within their countries. Ten groups (37%) reported that NSPs are available in all parts of the country, 12 groups (44%) reported that NSPs are available in some parts of the country, four (15%; Bosnia & Herzegovina, Hungary, Italy, Serbia) reported that NSPs are not available in their country, and one (4%; Poland) reported that they did not know. Twenty-three groups (85%) reported OST available in all parts of the country, one group (4%; Denmark) reported that OST is available in some parts of the country, one (4%; Egypt) reported that OST is not available in their country, and two (7%; Poland, Romania) reported that they did not know. Two groups (7%; Netherlands, Spain) reported that drug consumption rooms are available in all parts of the country, two groups (7%; Denmark, Germany) reported that drug consumption are rooms available in some parts of the country, 18 (67%) reported that drug consumption rooms are not available in their country, and four (15%; Hungary, Macedonia, Poland, Romania) reported that they did not know. One group (4%; Israel) did not respond to this question.

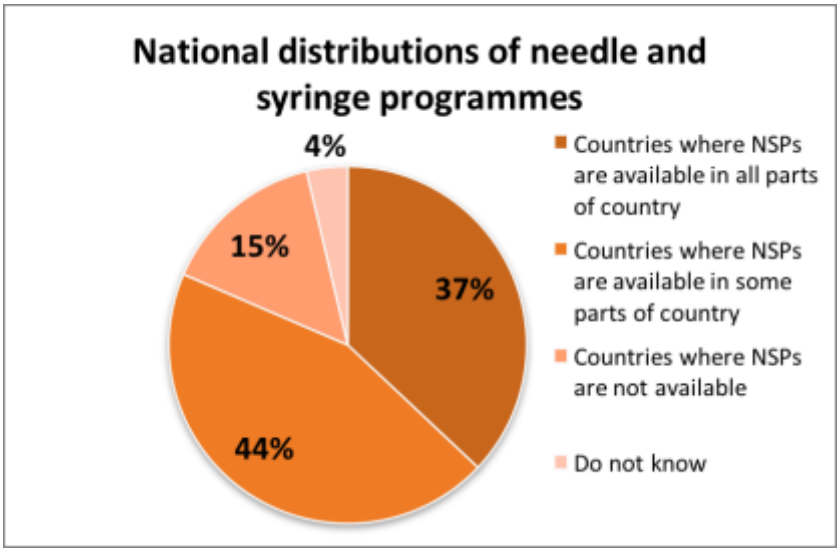

Figure 2.4.7.

2.4.8. Harm reduction services available in prisons

Patient groups were asked a question regarding the availability of NSPs, OST, and drug consumption rooms for PWID within prisons in their countries. Three groups (11%; Austria, Finland, Spain) reported that NSPs are available in prisons in all parts of the country, two groups (7%; Germany, Macedonia) reported that NSPs are available in prisons in some parts of the country, 17 (63%) reported that NSPs are not available in prisons in their country, and four (15%; Egypt, France, Poland, Turkey) reported that they did not know. Fourteen groups (52%) reported that OST is available in prisons in all parts of the country, five (19%) reported that OST is available in prisons in some parts of the country, two (7%; Bosnia & Herzegovina, Slovakia) reported that OST is not available in prisons in their country, and six groups (22%) reported that they did not know. The patient group from Spain additionally reported that in prisons in all parts of the country "therapeutic and independent modules that house inmates engaged in comprehensive programs of drug dependence." Six patient groups (22%) in total reported that they did not know whether there are any 'other' types of harm reduction services available in prisons.

2.5. Testing and Diagnosis

The fifth section of the survey asked six questions about general and high-risk populations in regards to testing or screening sites, routine screening, infection notification to blood donors, and free or anonymous HBV and HCV testing.

2.5.1. HBV testing/screening sites outside of hospitals for the general population and for high-risk populations

Patient groups from 11 countries (41%) reported availability of HBV testing or screening sites outside of hospitals for the general population (Table 3.5.1a).

Patient groups from 16 countries (59%) reported availability of HBV testing or screening sites outside of hospitals for high-risk populations (Table 3.5.1b).

Non-hospital HBV testing/screening sites reported for both general and high-risk populations:[15]

- Addiction centres (France)
- Ambulatory care centres (Spain)
- Anonymous testing centres (Bulgaria, France)
- Centres for HIV/sexual health, within Institutes for Public Health (Croatia)
- Drug and alcohol services (United Kingdom)
- General practitioner offices (Denmark, Slovenia, Sweden)
- Local health houses (municipal health service) (Germany)
- Mobile medical centres (Bulgaria)
- National HIV Diagnostic Centre in Bratislava – anonymous testing available (Slovakia)
- Needle exchange programmes (Sweden)
- NGO-organized health check points (Croatia)
- NGO-organized activities (Portugal, Romania, Slovenia [for MSM and PWID])
- Open places for drug users (Finland)
- Open places for HIV patients (Finland)
- Prisons (Denmark, Slovenia, Spain, United Kingdom)
- Private medical centres and laboratories (Bulgaria, Netherlands, Romania, Serbia)
- Public health services (Netherlands)
- Voluntary counselling and testing centres (Serbia).

Among the 16 patient groups that reported HBV testing sites for high-risk populations, primary access was reported to be available to PWID (14 countries; 88%), PLHIV (12 countries; 75%), MSM (10 countries; 63%), sex workers (nine countries; 56%), prisoners (eight countries; 50%), healthcare workers (eight countries; 50%), migrants (eight countries; 50%), transgender people (seven countries; 44%), and the general population (five countries; 31%). In one country (Poland) it was not known which high-risk populations have HBV testing available in non-hospital settings. Patient groups in four countries (25%) additionally reported that the HBV testing/screening outside of hospital settings was oriented to other high-risk groups such as family members of HBV-positive patients (Spain), as well as those attending a gastroenterology clinic (Slovenia). In Slovakia it was reported that any person interested can access these sites, and in France it was reported that other high-risk populations can access them, but the high-risk populations were not specified. In one country (Poland) it was not known which populations HBV testing/screening sites in non-hospital settings were oriented towards (Figure 2.5.1 and Table 3.5.1c).

2.5.2. HCV testing/screening sites outside of hospitals for the general population and for high-risk populations

Patient groups from 15 of the countries (56%) reported availability of HCV testing or screening sites outside of hospitals for the general population (Table 3.5.2a).

Patient groups from 18 of the countries (67%) reported availability of HCV testing or screening sites outside of hospitals for high-risk populations (Table 3.5.2b).

[15] Sites are listed as reported by patient groups with minor language changes for clarification.

Non-hospital HCV testing/screening sites reported for both general and high-risk populations:[16]

- Centres for HIV/sexual health, within Institutes for Public Health (Croatia)
- Drug abuse centres (Denmark)
- Free and anonymous testing facilities (France)
- General practitioners (Netherlands, Sweden)
- InfoHep centres and checkpoints, organized by NGOs (Croatia)
- Local health houses (municipal health service) (Germany)
- Outreach services (Egypt, United Kingdom)
- Mobile medical centres (Bulgaria)
- National health services (Netherlands)
- National HIV Diagnostic Centre in Bratislava – anonymous testing available (Slovakia)
- NGO organized activities (Portugal, Romania, Slovenia [for MSM and PWID])
- Open places for drug users (Finland)
- Open places for HIV patients (Finland)
- Prisons (Denmark, Hungary, Slovenia, Spain, United Kingdom)
- Private laboratories (Romania, Serbia)
- Sexual health clinics (United Kingdom)
- Transfusion centres (France)
- Voluntary counselling and testing centres (Serbia).

Among the 18 patient groups that reported that high-risk populations can access non-hospital based HCV-testing sites, primary access was reported to be available to PWID (14 countries; 78%), MSM (12 countries; 67%), PLHIV (11 countries; 61%), migrants (10 countries; 56%), sex workers (nine countries; 50%), prisoners (nine countries; 50%), healthcare workers (eight countries; 44%), transgender people (eight countries; 44%), and the general population (seven countries; 39%). Patient groups in two countries (11%) reported that the HCV testing/screening outside of hospital settings was oriented towards other high-risk groups such as those born between 1945-1965 (Spain) and self-identified at-risk people (Slovakia) (Figure 2.5.1 and Table 3.5.2c).

[16] Sites are listed as reported by patient groups with minor language changes for clarification.

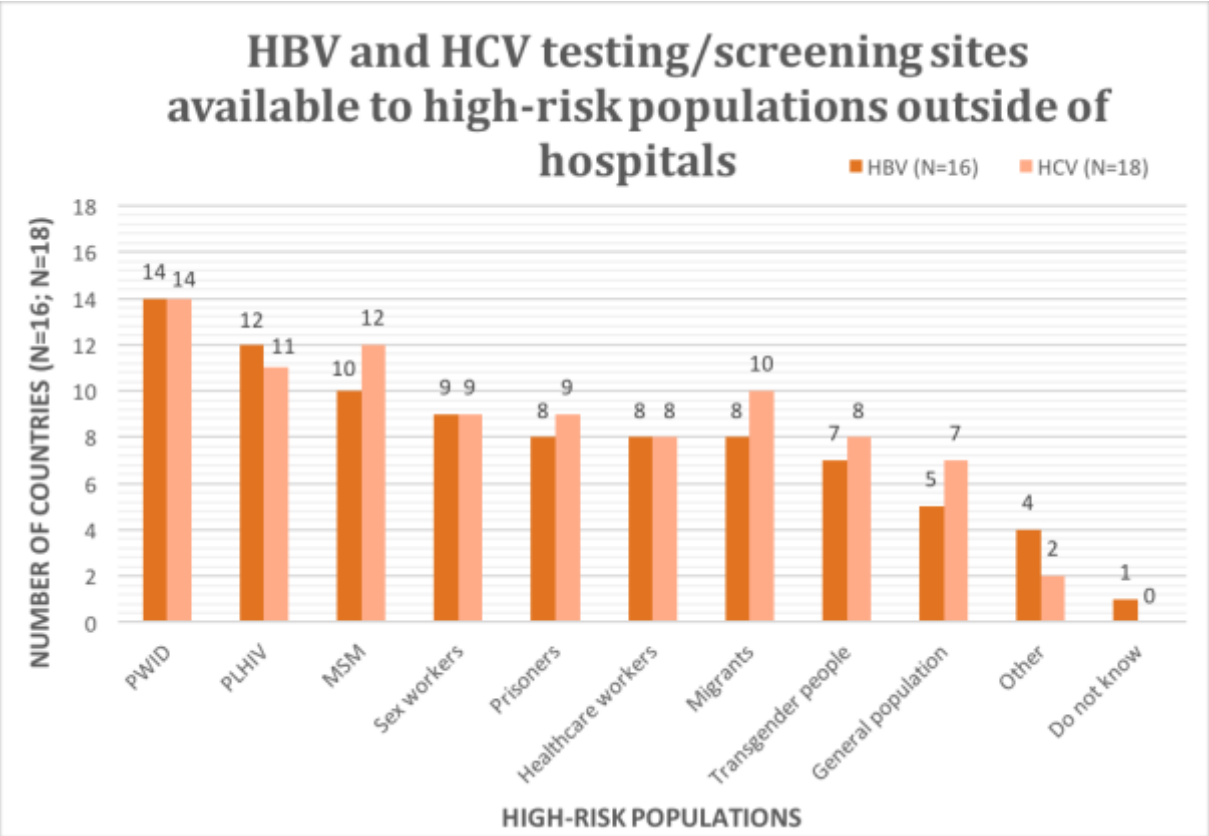

Figure 2.5.1.

2.5.3. Pregnant women routinely screened for HBV and HCV
Patient groups in 23 countries (85%) reported that pregnant women are routinely screened for HBV. Patient groups in 11 countries (41%) reported that pregnant women are routinely screened for HCV and one country (4%; Israel) did not respond to this part of the question (Table 3.5.3).

2.5.4. Notification to blood donors if screening of their blood indicates that they have been infected with HBV or HCV
Patient groups in 25 countries (93%) reported that blood donors in their countries are informed if screening indicates that they have been infected with HBV. Of these, 21 (84%) reported that blood donors, upon being alerted of infection, are subsequently provided with referrals to medical care. One patient group (4%; Poland) did not answer this part of the question (Table 3.5.4).

2.5.5. Liver enzyme and/or risk assessment for HBV/HCV in routine medical check-ups
Patient groups in 19 out of 27 cases (70%) reported that liver enzyme testing is included in routine medical check-ups in their countries. When asked if risk assessment for HBV/HCV is included in routine medical check-ups, five respondents (19%) reported that it is and one (4%; Israel) did not answer this part of the question (Table 3.5.5).

2.5.6. Free and anonymous HBV/HCV testing services targeting high-risk populations
This question asked if there are free and anonymous HBV or HCV testing services targeting high-risk populations in the respondents' country (Table 3.5.6).

- General population
  - Free HBV testing – nine countries (33%)
  - Anonymous HBV testing – six countries (22%)
  - Free HCV testing – nine countries (33%)

  - Anonymous HCV testing – six countries (22%)

- People who inject drugs
  - Free HBV testing – 14 countries (52%)
  - Anonymous HBV testing – ten countries (37%)
  - Free HCV testing – 13 countries (48%)
  - Anonymous HCV testing – nine countries (33%)

- Men who have sex with men
  - Free HBV testing – 12 countries (44%)
  - Anonymous HBV testing – nine countries (33%)
  - Free HCV testing – 11 countries (41%)
  - Anonymous HCV testing – seven countries (26%)

- Transgender people
  - Free HBV testing – 11 countries (41%)
  - Anonymous HBV testing – seven countries (26%)
  - Free HCV testing – ten countries (37%)
  - Anonymous HCV testing – six countries (22%)

- Sex workers
  - Free HBV testing – ten countries (37%)
  - Anonymous HBV testing – seven countries (26%)
  - Free HCV testing – nine countries (33%)
  - Anonymous HCV testing – five countries (19%)

- Prisoners
  - Free HBV testing – 14 countries (52%)
  - Anonymous HBV testing – seven countries (26%)
  - Free HCV testing – 13 countries (48%)
  - Anonymous HCV testing – seven countries (26%)

- Migrants
  - Free HBV testing – six countries (22%)
  - Anonymous HBV testing – six countries (22%)
  - Free HCV testing – six countries (22%)
  - Anonymous HCV testing – six countries (22%)

- People living with HIV
  - Free HBV testing – 13 countries (48%)
  - Anonymous HBV testing – ten countries (37%)
  - Free HCV testing – 12 countries (44%)
  - Anonymous HCV testing – nine countries (33%)

- Other
  - Free HBV testing – two countries (7%)
  - Anonymous HBV testing – zero countries (0%)
  - Free HCV testing – one country (4%)
  - Anonymous HCV testing – zero countries (0%)

2.6. Clinical Assessment

The sixth section of the survey asked four questions about linkage-to-care mechanisms, about monitoring plans and alcohol use assessment in national clinical guidelines, and about average waiting time for liver specialists for patients diagnosed with HBV and HCV.

2.6.1. Linkage-to-care mechanism
Patient groups from 20 countries (74%) reported having a linkage-to-care mechanism to ensure that people who are diagnosed with HBV or HCV are referred directly to a physician who can manage their care.[17] Seven patient groups (26%) reported not having such a mechanism in their countries (Table 3.6.1).

2.6.2. Monitoring plans in national clinical guidelines for HBV and HCV management
Patient groups were asked whether guidelines on patient monitoring to prevent the disease from progressing were included in their national clinical guidelines for HBV and HCV, if they had such guidelines.

Patient groups from two countries (7%; Israel, Portugal) reported that their countries do not have national clinical guidelines for HBV management. Eighteen patient groups (67%) reported that there are national clinical guidelines for HBV management in their countries and that guidelines on patient monitoring are indeed included. Six groups (22%) reported that there are national clinical guidelines for HBV management but that guidelines on patient monitoring are not included.

Patient groups from two countries (7%; Israel, United Kingdom) reported that their countries do not have national clinical guidelines for HCV management. Eighteen patient groups (67%) reported having national HCV clinical guidelines that include additional guidelines on patient monitoring. Six groups (22%) reported that their national HCV guidelines do not include guidelines on patient monitoring.

One group (Poland) reported not knowing how to respond to this question regarding either HBV or HCV (Table 3.6.2).

2.6.3. Guidelines to assess alcohol use in national clinical guidelines for HBV and HCV management
Patient groups were asked whether national clinical guidelines for HBV and HCV included guidelines on how to assess viral hepatitis patients for alcohol use and make referrals to risk reduction and addiction counselling.

Patient groups from two countries (7%; Israel, Portugal) reported that their countries do not have national clinical guidelines for HBV management. Nine patient groups (33%) reported that their countries have national clinical guidelines which include additional guidelines for alcohol assessment and referral. Fourteen groups (52%) reported that their countries have national clinical guidelines for HBV management but that guidelines on alcohol assessment or referral are not included.

Patient groups from two countries (7%; Israel, United Kingdom) reported that their countries do not have national clinical guidelines for HCV management. Eight patient groups (30%) reported that their countries' national HCV clinical guidelines include additional guidelines on alcohol assessment and

[17] Though the respondent from Denmark responded affirmatively it was noted that the mechanism is not executed systematically in Denmark and that many previously-diagnosed patients are lost to follow-up because of health system complications and stringent requirements placed on patients. The respondent from Finland noted that, while all patients diagnosed with HCV are referred to a physician, not all are treated due to annual medication quotas.

referral to risk reduction and addiction counselling. Six groups (22%) reported that their countries' national HCV clinical guidelines do not include guidelines on alcohol assessment or referral.

Two groups (7%; Poland, Slovakia) reported that they did not know how to respond to this question regarding either HBV or HCV (Table 3.6.3).

2.6.4. Average waiting time for liver specialist appointments for patients diagnosed with HBV/HCV
Patient groups in 16 countries (59%) reported that the average waiting time for liver specialist appointments for patients diagnosed with HBV or HCV is shorter than six weeks. Patient groups in two countries (7%; Germany,[18] Italy) reported that they could not accurately determine the average waiting time based on information available to them. Patient groups in nine countries (33%) reported that the average waiting time is six weeks or more. Of these, four groups (44%; Austria, Egypt, Greece, Israel) reported an average waiting time of six weeks, two groups (22%; Poland, Spain) reported an average waiting time of nine weeks, and two groups (22%; Portugal, United Kingdom) reported an average waiting time of 12 weeks. In one country (11%; France), the average waiting time was not specified (Table 3.6.4).

2.7. Treatment

The seventh section of the survey asked seven questions about hepatitis drug availability, geographic distribution of treatment locations, treatment restrictions, and licensing for prescription of direct-acting antiviral medication.

2.7.1. Availability and cost of drugs for people diagnosed with HBV
All 27 respondents (100%) reported that drugs for the treatment of HBV are available in their countries. Entecavir, Lamivudine, Tenofovir, and pegylated interferon were reported to be the most widely available to all patients diagnosed with HBV in 93%, 93%, 89%, and 85% of countries respectively. The least commonly reported drug (Emtricitabine) was nonetheless available in six of the countries (22%) (Figure 2.7.1 and Table 3.7.1a).

[18] The patient group from Germany additionally commented that, according to patients, waiting times vary widely from a few weeks to six months.

