



Prof. Robert Babela, FISAC

Country: Slovakia

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Function: Vice-Chancellor for R&D

Main expertise:

Robert Babela is a Professor of Public Health and Health Economist. He specializes in the field of health technology assessment and has been working in this area for more than 2 decades. Currently, he prioritizes scientific projects related to the burden of chronic diseases in Slovakia, evaluates the cost-effectiveness of selected oncology screenings and cooperates with The Mental Health League at the field of mental health societal burden in Slovakia.

HOW LINKAGE TO CARE IS ORGANISED IN SLOVAKIA

Prof. Robert Babela, FISAC

For VHPB regional meeting

29th of October, 2024



ACKNOWLEDGEMENT

Thank you for important notes from the perspective of viral hepatitis patients' management to assoc. prof. Kršáková from Infectious Disease Dept. at Trnava Hospital in Trnava.

CONTENT

1. Slovak healthcare – Effectiveness and structure
 2. Patients' journey with viral hepatitis in Slovakia
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SLOVAK HEALTHCARE – EFFECTIVENESS AND STRUCTURE



State of Health in the EU
Slovakia
Country Health Profile 2023

INTRODUCTION TO SLOVAK HEALTHCARE – BROAD OVERVIEW

Demographic and socioeconomic context in Slovakia, 2022

Demographic factors

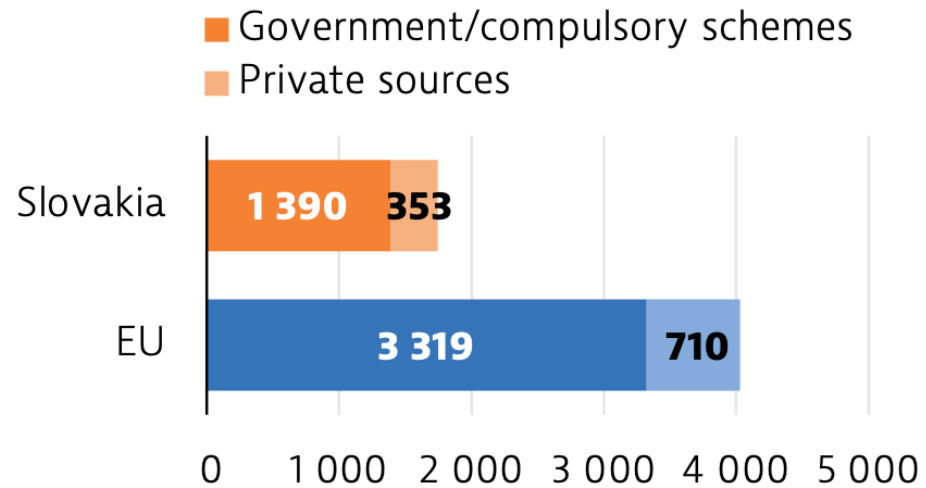
	Slovakia	EU
Population size	5 134 712	446 735 291
Share of population over age 65 (%)	17.4	21.1
Fertility rate ¹ (2021)	1.6	1.5

Socioeconomic factors

GDP per capita (EUR PPP ²)	24 061	35 219
Relative poverty rate ³ (%)	13.7	16.5
Unemployment rate (%)	6.1	6.2

1. Number of children born per woman aged 15-49. 2. Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries. 3. Percentage of persons living with less than 60 % of median equivalised disposable income. Source: Eurostat Database.

