

WORLD FEDERATION OF HEMO FÉDÉRATION MONDIALE DE L'HÉ FEDERACIÓN MUNDIAL DE HEMO	MOPHILIE	Pleas		FH by May 30, 2	
A. National Hemophil	ia Organization				
Organization name	Czech Society of H	emophilia			
City	Prague				
Country	Czechia				
Phone	+420603580980				
E-mail	info@hemofilici.cz				
This form completed by:	First name Vladin	nír			
	Last name Dolejš	i			
	Email vladimir@d	lolejs.org			
Please Click Here to va The WFH would like to know the registry, we would like to know the registry to the registry.	now more about the ilia (PWH) or inherited	the data you are providire registry. A registry is a	regularly updated	d centralized list of	
		T			
What is the source of the numbers provided for this survey?		Check one Hemophilia Society and/or NMO registry or database Hospital(s)/HTC(s) registry or database Health Ministry registry or database Other (please describe):			
How often is your database u	pdated?	 ☑ Ongoing update (can be updated anytime) ☐ Yearly update (the registry is updated once each year) ☐ Other (please describe): 			
Who updates the database?	□ Doctors update the database □ Patient organization updates the database □ Hospitals or clinics update the database □ Other (please describe):				
Have all the identified patient been included in this report?	Yes No Delase explain:				
Please Click Here to vali	date Data source				
(Please DO NOT estimate o	Number	Not known			
Total number of identified people with hemophilia A or B, or type unknown (PWH)			1076		
2. Number of identified people	2. Number of identified people with von Willebrand disease (VWD)				
3. Number of identified people (including rare factor deficience question 6 for the list of speci	cies and inherited plate		109		
Do you consider these number	are to be accurate?		Voc 🏻	Not ouro	

Click Here to validate number of patients



Please return to WFH by May 30, 2017

4.	Number of	people with	Hemophilia	and von	Willebrand	disease b	v age g	roun

Age group	Number with hemophilia A	Number with hemophilia B	Number with hemophilia type unknown	Number with VWD
0 - 4 years old	45	9	0	8
5 - 13 years old	107	17	0	63
14 - 18 years old	61	9	0	45
19 - 44 years old	420	48	0	377
45 years or older	304	56	0	325
Patients with age Unknown	0	0	0	0
No age data				

The age distribution of Hemophilia A, B and unknown should be equal to the number of PWH in question B1 The age distribution of vWD should be equal to the number of vWD in question B2

Do you consider these numbers to be accurate?	Yes 🖂	Not sure
5. Do you collect age data in a format that does not match question 4? (If you data in another format, please send it to the WFH in a separate attachment.)	Yes 🗌	

Click Here to validate Age section

6. Type of hereditary bleeding disorder

The sum of Male, Female, and Gender Unknown should be equal to Total.

Diagnosis	Total	Male	Female	Gender unknown	No data
Hemophilia A	937	937	0	0	
Hemophilia B	139	139	0	0	
Hemophilia, type unknown	0	0	0	0	
von Willebrand disease	818	252	313	253	
Factor I deficiency					
Factor II deficiency	1	0	1	0	
Factor V deficiency	8	1	7	0	
Factor V+VIII deficiency	0				
Factor VII deficiency	52	21	31	0	
Factor X deficiency	2	1	1	0	
Factor XI deficiency	19	9	10	0	
Factor XIII deficiency	2	1	1	0	
Rare factor deficiency: type unknown	25	7	18	0	
Platelet disorders: Glanzmann's thrombasthenia					
Platelet disorders: Bernard Soulier Syndrome					\boxtimes
Platelet disorders: other or unknown					\boxtimes

The sum of Totals Hemophilia A,	B, and type unknown sh	ould be equal to the number	of PWH in question B1.
---------------------------------	------------------------	-----------------------------	------------------------

ornair war more than 10701 vin ie concidered a carrier and oried a net be moraded in the report						
Do you consider these numbers to be accurate?	Yes 🛚	Not sure				

to validate Gender section

The Total of vWD should be equal to the number of vWD in question B2.