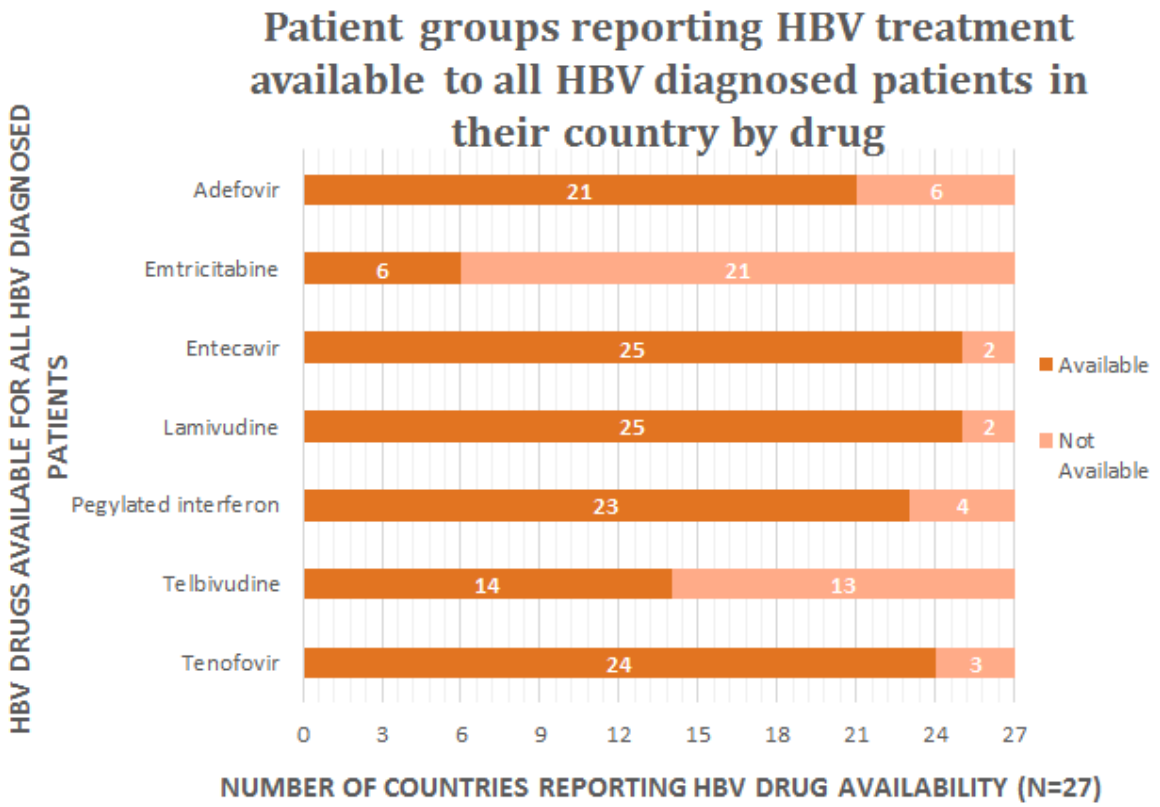

Figure 2.7.1.

Cost of HBV drugs by drug type in countries where they were reported to be available (Table 3.7.1b):

- Adefovir (N=21)
  - Free – 16 countries (76%)
  - Co-payment required – one country (5%)
  - Out of pocket – two countries (10%)
  - Other – one country (5%)
  - No response – one country (5%)

- Emtricitabine (N=6)
  - Free – five countries (83%)
  - Co-payment required – zero countries (0%)
  - Out of pocket – zero countries (0%)
  - Other – zero countries (0%)
  - No response – one country (17%)

- Entecavir (N=25)
  - Free – 19 countries (76%)
  - Co-payment required – three countries (12%)
  - Out of pocket – one country (4%)
  - Other – zero countries (0%)
  - No response – two countries (8%)

- Lamivudine (N=25)
  - Free – 21 countries (88%)
  - Co-payment required – one country (4%)
  - Out of pocket – zero countries (0%)

- Other – one country (4%)
- No response – one country (4%)

- Pegylated interferon (N=23)
  - Free – 21 countries (91%)
  - Co-payment required – one country (4%)
  - Out of pocket – zero countries (0%)
  - Other – zero countries (0%)
  - No response – one country (4%)

- Telbivudine (N=14)
  - Free – 14 countries (100%)
  - Co-payment required – zero countries (0%)
  - Out of pocket – zero countries (0%)
  - Other – zero countries (0%)

- Tenofovir (N=24)
  - Free – 22 countries (92%)
  - Co-payment required – two countries (8%)
  - Out of pocket – zero countries (0%)
  - Other – zero countries (0%).

2.7.2. Availability of drugs for people diagnosed with HCV

Patient groups from four countries (15%; Finland, Macedonia, Romania, Serbia) reported that they do not have direct acting antivirals (DAAs) available to all patients for HCV treatment in their country. The remaining patient groups reported having varying availability of Sofosbuvir (81%), Ombitasvir/Paritaprevir/Ritonavir (78%), Ledipasvir/Sofusbuvir (78%), Dasabuvir (70%), and Daclatasvir (67%) (Figure 2.7.2 and Table 3.7.2a).

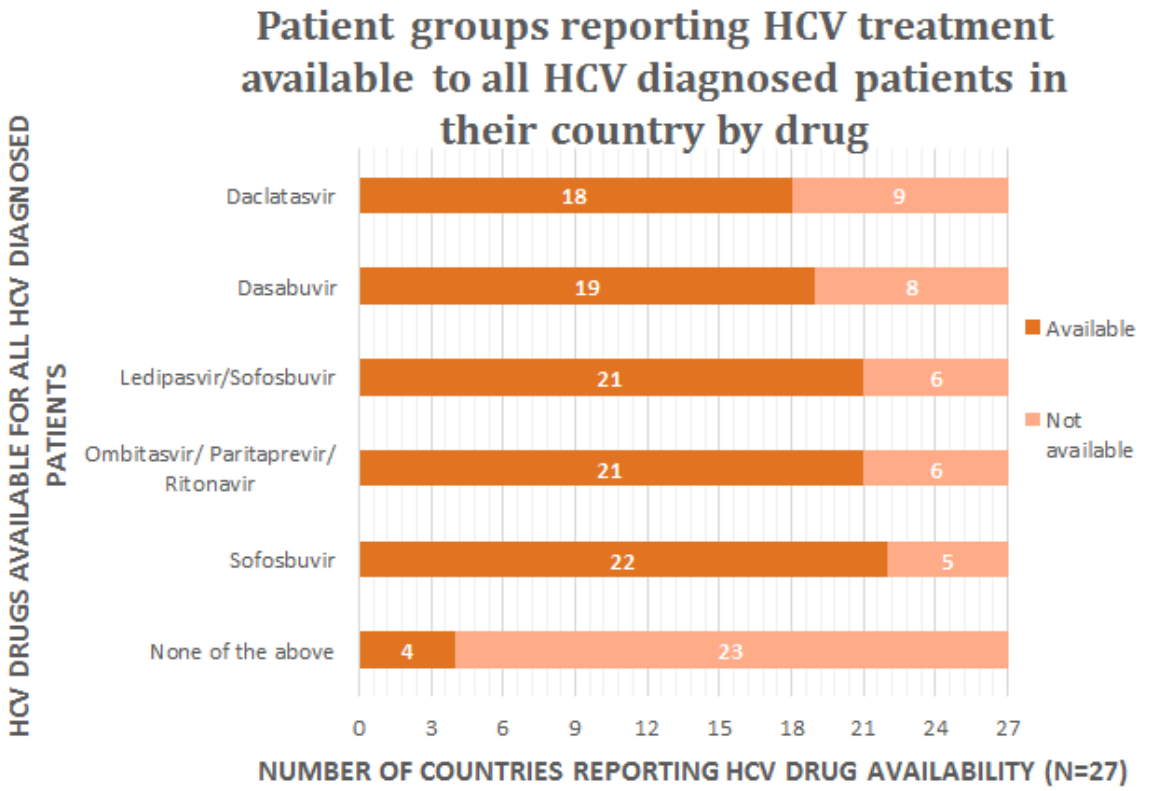

Figure 2.7.2.

Cost of HCV drugs by drug type in countries where they were reported to be available (Table 3.7.2b):

- Daclatasvir (N=18)
  - Free – 14 countries (78%)
  - Co-payment required – three countries (17%)
  - Out of pocket – zero countries (0%)
  - Other – one country (6%)

- Dasabuvir (N=19)
  - Free – 17 countries (89%)
  - Co-payment required – two countries (11%)
  - Out of pocket – zero countries (0%)
  - Other – zero countries (0%)

- Ledipasvir/Sofosbuvir (N=21)
  - Free – 19 countries (90%)
  - Co-payment required – two countries (10%)
  - Out of pocket – zero countries (0%)
  - Other – zero countries (0%)

- Ombitasvir/Paritaprevir/Ritonavir (N=21)
  - Free – 19 countries (90%)
  - Co-payment required – two countries (10%)
  - Out of pocket – zero countries (0%)
  - Other – zero countries (0%)

- Sofosbuvir (N=22)
  - Free – 18 countries (82%)
  - Co-payment required – 3 countries (14%)
  - Out of pocket – zero countries (0%)
  - Other – zero countries (0%)
  - No response – one country (5%).

2.7.3. Treatment of HCV patients in non-hospital settings

Patient groups in seven countries (26%) reported that HCV patients have the option of being treated in non-hospital settings. Of these seven, four groups (57%; Germany, Israel, Romania, Turkey) reported that HCV patients can be treated at a general practitioner's clinic, three (43%; France, Germany, United Kingdom) reported that they can be treated at addiction/OST clinics, and two (29%; Egypt, France) reported that they can receive treatment at hepatologist clinics (Table 3.7.3).

2.7.4. HBV and HCV treatment in all parts of country

Patient groups in 27 countries (100%) reported that HBV and HCV treatment can be obtained in all parts of their countries (Table 3.7.4).[19,20]

2.7.5. HBV and HCV treatment provided in prisons

Patient groups in 18 countries (67%) reported that HBV treatment is provided in prisons in their countries. Six groups (22%) reported that HBV treatment is not provided in prisons, while two groups (7%; Egypt, Turkey) reported that they did not know or were unable to obtain this information. One group (Romania) did not respond to this question. The majority (61%) of the 18 patient groups that reported the availability of HBV treatment in prisons did not know the proportion of prisons that provide treatment.

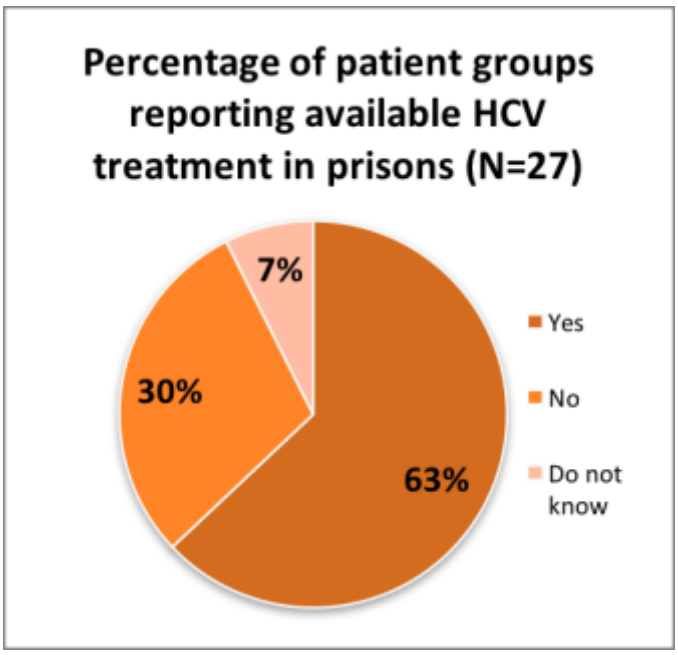

Figure 2.7.5.

Patient groups in 17 countries (63%) reported that HCV treatment is provided in prisons in their countries. Eight groups (30%) reported that HCV treatment is not provided in prisons, while two groups (7%; Egypt, Turkey) reported that they did not know or were unable to obtain the information (Figure 2.7.5). Over half (53%) of the 17 countries that reported HCV treatment in prisons did not know the proportion of prisons that provide treatment (Figure 2.7.5 and Table 3.7.5).

2.7.6. Restrictions on access to direct-acting antivirals for the treatment of HCV infection

[19] The patient group from Italy noted that "for HCV treatment only designated medical centres/hospital[s] can prescribe and distribute drugs. There are authorised medical centres in each region of Italy, but not in each city! The number and the […]location of them depends on the decision of the local [d]epartments of [h]ealth."
[20] The patient group from the United Kingdom noted that "whilst it can be obtained in all parts[,] speed of access and quality are inequitable".

Patient groups in three countries (11%) reported that there are no restrictions on access to direct-acting antivirals for the treatment of HCV infection in their countries. Patient groups in the remaining countries reported a variety of restrictions on access to medication, with two of the most commonly reported restrictions related to fibrosis level (70%) and current injecting drug use (52%) (Figure 2.7.6 and Table 3.7.6).

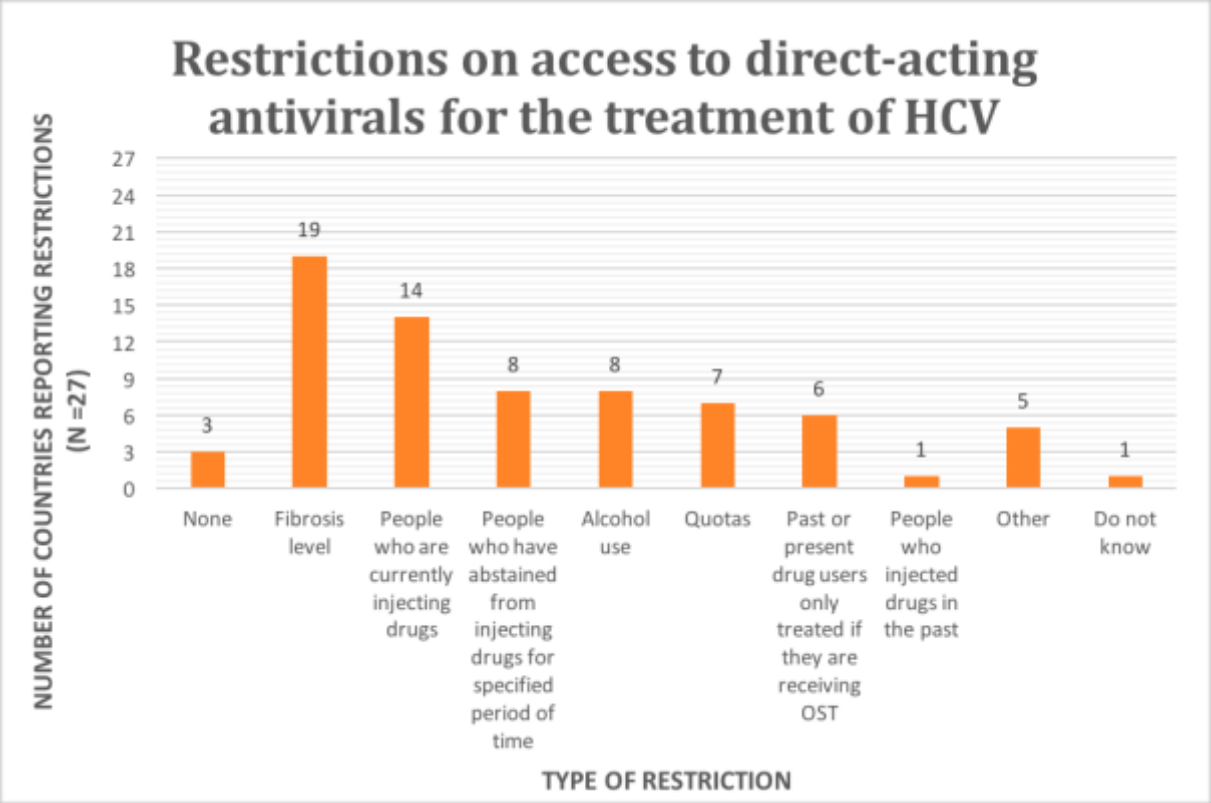

Figure 2.7.6.

2.7.7. Licensing to prescribe direct-acting antivirals to HCV patients

Patient groups selected all those licensed to prescribe DAAs to HCV patients in their countries. Twenty-three groups (85%) reported that hepatologists are licensed to prescribe DAAs in their countries, 20 (74%) reported that infectious disease physicians are licensed, 18 (67%) reported that gastroenterologists are licensed, nine (33%) reported that HIV/AIDS physicians are licensed, six (22%) reported that internists are licensed, and two (7%; Bulgaria,[21] Germany) reported that general practitioners are licensed. In Poland it was additionally reported that "transplantologists" are licensed to prescribe DAAs to HCV patients (Table 3.7.7).

[21] The patient group from Bulgaria noted that "The therapy is prescribed by a gastroenterologist; [however,] the prescription is issued by a GP".

3. Tables

3.1. Overall National Response

Table 3.1.1. Written national HBV and/or HCV strategy

Does your country have a written national HBV and/or HCV strategy? (N=27)		*Follow-up questions for respondents answering "yes" (N=13)*		
		Which best describes the content of the strategy? *(Possible answers: It includes both HBV and HCV; It includes HBV but not HCV; It includes HCV but not HBV)*	**Is there an action plan stating how the strategy will be implemented?** *(Possible answers: Yes; No; Do not know)*	**Is the strategy exclusively for viral hepatitis, or does it integrate viral hepatitis with other diseases?** *(Possible answers: It is exclusive for viral hepatitis; It integrates viral hepatitis with other diseases; Do not know)*
Austria	No			
Belgium	Yes	It includes HCV but not HBV	Yes	It integrates viral hepatitis with other diseases
Bosnia & Herzegovina	No			
Bulgaria	No			
Croatia	No			
Denmark	No		Yes[a]	
Egypt	Yes	It includes both HBV and HCV	Yes	It is exclusive for viral hepatitis
Finland	No			
France	Yes	It includes both HBV and HCV	Yes	It is exclusive for viral hepatitis
Germany	Yes	It includes both HBV and HCV	Yes	It integrates viral hepatitis with other diseases
Greece	No			

Hungary	No			
Israel	Yes	It includes both HBV and HCV	Yes	It integrates viral hepatitis with other diseases
Italy	Yes	It includes both HBV and HCV	Yes	It is exclusive for viral hepatitis
Macedonia	No			
Netherlands	No			
Poland	No			
Portugal	No			
Romania	Yes	It includes both HBV and HCV	No	It is exclusive for viral hepatitis
Serbia	No			
Slovakia	Yes	It includes both HBV and HCV	Yes	It is exclusive for viral hepatitis
Slovenia	Yes	It includes both HBV and HCV	Yes	It is exclusive for viral hepatitis
Spain	Yes	It includes HCV but not HBV	Yes	It is exclusive for viral hepatitis
Sweden	No			
Turkey	Yes	It includes both HBV and HCV	Yes	It integrates viral hepatitis with other diseases
Ukraine	Yes	It includes both HBV and HCV	Yes	It is exclusive for viral hepatitis
United Kingdom	Yes	It includes HCV but not HBV	Yes	It is exclusive for viral hepatitis

13 (48%) = Yes **14 (52%) = No**	**10 (77%) = "Includes both HBV & HCV"** **0 (0%)= "Includes HBV but not HCV"** **3 (23%) = "Includes HCV but not HBV"**	**12[a] (92%) = Yes[b]** **1 (8%) = No**	**9 (69%) = "Exclusive for viral hepatitis"** **4 (31%) = "Integrates hepatitis with other diseases"**

a. It was reported that Denmark has an action plan, but the answer is not included in the total number of "yes" answers for this sub-question because the respondent representing Denmark answered "no" to the main question ("Does your country have a written national HBV and/or HCV strategy?").

b. 44% of the full cohort of survey respondents (N=27) reported having an action plan.