SLOVAK HEALTHCARE: HEALTH SYSTEM



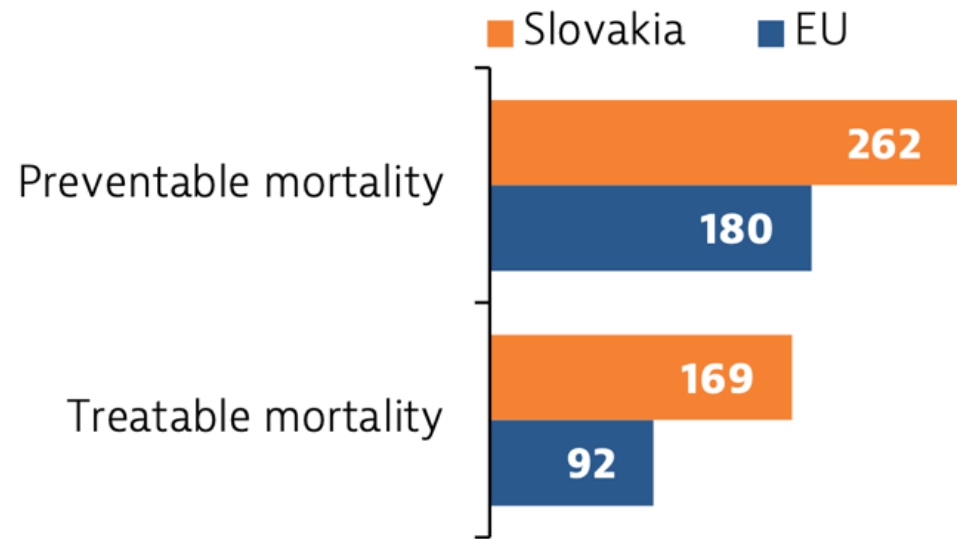
EUR PPP per capita, 2021

In 2021, Slovakia spent EUR 1 743 per capita on health (adjusted for differences in purchasing power), **which is less than half the EU average** of EUR 4 029 and one of the lowest amounts in the EU.

As a share of GDP, health spending accounted for 7.8 % in 2021 - also **far below the EU average of 11.0 %**.

About 80 % of health expenditure in 2021 came from public funds - close to the EU average of 81 %.