The sum of Total of the all other bleeding and platelets disorders should be equal to the number of OBD in question B3 A woman who has less than 40 percent of the normal level of clotting factor would be considered a person with hemophilia. A woman with more than 40% FVIII is considered a carrier and should not be included in this report.



		Clinical di	annosis			Other		
Factor level measuremen	ts 🛚	(bleeding,	•	_		(please de	scribe):	No data
low are patients with vo	n Willek	orand Disea	se clas	sified?				
·						Other		
Factor level measuremen	ts 🔼	Severe bleeding symptoms			(please de	scribe):	No data	
S. Number of identified por There are three levels of some the amount of clotting fa	everity actor in t	of hemophi he person's	lia: mild blood.	, modera	te, ar	nd severe . Th	•	
 A person (male or femal A person (male or femal 	,					•		
A person (male or femal A person (male or femal)	,					-		•
A woman who has less woman with more than 4	than 40 p	ercent of the	normal le	evel of clott	ing fac	ctor would be o	considered a perso	
	-	Mild	Mod	lerate		Severe	Severity	
Type of hemophilia		tor level ove 5%)	(factor level 1% to 5%)			(factor level below 1%)	unknown	No Data
Hemophilia A male		331	,	70		248	288	
Hemophilia A female		0		0		0	0	
Hemophilia B male		30	3	30		38	41	
Hemophilia B female		0		0		0	0	
The sum of Hemophilia A Male mil The sum of Hemophilia A Female The sum of Hemophilia B Male mil The sum of Hemophilia B Female Do you consider these nu	mild, mode d, modera mild, mode	erate, severe ar te, severe and erate, severe ar	nd unknowr unknown s nd unknowr	n should be hould be equ	equal to	number of Hem umber of Hemop number of Hem	iophilia A female in q hilia B Male in quest	uestion 6 ion 6 juestion 6
					100		1101	,,,,,,,
O. Number of severe VWI Total number of severe (type 3) VWD patients	1	ts Number of receiving re			ру	Number of with severe symptoms	VWD patients bleeding	No Dat
20			127				35	
Do you consider these nu	ımbers t	o be accura	te?		Yes		Not s	sure 🛛
0. INHIBITORS: Number nhibitors. (Patients who						h current cli	nically significa	ant
Type of hemophilia		Total number with active inhibitors				New cases of inhibitors in 2016		No Dat
Hemophilia A		21					5	



Please return to WFH by May 30, 2017

11. Availability and usage of products to treat hemophilia

Treatment product	Product is available	Product is used	Number of patients treated with product indicated	No data
Plasma	\boxtimes			
Cryoprecipitate	\boxtimes			
Plasma-derived concentrate	\boxtimes	\boxtimes	375	
Recombinant concentrate (excluding prolonged half-life)	\boxtimes		214	
Recombinant concentrate (prolonged half-life)	\boxtimes		2	
DDAVP (Desmopressin)	\boxtimes	\boxtimes		\boxtimes

PLEASE NOTE: We are asking for the number of patients treated, not a percentage. Please provide your best estimate.

12. Availability and usage of products to treat VWD

Treatment product	Product is available	Product is used	Number of patients treated with product indicated	No data
Plasma	\boxtimes			
Cryoprecipitate				
Plasma-derived concentrate	\boxtimes	\boxtimes	127	
DDAVP (Desmopressin)	\boxtimes	\boxtimes		\boxtimes

PLEASE NOTE: We are asking for the number of patients treated, not a percentage. Please provide your best estimate.

13. HIV infection

	Hemophilia A or B, or type unknown	von Willebrand disease	Other hereditary bleeding disorders
Total number of people living with HIV	3	0	0
New HIV infections in 2016	0	0	0

14. Hepatitis C infection

•			
	Hemophilia A or B, or type unknown	von Willebrand disease	Other hereditary bleeding disorders
Total number of people infected with hepatitis C ¹	210	2	0
Total number of people with currently active hepatitis C ²	60	1	0
New hepatitis C infections in 2016	0	0	0

¹Hepatitis C antibody positive at any time

²Still PCR positive: patients who have not cleared the virus spontaneously or after treatment