Table 3.1.2. National clinical guidelines for the diagnosis and treatment of HBV

Does your country have national clinical guidelines for the diagnosis and treatment of HBV? **(N=27)**		***Follow-up question for respondents answering "yes" (N=26)*** **What is the source of the guidelines?** *(Possible answers: Guidelines by European Association for the Study of the Liver (EASL) or other international clinical association are adopted as national guidelines; Guidelines by World Health Organization (WHO) are adopted as national guidelines; National government develops its own national guidelines; National medical society develops its own national guidelines; Other (please specify); Do not know)*
Australia	Yes	Guidelines by EASL or other international clinical association are adopted as national guidelines
Belgium	Yes	Guidelines by EASL or other international clinical association are adopted as national guidelines
Bosnia & Herzegovina	Yes	National medical society develops its own national guidelines
Bulgaria	Yes	National medical society develops its own national guidelines
Croatia	Yes	National medical society develops its own national guidelines
Denmark	Yes	National medical society develops its own national guidelines
Egypt	Yes	Guidelines by EASL or other international clinical association are adopted as national guidelines
Finland	Yes	Other[a]
France	Yes	Guidelines by EASL or other international clinical association are adopted as national guidelines
Germany	Yes	National medical society develops its own national guidelines
Greece	Yes	National medical society develops its own national guidelines
Hungary	Yes	National medical society develops its own national guidelines
Israel	Yes	National medical society develops its own national guidelines
Italy	Yes	Guidelines by WHO are adopted as national guidelines
Macedonia	Yes	National medical society develops its own national guidelines
Netherlands	Yes	National medical society develops its own national guidelines
Poland	Yes	National medical society develops its own national guidelines

Portugal	No	
Romania	Yes	National medical society develops its own national guidelines
Serbia	Yes	Guidelines by EASL or other international clinical association are adopted as national guidelines
Slovakia	Yes	National medical society develops its own national guidelines
Slovenia	Yes	National medical society develops its own national guidelines
Spain	Yes	Guidelines by EASL or other international clinical association are adopted as national guidelines
Sweden	Yes	National government develops its own national guidelines
Turkey	Yes	National medical society develops its own national guidelines
Ukraine	Yes	Guidelines by EASL or other international clinical association are adopted as national guidelines
United Kingdom	Yes	Other[b]
26 (96%) = Yes **1 (4%) = No**		**7 (27%) = Guidelines by European Association for the Study of the Liver (EASL) or other international clinical association are adopted as national guidelines** **1 (4%) = Guidelines by World Health Organization (WHO) are adopted as national guidelines** **1 (4%) = National government develops its own national guidelines** **15 (58%) = National medical society develops its own national guidelines** **2 (8%) = Other**

a. "Helsinki University Hospital"
b. "NICE Guidelines"

Table 3.1.3. National clinical guidelines for the diagnosis and treatment of HCV

Does your country have national clinical guidelines for the diagnosis and treatment of HCV? **(N=27)**		***Follow-up question for respondents answering "yes" (N=26)*** **What is the source of the guidelines?** *(Possible answers: Guidelines by European Association for the Study of the Liver (EASL) or other international clinical association are adopted as national guidelines; Guidelines by World Health Organization (WHO) are adopted as national guidelines; National government develops its own national guidelines; National medical society develops its own national guidelines; Other (please specify); Do not know)*
Austria	Yes	Guidelines by EASL or other international clinical association are adopted as national guidelines
Belgium	Yes	National government develops its own national guidelines
Bosnia & Herzegovina	Yes	National medical society develops its own national guidelines
Bulgaria	Yes	National medical society develops its own national guidelines
Croatia	Yes	National medical society develops its own national guidelines
Denmark	Yes	National government develops its own national guidelines
Egypt	Yes	Guidelines by EASL or other international clinical association are adopted as national guidelines
Finland	Yes	Other[a]
France	Yes	National medical society develops its own national guidelines
Germany	Yes	National medical society develops its own national guidelines
Greece	Yes	National medical society develops its own national guidelines
Hungary	Yes	National medical society develops its own national guidelines
Israel	Yes	National medical society develops its own national guidelines
Italy	Yes	Guidelines by EASL or other international clinical association are adopted as national guidelines
Macedonia	Yes	National medical society develops its own national guidelines
Netherlands	Yes	National medical society develops its own national guidelines
Poland	Yes	National medical society develops its own national guidelines
Portugal	Yes	National government develops its own national guidelines

Romania	Yes	National medical society develops its own national guidelines
Serbia	Yes	Guidelines by EASL or other international clinical association are adopted as national guidelines
Slovakia	Yes	National medical society develops its own national guidelines
Slovenia	Yes	National medical society develops its own national guidelines
Spain	Yes	Guidelines by EASL or other international clinical association are adopted as national guidelines
Sweden	Yes	National government develops its own national guidelines
Turkey	Yes	National government develops its own national guidelines
Ukraine	Yes	Guidelines by EASL or other international clinical association are adopted as national guidelines
United Kingdom	No	
Yes – 26 (96%) **No – 1 (4%)**		**6 (23%) = Guidelines by European Association for the Study of the Liver (EASL) or other international clinical association are adopted as national guidelines** **0 (0%)= Guidelines by World Health Organization (WHO) are adopted as national guidelines** **5 (19%) = National government develops its own national guidelines** **14 (54%) = National medical society develops its own national guidelines** **1 (4%) = Other**

a. “Helsinki University Hospital”

Table 3.1.4. Multidisciplinary/technical advisory/Ministry of Health working group for viral hepatitis

Does your national government have a multidisciplinary/technical advisory/Ministry of Health working group for viral hepatitis? (N=27)		***Follow-up question for respondents answering "yes" (N=12)***
		How often does it meet? *(Possible answers: Less than once per year; Once per year or more; Has not yet held first meeting; Do not know)*
Austria	No	
Belgium	No	
Bosnia & Herzegovina	No	
Bulgaria	No	
Croatia	No	
Denmark	Yes	Less than once per year
Egypt	Yes	Once per year or more
Finland	Yes	Once per year or more
France	Yes	Once per year or more
Germany	No	
Greece	No	
Hungary	No	
Israel	Yes	Once per year or more
Italy	Yes	Less than once per year
Macedonia	No	
Netherlands	Yes	Do not know
Poland	No	
Portugal	No	
Romania	Yes	Once per year or more
Serbia	No	
Slovakia	No	

Slovenia	Yes	Once per year or more
Spain	Yes	Less than once per year
Sweden	No	
Turkey	Yes	Less than once per year
Ukraine	Yes	Once per year or more
United Kingdom	No	
12 (44%) = Yes **15 (56%) = No**		**4 (33%) = Less than once per year** **7 (58%) = Once per year or more** **1 (8%) = Do not know**

Table 3.1.5. National laws that protect people against discrimination based on their HBV/HCV status

In your country, are there any national laws that protect people against discrimination based on their HBV/HCV status? (N=27)	
Austria	No
Belgium	No
Bosnia & Herzegovina	No
Bulgaria	No
Croatia	No
Denmark	No
Egypt	No
Finland	Yes
France	Yes
Germany	No
Greece	Yes
Hungary	No
Israel	Do not know
Italy	No
Macedonia	No
Netherlands	No
Poland	No
Portugal	Yes
Romania	No
Serbia	Yes
Slovakia	Yes
Slovenia	Yes
Spain	No

Sweden	No
Turkey	Yes
Ukraine	No
United Kingdom	No
	8 (30%) = Yes **18 (67%) = No** **1 (4%) = Do not know**

3.2. Public Awareness and Engagement

Table 3.2.1. Events or awareness campaigns for World Hepatitis Day 2015

Did your government stage events or awareness campaigns for World Hepatitis Day 2015? **(N=27)**		***Follow-up questions for respondents answering "yes" (N=9)***				
		At what level? (Please choose all answers that apply.)				**Were civil society groups involved?** (Possible answers: Yes; No; Do not know)
		National government	Subnational governments (e.g., province, region), with all participating	Subnational governments (e.g., province, region), with at least 50% of governments (≥50%) participating	Subnational governments (e.g., province, region), with less than 50% of governments (<50%) participating	
Austria	No					
Belgium	No					
Bosnia & Herzegovina	Yes			X		No
Bulgaria	No					
Croatia	No					
Denmark	No					
Egypt	Yes				X	Yes
Finland	No					
France	Yes	X				Yes
Germany	No					
Greece	No					
Hungary	No					
Israel	Yes	X				Yes
Italy	No					

Macedonia	No					
Netherlands	No					
Poland	No					
Portugal	No					
Romania	Yes	X				No
Serbia	Yes	X				Yes
Slovakia	No					
Slovenia	Yes	X				Yes
Spain	No					
Sweden	No					
Turkey	Yes	X				Yes
Ukraine	Yes	X				Yes
United Kingdom	No					
9 (33%) = Yes **18 (67%) = No**		**7 (78%)**	**0 (0%)**	**1 (11%)**	**1 (11%)**	**7 (78%) = Yes** **2 (22%) = No**

Table 3.2.2. Events or awareness campaigns for World Hepatitis Day 2016

Is your government planning to stage events or awareness campaigns for World Hepatitis Day 2016? (N=27)		*Follow-up questions for respondents answering "yes" (N=9)*					
		At what level? (Please choose all answers that apply.)					Were civil society groups involved? (Possible answers: Yes; No; Do not know)
		National government	Subnational governments (e.g., province, region), with all participating	Subnational governments (e.g., province, region), with at least 50% of governments (≥50%) participating	Subnational governments (e.g., province, region), with less than 50% of governments (<50%) participating	Do not know	
Austria	No						
Belgium	No						
Bosnia & Herzegovina	Yes			X			No
Bulgaria	No						
Croatia	No						
Denmark	No						
Egypt	Yes				X		Yes
Finland	No						
France	Yes					X	Yes
Germany	Yes	X					Yes
Greece	No						
Hungary	No						
Israel	Yes	X					Yes
Italy	No						
Macedonia	No						

Netherlands	No						
Poland	No						
Portugal	No						
Romania	Do not know						
Serbia	Yes	X					Yes
Slovakia	No						
Slovenia	Yes	X					Yes
Spain	No						
Sweden	No						
Turkey	Yes	X	X	X	X		Yes
Ukraine	Yes	X	X	X			Yes
United Kingdom	No						
9 (33%) = Yes **17 (63%) = No** **1 (4%) = Do not know**		**6 (67%)**	**2 (22%)**	**3 (33%)**	**2 (22%)**	**1 (11%)**	**8 (89%) = Yes** **1 (11%) = No**

Table 3.2.3a. Viral hepatitis awareness campaigns since January 2015, other than World Hepatitis Day

Has your government funded – directly or via an NGO – any viral hepatitis awareness campaigns since January 2015, other than World Hepatitis Day? (N=27)		*Follow-up question for respondents answering "yes" (N=7)* At what level? (Please choose all answers that apply.)			
		National government	Subnational governments (e.g., province, region), with all participating	Subnational governments (e.g., province, region), with at least 50% of governments (≥50%) participating	Subnational governments (e.g., province, region), with less than 50% of governments (<50%) participating
Austria	No				
Belgium	No				
Bosnia & Herzegovina	No				
Bulgaria	No				
Croatia	No				
Denmark	No				
Egypt	Yes				X
Finland	No				
France	Yes	X			
Germany	No				
Greece	No				
Hungary	No				
Israel	Yes	X			
Italy	No				
Macedonia	No				
Netherlands	No				

Poland	No				
Portugal	No				
Romania	No				
Serbia	No				
Slovakia	No				
Slovenia	Yes	X			
Spain	No				
Sweden	Yes	X			
Turkey	Yes	X			
Ukraine	Yes	X			
United Kingdom	No				
7 (26%) = Yes **20 (74%) = No**		**6 (86%)**	**0 (0%)**	**0 (0%)**	**1 (14%)**

Table 3.2.3b. Types of viral hepatitis awareness campaigns since January 2015, other than World Hepatitis Day – campaign channels

Follow-up question for respondents answering "yes" to the question, "Has your government funded – directly or via an NGO – any viral hepatitis awareness campaigns since January 2015, other than World Hepatitis Day?" (N=7)				
What were the campaign channels? (Please choose all answers that apply.)				
	Mass media	**Social media**	**Public events**	**Other**
Egypt	X	X	X	
France	X	X	X	X[a]
Israel	X	X	X	
Slovenia	X	X	X	X[b]
Sweden	X	X	X	
Turkey		X	X	
Ukraine		X	X	
	5 (71%)	**7 (100%)**	**7 (100%)**	**2 (29%)**

a. "Radio et and WEB TV"

b. "EU testing week (Nov. 23–27)"; "ASPO - application for infectious diseases on mobile phone"

Table 3.2.3c. Types of viral hepatitis awareness campaigns since January 2015, other than World Hepatitis Day – target groups

Follow-up question for respondents answering "yes" to the question, "Has your government funded – directly or via an NGO – any viral hepatitis awareness campaigns since January 2015, other than World Hepatitis Day?" (N=7)

Who were the target groups? (Please choose all answers that apply.)

	General population	People who inject drugs	Men who have sex with men	Transgender people	Sex workers	Prisoners	Healthcare workers[a]	Migrants	People living with HIV	Other
Egypt	X	X					X			X[b]
France	X	X				X		X		
Israel		X	X	X	X		X		X	X[c]
Slovenia	X	X	X	X			X	X	X	X[d]
Sweden	X									
Turkey	X							X		
Ukraine							X			X[e]
	5 (71%)	**4 (57%)**	**2 (29%)**	**2 (29%)**	**1 (14%)**	**1 (14%)**	**4 (57%)**	**3 (43%)**	**2 (29%)**	**4 (57%)**

a. Two countries (Bulgaria, United Kingdom) responded in a slightly different way in their answers here compared to their answers to a similar question below (Table 3.2.5). Here both reported that there were no government-funded viral hepatitis awareness activities for any population, whereas in Table 3.2.5 both reported that their countries have in fact carried out viral hepatitis activities targeting healthcare workers.

b. "HCV-infected patients"

c. "People who received blood transfusions before 1992"

d. "The young population (ASPO Project) and several programs for GPs"

e. "Soldiers of the Ukrainian Army"

Table 3.2.3d. Types of viral hepatitis awareness campaigns since January 2015, other than World Hepatitis Day

Follow-up question for respondents answering "yes" to the question, "Has your government funded – directly or via an NGO – any viral hepatitis awareness campaigns since January 2015, other than World Hepatitis Day?" (N=7)

What were the primary topics or messages? (Please choose all answers that apply.)

	General information about viral hepatitis	Importance of HBV vaccination	Importance of knowing one's HBV and/or HCV status	Importance of safer sex	Harm reduction for people who inject drugs	Viral hepatitis prevention in healthcare settings	Other
Egypt	X	X	X	X	X	X	X[a]
France	X				X	X	X[b]
Israel	X	X	X		X	X	
Slovenia	X	X	X	X	X	X	X[c]
Sweden	X						
Turkey	X						
Ukraine	X		X				X[d]
	7 (100%)	**3 (43%)**	**4 (57%)**	**2 (29%)**	**4 (57%)**	**4 (57%)**	**4 (57%)**

a. "Risky behaviours leading to HCV AND HBV"
b. "VHC testing"
c. "Importance of early testing (GPs, general population)"; "Information on new drugs as a tool for early testing"
d. "About patients' way to get treatment"

Table 3.2.4. Government collaboration with in-country civil society groups

Does your government collaborate with any in-country civil society groups (such as patient groups, community groups or local or national NGOs) within your country to plan and carry out its viral hepatitis prevention and control programme?[a] (N=7)		***Follow-up question for respondents answering "yes" (N=15)***
		Please name group(s)[b]
Austria	Yes	(1) Hepatitis Aid Austria - Platform Healthy Liver (HAA)
Belgium	No	
Bosnia & Herzegovina	No	
Bulgaria	Yes	(1) National Association for Fighting hepatitis 'Hepasist'
Croatia	Yes	(1) Hepatos; (2) Hepatos-Rijeka; (3) HUHIV
Denmark	No	
Egypt	Yes	(1) Misr El khair; (2) Egyptian Association of liver patient care
Finland	No	
France	Do not know	
Germany	Yes	(1) Deutsche Leberhilfe e.V.; (2) Deutsche Leberstiftung; (3) Aktionsbündnis Hepatitis und Drogengebrauch
Greece	Yes	(1) Hellenic Liver Patient Association 'Prometheus'
Hungary	No	
Israel	Yes	(1) HETZ
Italy	Yes	(1) AISF; (2) Simit; (3) SIMG; (4) FIMMG; (5) EpaC
Macedonia	Yes	(1) Hepar Centar Bitola; (2) Alliance of Patients' Organizations of Macedonia
Netherlands	No	
Poland	Do not know	
Portugal	Yes	(1) Portuguese Society of Gastroenterology; (2)

		Portuguese Association for the Study of the Liver; (3) GAT (HIV NGO); (4) SOS Hepatites
Romania	Do not know	
Serbia	No	
Slovakia	No	
Slovenia	Yes	(1) NGO Slovenija HEP (hepatitis patient group); (2) NGO for fight against infectious diseases; (3) NGO for hemophilia
Spain	No	
Sweden	Yes	(1) http://www.svenskabrukarforeningen.se/; (2) http://www.noaksark.org/
Turkey	Yes	(1) VHSD; (2) TIKAD; (3) EKMUD
Ukraine	Yes	(1) Stop Hepatitis, NGO; (2) Public Health Alliance; (3) Ukrainian Association of Infection Control; (4) Coalition for Vaccination, public initiative
United Kingdom	Yes	(1) The Hepatitis C Trust; (2) British Liver Trust
15 (56%) = Yes **9 (33%) = No** **3 (11%) = Do not know**		

a. Survey respondents were advised that the following are not considered in-country civil society groups: United Nations agencies, international NGOs, government ministries, university programmes, military programmes.
b. The names of civil society groups appear as they were written by survey respondents. Accuracy of names has not been explicitly verified.

Table 3.2.5. Viral hepatitis awareness activities targeting healthcare workers

Since January 2015, has any government agency carried out viral hepatitis awareness activities targeting healthcare workers? [a] **(N=27)**		***Follow-up question for respondents answering "yes" (N=5)***			
		At what level? (Please choose all answers that apply.) [b]			
		National government	Subnational governments (e.g., province, region), with all participating	Subnational governments (e.g., province, region), with at least 50% of governments (≥50%) participating	Subnational governments (e.g., province, region), with less than 50% of governments (<50%) participating
Austria	No				
Belgium	No				
Bosnia & Herzegovina	Do not know				
Bulgaria	Yes				X
Croatia	No				
Denmark	No				
Egypt	Yes	X			
Finland	No				
France	Yes	X			
Germany	No				
Greece	No				
Hungary	No				
Israel	Do not know				
Italy	No				

Macedonia	No				
Netherlands	No				
Poland	Do not know				
Portugal	No				
Romania	No				
Serbia	No				
Slovakia	No				
Slovenia	Yes	X			
Spain	No				
Sweden	No				
Turkey	Do not know				
Ukraine	No				
United Kingdom	Yes				X
5 (19%) = Yes **18 (67%) = No** **4 (15%) = Do not know**		**3 (60%)**	**0 (0%)**	**0 (0%)**	**2 (40%)**

a. Two countries (Bulgaria, United Kingdom) responded in a slightly different way in their answers here compared to their answers to a similar question (Table 3.2.3c). Here both reported that their countries have carried out viral hepatitis activities targeting healthcare workers, whereas previously both had reported that there were no government-funded viral hepatitis awareness activities for any population.
b. Survey respondents answering "yes" were also asked to describe the activities. They provided the following information: **Bulgaria**: *No activities described*; **Egypt**: "Educate health care workers to prevent transmission of viral hepatitis. Determining health care workers' existing beliefs, knowledge, and practice regarding viral hepatitis"; **France**: "Finger blood test by French association of patients"; **Slovenia**: "Awareness activities for medical workers on all levels. Post-exposure management (at the incidence situations)"; **United Kingdom**: "Local area divisions of Public Health England (PHE) organise and deliver hepatitis training."

3.3. Monitoring and Data Collection

Table 3.3.1. 'Cascade-of-care' approach to monitoring

Does your national government employ a "cascade-of-care" approach to monitor the numbers and proportions of people who progress through each stage of the HBV and HCV care cascades?[a] (N=27)	
Austria	Yes
Belgium	No
Bosnia & Herzegovina	No
Bulgaria	No
Croatia	No
Denmark	No
Egypt	Yes
Finland	No
France	Yes
Germany	No
Greece	No
Hungary	Yes
Israel	Yes
Italy	No
Macedonia	No
Netherlands	Yes
Poland	Do not know
Portugal	No
Romania	Yes
Serbia	No
Slovakia	No
Slovenia	Yes

Spain	No
Sweden	Yes
Turkey	Yes
Ukraine	No
United Kingdom	No
	10 (37%) = Yes **16 (59%) = No** **1 (4%) = Do not know**

a. Stages such as testing, diagnosis, linkage to care, assessment, treatment, and sustained viral response.

Table 3.3.2. National disease register for HBV infection

Does your government or any government-related institution have a national disease register for HBV infection? (N=27)		*Follow-up questions for respondents answering "yes" (N=10)*	
		Are data collected from mandatory notification of every case of HBV infection?	Are subnational level (e.g., province, region) data available?
Austria	No		
Belgium	Yes	Yes	Yes
Bosnia & Herzegovina	No		
Bulgaria	No		
Croatia	No		
Denmark	Yes	No	Yes
Egypt	Yes	Yes	Yes
Finland	Yes	Yes	Yes
France	No		
Germany	Yes	Yes	Yes
Greece	No		
Hungary	Yes	Yes	Yes
Israel	No		
Italy	No		
Macedonia	No		
Netherlands	No		
Poland	No		
Portugal	No		
Romania	No		
Serbia	No		
Slovakia	No		

Slovenia	Yes	Yes	Yes
Spain	No		
Sweden	Yes	Yes	Yes
Turkey	Yes	Yes	Yes
Ukraine	No		
United Kingdom	Yes	Yes	Yes
10 (37%) = Yes **17 (63%) = No**		**9 (90%) = Yes** **1 (10%) = No**	**10 (100%) = Yes** **0 (0%) = No**

Table 3.3.3. National disease register for HCV infection

Does your government or any government-related institution have a national disease register for HCV infection? (N=27)		*Follow-up questions for respondents answering "yes" (N=12)*	
		Are data collected from mandatory notification of every case of HCV infection?[a]	Are subnational level (e.g., province, region) data available?
Austria	Yes	Yes	Yes
Belgium	No		
Bosnia & Herzegovina	No		
Bulgaria	No		
Croatia	No		
Denmark	Yes	No	Yes
Egypt	Yes	Yes	Yes
Finland	Yes	Yes	Yes
France	No		
Germany	Yes	Yes	Yes
Greece	Yes	No	No
Hungary	Yes	Yes	Yes
Israel	No		
Italy	No		
Macedonia	No		
Netherlands	No		
Poland	No		
Portugal	Yes	—	Yes
Romania	No		
Serbia	No		
Slovakia	No		

Slovenia	Yes	Yes	Yes
Spain	No		
Sweden	Yes	Yes	Yes
Turkey	Yes	Yes	Yes
Ukraine	No		
United Kingdom	Yes	Yes	Yes
12 (44%) = Yes **15 (56%) = No**		**9 (75%) = Yes** **2 (17%) = No** **1 (8%) = No response**	**11 (92%) = Yes** **1 (8%) = No**

a. A horizontal line (" – ") in a cell indicates that the survey respondent did not answer the question.