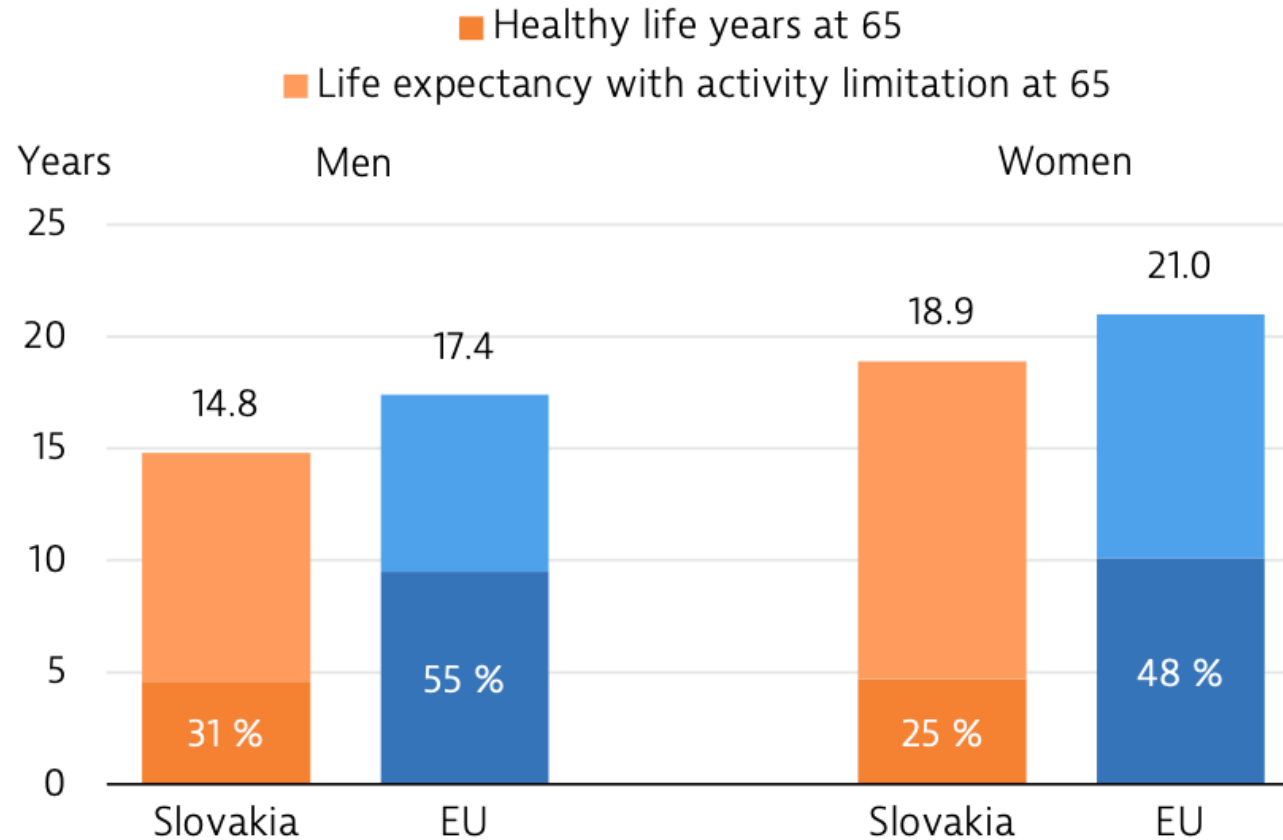
SLOVAK HEALTHCARE: EFFECTIVENESS



Age-standardised mortality rate per 100 000 population, 2020

- Slovakia has among the highest mortality rates from preventable and treatable causes in the EU.
- Substantial room for improvement remains for effective public health policies to reduce premature deaths.
- Prevention and health promotion are on the policy agenda, financing is still insufficient.

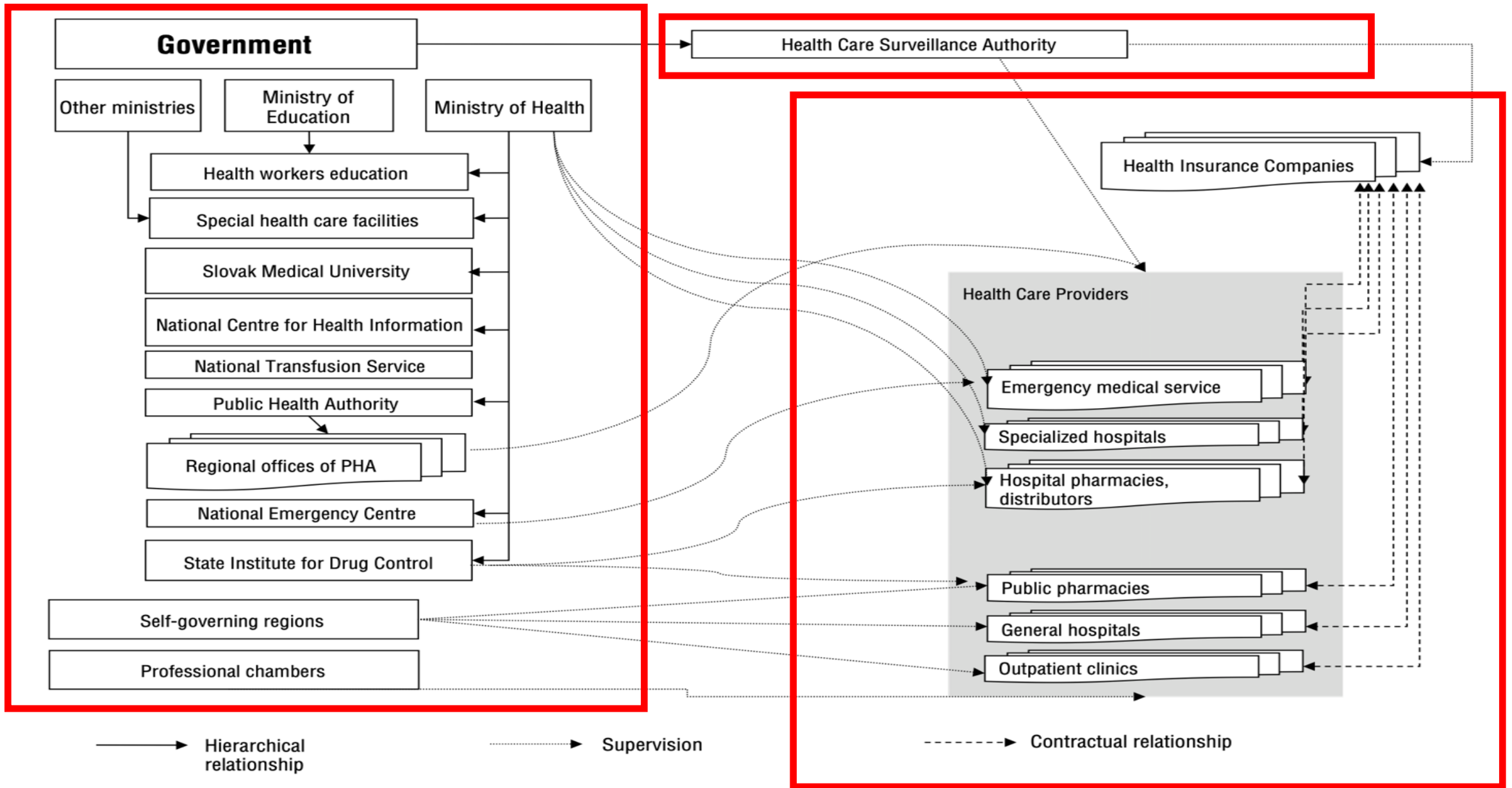
SLOVAK HEALTHCARE: HEALTHY LIVES



Although women in Slovakia live longer than men, **there is no gender gap in healthy life expectancy at age 65!**