Please return to WFH by May 30, 2017

15. Number and cause of deaths of people with bleeding disorders (January 1-December 31, 2016)

Cause of death	Number of people with Hemophilia A & B	Number of people with von Willebrand disease	Number of people with other inherited bleeding disorders
Bleeding	0	0	0
HIV	0	0	0
Liver disease	0	0	0
Other causes	3	0	0

Cause of death	Hemophilia A & B	Willebrand disease	inherited bleeding disorders
Bleeding	0	0	0
HIV	0	0	0
Liver disease	0	0	0
Other causes	3	0	0

Please Click I	to validate products, HIV, HCV, and cause of death sections
----------------	---

C. Hemophilia Care System in Your Country

We define as Hemophilia Treatment Centre (HTC) a medical centre providing any level of care (including basic diagnosis and treatment) for inherited bleeding disorders. Please provide the number of all such centres in your country. Please also indicate how many of those centers have <u>direct access</u>, <u>within the same structure</u>, to at least the following: hemophilia doctor, nurse, physiotherapist, social worker, and special coagulation laboratory.

16. How many hemophilia treatment centres are there in total in your country?	11
How many of the hemophilia treatment centres you have indicated above have <u>direct access</u> , <u>within the same structure</u> , to a hemophilia doctor, nurse, physiotherapist, social worker, and special coagulation laboratory?	11
Which percentage of the hemophilia patients in your country has access to a hemophilia treatment centre:	100

Prophylaxis is regular, long-term treatment with clotting factor concentrates to prevent bleeds. Please indicate if the percentage provided is precise or an estimate.

17. What percentage of children (under age 18) with severe hemophilia are on prophylaxis?	86	Precise:	Not known
What percentage of adults (over age 18), with severe hemophilia are on prophylaxis?	57	Precise:	Not known
What is the most common dose (IU/kg) of factor administered and frequency?	Prophy ad	ults:18 IU/kg 3/week	ek, kids 25 IU/kg

Immune tolerance induction (ITI) is the administration of FVIII or FIX concentrate in patients with inhibitors to eradicate the inhibitors. Please indicate the total percentage of patients with inhibitors receiving ITI in your country and the number of patients having received ITI during last year and indicate if what you provided is precise or an estimate.

18. What percentage of patients with inhibitors are receiving or have ever received immune tolerance induction?	70	Precise: ☐ Estimate: ☐	Not known
How many patients with inhibitors have received immune tolerance induction in the last year?	6	Precise:	Not known

immune tolerance induction in the last year?	6	Estimate:
Please Click Here to validate Care section		



Please return to WFH by May 30, 2017

	Concent	trates	·	·		Okomentoval(a): [Factor1]: Please indicate if tax included
19 A. Annual usage of purchased factor concentrates (please do not include donated factor)		Factor VIII	Not known	Factor IX	Not known	included
IN TOTAL how many international units (IU factor concentrates were used in your count in 2016 (excluding donated factor)?		59791435		6617556		
How many international units of plasma-derived concentrates were used in your country in 2016 (excluding donated factor)?		27827829		6027050		
How many international units of recombina concentrates were used in your country in 2 (excluding donated factor)?		31963606		590506		
The Total of FVIII should be equal to sum of FVIII The Total of FIX should be equal to sum of FIX pla						
19 B. Annual usage of donated factor concentrates		Factor VIII	Not known	Factor IX	Not known	
Concentrates How many international units of donated fa concentrates (plasma-derived or recombina	ctor	Factor VIII	Not known	Factor IX		
How many international units of donated fa concentrates (plasma-derived or recombina from all sources, including Humanitarian Ai were used in your country in 2016?	ctor nt) id,	0			known	
How many international units of donated fa concentrates (plasma-derived or recombina from all sources, including Humanitarian Ai	ctor nt) id,	0 Ye	□ s ⊠	0 Not sure	known	



Please return to WFH by May 30, 2017

20. Factor VIII Concentrates used in 2016

(Please check the box on the left if a product is used, and if known, fill out the cost per international unit in the currency used to purchase the product. Please indicate if this price includes tax.)