Table 3.3.4. National disease register for HCC

Does your government or any government-related institution have a national disease register for hepatocellular carcinoma (HCC)? (N=27)		*Follow-up questions for respondents answering "yes" (N=12)*	
		Are data collected from mandatory notification of every case of HCC?	Are subnational level (e.g., province, region) data available?
Austria	Do not know		
Belgium	Yes	No	Yes
Bosnia & Herzegovina	No		
Bulgaria	Yes	Yes	No
Croatia	No		
Denmark	Yes	Yes	Yes
Egypt	Yes	Yes	Yes
Finland	Yes	Yes	Yes
France	No		
Germany	No		
Greece	No		
Hungary	Yes	Yes	Yes
Israel	No		
Italy	No		
Macedonia	No		
Netherlands	Yes	Yes	Yes
Poland	No		
Portugal	No		
Romania	Do not know		
Serbia	Yes	Yes	Do not know
Slovakia	No		

Slovenia	Yes	Yes	Yes
Spain	Yes	No	No
Sweden	Yes	Yes	Yes
Turkey	Yes	Yes	Yes
Ukraine	No		
United Kingdom	No		
12 (44%) = Yes **13 (48%) = No** **2 (7%) = Do not know**		**10 (83%) = Yes** **2 (17%) = No**	**9 (75%) = Yes** **2 (17%) = No** **1 (8%) = Do not know**

3.4. Prevention

Table 3.4.1. National policy to address prevention of HBV/HCV infection in healthcare settings

Is there a national policy that addresses prevention of HBV/HCV infection in healthcare settings? (N=27)		*Follow-up question for respondents answering "yes" (N=21)*						
		What topics does the policy address? (Please choose all answers that apply.)						
		HBV vaccination for healthcare workers	National HBV/HCV prevention and control regulations/protocols	Universal blood and body fluid precautions (use of protective barriers such as gloves, masks, gowns and eyewear)	Safe injections (e.g., use of single-use or auto-disable syringes)	Post-exposure management and prophylaxis for healthcare workers	Safe medical waste management	Other (please specify)
Austria	No							
Belgium	Yes	X		X				
Bosnia & Herzegovina	Yes	X	X	X	X	X	X	
Bulgaria	Yes	X		X	X	X	X	
Croatia	Yes	X	X	X	X		X	
Denmark	Yes	X	X	X	X	X	X	X[a]
Egypt	Yes	X	X	X	X	X	X	
Finland	No							
France	Yes	X	X	X		X	X	
Germany	Yes	X	X	X	X	X	X	
Greece	No							
Hungary	Yes	X		X	X	X	X	
Israel	Yes	X	X	X	X			
Italy	Yes	X	X	X	X	X	X	

Macedonia	Yes	X	X	X	X	X	X	
Netherlands	Yes	X		X	X	X	X	
Poland	No							
Portugal	No							
Romania	Yes		X	X	X	X	X	
Serbia	Yes	X		X	X	X		
Slovakia	Yes	X	X	X	X	X	X	
Slovenia	Yes	X	X	X	X	X	X	
Spain	Yes		X	X	X		X	
Sweden	Yes			X	X	X	X	
Turkey	Yes	X		X	X	X		
Ukraine	No							
United Kingdom	Yes	X	X	X	X	X	X	
21 (78%) = Yes **6 (22%) = No**		**18 (86%)**	**14 (67%)**	**21 (100%)**	**19 (90%)**	**17 (81%)**	**17 (81%)**	**1 (5%)**

a. “Blood screening”

Table 3.4.2. HBV prevention in different populations

How is HBV prevention (other than vaccination) addressed in the following populations in your country? (N=27)				
Countries in which HBV prevention for this population is addressed in national policy	Countries in which HBV prevention for this population is addressed in subnational HBV policies in all provinces/ regions	Countries in which HBV prevention for this population is addressed in national HBV strategy	Countries in which HBV prevention for this population is addressed in subnational HBV strategies in all provinces/ regions	Countries in which HBV prevention for this population is addressed in national clinical guidelines
People who inject drugs				
Croatia, Denmark, France, Serbia, Slovakia, Slovenia, Spain, Turkey	Denmark, France, Slovenia, Turkey, United Kingdom	Denmark, France, Germany, Israel, Romania, Slovenia, Turkey, Ukraine	Denmark, Egypt, France, Slovenia, Turkey	Belgium, Denmark, Finland, France, Germany, Greece, Hungary, Macedonia, Netherlands, Slovenia, Turkey, Ukraine
8 (30%)	**5 (19%)**	**8 (30%)**	**5 (19%)**	**12 (44%)**
Men who have sex with men				
Croatia, Denmark, France, Netherlands, Slovenia, Spain, Turkey	Denmark, Slovenia, Turkey, United Kingdom	Denmark, Germany, Romania, Slovenia, Turkey, Ukraine	Denmark, Slovenia, Turkey	Belgium, Denmark, Finland, Germany, Greece, Hungary, Macedonia, Serbia, Slovenia, Turkey, Ukraine
7 (26%)	**4 (15%)**	**6 (22%)**	**3 (11%)**	**11 (41%)**

Transgender people				
Croatia, Slovenia, Spain, Turkey	Slovenia, Turkey, United Kingdom	Germany, Romania, Slovenia, Turkey	Slovenia, Turkey	Belgium, Germany, Hungary, Slovenia, Turkey
4 (15%)	**3 (11%)**	**4 (15%)**	**2 (7%)**	**5 (19%)**
Sex workers				
Bulgaria, Croatia, France, Netherlands, Slovenia, Spain, Turkey	Slovenia, Turkey, United Kingdom	France, Germany, Romania, Slovenia, Turkey, Ukraine	Slovenia, Turkey	Belgium, Finland, Germany, Greece, Hungary, Serbia, Slovenia, Turkey, Ukraine
7 (26%)	**3 (11%)**	**6 (22%)**	**2 (7%)**	**9 (33%)**
Prisoners				
Bulgaria, France, Slovakia, Slovenia, Spain, Turkey, United Kingdom	Slovenia, Turkey	France, Germany, Romania, Slovenia, Turkey, Ukraine	Slovenia, Turkey	Belgium, Finland, Germany, Greece, Hungary, Netherlands, Serbia, Slovenia, Turkey, Ukraine
7 (26%)	**2 (7%)**	**6 (22%)**	**2 (7%)**	**10 (37%)**
Migrants				
Croatia, Denmark, France, Slovakia, Slovenia, Turkey,	Denmark, Slovenia, Turkey, United Kingdom	Denmark, France, Germany, Romania, Slovenia, Turkey	Denmark, Slovenia, Turkey	Belgium, Denmark, Finland, Germany, Greece, Hungary, Macedonia, Netherlands, Slovenia, Turkey
6 (22%)	**4 (15%)**	**6 (22%)**	**3 (11%)**	**10 (37%)**

People living with HIV				
Bulgaria, Croatia, Denmark, France, Slovakia, Slovenia, Spain, Turkey, Ukraine	Denmark, Slovenia, Turkey, United Kingdom	Denmark, Germany, Israel, Romania, Slovenia, Turkey, Ukraine	Denmark, Slovenia, Turkey	Belgium, Denmark, Finland, Germany, Greece, Hungary, Netherlands, Serbia, Slovenia, Spain, Turkey, Ukraine
9 (33%)	**4 (15%)**	**7 (26%)**	**3 (11%)**	**12 (44%)**
Other				
Denmark,[a] France,[b] Germany,[c] Slovakia[d]	Denmark[a]	Denmark[a]	Denmark,[a] Egypt[e]	Denmark[a]
4 (15%)	**1 (4%)**	**1 (4%)**	**2 (7%)**	**1 (4%)**

a. "Pregnant women, healthcare professionals, patient groups (e.g. haemophilia patients, patients receiving immunosuppressant treatment, renal failure patients)"
b. "Transplant patients"
c. "Pregnant women"
d. "People with haematological disorders, dialysis patients"
e. "Contacts of HCV-infected persons"

Table 3.4.3. HCV prevention in different populations

How is HCV prevention addressed in the following populations in your country? (N=27)				
Countries in which HCV prevention for this population is addressed in national policy	Countries in which HCV prevention for this population is addressed in subnational HCV policies in all provinces/ regions	Countries in which HCV prevention for this population is addressed in national HCV strategy	Countries in which HCV prevention for this population is addressed in subnational HCV strategies in all provinces/ regions	Countries in which HCV prevention for this population is addressed in national clinical guidelines
People who inject drugs				
Croatia, Denmark, France, Netherlands, Portugal, Serbia, Slovakia, Slovenia, Spain, Turkey	Denmark, Slovenia, Turkey, United Kingdom	Denmark, Egypt, France, Germany, Israel, Romania, Slovenia, Turkey, Ukraine	Denmark, Slovenia, Turkey	Belgium, Denmark, Finland, Germany, Greece, Hungary, Macedonia, Netherlands, Slovenia, Turkey, Ukraine
10 (37%)	**4 (15%)**	**9 (33%)**	**3 (11%)**	**11 (41%)**
Men who have sex with men				
Croatia, Denmark, France, Slovenia, Spain, Turkey	Denmark, Slovenia, Turkey, United Kingdom	Denmark, France, Germany, Romania, Slovenia, Turkey, Ukraine	Denmark, Slovenia, Turkey	Belgium, Denmark, Finland, Germany, Greece, Hungary, Macedonia, Netherlands, Serbia, Slovenia, Turkey, Ukraine
6 (22%)	**4 (15%)**	**7 (26%)**	**3 (11%)**	**12 (44%)**
Transgender people				
Croatia, Slovenia, Spain, Turkey	Slovenia, Turkey	Germany, Romania, Slovenia, Turkey	Slovenia, Turkey	Belgium, Germany, Hungary, Slovenia, Turkey
4 (15%)	**2 (7%)**	**4 (15%)**	**2 (7%)**	**5 (19%)**

Sex workers				
Bulgaria, Croatia, France, Slovenia, Spain, Turkey	Slovenia, Turkey	France, Germany, Slovenia, Turkey, Ukraine	Slovenia, Turkey	Belgium, Finland, Germany, Greece, Hungary, Serbia, Slovenia, Turkey, Ukraine
6 (22%)	**2 (7%)**	**5 (19%)**	**2 (7%)**	**9 (33%)**
Prisoners				
Bulgaria, France, Slovakia, Slovenia, Spain, Turkey, United Kingdom	Slovenia, Turkey	France, Germany, Slovenia, Turkey, Ukraine	Slovenia, Turkey	Belgium, Finland, Germany, Greece, Hungary, Netherlands, Serbia, Slovenia, Turkey, Ukraine
7 (26%)	**2 (7%)**	**5 (19%)**	**2 (7%)**	**10 (37%)**
Migrants				
Croatia, Denmark, Slovakia, Slovenia, Turkey,	Denmark, Slovenia, Turkey	Denmark, Germany, Slovenia, Turkey	Denmark, Slovenia, Turkey	Belgium, Denmark, Germany, Greece, Hungary, Netherlands, Slovenia, Turkey
5 (19%)	**3 (11%)**	**4 (15%)**	**3 (11%)**	**8 (30%)**
People living with HIV				
Bulgaria, Croatia, Denmark, France, Slovakia, Slovenia, Spain, Turkey	Denmark, Slovenia, Turkey, United Kingdom	Denmark, France, Israel, Romania, Slovenia, Turkey, Ukraine	Denmark, Slovenia, Turkey	Belgium, Denmark, Finland, Germany, Greece, Hungary, Macedonia, Netherlands, Serbia, Slovenia, Turkey, Ukraine
8 (30%)	**4 (15%)**	**7 (26%)**	**3 (11%)**	**12 (44%)**

Other				
Denmark,[a] France,[b] Slovakia[c]	Denmark[a]	Denmark,[a] Egypt,[d] France[c]	Denmark[a]	Denmark,[a] Germany,[e] Greece[f]
3 (11%)	**1 (4%)**	**3 (11%)**	**1 (4%)**	**3 (11%)**

a. “Patient groups (e.g. haemophilia)”
b. “Hemopathy patients”
c. “People with haematological disorders; dialysis patients”
d. “Contacts of HCV-infected persons”
e. “Dialysis patients”
f. *Did not specify population*

Table 3.4.4. Screening for HBV and HCV in blood, tissue and organ donations

Are all blood, tissue and organ donations in your country screened for HBV and HCV? (N=27)				
	HBV – Blood and blood products *(Possible answers: Screened using only serological tests (HBsAg, anti-HBc); Screened using only NAT test (HBV DNA); Screened using both serological tests (HbsAg, anti-HBc) and NAT test (HBV DNA); Not screened; Do not know)*	**HBV – Tissue and organ donations** *(Possible answers: Screened using only serological tests (HBsAg, anti-HBc); Screened using only NAT test (HBV DNA); Screened using both serological tests (HbsAg, anti-HBc) and NAT test (HBV DNA); Not screened; Do not know)*	**HCV – Blood and blood products** *(Possible answers: Screened using only serological test (anti-HCV); Screened using only NAT test (HCV RNA); Screened using both serological test (anti-HCV) and NAT test (HCV RNA); Not screened; Do not know)*	**HCV – Tissue and organ donations[a]** *(Possible answers: Screened using only serological test (anti-HCV); Screened using only NAT test (HCV RNA); Screened using both serological test (anti-HCV) and NAT test (HCV RNA); Not screened; Do not know)*
Austria	Only serological	Only serological	Only serological	Only serological
Belgium	Both serological and NAT	Only serological	Both serological and NAT	Only serological
Bosnia & Herzegovina	Only serological	Only serological	Only serological	Only serological
Bulgaria	Only serological	Only serological	Only serological	Only serological
Croatia	Both serological and NAT	Both serological and NAT	Both serological and NAT	Both serological and NAT
Denmark	Both serological and NAT	Both serological and NAT	Both serological and NAT	Both serological and NAT
Egypt	Both serological and NAT	Both serological and NAT	Both serological and NAT	Both serological and NAT
Finland	Both serological and NAT	Both serological and NAT	Both serological and NAT	Both serological and NAT
France	Both serological and NAT	Both serological and NAT	Both serological and NAT	Both serological and NAT
Germany	Both serological and NAT	Both serological and NAT	Both serological and NAT	Both serological and NAT
Greece	Only serological	Only serological	Only serological	Only serological
Hungary	Only serological	Only serological	Only serological	Only serological
Israel	Both serological and NAT	Both serological and NAT	Both serological and NAT	–

Italy	Both serological and NAT	Both serological and NAT	Both serological and NAT	Both serological and NAT
Macedonia	Both serological and NAT	Both serological and NAT	Both serological and NAT	Both serological and NAT
Netherlands	Both serological and NAT	Both serological and NAT	Both serological and NAT	Both serological and NAT
Poland	Do not know	Do not know	Do not know	Do not know
Portugal	Only serological	Only serological	Only serological	Only serological
Romania	Only serological	Only serological	Only serological	Only serological
Serbia	Only serological	Only serological	Only serological	Only serological
Slovakia	Only serological	Only serological	Only serological	Only serological
Slovenia	Both serological and NAT	Both serological and NAT	Both serological and NAT	Both serological and NAT
Spain	Both serological and NAT	Both serological and NAT	Both serological and NAT	Both serological and NAT
Sweden	Both serological and NAT	Both serological and NAT	Both serological and NAT	Both serological and NAT
Turkey	Both serological and NAT	Both serological and NAT	Both serological and NAT	Both serological and NAT
Ukraine	Only serological	Not screened	Only serological	Not screened
United Kingdom	Both serological and NAT	Both serological and NAT	Both serological and NAT	Both serological and NAT
Not screened:	**0 (0%)**	**1 (4%)**	**0 (0%)**	**1 (4%)**
Only serological tests:	**10 (37%)**	**10 (37%)**	**10 (37%)**	**10 (37%)**
Only NAT test:	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**
Both serological tests and NAT test:	**16 (59%)**	**15 (56%)**	**16 (59%)**	**14 (52%)**
Do not know:	**1 (4%)**	**1 (4%)**	**1 (4%)**	**1 (4%)**
No response:	**0 (0%)**	**0 (0%)**	**0 (0%)**	**1 (4%)**

a. A horizontal line (" – ") in a cell indicates that the survey respondent did not answer the question.

Table 3.4.5. Routine HBV vaccination[a]

Which populations are routinely vaccinated for HBV in your country, and how are vaccination costs met? (More than one selection can be marked per population if vaccination costs are met in more than one way.) (N=27)			
	Free vaccination	**Co-payment required for vaccination**	**Full out-of-pocket payment required for vaccination**
Everyone	4 countries (15%)	3 countries (11%)	10 countries (37%)
Travellers	3 countries (11%)	2 countries (7%)	13 countries (48%)
Military personnel	13 countries (48%)	2 countries (7%)	4 countries (15%)
Healthcare workers	19 countries (70%)	0 countries (0%)	3 countries (11%)
Individuals other than healthcare workers who are at risk for HBV due to occupation (including environmental and sanitary workers)	15 countries (56%)	1 country (4%)	6 countries (22%)
Neonates (infants under 28 days of age) born to HbsAg-positive mothers	21 countries (78%)	1 country (4%)	0 countries (0%)
All neonates (infants under 28 days of age)	20 countries (74%)	0 countries (0%)	3 countries (11%)
All infants (children aged < 365 days)	16 countries (59%)	1 country (4%)	4 countries (15%)
People who inject drugs	10 countries (37%)	1 country (4%)	6 countries (22%)
Migrants, including refugees and asylum seekers	5 countries (19%)	0 countries (0%)	9 countries (33%)
Prisoners	9 countries (33%)	0 countries (0%)	6 countries (22%)
Haemodialysis patients	13 countries (48%)	2 countries (7%)	3 countries (11%)

Chronic liver disease patients (e.g., people with chronic HCV, alcoholic liver disease, non-alcoholic fatty liver disease)	13 countries (48%)	2 countries (7%)	5 countries (19%)
Sexually transmitted infection clinic patients	9 countries (33%)	2 countries (7%)	7 countries (26%)
People living with HIV	11 countries (41%)	2 countries (7%)	5 countries (19%)
People with multiple sexual partners	3 countries (11%)	3 countries (11%)	11 countries (41%)
Men who have sex with men	8 countries (30%)	4 countries (15%)	7 countries (26%)
Transgender people	3 countries (11%)	2 countries (7%)	10 countries (37%)
Contacts of HBV-infected people	11 countries (41%)	1 country (4%)	7 countries (26%)
Sex workers	6 countries (22%)	3 countries (11%)	8 countries (30%)
Other	2 countries (7%)	0 countries (0%)	1 country (4%)

a. A supplementary file with reporting on individual countries is available upon request. Please contact Principal Investigator Jeffrey V. Lazarus at jeffrey.lazarus@regionh.dk.