HC SYSTEM: STRUCTURE



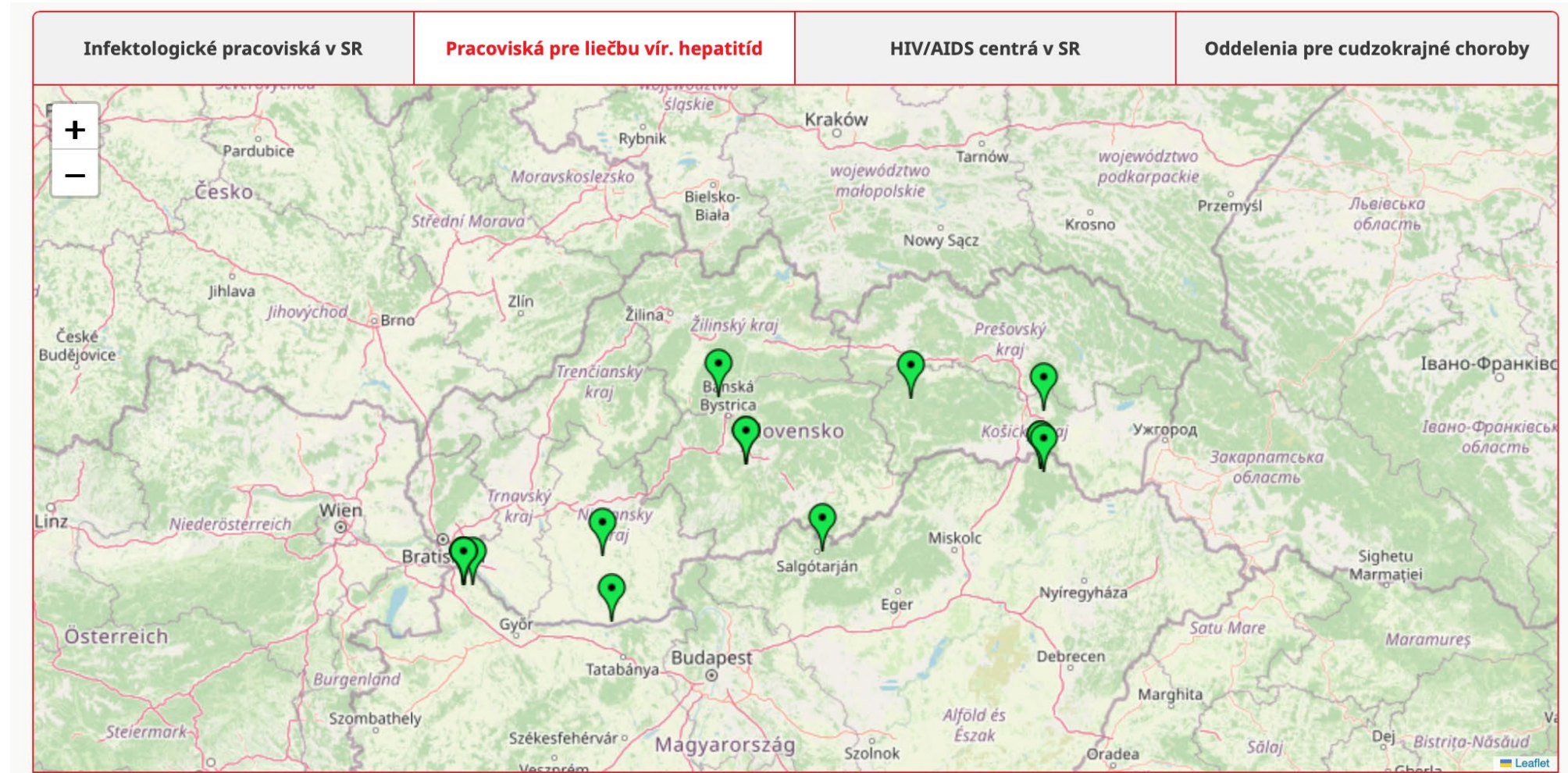


SLOVAK HEALTHCARE SYSTEM – FACILITIES (95)