Table 3.4.6. National campaigns promoting safer sex as an HBV/HCV prevention strategy

Since January 2015, has your government or any government-related institution conducted or funded an NGO to conduct any national campaigns promoting safer sex as an HBV/HCV prevention strategy? (N=27)		***Follow-up question for respondents answering "yes" (N=6)***									
		Which populations were targeted? (Please choose all answers that apply.)									
		General population	People who inject drugs	Men who have sex with men	Transgender people	Sex workers	Prisoners	Migrants	Adolescents /young adults	People with sexually transmitted infections	Do not know
Austria	No										
Belgium	No										
Bosnia & Herzegovina	No										
Bulgaria	No										
Croatia	No										
Denmark	Yes			X							
Egypt	No										
Finland	No										
France	No										
Germany	No										
Greece	No										
Hungary	No										
Israel	No										
Italy	No										

Macedonia	No										
Netherlands	No										
Poland	No										
Portugal	Yes			X	X	X					
Romania	Yes										X
Serbia	No										
Slovakia	No										
Slovenia	Yes	X	X	X	X		X		X	X	
Spain	No										
Sweden	No										
Turkey	Yes	X									
Ukraine	Yes		X	X		X	X				
United Kingdom	No										
6 (22%) = Yes **21 (78%) = No**		**2 (33%)**	**2 (33%)**	**4 (67%)**	**2 (33%)**	**2 (33%)**	**2 (33%)**	**0 (0%)**	**1 (17%)**	**1 (17%)**	**1 (17%)**

Table 3.4.7. Harm reduction services available to people who inject drugs

Which of the following harm reduction services are available to people who inject drugs? (N=27)			
	Needle and syringe programmes *(Possible answers: Available in all parts of the country; Available only in some parts of the country; Not available; Do not know)*	**Opioid substitution therapy** *(Possible answers: Available in all parts of the country; Available only in some parts of the country; Not available; Do not know)*	**Drug consumption rooms[a]** *(Possible answers: Available in all parts of the country; Available only in some parts of the country; Not available; Do not know)*
Austria	All parts of country	All parts of country	Not available
Belgium	All parts of country	All parts of country	Not available
Bosnia & Herzegovina	Not available	All parts of country	Not available
Bulgaria	Some parts of country	All parts of country	Not available
Croatia	Some parts of country	All parts of country	Not available
Denmark	All parts of country	Some parts of country	Some parts of country
Egypt	Some parts of country	Not available	Not available
Finland	Some parts of country	All parts of country	Not available
France	Some parts of country	All parts of country	Not available
Germany	Some parts of country	All parts of country	Some parts of country
Greece	All parts of country	All parts of country	Not available
Hungary	Not available	All parts of country	Do not know
Israel	Some parts of country	All parts of country	–
Italy	Not available	All parts of country	Not available
Macedonia	Some parts of country	All parts of country	Do not know
Netherlands	All parts of country	All parts of country	All parts of country
Poland	Do not know	Do not know	Do not know
Portugal	All parts of country	All parts of country	Not available

Romania	Some parts of country	Do not know	Do not know
Serbia	Not available	All parts of country	Not available
Slovakia	Some parts of country	All parts of country	Not available
Slovenia	All parts of country	All parts of country	Not available
Spain	All parts of country	All parts of country	All parts of country
Sweden	Some parts of country	All parts of country	Not available
Turkey	All parts of country	All parts of country	Not available
Ukraine	Some parts of country	All parts of country	Not available
United Kingdom	All parts of country	All parts of country	Not available
All parts of country:	**10 (37%)**	**23 (85%)**	**2 (7%)**
Some parts of country:	**12 (44%)**	**1 (4%)**	**2 (7%)**
Not available:	**4 (15%)**	**1 (4%)**	**18 (67%)**
Do not know:	**1 (4%)**	**2 (7%)**	**4 (15%)**
No response:	**0 (0%)**	**0 (0%)**	**1 (4%)**

a. A horizontal line (" – ") in a cell indicates that the survey respondent did not answer the question.

Table 3.4.8. Harm reduction services available in prisons

In your country, which of the following harm reduction services are available in prisons? (N=27)			
	Needle and syringe programmes *(Possible answers: Available in prisons in all parts of the country; Available in prisons in only some parts of the country; Not available in prisons; Do not know)*	**Opioid substitution therapy** *(Possible answers: Available in prisons in all parts of the country; Available in prisons in only some parts of the country; Not available in prisons; Do not know)*	**Other (please specify)** *(Possible answers: Available in prisons in all parts of the country; Available in prisons in only some parts of the country; Not available in prisons; Do not know)*
Austria	All parts of country	All parts of country	–
Belgium	Not available	Some parts of country	–
Bosnia & Herzegovina	Not available	Not available	–
Bulgaria	Not available	Do not know	–
Croatia	Not available	All parts of country	–
Denmark	Not available	All parts of country	Do not know
Egypt	Do not know	Do not know	Do not know
Finland	All parts of country	All parts of country	–
France	Do not know	All parts of country	–
Germany	Some parts of country	Some parts of country	–
Greece	Not available	Some parts of country	–
Hungary	Not available	All parts of country	–
Israel	Not available	Some parts of country	–
Italy	Not available	All parts of country	–
Macedonia	Some parts of country	All parts of country	Do not know
Netherlands	Not available	All parts of country	–
Poland	Do not know	Do not know	Do not know
Portugal	Not available	Do not know	–
Romania	Not available	Do not know	Do not know
Serbia	–	All parts of country	–

Slovakia	Not available	Not available	Not available
Slovenia	Not available	All parts of country	–
Spain	All parts of country	All parts of country	Therapeutic modules; all parts of country
Sweden	Not available	All parts of country	–
Turkey	Do not know	Do not know	Do not know
Ukraine	Not available	Some parts of country	–
United Kingdom	Not available	All parts of country	–
Prisons in all parts of country:	**3 (11%)**	**14 (52%)**	**1 (4%)**
Prisons in some parts of country:	**2 (7%)**	**5 (19%)**	**0 (0%)**
Not available:	**17 (63%)**	**2 (7%)**	**1 (4%)**
Do not know:	**4 (15%)**	**6 (22%)**	**6 (22%)**
No response:	**1 (4%)**	**0 (0%)**	**19 (70%)**

a. A horizontal line (“ – “) in a cell indicates that the survey respondent did not answer the question.

3.5. Testing and Diagnosis

Table 3.5.1a. HBV testing/screening sites outside of hospitals for the general population

In your country, are there any HBV testing/screening sites outside of hospitals for the general population?[a] (N=27)		***Follow-up question for respondents answering "yes" (N=11)***
		Please list the types of non-hospital settings where HBV testing is available for the general population.
Austria	No	
Belgium	No	
Bosnia & Herzegovina	No	
Bulgaria	Yes	(1) Private medical centres and laboratories; (2) Mobile medical centres (funded by the Global Fund); (3) Free and anonymous testing facility (funded by the Global Fund to fight HIV AIDS)
Croatia	Yes	(1) NGOs are organizing testing through InfoHep centres and check points; (2) Centres for HIV/sexual health (within Institutes for Public Health)
Denmark	Yes	(1) GP
Egypt	No	
Finland	No	
France	Yes	(1) Anonymous centre testing; (2) Addiction centre
Germany	Yes	(1) Local health houses (municipal health service)
Greece	No	
Hungary	No	
Israel	No	
Italy	No	
Macedonia	No	
Netherlands	Yes	(1) Laboratory used by GPs; (2) Public Health Services
Poland	No	
Portugal	No	
Romania	Yes	(1) In the private laboratories with many; (2) Campaign of NGO

		or different private hospitals
Serbia	Yes	(1) Private labs; (2) Voluntary counselling and testing (VCT)
Slovakia	No	
Slovenia	Yes	(1) GPs; (2) The campaign that is done every year for free testing
Spain	Yes	(1) Ambulatory care
Sweden	Yes	(1) GP centres
Turkey	No	
Ukraine	No	
United Kingdom	No	
11 (41%) = Yes **16 (59%) = No**		

a. “Sites outside of hospitals” were defined for survey respondents as: “sites that are not within either inpatient or outpatient hospital facilities.”

Table 3.5.1b. HBV testing/screening sites outside of hospitals for high-risk populations

In your country, are there any HBV testing/screening sites outside of hospitals for high-risk populations?[a] (N=27)		***Follow-up question for respondents answering "yes" (N=16)***
		Please list the types of non-hospital settings where HBV testing is available for high-risk populations.
Austria	No	
Belgium	No	
Bosnia & Herzegovina	No	
Bulgaria	Yes	(1) Mobile medical centres (funded by the Global Fund); (2) Free and anonymous testing facility (funded by the Global Fund)
Croatia	Yes	(1) NGOs are organizing testing through InfoHep centres and Check points; (2) Centres for HIV/sexual health (within Institutes for Public Health)
Denmark	Yes	(1) Drug abuse centres; (2) Prisons
Egypt	No	
Finland	Yes	(1) Open places for drug users; (2) Open places for HIV patients
France	Yes	
Germany	Yes	(1) Local health houses (municipal health service)
Greece	No	
Hungary	No	
Israel	No	
Italy	No	
Macedonia	No	
Netherlands	Yes	(1) Laboratory used by GPs; (2) Public Health Services
Poland	Yes	
Portugal	Yes	(1) Some NGO organizations are doing this
Romania	Yes	(1) In the private laboratories blood tests paid; (2) Campaign of NGO or different private hospitals

Serbia	Yes	(1) Private labs; (2) VCT
Slovakia	Yes	(1) National HIV diagnostic centre in Bratislava – anonymous testing possible
Slovenia	Yes	(1) NGO MSM; (2) Occasionally PWID NGOs; (3) Prisons
Spain	Yes	(1) Prisons
Sweden	Yes	(1) Needle exchange
Turkey	No	
Ukraine	Do not know	
United Kingdom	Yes	(1) Drug and alcohol services; (2) Sexual health services; (3) Prisons
16 (59%) = Yes **10 (37%) = No** **1 (4%) = Do not know**		

a. “Sites outside of hospitals” were defined for survey respondents as: “sites that are not within either inpatient or outpatient hospital facilities.”

Table 3.5.1c. HBV testing/screening sites outside of hospitals for high-risk populations – types of populations

Follow-up question for respondents answering "yes" to the question, "In your country, are there any HBV testing/screening sites outside of hospitals for high-risk populations?" (N=16)											
Which high-risk populations? (Please choose all answers that apply.)											
	General population	People who inject drugs	Men who have sex with men	Transgender people	Sex workers	Prisoners	Healthcare workers	Migrants	People living with HIV	Other (please specify)	Do not know
Bulgaria	X	X	X	X	X	X	X	X	X		
Croatia	X	X	X	X	X	X	X	X	X		
Denmark		X				X					
Finland		X							X		
France		X	X		X	X		X	X	*None specified*	
Germany		X	X	X	X		X	X	X		
Netherlands		X	X		X	X	X	X	X		
Poland											X
Portugal	X	X						X	X		
Romania	X	X	X	X	X		X		X		
Serbia		X	X	X	X				X		
Slovakia										Any person interested	
Slovenia	X	X	X	X		X	X	X	X	Clinical setting for "anal health	
Spain		X	X	X	X	X	X	X	X	Family members or contacts	

Sweden		X									
United Kingdom		X	X		X	X	X		X		
	5 (31%)	**14 (88%)**	**10 (63%)**	**7 (44%)**	**9 (56%)**	**8 (50%)**	**8 (50%)**	**8 (50%)**	**12 (75%)**	**4 (25%)**	**1 (6%)**

Table 3.5.2a. HCV testing/screening sites outside of hospitals for the general population

In your country, are there any HCV testing/screening sites outside of hospitals for the general population?[a] (N=27)		***Follow-up question for respondents answering "yes" (N=15)*** **Please list the types of non-hospital settings where HCV testing is available for the general population.[b]**
Austria	No	
Belgium	No	
Bosnia & Herzegovina	No	
Bulgaria	Yes	(1) Mobile medical centres (funded by the Global Fund); (2) Free and anonymous testing facility (funded by the Global Fund)
Croatia	Yes	(1) NGO are organizing testing through InfoHep centres and Check points; (2) Centres for HIV/sexual health (within Institutes for Public Health)
Denmark	Yes	(1) Drug abuse centres; (2) Prisons
Egypt	Yes	(1) Egyptian Liver hospital through outreach services to the poor risk population and health care workers
Finland	No	(1) Open places for drug users; (2) Open places for HIV patients
France	Yes	(1) Transfusion centres; (2) CDAG anonymous centre and free testing
Germany	Yes	(1) Local health houses (municipal health service)
Greece	No	
Hungary	No	(1) Prisoners
Israel	Yes	—
Italy	No	
Macedonia	No	
Netherlands	Yes	(1) GPs; (2) National Health Services
Poland	No	
Portugal	Yes	(1) Some punctual activities by some NGOs organization

Romania	Yes	(1) In the private laboratories blood tests paid; (2) Campaign of NGO or different private hospitals
Serbia	Yes	(1) Private labs; (2) VCT
Slovakia	No	(1) National HIV diagnostic centre in Bratislava – anonymous testing possible
Slovenia	Yes	(1) HCV screening for PWID at NGOs; (2) HCV screening for MSM at NGOs; (3) Prisons
Spain	Yes	(1) Prisons
Sweden	Yes	(1) GP centres
Turkey	No	
Ukraine	No	
United Kingdom	Yes	(1) Outreach services e.g. HCT testing van; (2) Sexual health clinics; (3) Prisons
15 (56%) = Yes **12 (44%) = No**		

a. “Sites outside of hospitals” were defined for survey respondents as: “sites that are not within either inpatient or outpatient hospital facilities.”
b. A horizontal line (“ – “) in a cell indicates that the survey respondent did not answer the question.

Table 3.5.2b. HCV testing/screening sites outside of hospitals for high-risk populations

In your country, are there any HCV testing/screening sites outside of hospitals for high-risk populations? (N=27)		***Follow-up question for respondents answering "yes" (N=18)***
		Please list the types of non-hospital settings where HCV testing is available for high-risk populations.[b]
Austria	No	
Belgium	No	
Bosnia & Herzegovina	No	
Bulgaria	Yes	(1) Mobile medical centres (funded by the Global Fund to fight HIV AIDS); (2) Free and anonymous testing facility (funded by the Global Fund to fight HIV AIDS)
Croatia	Yes	(1) NGO are organizing testing through InfoHep centres and Check points; (2) Centres for HIV/sexual health (within Institutes for Public Health)
Denmark	Yes	(1) Drug abuse centres; (2) Prisons
Egypt	Yes	(1) Egyptian Liver hospital through outreach services to the poor risk population and health care workers
Finland	Yes	(1) open places for drug users; (2) Open places for HIV patients
France	Yes	(1) Transfusion centres; (2) CDAG anonymous centre and free testing
Germany	Yes	(1) Local health houses (municipal health service)
Greece	No	
Hungary	Yes	(1) Prisoners
Israel	Yes	—
Italy	No	
Macedonia	No	
Netherlands	Yes	(1) GPs; (2) National Health Services
Poland		
Portugal	Yes	(1) Some punctual activities by some NGOs organization

Romania	Yes	(1) In the private laboratories blood tests paid; (2) Campaign of NGO or different private hospitals
Serbia	Yes	(1) Private labs; (2) VCT
Slovakia	Yes	(1) National HIV diagnostic centre in Bratislava – anonymous testing possible
Slovenia	Yes	(1) HCV screening for PWID at NGOs; (2) HCV screening for MSM at NGOs; (3) Prisons
Spain	Yes	(1) Prisons
Sweden	Yes	(1) GP centres
Turkey	No	
Ukraine	No	
United Kingdom	Yes	(1) Outreach services e.g. HCT Testing Van; (2) Sexual health clinics; (3) Prisons
18 (67%) = Yes **12 (44%) = No** **1 (4%) = No response**		

a. “Sites outside of hospitals” were defined for survey respondents as: “sites that are not within either inpatient or outpatient hospital facilities.”
b. A horizontal line (“ – “) in a cell indicates that the survey respondent did not answer the question.

Table 3.5.2c. HCV testing/screening sites outside of hospitals for high-risk populations – types of populations

Follow-up question for respondents answering "yes" to the question, "In your country, are there any HCV testing/screening sites outside of hospitals for high-risk populations?" (N=18)

Which high-risk populations? (Please choose all answers that apply.)	General population	People who inject drugs	Men who have sex with men	Transgender people	Sex workers	Prisoners	Healthcare workers	Migrants	People living with HIV	Other (please specify)
Bulgaria	X	X	X	X	X	X	X	X	X	
Croatia	X	X	X	X	X	X	X	X	X	
Denmark		X	X			X				
Egypt	X						X			
Finland		X							X	
France		X	X		X	X		X		
Germany		X	X	X	X			X	X	
Hungary						X				
Israel		X						X		
Netherlands		X	X		X	X	X	X	X	
Portugal	X	X	X	X				X	X	
Romania	X	X	X	X	X		X		X	
Serbia		X	X	X	X				X	
Slovakia										Any person interested
Slovenia	X	X	X	X		X	X	X	X	

Spain		X	X	X	X	X	X	X	X	People born between 1945-65
Sweden	X									
United Kingdom		X	X		X	X	X	X	X	
	7 (39%)	**14 (78%)**	**12 (67%)**	**8 (44%)**	**9 (50%)**	**9 (50%)**	**8 (44%)**	**10 (56%)**	**11 (61%)**	**2 (11%)**

Table 3.5.3. Pregnant women routinely screened for HBV and HCV

	Are pregnant women in your country routinely screened for HBV? (N=27)	Are pregnant women in your country routinely screened for HCV?[a] (N=27)
Austria	Yes	Yes
Belgium	Yes	Yes
Bosnia & Herzegovina	No	No
Bulgaria	Yes	No
Croatia	Yes	No
Denmark	Yes	No
Egypt	No	No
Finland	Yes	No
France	Yes	No
Germany	Yes	No
Greece	Yes	Yes
Hungary	Yes	No
Israel	Yes	–
Italy	Yes	Yes
Macedonia	Yes	Yes
Netherlands	Yes	No
Poland	No	Yes
Portugal	Yes	No
Romania	Yes	Yes
Serbia	Yes	No
Slovakia	Yes	Yes
Slovenia	Yes	No
Spain	Yes	Yes

Sweden	No	No
Turkey	Yes	Yes
Ukraine	Yes	Yes
United Kingdom	Yes	No
	23 (85%) = Yes **4 (15%) = No**	**11 (41%) = Yes** **15 (56%) = No** **1 (4%) = No response**

a. A horizontal line (“ – “) in a cell indicates that the survey respondent did not answer the question.

Table 3.5.4. Notification to blood donors

Are blood donors in your country informed if screening of their blood indicates that they have been infected with HBV or HCV? (N=27)		*Follow-up question for respondents answering "yes" (N=25)* Are they provided with referrals to medical care?[a]
Austria	Yes	Yes
Belgium	Yes	Yes
Bosnia & Herzegovina	Yes	Yes
Bulgaria	No	
Croatia	Yes	Yes
Denmark	Yes	Yes
Egypt	Yes	Yes
Finland	Yes	Yes
France	Yes	Yes
Germany	Yes	Yes
Greece	Yes	No
Hungary	Yes	Yes
Israel	Yes	Yes
Italy	Yes	No
Macedonia	Yes	Yes
Netherlands	Yes	Yes
Poland	Yes	—
Portugal	Yes	Yes
Romania	Yes	Yes
Serbia	Yes	No
Slovakia	Yes	Yes
Slovenia	Yes	Yes

Spain	Yes	Yes
Sweden	Yes	Yes
Turkey	Yes	Yes
Ukraine	No	
United Kingdom	Yes	Yes
	25 (93%) = Yes **2 (7%) = No**	**21 (84%) = Yes** **3 (12%) = No** **1 (4%) = No response**

a. A horizontal line (“ – “) in a cell indicates that the survey respondent did not answer the question.

Table 3.5.5. Liver enzyme and/or risk assessment for HBV/HCV in routine medical check-ups

	Is liver enzyme testing included in routine medical check-ups? (N=27)	Is risk assessment for HBV/HCV included in routine medical check-ups?[a] (N=27)
Austria	Yes	Yes
Belgium	Yes	No
Bosnia & Herzegovina	Yes	No
Bulgaria	No	No
Croatia	Yes	No
Denmark	Yes	Yes
Egypt	Yes	No
Finland	Yes	No
France	Yes	No
Germany	No	No
Greece	Yes	No
Hungary	Yes	Yes
Israel	Yes	—
Italy	Yes	Yes
Macedonia	Yes	No
Netherlands	No	No
Poland	No	No
Portugal	No	No
Romania	Yes	No
Serbia	No	No
Slovakia	Yes	No
Slovenia	Yes	No

Spain	No	No
Sweden	No	No
Turkey	Yes	Yes
Ukraine	Yes	No
United Kingdom	Yes	No
	19 (70%) = Yes **8 (30%) = No**	**5 (19%) = Yes** **21 (78%) = No** **1 (4%) = No response**

a. A horizontal line (" – ") in a cell indicates that the survey respondent did not answer the question.

Table 3.5.6. Free and anonymous HBV/HCV testing services targeting high-risk populations[a]

Are there free and anonymous HBV/HCV testing services targeting high-risk populations in your country? (Please mark all that apply.) (N=27)				
	Free HBV testing	**Anonymous HBV testing**	**Free HCV testing**	**Anonymous HCV testing**
General population	9 countries (33%)	6 countries (22%)	9 countries (33%)	6 countries (22%)
People who inject drugs	14 countries (52%)	10 countries (37%)	13 countries (48%)	9 countries (33%)
Men who have sex with men	12 countries (44%)	9 countries (33%)	11 countries (41%)	7 countries (26%)
Transgender people	11 countries (41%)	7 countries (26%)	10 countries (37%)	6 countries (22%)
Sex workers	10 countries (37%)	7 countries (26%)	9 countries (33%)	5 countries (19%)
Prisoners	14 countries (52%)	7 countries (26%)	13 countries (48%)	7 countries (26%)
Migrants	6 countries (22%)	6 countries (22%)	6 countries (22%)	6 countries (22%)
People living with HIV	13 countries (48%)	10 countries (37%)	12 countries (44%)	9 countries (33%)
Other	2 countries (7%)	0 countries (0%)	1 country (4%)	0 countries (0%)

a. A supplementary file with reporting on individual countries is available upon request. Please contact Principal Investigator Jeffrey V. Lazarus at jeffrey.lazarus@regionh.dk.

3.6. Clinical Assessment

Table 3.6.1. Linkage-to-care mechanism

In your country, is there a clear linkage-to-care mechanism so that people who are diagnosed with HBV and HCV are referred directly to a physician who can manage their care?[a] (N=27)	
Austria	Yes
Belgium	No
Bosnia & Herzegovina	Yes
Bulgaria	No
Croatia	No
Denmark	Yes
Egypt	Yes
Finland	Yes
France	No
Germany	No
Greece	No
Hungary	Yes
Israel	Yes
Italy	No
Macedonia	Yes
Netherlands	Yes
Poland	Yes
Portugal	Yes
Romania	Yes
Serbia	Yes
Slovakia	Yes
Slovenia	Yes

Spain	Yes
Sweden	Yes
Turkey	Yes
Ukraine	Yes
United Kingdom	Yes
	20 (74%) = Yes **7 (26%) = No**

a. “A physician who can manage their care” was defined for survey respondents as: “either a general practitioner/primary care physician or an appropriate specialist depending on the country's standard practice.”

Table 3.6.2. Monitoring plans in national clinical guidelines for HBV and HCV management

	If your country has national clinical guidelines for HBV management, do they include guidelines on how patients should be monitored (e.g. individual patient plans) to prevent the disease from getting worse? (N=27)	If your country has national clinical guidelines for HCV management, do they include guidelines on how patients should be monitored (e.g. individual patient plans) to prevent the disease from getting worse? (N=27)
	(Possible answers: There are no national clinical guidelines for HBV management; National clinical guidelines for HBV management include guidelines on patient monitoring; National clinical guidelines for HBV management do not include guidelines on patient monitoring; Do not know)	*(Possible answers: There are no national clinical guidelines for HCV management; National clinical guidelines for HCV management include guidelines on patient monitoring; National clinical guidelines for HCV management do not include guidelines on patient monitoring; Do not know)*
Austria	National clinical guidelines for HBV management do not include guidelines on patient monitoring.	National clinical guidelines for HCV management do not include guidelines on patient monitoring.
Belgium	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.
Bosnia & Herzegovina	National clinical guidelines for HBV management do not include guidelines on patient monitoring.	National clinical guidelines for HCV management do not include guidelines on patient monitoring.
Bulgaria	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.
Croatia	National clinical guidelines for HBV management do not include guidelines on patient monitoring.	National clinical guidelines for HCV management do not include guidelines on patient monitoring.
Denmark	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.
Egypt	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.

Finland	National clinical guidelines for HBV management do not include guidelines on patient monitoring.	National clinical guidelines for HCV management do not include guidelines on patient monitoring.
France	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.
Germany	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.
Greece	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.
Hungary	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.
Israel	There are no national clinical guidelines for HBV management.	There are no national clinical guidelines for HCV management.
Italy	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.
Macedonia	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.
Netherlands	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.
Poland	Do not know	Do not know
Portugal	There are no national clinical guidelines for HBV management.	National clinical guidelines for HCV management include guidelines on patient monitoring.
Romania	National clinical guidelines for HBV management do not include guidelines on patient monitoring.	National clinical guidelines for HCV management do not include guidelines on patient monitoring.
Serbia	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.
Slovakia	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.

Slovenia	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.
Spain	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.
Sweden	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.
Turkey	National clinical guidelines for HBV management do not include guidelines on patient monitoring.	National clinical guidelines for HCV management do not include guidelines on patient monitoring.
Ukraine	National clinical guidelines for HBV management include guidelines on patient monitoring.	National clinical guidelines for HCV management include guidelines on patient monitoring.
United Kingdom	National clinical guidelines for HBV management include guidelines on patient monitoring.	There are no national clinical guidelines for HCV management.
	2 (7%) = There are no national clinical guidelines for HBV management. **18 (67%) = National clinical guidelines for HBV management include guidelines on patient monitoring.** **6 (22%) = National clinical guidelines for HBV management do not include guidelines on patient monitoring.** **1 (4%) = Do not know**	**2 (7%) = There are no national clinical guidelines for HCV management.** **18 (67%) = National clinical guidelines for HCV management include guidelines on patient monitoring.** **6 (22%) = National clinical guidelines for HCV management do not include guidelines on patient monitoring.** **1 (4%) = Do not know**

Table 3.6.3. Guidelines to assess alcohol use in national clinical guidelines for HBV and HCV management

	If your country has national clinical guidelines for HBV management, do they include guidelines on how to assess viral hepatitis patients for alcohol use and make referrals to risk reduction and addiction counselling? (N=27)	If your country has national clinical guidelines for HCV management, do they include guidelines on how to assess viral hepatitis patients for alcohol use and make referrals to risk reduction and addiction counselling? (N=27)
	(Possible answers: There are no national clinical guidelines for HBV management; National clinical guidelines for HBV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.; National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling; Do not know)	*(Possible answers: There are no national clinical guidelines for HCV management; National clinical guidelines for HCV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.; National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling; Do not know)*
Austria	National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Belgium	National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Bosnia & Herzegovina	National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.

Bulgaria	National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Croatia	National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Denmark	National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Egypt	National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Finland	National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
France	National clinical guidelines for HBV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Germany	National clinical guidelines for HBV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Greece	National clinical guidelines for HBV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.

Hungary	National clinical guidelines for HBV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Israel	There are no national clinical guidelines for HBV management.	There are no national clinical guidelines for HCV management.
Italy	National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Macedonia	National clinical guidelines for HBV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Netherlands	National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Poland	Do not know	Do not know
Portugal	There are no national clinical guidelines for HBV management.	National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Romania	National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Serbia	National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.

Slovakia	Do not know	Do not know
Slovenia	National clinical guidelines for HBV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Spain	National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Sweden	National clinical guidelines for HBV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Turkey	National clinical guidelines for HBV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
Ukraine	National clinical guidelines for HBV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	National clinical guidelines for HCV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.
United Kingdom	National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.	There are no national clinical guidelines for HCV management.

	2 (7%) = There are no national clinical guidelines for HBV management. **9 (33%) = National clinical guidelines for HBV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.** **14 (52%) = National clinical guidelines for HBV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.** **2 (7%) = Do not know**	**2 (7%) = There are no national clinical guidelines for HCV management.** **8 (30%) = National clinical guidelines for HCV management include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.** **15 (56%) = National clinical guidelines for HCV management do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counselling.** **2 (7%) = Do not know**

Table 3.6.4. Average waiting time for liver specialist appointments for patients diagnosed with HBV/HCV

In practice, is the average waiting time for liver specialist appointments longer than six weeks for patients diagnosed with HBV/HCV in your country? (N=27)		*Follow-up question for respondents answering "yes" (N=9)*
		What is the average waiting time, in weeks?[a]
Austria	Yes	6 weeks
Belgium	No	
Bosnia & Herzegovina	No	
Bulgaria	No	
Croatia	No	
Denmark	No	
Egypt	Yes	6 weeks
Finland	No	
France	Yes	—
Germany	Do not know	
Greece	Yes	6 weeks
Hungary	No	
Israel	Yes	6 weeks
Italy	Do not know	
Macedonia	No	
Netherlands	No	
Poland	Yes	9 weeks
Portugal	Yes	12 weeks
Romania	No	
Serbia	No	
Slovakia	No	
Slovenia	No	

Spain	Yes	9 weeks
Sweden	No	
Turkey	No	
Ukraine	No	
United Kingdom	Yes	12 weeks
	9 (33%) = Yes **16 (59%) = No** **2 (7%) = Do not know**	**4 (44%) = 6 weeks** **2 (22%) = 9 weeks** **2 (22%) = 12 weeks** **1 (11%) = No response**

a. A horizontal line (" – ") in a cell indicates that the survey respondent did not answer the question.

3.7. Treatment

Table 3.7.1a. Availability of drugs for people diagnosed with HBV

Which of the following drugs are available to all patients diagnosed with HBV in your country? (N=27)							
	Adefovir	Emtricitabine	Entecavir	Lamivudine	Pegylated interferon	Telbivudine	Tenofovir
Austria	X		X	X	X	X	X
Belgium	X	X	X	X	X		X
Bosnia & Herzegovina	X		X	X	X	X	X
Bulgaria	X		X	X	X	X	X
Croatia	X		X	X	X		X
Denmark	X	X	X	X	X		X
Egypt			X				
Finland	X		X	X	X	X	X
France	X		X	X	X	X	X
Germany	X		X	X	X	X	X
Greece	X		X	X	X		X
Hungary	X		X	X	X		X
Israel			X				X
Italy	X	X	X	X	X	X	X
Macedonia				X	X		
Netherlands			X	X			X
Poland	X		X	X	X		X
Portugal	X		X	X	X		X
Romania	X		X	X	X		X

Serbia				X			X
Slovakia	X	X	X	X	X	X	X
Slovenia	X	X	X	X	X	X	X
Spain	X		X	X	X	X	X
Sweden	X		X	X	X	X	
Turkey	X		X	X	X	X	X
Ukraine			X	X	X	X	X
United Kingdom	X	X	X	X	X	X	X
	21 (78%)	**6 (22%)**	**25 (93%)**	**25 (93%)**	**23 (85%)**	**14 (52%)**	**24 (89%)**

Table 3.7.1b. Availability of drugs for people diagnosed with HBV

Follow-up question for respondents answering affirmatively to 7.1a.							
Which best describes the cost to patients?[a] *(Possible answers: Free; Co-payment required; Out of pocket; Other)*							
	Adefovir (N=21)	Emtricitabine (N=6)	Entecavir (N=25)	Lamivudine (N=25)	Pegylated interferon (N=23)	Telbivudine (N=14)	Tenofovir (N=24)
Austria	Free		Free	Free	Free	Free	Free
Belgium	Co-payment required	—	Co-payment required	Co-payment required	Co-payment required		Co-payment required
Bosnia & Herzegovina	Free		Free	Free	Free	Free	Free
Bulgaria	Free		Free	Free	Free	Free	Free
Croatia	Out of pocket		Out of pocket	Free	Free		Free
Denmark	Free	Free	Free	Free	Free		Free
Egypt			Co-payment required				
Finland	Free		Free	Free	Free	Free	Free
France	Free		Free	Free	Free	Free	Free
Germany	Free		Free	Free	Free	Free	Free
Greece	—		—	—	—		Free
Hungary	Free		Free	Free	Free		Free
Israel			Co-payment required				Co-payment required
Italy	Free	Free	Free	Free	Free	Free	Free
Macedonia				Free	Free		

Netherlands			Free	Free			Free
Poland	Free		—	Free	Free		Free
Portugal	Free		Free	Free	Free		Free
Romania	Other[b]		Free	Other[c]	Free		Free
Serbia				Free			Free
Slovakia	Free	Free	Free	Free	Free	Free	Free
Slovenia	Free	Free	Free	Free	Free	Free	Free
Spain	Free		Free	Free	Free	Free	Free
Sweden	Free		Free	Free	Free	Free	
Turkey	Out of pocket		Free	Free	Free	Free	Free
Ukraine			Free	Free	Free	Free	Free
United Kingdom	Free	Free	Free	Free	Free	Free	Free
Free	**16 (76%)**	**5 (83%)**	**19 (76%)**	**22 (88%)**	**21 (91%)**	**14 (100%)**	**22 (92%)**
Co-payment required	**1 (5%)**	**0 (0%)**	**3 (12%)**	**1 (4%)**	**1 (4%)**	**0 (0%)**	**2 (8%)**
Out of pocket	**2 (10%)**	**0 (0%)**	**1 (4%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**
Other	**1 (5%)**	**0 (0%)**	**0 (0%)**	**1 (4%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**
No response	**1 (5%)**	**1 (17%)**	**2 (8%)**	**1 (4%)**	**1 (4%)**	**0 (0%)**	**0 (0%)**

a. A horizontal line ("–") in a cell indicates that the survey respondent did not answer the question.

b. Survey respondent noted: "It is free, but with strict rules"

c. Survey respondent noted: "In general, lamivudine is no more indicated ([not indicated anymore]), but in particular situation[s] can to be administrated"

Table 3.7.2a. Availability of drugs for people diagnosed with HCV

Which of the following drugs are available to all patients diagnosed with HCV in your country? (N=27)						
	Daclatasvir	Dasabuvir	Ledipasvir/ Sofosbuvir	Ombitasvir/ Paritaprevir/ Ritonavir	Sofosbuvir	None
Austria	X		X		X	
Belgium	X	X	X	X	X	
Bosnia & Herzegovina				X		
Bulgaria	X	X	X	X	X	
Croatia		X	X	X	X	
Denmark	X	X	X	X	X	
Egypt					X	
Finland						X
France	X	X	X	X	X	
Germany	X	X	X	X	X	
Greece	X	X	X	X	X	
Hungary	X	X	X	X	X	
Israel	X	X	X	X	X	
Italy	X	X	X	X	X	
Macedonia						X
Netherlands	X	X	X	X	X	
Poland	X	X	X	X	X	
Portugal	X	X	X	X	X	
Romania						X[a]
Serbia						X
Slovakia	X	X	X	X	X	

Slovenia		X	X	X	X	
Spain	X	X	X	X	X	
Sweden	X	X	X	X	X	
Turkey	X	X	X	X	X	
Ukraine			X	X	X	
United Kingdom	X	X	X	X	X	
	18 (67%)	**19 (70%)**	**21 (78%)**	**21 (78%)**	**22 (81%)**	**4 (15%)**

a. Though the patient group from Romania reported that none of the above HCV drugs are available for all patients, after data cleaning and post-analysis, it was noted that in fact some DAAs have been available in Romania since December 2015. At the time of the survey this therapy was available for F4 patients only.

Table 3.7.2b. Availability of drugs for people diagnosed with HCV

Follow-up question for respondents answering affirmatively to 7.2a.					
Which best describes the cost to patients?[a] *(Possible answers: Free; Co-payment required; Out of pocket; Other)*					
	Daclatasvir (N=18)	Dasabuvir (N=19)	Ledipasvir/ Sofosbuvir (N=21)	Ombitasvir/ Paritaprevir/ Ritonavir (N=21)	Sofosbuvir (N=22)
Austria	Free		Free		Free
Belgium	Co-payment required	Co-payment required	Co-payment required	Co-payment required	Co-payment required
Bosnia & Herzegovina				Free	
Bulgaria	Free	Free	Free	Free	—
Croatia		Free	Free	Free	Free
Denmark	Free	Free	Free	Free	Free
Egypt					Co-payment required
France	Free	Free	Free	Free	Free
Germany	Free	Free	Free	Free	Free
Greece	Free	Free	Free	Free	Free
Hungary	Free	Free	Free	Free	Free
Israel	Co-payment required	Co-payment required	Co-payment required	Co-payment required	Co-payment required
Italy	Free	Free	Free	Free	Free
Netherlands	Free	Free	Free	Free	Free
Poland	Free	Free	Free	Free	Free
Portugal	Other[a]	Free	Free	Free	Free
Slovakia	Free	Free	Free	Free	Free

Slovenia		Free	Free	Free	Free
Spain	Free	Free	Free	Free	Free
Sweden	Free	Free	Free	Free	Free
Turkey	Co-payment required	Free	Free	Free	Free
Ukraine			Free	Free	Free
United Kingdom	Free	Free	Free	Free	Free
Free	**14 (78%)**	**17 (89%)**	**19 (90%)**	**19 (90%)**	**18 (82%)**
Co-payment required	**3 (17%)**	**2 (11%)**	**2 (10%)**	**2 (10%)**	**3 (14%)**
Out of pocket	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**
Other	**1 (6%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**
No response	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**1 (5%)**

a. A horizontal line ("–") in a cell indicates that the survey respondent did not answer the question.
b. Survey respondent commented: "Special authorization"

Table 3.7.3. Treatment of HCV patients in non-hospital settings

Do any HCV patients in your country have the option of being treated in non-hospital settings?[a] (N=27)		*Follow-up question for respondents answering "yes" (N=7)* What types of non-hospital settings? (Please choose all answers that apply.)		
		General Practitioner	Addiction/OST clinics	Other (please specify)
Austria	No			
Belgium	No			
Bosnia & Herzegovina	No			
Bulgaria	No			
Croatia	No			
Denmark	No			
Egypt	Yes			X[b]
Finland	No			
France	Yes		X	X[c]
Germany	Yes	X	X	
Greece	No			
Hungary	No			
Israel	Yes	X		
Italy	No			
Macedonia	No			
Netherlands	No			
Poland	No			
Portugal	No			
Romania	Yes	X		
Serbia	No			
Slovakia	No			

Slovenia	No			
Spain	No			
Sweden	No			
Turkey	Yes	X		
Ukraine	No			
United Kingdom	Yes		X	
7 (26%) = Yes **20 (74%) = No**		**4 (57%)**	**3 (43%)**	**2 (29%)**

a. “Non-hospital settings” were defined for survey respondents as: “Settings that are not within either inpatient or outpatient hospital facilities.”
b. “Hepatologist clinics”
c. “Hepatologist in town”

Table 3.7.4. HBV/HCV treatment location

	Can HBV treatment be obtained in all parts of your country? (N=27)	Can HCV treatment be obtained in all parts of your country? (N=27)
Austria	Yes	Yes
Belgium	Yes	Yes
Bosnia & Herzegovina	Yes	Yes
Bulgaria	Yes	Yes
Croatia	Yes	Yes
Denmark	Yes	Yes
Egypt	Yes	Yes
Finland	Yes	Yes
France	Yes	Yes
Germany	Yes	Yes
Greece	Yes	Yes
Hungary	Yes	Yes
Israel	Yes	Yes
Italy	Yes	Yes
Macedonia	Yes	Yes
Netherlands	Yes	Yes
Poland	Yes	Yes
Portugal	Yes	Yes
Romania	Yes	Yes
Serbia	Yes	Yes
Slovakia	Yes	Yes
Slovenia	Yes	Yes

Spain	Yes	Yes
Sweden	Yes	Yes
Turkey	Yes	Yes
Ukraine	Yes	Yes
United Kingdom	Yes	Yes
	27 (100%) = Yes **0 (0%) = No**	**27 (100%) = Yes** **0 (0%) = No**

Table 3.7.5. HBV/HCV treatment in prisons

	Is HBV treatment provided in prisons in your country?[a] (N=27)	If yes, what percentage of prisons provide HBV treatment? (N=18)	**Is HCV treatment provided in prisons in your country? (N=27)**	If yes… what percentage of prisons provide HCV treatment? (N=17)
Austria	Yes	—	Yes	10-19%
Belgium	Yes	Do not know	No	
Bosnia & Herzegovina	No		No	
Bulgaria	Yes	Do not know	Yes	Do not know
Croatia	No		No	
Denmark	Yes	40-49%	Yes	40-49%
Egypt	Do not know		Do not know	
Finland	Yes	Do not know	Yes	Do not know
France	Yes	Do not know	Yes	0-9%
Germany	Yes	10-19%	Yes	0-9%
Greece	No		No	
Hungary	Yes	20-29%	Yes	20-29%
Israel	No		No	
Italy	Yes	Do not know	Yes	Do not know
Macedonia	No		No	
Netherlands	Yes	Do not know	Yes	Do not know
Poland	Yes	0-9%	No	
Portugal	Yes	Do not know	Yes	0-9%
Romania	—		Yes	Do not know
Serbia	Yes	Do not know	Yes	Do not know
Slovakia	Yes	100%	Yes	100%

Slovenia	Yes	100%	Yes	100%
Spain	Yes	Do not know	Yes	Do not know
Sweden	Yes	Do not know	Yes	Do not know
Turkey	Do not know		Do not know	
Ukraine	No		No	
United Kingdom	Yes	Do not know	Yes	Do not know
	18(67%) = Yes **6 (22%) = No** **2 (7%) = Do not know** **1 (4%) = No response**	**1 (6%) = 0-9%** **1 (6%) = 10-19%** **1 (6%) = 20-29%** **1 (6%) = 40-49%** **2 (11%) = 100%** **11 (61%) = Do not know** **1 (6%) = No response**	**17 (63%) = Yes** **8 (30%) = No** **2 (7%) = Do not know** **0 (0%) = No response**	**3 (18%) = 0-9%** **1 (6%) = 10-19%** **1 (6%) = 20-29%** **1 (6%) = 40-49%** **2 (12%) = 100%** **9 (53%) = Do not know** **0 (0%) = No response**

a. A horizontal line ("–") in a cell indicates that the survey respondent did not answer the question.