Bratislava region:	19 HC facilities (incl. hospitals)
Banska Bystrica region:	15 HC facilities (incl. hospitals)
Kosice region:	15 HC facilities (incl. hospitals)
Nitra region:	9 HC facilities (incl. hospitals)
Presov region:	13 HC facilities (incl. hospitals)
Trencin region:	10 HC facilities (incl. hospitals)
Trnava region:	6 HC facilities (incl. hospitals)
Zilina region:	8 HC facilities (incl. hospitals)

WHAT IS THE „PATIENT’S JOURNEY“?

INFECTOLOGY DPTS IN SLOVAKIA: 17 (INCL. PRIMARY CARE)



PROVISION AND ORGANIZATION OF CARE

- The care of patients with acute viral hepatitis falls within the remit of the department Infectology and Tropical Medicine.
- Patients are managed mainly by first-contact paediatricians and general practitioners, who will carry out the initial examination of the patient, history taking and physical examination.
- Patients with suspected viral hepatitis are subsequently referred to the appropriate Infectiology Clinic or Infectious Diseases Unit where further differential diagnosis and treatment are performed.
- Doctors specialising in general medicine and physicians with a specialisation in paediatrics are also involved in preventive vaccination against viral hepatitis.
- Field workers from the Department of Epidemiology seek out patient contacts.

OTHER RECOMMENDATIONS

- Acute viral hepatitis is a notifiable disease
 - They are to be reported to the competent Regional Public Health Office (RÚVZ) ensure that appropriate anti-epidemic measures are taken to prevent the spread of the disease.
 - In acute Hepatitis A and B, post-exposure vaccination is also recommended for close contacts.
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THANK YOU.

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BACK-UP SLIDES

Prof. Robert Babela, FISAC

For IAG FORUM BRATISLAVA

7th of November, 2024

VIRAL HEPATITIS A

- The vaccine, as a reimbursed treatment, is indicated for compulsory vaccination under §7 (7) of the Decree for those in direct contact with an infected person. It is also provided under recommended vaccination (§ 9, paragraph 4) for:
 - Persons with chronic liver disease.
 - Children aged two years in areas with low socio-hygienic standards, lack of access to drinking water, or inadequate sewage disposal.
 - An ongoing epidemic of hepatitis A (VHA) in the eastern Slovak regions of Prešov and Košice has been present since the end of 2022, with sporadic cases elsewhere and a total of about 4,500 infections, including five deaths.
 - Possible isolation includes a 14-day hospitalization, extendable depending on clinical status. Examination by VHA virus sample sequencing is available at the National Reference Centre of the UVZ SR in Bratislava.
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VIRAL HEPATITIS B

- All children born from 1998 onwards, healthcare workers, medical students, and dialysis patients are mandatorily vaccinated against VHB. Compulsory vaccination is conducted per §8 of Decree No. 585/2008 Coll., which outlines occupational vaccination requirements for those professionally exposed to risks. Newly recruited employees are vaccinated at least two weeks before starting employment.
 - For chronic VHB treatment, no health authority approval is required, and the treatment is covered by health insurance for long-term employees. Screening of pregnant women is performed in gynecological clinics, with immediate vaccination for newborns from positive mothers.
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VIRAL HEPATITIS C

- Treatment for chronic VHC is covered by health insurance after approval. This includes intravenous drug users and prisoners, with no requirement for prior abstinence.
 - DAA (Directly Activated Antiviral) therapy is conducted in specialized centers following a treatment protocol. The treatment duration is typically two months (Maviret 3-0-0 tablets) or eight to twelve weeks (Epclusa 1-0-1 tablets), with follow-up checks at 12 and 24 weeks post-treatment.
 - No further follow-up is needed if results remain negative.
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VIRAL HEPATITIS D + E

- **Viral Hepatitis D** Only patients with a positive HBsAg are eligible for treatment.
 - **Viral Hepatitis E** Typically occurs as an imported disease from Asia, but is also present domestically.
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