Table 3.7.6. Restrictions on access to direct-acting antivirals for the treatment of HCV infection

In practice, what restrictions are there on access to direct-acting antivirals for the treatment of HCV infection in your country? (Please choose all answers that apply.) (N=27)										
	None	Fibrosis level	People who are currently injecting drugs	People who have abstained from injecting drugs for a specified period of time	Alcohol use	Quotas	Past or present drug users only treated if they are receiving OST	People who injected drugs in the past	Other	Do not know
Austria		X	X	X	X		X			
Belgium		X							X[a]	
Bosnia & Herzegovina										X
Bulgaria		X	X	X	X		X			
Croatia		X	X	X	X	X		X	X[b]	
Denmark		X		X		X	X			
Egypt									X[c]	
Finland		X	X	X		X				
France	X									
Germany			X		X		X			
Greece		X								
Hungary		X	X		X					
Israel		X	X							
Italy		X								
Macedonia		X	X							

Netherlands	X									
Poland			X			X			X[d]	
Portugal	X									
Romania		X	X				X			
Serbia									X[e]	
Slovakia		X	X	X		X	X			
Slovenia		X								
Spain		X	X	X	X	X				
Sweden		X	X		X					
Turkey		X								
Ukraine		X	X	X	X					
United Kingdom		X				X				
	3 (11%)	**19 (70%)**	**14 (52%)**	**8 (30%)**	**8 (30%)**	**7 (26%)**	**6 (22%)**	**1 (4%)**	**5 (19%)**	**1 (4%)**

a. “Only by gastroenterologist working in a university hospital”

b. “In practice - people older than 70 years are not treated.” and “In practice - people younger than 18 years are not treated.”

c. “Just financial restriction for the poor who are not provided by medical insurance”

d. “IFN – free treatment with *sofosbuvir + ledipasvir* or *sofosbuvir + daclatasvir* is not available for patient infected with GT3 HC.”

e. “Direct-acting antivirals are not available to any patients diagnosed with HCV in my country.”

Table 3.7.7. Licensing to prescribe direct-acting antivirals to HCV patients

Who is licensed to prescribe direct-acting antivirals to HCV patients in your country? (Please choose all answers that apply.) (N=27)							
	Hepatologists	Infectious disease physicians	Gastroenterologists	Internists	HIV/AIDS physicians	General practitioners/ primary care physicians	Other (please specify)
Austria	X						
Belgium	X		X				
Bosnia & Herzegovina	X	X					
Bulgaria			X			X	
Croatia	X	X	X				
Denmark	X	X	X		X		
Egypt	X		X				
Finland	X	X	X		X		
France	X	X		X	X		
Germany	X	X	X	X	X	X	
Greece	X		X		X		
Hungary	X	X	X				
Israel	X		X				
Italy	X	X	X	X			
Macedonia	X	X	X				
Netherlands	X	X	X	X	X		
Poland		X					X[a]

Portugal	X	X	X	X	X		
Romania	X	X	X	X			
Serbia	X	X					
Slovakia	X	X	X				
Slovenia	X	X					
Spain	X				X		
Sweden	X	X					
Turkey		X	X				
Ukraine		X	X				
United Kingdom	X	X			X		
	23 (85%)	**20 (74%)**	**18 (67%)**	**6 (22%)**	**9 (33%)**	**2 (7%)**	**1 (4%)**

a. “Transplantologists”

4. Annexes

Annex 1. The European Liver Patients Association

The European Liver Patients Association (ELPA) emerged from a need amongst European liver patient groups to share their experiences of the often very contrasting approaches adopted in different countries. In June 2004, 13 patient groups from 10 European and Mediterranean Basin countries met to create the association. ELPA was formally launched in Paris, France, on 14 April 2005 during the annual International Liver Conference of the European Association for the Study of the Liver (EASL). ELPA now has 35 member patient groups from 27 countries.

Our organization was established by patients, is governed by patients, and represents patients in Europe, as well as in Egypt and Israel. We, the liver disease patients, are committed to making a difference in prevention, treatment, and care for other patients. This is achieved by our cooperation and networking, teamwork, and our devotion to patients.

OUR VALUES

- Equality - Respect for diversity - Patient driven
- Commitment – Transparency
- Member empowerment

OUR VISION

- A world without liver disease

OUR MISSION

ELPA is a patient-driven association, devoted to patient rights. We aim to promote the interests of people with liver disease, in particular:

- to highlight the extent of the problem of liver disease;
- to promote awareness and prevention;
- to address the low profile of liver disease as compared to other areas of medicine;
- to share experiences of successful initiatives;
- to work with professional bodies such as EASL and the European Union institutions to ensure that liver disease treatment and care are at their highest standards across Europe.

POLICY WORK: Influencing key stakeholders

ELPA plays a prominent role in communications and consulting for major stakeholders in the field of liver disease including through our publications, which share guidelines, cutting-edge research, and recommendations. These include:

- 2012, Euro Hepatitis Index 2012 Report
- 2014, Liver means Life - manifesto on policy measures against chronic liver disease 2014 to 2019 to brief candidates for the European Parliament and the new European Commission.

- 2015, Burden of hepatitis C in Europe - The case of France and Romania
- 2015, Hepatitis B and C - An action plan for saving lives in Europe, the experts' recommendation summary with EASL, the Correlation Network, WHO, the European Centre for Disease Prevention and Control, the World Hepatitis Alliance, and the Viral Hepatitis Prevention Board. The 2016 Hep-CORE Report responds to this action plan.

In 2016 the first WHO Global health sector strategy on viral hepatitis was approved at the annual World Health Assembly by 194 WHO member states. This global commitment came about in part because of the influence and dedicated initiative of vocal organizations such as ELPA and the World Hepatitis Alliance, representing a broad member base and presenting an urgent need to decision-makers. In 2017 we continue to be an important actor in this field with the clear goal to continue to increase the level of attention to liver disease across Europe.

Annex 2. Hep-CORE study methodology

The investigative framework for the Hep-CORE study was drawn from *Hepatitis B and C: an action plan for saving lives in Europe*.[22] The European Liver Patients Association and other key stakeholders published this *Action plan* in 2015 to provide a compilation of major recommendations by leading organisations in the field of viral hepatitis, with the recommendations grouped into seven domains: national-level policy recommendations; monitoring and data collection; awareness; prevention; testing and diagnosis; assessment; and treatment.

The aim of the Hep-CORE study was to investigate the extent to which countries with ELPA member organisations are implementing the recommendations identified in the *Action plan*. The study instrument was a cross-sectional survey consisting of 39 questions relating to the *Action plan* recommendations (Annex 3). The survey retained the general structure of the *Action plan*, with questions presented in seven sections corresponding to the *Action plan* domains. Questions were developed by the research team in consultation with the Hep-CORE study group, which was comprised of international experts in policy, clinical and public health aspects of viral hepatitis.[23] The survey was reviewed multiple times by the study group over a four-month period, with extensive revisions made on the basis of regular feedback. In June 2016, the survey was piloted to four representatives of ELPA member organisations. After making final changes in accordance with pilot feedback, the research team began data collection in July 2016.

Study participants were selected from patient groups in the 26 European and Mediterranean countries where there are patient groups affiliated with ELPA. One patient group or coalition of patient groups in each country was asked to complete a single survey for that country. Additionally, a patient organisation in Denmark, where there are no ELPA members, was invited to participate in the study. This yielded a total study sample size of 27. All 27 study participants completed the survey for a 100% response rate. They provided their answers using the web-based online data collection tool Research Electronic Data Capture (REDCap),[24] which allowed them to work on the survey in multiple sessions, with responses saved and access codes provided so that the survey could be revisited later. Study participants worked on their surveys over a period of approximately three months in July-October 2016.

The research team assessed the submitted surveys for completeness and consistency, and queried survey respondents via e-mail to seek clarifications as warranted. Following data cleaning, all results were compiled and analysed using Microsoft Excel. The percentages in the tables may not add up to 100% due to rounding in calculations.

[22] European Liver Patients Association. *Hepatitis B and C: an action plan for saving lives in Europe*. 2015. http://www.elpa-info.org/tl_files/elpa_news/elpa/2015/Hepatitis-B-and-C-An-Action-Plan-for-Saving-Lives-in-Europe.pdf.

[23] Charles Gore (World Hepatitis Alliance), Hande Harmanci (World Health Organization), Magdalena Harris (London School of Hygiene and Tropical Medicine, United Kingdom), Greet Hendrickx (Viral Hepatitis Prevention Board), Marie Jauffret-Roustide (Paris Descartes University, France), Achim Kautz (European Liver Patients Association), Mojca Matičič (University Medical Centre Ljubljana, Slovenia), Luís Mendão (Grupo de Ativistas em Tratamentos (GAT), Portugal), Antons Mozalevskis (WHO Regional Office for Europe), Raquel Peck (World Hepatitis Alliance), Tatjana Reic (European Liver Patients Association), Eberhard Schatz (Correlation Network), Kaarlo Simojoki (A-Clinic Foundation, Finland), Joan Tallada (European AIDS Treatment Group).

[24] Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, Conde JG. Research electronic data capture (REDCap) - A metadata-driven methodology and workflow process for providing translational research informatics support. *J Biomed Inform*. 2009;42(2):377-81.

Annex 3. Hep-CORE study instrument

Hep-CORE 2016 survey: monitoring the implementation of hepatitis B and C policy recommendations in Europe

Thank you for participating in the 2016 Hep-CORE study.

Please note:

A PDF of the survey is available for reference. The actual survey must be completed online. To download the PDF, use the link below.

To move from one section of the survey to another, please use the arrow buttons at the bottom of each section. Do not use the back and forward buttons in your browser.

To save your work and continue later, use the Save & Return Later button.

Please fully answer all questions before clicking on the Submit button on the last page.

If you do not understand a survey question or would like help finding the information that is being requested, please contact Kelly Safreed-Harmon at kelly@safreed-harmon.com.

If you have any other questions about the Hep-CORE study, please contact Principal Investigator Jeffrey V. Lazarus of the University of Copenhagen at jeffrey.lazarus@regionh.dk.

Contact Information

First name: _____

Last name: _____

Organisation: _____

Position: _____

Street address: _____

City: _____

Postal code: _____

Country: _____

Phone number: _____

E-mail address: _____

SECTION 1. OVERALL NATIONAL RESPONSE

1.1 Written national HBV and/or HCV strategy

Does your country have a written national HBV and/or HCV strategy?

- ○ Yes
- ○ No

Which best describes the content of the strategy?

- ○ It includes both HBV and HCV
- ○ It includes HBV but not HCV
- ○ It includes HCV but not HBV

Is there an action plan stating how the strategy will be implemented?

- ○ Yes
- ○ No
- ○ Do not know

Is the strategy exclusively for viral hepatitis, or does it integrate viral hepatitis with other diseases?

- ○ It is exclusive for viral hepatitis
- ○ It integrates viral hepatitis with other diseases
- ○ Do not know

Please provide an internet URL (a link) to the document or provide an e-mail address for a contact person who has the document _____

Additional comments: _____

Sources for answers: _____

1.2 National clinical guidelines for the diagnosis and treatment of HBV

Does your country have national clinical guidelines for the diagnosis & treatment of HBV?

- ○ Yes
- ○ No
- ○ Do not know

What is the source of the guidelines?

- ○ Guidelines by European Association for the Study of the Liver (EASL) or other international clinical association are adopted as national guidelines
- ○ Guidelines by World Health Organization (WHO) are adopted as national guidelines
- ○ National government develops its own national guidelines
- ○ National medical society develops its own national guidelines
- ○ Other (please specify below
- ○ Do not know

Other source of the guidelines, please specify: _____

Additional comments: _____

Sources for answers: _____

1.3 National clinical guidelines for the diagnosis and treatment of HCV

Does your country have national clinical guidelines for the diagnosis & treatment of HBV?

- ○ Yes
- ○ No
- ○ Do not know

What is the source of the guidelines?

- ○ Guidelines by European Association for the Study of the Liver (EASL) or other international clinical association are adopted as national guidelines
- ○ Guidelines by World Health Organization (WHO) are adopted as national guidelines
- ○ National government develops its own national guidelines
- ○ National medical society develops its own national guidelines
- ○ Other (please specify below
- ○ Do not know

Other source of the guidelines, please specify: _____

Additional comments: _____

Sources for answers: _____

1.4 Multidisciplinary/technical advisory/Ministry of Health working group for viral hepatitis

Does your national government have a multidisciplinary/technical advisory/Ministry of Health working group for viral hepatitis?

- ○ Yes
- ○ No
- ○ Do not know

How often does it meet?

- ○ Less than once per year
- ○ Once per year or more
- ○ Has not yet held first meeting
- ○ Do not know

Additional comments: _____

Sources for answers: _____

1.5 National laws that protect people against discrimination based on their HBV/HCV status

In your country are there any national laws that protect people against discrimination based on their HBV/HCV status?

- ○ Yes
- ○ No
- ○ Do not know

Please identify law by name (1): _____

Please identify law by name (2): _____

Please identify law by name (3): _____

Additional comments: _____

Sources for answers: _____

SECTION 2. PUBLIC AWARENESS AND ENGAGEMENT

2.1 Events or awareness campaigns for World Hepatitis Day 2015

Did your government stage events or awareness campaigns for World Hepatitis Day 2015?

- ○ Yes
- ○ No
- ○ Do not know

At what level? Please choose all answers that apply.

- ☐ National government
- ☐ Subnational governments (e.g., province, region), with all participating
- ☐ Subnational governments (e.g., province, region), with at least 50% of governments (≥ 50%) participating
- ☐ Subnational governments (e.g., province, region), with less than 50% of governments (<50%) participating
- ☐ Do not know

Were civil society groups involved? Click to see a definition of "civil society groups"

- ○ Yes
- ○ No
- ○ Do not know

Additional comments:

Sources for answers: _____

2.2 Events or awareness campaigns for World Hepatitis Day 2016

Is your government planning to stage events or awareness campaigns for World Hepatitis Day 2016?

- ○ Yes
- ○ No
- ○ Do not know

At what level? Please choose all answers that apply.

- ☐ National government
- ☐ Subnational governments (e.g., province, region), with all participating
- ☐ Subnational governments (e.g., province, region), with at least 50% of governments (≥ 50%) participating
- ☐ Subnational governments (e.g., province, region), with less than 50% of governments (<50%) participating
- ☐ Do not know

Were civil society groups involved? Click to see a definition of "civil society groups"

- ○ Yes
- ○ No
- ○ Do not know

Additional comments: _____

Sources for answers: _____

2.3 Viral hepatitis awareness campaigns since January 2015, other than World Hepatitis Day

Has your government funded – directly or via an NGO – any viral hepatitis awareness campaigns since January 2015, other than World Hepatitis Day? Click to see a definition of "NGO"

- ○ Yes
- ○ No
- ○ Do not know

At what level? Please choose all answers that apply.

- ☐ National government
- ☐ Subnational governments (e.g., province, region), with all participating
- ☐ Subnational governments (e.g., province, region), with at least 50% of governments (≥ 50%) participating
- ☐ Subnational governments (e.g., province, region), with less than 50% of governments (<50%) participating
- ☐ Do not know

What were the campaign channels? Please choose all answers that apply.

- ☐ Mass media
- ☐ Social Media
- ☐ Public events
- ☐ Other (please specify below)
- ☐ Do not know

Other campaign channel, please specify (1): _____

Other campaign channel, please specify (2): _____

Other campaign channel, please specify (3): _____

Who were the target groups? Please choose all answers that apply

- ☐ General population
- ☐ People who inject drugs
- ☐ Men who have sex with men
- ☐ Transgender people Sex workers Prisoners
- ☐ Healthcare workers
- ☐ Migrants
- ☐ People living with HIV
- ☐ Other (please specify below)
- ☐ Do not know

Other target population, please specify (1): _____

Other target population, please specify (2): _____

Other target population, please specify (3): _____

What were the primary topics or messages? Please choose all answers that apply.

- ☐ General information about viral hepatitis
- ☐ Importance of HBV vaccination
- ☐ Importance of knowing one's HBV and/or HCV status
- ☐ Importance of safer sex
- ☐ Harm reduction for people who inject drugs Viral hepatitis prevention in healthcare settings Other (please specify below)
- ☐ Do not know

Other primary topic or message, please specify (1): _____

Other primary topic or message, please specify (2): _____

Other primary topic or message, please specify (3): _____

Additional comments: _____

Sources for answers: _____

2.4 Government collaboration with any in-country civil society groups

Does your government collaborate with any in-country civil society groups (such as patient groups, community groups or local or national NGOs) within your country to plan and carry out its viral hepatitis prevention and control programme? (The following are not considered in-country civil society groups: United Nations agencies, international NGOs, government ministries, university programmes, military programmes.) Click to see definitions of "civil society groups" and "NGOs".

- ○ Yes
- ○ No
- ○ Do not know

Please name group (1): _____

Please name group (2): _____

Please name group (3): _____

Please name group (4): _____

Please name group (5): _____

Please name group (6): _____

Additional comments: _____

Sources for answers: _____

2.5 Viral hepatitis awareness activities targeting healthcare workers

Since January 2015, has any government agency carried out viral hepatitis awareness activities targeting healthcare workers?

- ○ Yes
- ○ No
- ○ Do not know

At what level? Please choose all answers that apply.

- ☐ National government
- ☐ Subnational governments (e.g., province, region), with all participating
- ☐ Subnational governments (e.g., province, region), with at least 50% of governments (≥ 50%) participating
- ☐ Subnational governments (e.g., province, region), with less than 50% of governments (<50%) participating
- ☐ Do not know

Please briefly describe activities _____

Additional comments: _____

Sources for answers: _____

SECTION 3. MONITORING AND DATA COLLECTION

3.1 National government employs a "cascade of care" approach to monitor the numbers and proportions of people who progress through each stage of the HBV and HCV care cascades.

Does your national government employ a "cascade of care" approach to monitor the numbers and proportions of people who progress through each stage of the HBV and HCV care cascades? (Stages such as testing, diagnosis, linkage to care, assessment, treatment and sustained viral response.) Click to see a definition of "cascade of care".

- ○ Yes
- ○ No
- ○ Do not know

Additional comments: _____

Sources for answers: _____

3.2 National disease register for HBV infection

Does your government or any government-related institution have a national disease register for HBV infection? Click to see a definition of "disease register"

- ○ Yes
- ○ No
- ○ Do not know

Are data collected from mandatory notification of every case of HBV infection?

- ○ Yes
- ○ No
- ○ Do not know

Are subnational level (e.g., province, region) data available?

- ○ Yes
- ○ No
- ○ Do not know

Additional comments: _____

Sources for answers: _____

3.3 National disease register for HCV infection

Does your government or any government-related institution have a national disease register for HCV infection? Click to see a definition of "disease register"

- ○ Yes
- ○ No
- ○ Do not know

Are data collected from mandatory notification of every case of HCV infection?

- ○ Yes
- ○ No
- ○ Do not know

Are subnational level (e.g., province, region) data available?

- ○ Yes
- ○ No
- ○ Do not know

Additional comments: _____

Sources for answers: _____

3.4 National disease register for hepatocellular carcinoma

Does your government or any government-related institution have a national disease register for HCC? Click to see a definition of "disease register"

- ○ Yes
- ○ No
- ○ Do not know

Are data collected from mandatory notification of every case of HCC?

- ○ Yes
- ○ No
- ○ Do not know

Are subnational level (e.g., province, region) data available?

- ○ Yes
- ○ No
- ○ Do not know

Additional comments: _____

Sources for answers: _____

SECTION 4. PREVENTION

4.1 National policy to address prevention of HBV/HCV infection in healthcare settings

Is there a national policy that addresses prevention of HBV/HCV infection in healthcare settings?

- ○ Yes
- ○ No
- ○ Do not know

What topics does the policy address? Please choose all answers that apply.

- ☐ HBV vaccination for healthcare workers
- ☐ National HBV/HCV prevention and control regulations/protocols
- ☐ Universal blood and body fluid precautions (use of protective barriers such as gloves, masks, gowns and eyewear)
- ☐ Safe injections (e.g., use of single-use or auto-disable syringes)
- ☐ Post-exposure management and prophylaxis for healthcare workers - click to see a definition of "prophylaxis"
- ☐ Safe medical waste management
- ☐ Other (please specify below)

Other topic, please specify (1) _____

Other topic, please specify (2) _____

Other topic, please specify (3) _____

Additional comments: _____

Sources for answers: _____

4.2 HBV prevention addressed in different populations in your country

How is HBV prevention (other than vaccination) addressed in the following populations in your country?

In the following table, please mark all boxes that apply. If HBV prevention is not addressed in a population in the way described, then leave the box unmarked.

	HBV prevention for this population is addressed in national policy	HBV prevention for this population is addressed in subnational HBV policies in all provinces/regions	HBV prevention for this population is addressed in national HBV strategy	HBV prevention for this population is addressed in subnational HBV strategies in all provinces/regions	HBV prevention for this population is addressed in national clinical guidelines
People who inject drugs	☐	☐	☐	☐	☐
Men who have sex with men	☐	☐	☐	☐	☐
Transgender people	☐	☐	☐	☐	☐
Sex workers	☐	☐	☐	☐	☐
Prisoners	☐	☐	☐	☐	☐
Migrants	☐	☐	☐	☐	☐
People living with HIV	☐	☐	☐	☐	☐

Other (Please specify below)	☐	☐	☐	☐	☐

Other population, please specify: _____

Additional comments: _____

Sources for answers: _____

4.3 HCV prevention addressed in different populations in your country

How is HCV prevention (other than vaccination) addressed in the following populations in your country?

In the following table, please mark all boxes that apply. If HCV prevention is not addressed in a population in the way described, then leave the box unmarked.

	HCV prevention for this population is addressed in national policy	HCV prevention for this population is addressed in subnational HCV policies in all provinces/regions	HCV prevention for this population is addressed in national HCV strategy	HCV prevention for this population is addressed in subnational HCV strategies in all provinces/regions	HCV prevention for this population is addressed in national clinical guidelines
People who inject drugs	☐	☐	☐	☐	☐
Men who have sex with men	☐	☐	☐	☐	☐
Transgender people	☐	☐	☐	☐	☐
Sex workers	☐	☐	☐	☐	☐
Prisoners	☐	☐	☐	☐	☐
Migrants	☐	☐	☐	☐	☐
People living with HIV	☐	☐	☐	☐	☐
Other (Please specify below)	☐	☐	☐	☐	☐

Other population, please specify: _____

Additional comments: _____

Sources for answers: _____

4.4 Screening for HBV and HCV in blood, tissue and organ donations

	Screened using only serological tests (HBsAg, anti-HBc	Screened using only NAT test (HBV DNA)	Screened using both serological tests (HbsAg, anti-HBc) and NAT test (HBV DNA)	Not screened	Do not know
HBV - Blood and blood products	○	○	○	○	○
HBV - Tissue and organ donations	○	○	○	○	○

	Screened using only serological test (anti-HCV)	Screened using only NAT test (HCV RNA)	Screened using both serological test (anti-HCV)	Not screened	Do not know

			and NAT test (HCV RNA)		
HCV - Blood and blood products	○	○	○	○	○
HCV - Tissue and organ donations	○	○	○	○	○

Additional comments: _____

Sources for answers: _____

4.5 Routine HBV vaccination

Which populations are routinely vaccinated for HBV in your country, and how are vaccination costs met?

Please mark all boxes that apply in the following table. (More than one box can be marked per row if vaccination costs are met in more than one way.) If you do not know an answer, please leave the box empty.

	Free vaccination	Co-payment required for vaccination	Full out-of-pocket payment required for vaccination
Everyone	☐	☐	☐
Travellers	☐	☐	☐
Military personnel	☐	☐	☐
Healthcare workers	☐	☐	☐
Individuals other than healthcare workers who are at risk for HBV due to occupation (including environmental and sanitary workers)	☐	☐	☐
Neonates (infants under 28 days of age) born to HbsAg-positive mothers	☐	☐	☐
All neonates (infants under 28 days of age)	☐	☐	☐
All infants (children aged < 365 days)	☐	☐	☐
People who inject drugs	☐	☐	☐
Migrants, including refugees and asylum seekers	☐	☐	☐
Prisoners	☐	☐	☐
Haemodialysis patients	☐	☐	☐
Chronic liver disease patients (e.g., people with chronic HCV, alcoholic liver disease, non-alcoholic fatty liver disease)	☐	☐	☐
Sexually transmitted infection (STI) clinic patients	☐	☐	☐

People living with HIV	☐	☐	☐
People with multiple sexual partners	☐	☐	☐
Men who have sex with men	☐	☐	☐
Transgender people	☐	☐	☐
Contacts of HBV-infected people	☐	☐	☐
Sex workers	☐	☐	☐
Other (Please specify below)	☐	☐	☐

Other population, please specify: _____

Additional comments: _____

Sources for answers: _____

4.6 National campaigns promoting safer sex as an HBV/HCV prevention strategy

Since January 2015, has your government or any government-related institution conducted or funded an NGO to conduct any national campaigns promoting safer sex as an HBV/HCV prevention strategy? Click to see a definition of "NGO".

- ○ Yes
- ○ No
- ○ Do not know

Which populations were targeted? Please choose all answers that apply.

- ☐ General population
- ☐ People who inject drugs
- ☐ Transgender people
- ☐ Sex workers
- ☐ Prisoners
- ☐ Migrants
- ☐ Adolescents/young adults
- ☐ People with sexually transmitted infections (STIs)
- ☐ Other (please specify below)
- ☐ Do not know

Other population, please specify (1): _____

Other population, please specify (2): _____

Other population, please specify (3): _____

Additional comments: _____

Sources for answers: _____

4.7 Harm reduction services available to people who inject drugs

In your country, which of the following harm reduction services are available to people who inject drugs?

	Available in all parts of the country	Available only in some parts of the country	Not available	Do not know
Needle and syringe programmes	◯	◯	◯	◯
Opioid substitution therapy	◯	◯	◯	◯
Drug consumption rooms	◯	◯	◯	◯
Other (Please specify below)	◯	◯	◯	◯

Other harm reduction service, please specify (1): _____

Other harm reduction service, please specify (2): _____

Other harm reduction service, please specify (3): _____

Additional comments: _____

Sources for answers: _____

4.8 Harm reduction services available in prisons

In your country, which of the following harm reduction services are available in prisons?

	Available in prisons in all parts of the country	Available in prisons in only some parts of the country	Not available in prisons	Do not know
Needle and syringe programmes	◯	◯	◯	◯
Opioid substitution therapy	◯	◯	◯	◯
Other (Please specify below)	◯	◯	◯	◯

Other harm reduction service, please specify: _____

Additional comments: _____

Sources for answers: _____

SECTION 5. TESTING AND DIAGNOSIS

5.1 HBV testing/screening sites outside of hospitals for the general population and for high-risk populations

In your country, are there any HBV testing/screening sites outside of hospitals for the general population? (Sites that are not within either inpatient or outpatient hospital facilities.)

- ○ Yes
- ○ No
- ○ Do not know

Please list the types of non-hospital settings where HBV testing is available for the general population:

Type (1): _____

Type (2): _____

Type (3): _____

Type (4): _____

In your country, are there any HBV testing/screening sites outside of hospitals for high-

risk populations? (Sites that are not within either inpatient or outpatient hospital facilities.) Click to see a definition of "high-risk populations".

- ○ No
- ○ Do not know
- ○ Yes

Please list the types of non-hospital settings where HBV testing is available for high-risk populations:

Type (1): _____

Type (2): _____

Type (3): _____

Type (4): _____

Which high-risk populations? Please choose all answers that apply

- ☐ General population
- ☐ People who inject drugs
- ☐ Men who have sex with men
- ☐ Transgender people
- ☐ Sex workers
- ☐ Prisoners
- ☐ Healthcare workers
- ☐ Migrants
- ☐ People living with HIV
- ☐ Other (please specify below)
- ☐ Do not know

Other high-risk populations, please specify: _____

Additional comments: _____

Sources for answers: _____

5.2 HCV testing/screening sites outside of hospitals for the general population and for high-risk populations

In your country, are there any HCV testing/screening sites outside of hospitals for the general population? (Sites that are not within either inpatient or outpatient hospital facilities.)

- ○ Yes
- ○ No
- ○ Do not know

Please list the types of non-hospital settings where HCV testing is available for the general population:

Type (1): _____

Type (2): _____

Type (3): _____

Type (4): _____

In your country, are there any HCV testing/screening sites outside of hospitals for high-risk populations? (Sites that are not within either inpatient or outpatient hospital facilities.) Click to see a definition of "high-risk populations".

- ○ Yes
- ○ No
- ○ Do not know

Please list the types of non-hospital settings where HCV testing is available for high-risk populations:

Type (1): _____

Type (2): _____

Type (3): _____

Type (4): _____

Which high-risk populations? Please choose all answers that apply

- ☐ General population
- ☐ People who inject drugs
- ☐ Men who have sex with men
- ☐ Transgender people
- ☐ Sex workers
- ☐ Prisoners
- ☐ Healthcare workers
- ☐ Migrants
- ☐ People living with HIV
- ☐ Other (please specify below)
- ☐ Do not know

Other high-risk populations, please specify: _____

Additional comments: _____

Sources for answers: _____

5.3 Pregnant women routinely screened for HBV and HCV

Are pregnant women in your country routinely screened for HBV?

- ○ Yes
- ○ No
- ○ Do not know

Are pregnant women in your country routinely screened for HCV?

- ○ Yes
- ○ No
- ○ Do not know

Additional comments: _____

Sources for answers: _____

5.4 Notification to blood donors if screening of their blood indicates that they have been infected with HBV or HCV

Are blood donors in your country informed if screening of their blood indicates that they have been infected with HBV or HCV?

- ○ Yes
- ○ No
- ○ Do not know

Are they provided with referrals to medical care?

- ○ Yes
- ○ No

○ Do not know

Additional comments: _____

Sources for answers: _____

5.5 Liver enzyme and/or risk assessment for HBV/HCV in routine medical check-ups

Is liver enzyme testing included in routine medical check-ups in your country?

○ Yes
○ No
○ Do not know

Is risk assessment for HBV/HCV included in routine medical check-ups in your country?

○ Yes
○ No
○ Do not know

Additional comments: _____

Sources for answers: _____

5.6 Free and anonymous HBV/HCV testing services targeting high-risk populations

Are there free and anonymous HBV/HCV testing services targeting high-risk populations in your country? Click to see a definition of "high-risk populations".

Please mark all boxes that apply in the following table. If you do not know an answer, please leave the box empty.

	There is free HBV testing targeting this population	There is anonymous HBV testing targeting this population	There is free HCV testing targeting this population	There is anonymous HCV testing targeting this population
General population	☐	☐	☐	☐
People who inject drugs	☐	☐	☐	☐
Men who have sex with men	☐	☐	☐	☐
Transgender people	☐	☐	☐	☐
Sex workers	☐	☐	☐	☐
Prisoners	☐	☐	☐	☐
Migrants	☐	☐	☐	☐
People living with HIV	☐	☐	☐	☐
Other (please specify below)	☐	☐	☐	☐

Other populations, please specify: _____

Additional comments: _____

Sources for answers: _____

SECTION 6. CLINICAL ASSESSMENT

6.1 Linkage-to-care mechanism

In your country, is there a clear linkage-to-care mechanism so that people who are diagnosed with HBV and HCV are referred directly to a physician who can manage their care? (Either a general practitioner/primary care physician or an appropriate specialist depending on your country's standard practice.) Click to see a definition of "linkage-to-care mechanism".

- ○ Yes
- ○ No
- ○ Do not know

Additional comments: _____

Sources for answers: _____

6.2 Monitoring plans in national clinical guidelines for HBV and HCV management

If your country has national clinical guidelines for HBV management, do they include guidelines on how patients should be monitored (e.g., individual patient plans) to prevent the disease from getting worse?

- ☐ There are no national clinical guidelines for HBV management
- ☐ There are national clinical guidelines for HBV management, and they include guidelines on patient monitoring
- ☐ There are national clinical guidelines for HBV management, but they do not include guidelines on patient monitoring
- ☐ Do not know

If your country has national clinical guidelines for HCV management, do they include guidelines on how patients should be monitored (e.g., individual patient plans) to prevent the disease from getting worse?

- ☐ There are no national clinical guidelines for HCV management
- ☐ There are national clinical guidelines for HCV management, and they include guidelines on patient monitoring
- ☐ There are national clinical guidelines for HCV management, but they do not include guidelines on patient monitoring
- ☐ Do not know

Additional comments: _____

Sources for answers: _____

6.2 Monitoring plans in national clinical guidelines for HBV and HCV management

If your country has national clinical guidelines for HBV management, do they include guidelines on how to assess viral hepatitis patients for alcohol use and make referrals

- ☐ There are no national clinical guidelines for HBV management
- ☐ There are national clinical guidelines for HBV management, and they include guidelines on assessment for alcohol use and referral to risk reduction and addiction counseling.
- ☐ There are national clinical guidelines for HBV management, but they do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counseling.
- ☐ Do not know

If your country has national clinical guidelines for HBV management, do they include guidelines on how to assess viral hepatitis patients for alcohol use and make referrals

- ☐ There are no national clinical guidelines for HCV management
- ☐ There are national clinical guidelines for HCV management, and they include guidelines on assessment for alcohol use and referral to risk reduction and addiction counseling.
- ☐ There are national clinical guidelines for HCV management, but they do not include guidelines on assessment for alcohol use and referral to risk reduction and addiction counseling.
- ☐ Do not know

Additional comments: _____

Sources for answers: _____

6.4 Average waiting time for liver specialist appointments for patients diagnosed with HBV/HCV

In practice, is the average waiting time for liver specialist appointments longer than six weeks for patients diagnosed with HBV/HCV in your country?

- ○ Yes
- ○ No
- ○ Do not know

What is the average waiting time, in weeks?

- ○ 6 weeks
- ○ 7 weeks
- ○ 8 weeks
- ○ 9 weeks
- ○ 10 weeks
- ○ 11 weeks
- ○ 12 weeks
- ○ 13 weeks

- ○ 14 weeks
- ○ 15 weeks
- ○ 16 weeks
- ○ 17 weeks
- ○ 18 weeks
- ○ 19 weeks
- ○ between 20 and 29 weeks
- ○ between 30 and 39 weeks
- ○ between 40 and 49 weeks
- ○ between 50 and 52 weeks
- ○ More than 52 weeks

Additional comments: _____

Sources for answers: _____

SECTION 7. TREATMENT

7.1 Availability of drugs for people diagnosed with HBV

Which of the following drugs are available to all patients diagnosed with HBV in your country? Please choose all answers that apply.

- ☐ Adefovir
- ☐ Emtricitabine
- ☐ Entecavir
- ☐ Lamivudine
- ☐ Pegylated interferon
- ☐ Telbivudine
- ☐ Tenofovir
- ☐ None of the above drugs are available to all patients
- ☐ Do not know

Which best describes the cost to patients?

	Free treatment	Co-payment required	Out-of-pocket	Other (please specify below
Adefovir	○	○	○	○
Emtricitabine	○	○	○	○
Entecavir	○	○	○	○
Lamivudine	○	○	○	○
Pegylated interferon	○	○	○	○
Telbivudine	○	○	○	○
Tenofovir	○	○	○	○

Adefovir - Other, please specify: _____

Emtricitabine - Other, please specify: _____

Entecavir - Other, please specify: _____

Lamivudine - Other, please specify: _____

Pegylated interferon - Other, please specify: _____

Telbivudine - Other, please specify: _____

Tenofovir - Other, please specify: _____

Additional comments: _____

Sources for answers: _____

7.2 Availability of drugs for people diagnosed with HCV

Which of the following drugs are available to all patients diagnosed with HCV in your country? Please choose all answers that apply.

- ☐ Daclatasvir
- ☐ Dasabuvir
- ☐ Ledipasvir/Sofosbuvir
- ☐ Ombitasvir/Paritaprevir/Ritonavir
- ☐ Sofosbuvir
- ☐ None of the above drugs are available to all patients
- ☐ Do not know

Which best describes the cost to patients?

	Free treatment	Co-payment required	Out-of-pocket	Other (please specify below
Daclatasvir	◯	◯	◯	◯
Dasabuvir	◯	◯	◯	◯
Ledipasvir/Sofosbuvir	◯	◯	◯	◯
Ombitasvir/Paritaprevir/ Ritonavir	◯	◯	◯	◯
Sofosbuvir	◯	◯	◯	◯

Daclatasvir - Other, please specify: _____

Dasabuvir - Other, please specify: _____

Ledipasvir/Sofosbuvir - Other, please specify: _____

Ombitasvir/Paritaprevir/Ritonavir - Other, please specify: _____

Sofosbuvir- Other, please specify: _____

Additional comments: _____

Sources for answers: _____

7.3 Treatment of HCV patients in non-hospital settings

Do any HCV patients in your country have the option of being treated in non-hospital settings? (Settings that are not within either inpatient or outpatient hospital facilities.)

- ○ Yes
- ○ No
- ○ Do not know

What type(s) of non-hospital settings?

- ☐ General practitioner clinics
- ☐ Addiction/opioid substitution therapy clinics
- ☐ Other (please specify below)

Other type, please specify (1): _____

Other type, please specify (2): _____

Other type, please specify (3): _____

Additional comments: _____

Sources for answers: _____

7.4 HBV/HCV treatment in all parts of country

Can HBV treatment be obtained in all parts of your country?

- ○ Yes
- ○ No
- ○ Do not know

Can HCV treatment be obtained in all parts of your country?

- ○ Yes
- ○ No
- ○ Do not know

Additional comments: _____

Sources for answers: _____

7.5 HBV and HCV treatment provided in prisons

Is HBV treatment provided in prisons in your country?

- ○ Yes
- ○ No
- ○ Do not know

What percentage of prisons provide HBV treatment?

- ○ Do not know
- ○ 0-10%
- ○ 10-19%
- ○ 20-29%
- ○ 30-39%
- ○ 40-49%
- ○ 50-59%
- ○ 60-69%
- ○ 70-79%
- ○ 80-89%
- ○ 90-99%
- ○ 100%

Is HCV treatment provided in prisons in your country?

- ○ Yes
- ○ No
- ○ Do not know

What percentage of prisons provide HCV treatment?

- ○ Do not know
- ○ 0-10%
- ○ 10-19%
- ○ 20-29%
- ○ 30-39%
- ○ 40-49%
- ○ 50-59%
- ○ 60-69%
- ○ 70-79%
- ○ 80-89%
- ○ 90-99%
- ○ 100%

Additional comments: _____

Sources for answers: _____

7.6 Restrictions on access to direct-acting antivirals for the treatment of HCV infection

In practice, what restrictions are there on access to direct-acting antivirals for the treatment of HCV infection in your country? Please choose all answers that apply.

- ☐ None
- ☐ Fibrosis level: only patients above a certain fibrosis level are eligible for treatment
- ☐ Quotas: only a limited number of patients can be treated within a certain time period or a certain geographic area
- ☐ Alcohol use: people who currently drink alcohol are not treated
- ☐ Injecting drug use: people who injected drugs in the past are not treated, even if they are not currently injecting drugs
- ☐ Injecting drug use: people who are currently injecting drugs are not treated
- ☐ Injecting drug use: people who injected drugs in the past are only treated if they have abstained from injecting drugs for a specified period of time
- ☐ Injecting drug use: people who currently inject drugs or injected drugs in the past are only treated if they are receiving opioid substitution therapy
- ☐ Other restrictions (please describe below)
- ☐ Do not know

Other restriction, please describe (1): _____

Other restriction, please describe (2): _____

Other restriction, please describe (3): _____

Additional comments: _____

Sources for answers: _____

7.7 Licensing to prescribe direct-acting antivirals to HCV patients

Who is licensed to prescribe direct-acting antivirals to HCV patients in your country? Please choose all answers that apply.

- ☐ Hepatologists
- ☐ Infectious disease physicians
- ☐ Gastroenterologists
- ☐ Internists
- ☐ HIV/AIDS physicians
- ☐ General practitioners/primary care physicians
- ☐ Other

Other, please specify: _____

Additional comments: _____

Sources for answers: _____

NOTICE

ONLY click on the "Submit" button below if you have completed your work on the survey.

If instead you wish to save your work and continue responding to the survey at a later time, please click on the "Save & Return Later" button.

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