Used	Brand Name	Manufacturer	Price per IU
	Aafact	Sanquin	
	Advate rAHF PFM	Baxalta (Baxter Bioscience)	
	Adynovate	Baxalta (Baxter Bioscience)	
	Aleviate	CSL Behring	
	Alphanate	Grifols	
	Amofil	Sanquin OY	
	Bioclot A	Biofarma	
	Beriate P	CSL Behring	
	BIOSTATE	CSL Bioplasma	
	Conco-eight-HT	Benesis	
	Confact F	Kaketsuken	
	Cross Eight M	Japanese Red Cross	
	Elocta/Eloctate	Biogen Idec	
	Emoclot D.I.	Kedrion	
	FACTANE	LFB	
	Factor 8 Y	BioProducts Lab.	
	Faktor VIII SDH Intersero	Intersero	
\boxtimes	Fanhdi	Grifols	
	GreenEight	GreenCross	
	GreenGene	GreenCross	
	GreenMono	Greencross Corp	
	Haemate P (= Haemate HS)	CSL Behring	
	Haemoctin SDH	Biotest	
	Haemosolvate Factor VIII	National Bioproducts	
	Helixate NexGen = Helixate FS	CSL Behring	
	HEMO-8R	HEMOBRAS	
	Hemofil M AHF	Baxalta (Baxter Bioscience)	
	HEMORAAS SD plus H	Shanghai RAAS	
	HEMORAAS-HP, SD plus H	Shanghai RAAS	
	HEMORAAS-IP, SD plus H	Shanghai RAAS	
\boxtimes	Humate P	CSL Behring	
	Humafaktor 8	Human BioPlazma	
	Human Coagulation Factor VIII	Baltijas Terapeitiskais Serviss	
	Immunate	Baxalta (Baxter Bioscience)	
	Koate DVI	Talecris	



Please return to WFH by May 30, 2017

\boxtimes	Kogenate FS = KOGENATE Bayer (in EU)	Bayer		
	Monoclate P	CSL Behring		
	Novoeight	NovoNordisk		
\boxtimes	Nuwiq	Octapharma		
\boxtimes	Octanate	Octapharma		
	Octanativ-M	Octapharma		
	Octavi SD	Octapharma		
	Octofactor	Generium/Pharmstandart		
	Optivate	Bio Products Laboratory		
	FVIII by Quimbiotec	Quimbiotec		
	Recombinate rAHF	Baxalta (Baxter Bioscience)		
\boxtimes	ReFacto AF	Pfizer (Wyeth)		
	Replenate	Bio Products Laboratory		
	TBSF purity factor, Koate DVI	Grifols		
	UNC Hemoderivados	Laboratorio de Hemoderivados de Universidad Nacional de Córdoba		
	Voncento	CSL Behring		
	Western Province factor8 VIAHF	Western Province Blood transfusion Service		
\boxtimes	Wilate	Octapharma		
	Xyntha	Pfizer (Wyeth)	_	
	Other:			

PLEASE NOTE: For "Other", please provide the Brand Name and Manufacturer.

21. Factor IX Concentrates used in 2016

(Please check the box on the left if a product is used, and if known, fill out the cost per international unit in your currency.)

Used	Brand Name	Manufacturer	Price per IU
	Aimafix	Kedrion	
	AlphaNine SD	Grifols	
	Alprolix	Biogen Idec	
\boxtimes	BeneFIX	Wyeth	
	Berinin-P = Berinin HS	CSL Behring	
	BETAFACT	LFB	
	Christmassin-M	Benesis	
	Clotnine	Hemarus	
	Factor IX Grifols	Grifols	
	Faktor IX SDN	Biotest	
	Fixnove	Baxalta (Baxter Bioscience)	
	Hemo-B-RAAS	Shanghai RAAS	
	Haemonine	Biotest	
	Humafactor IX	Kedrion	
\boxtimes	Immunine	Baxalta (Baxter Bioscience)	



WORLD FEDERATION OF HEMOPHILIA FÉDÉRATION MONDIALE DE L'HÉMOPHILIE FEDERACIÓN MUNDIAL DE HEMOFILIA

Annual Global Survey 2016

Please return to WFH by May 30, 2017

	MonoFIX-VF	CSL Bioplasma	
	Mononine	CSL Behring	
	Nanofix	Octapharma	
	Nanotiv	Octapharma	
	Nonafact	Sanquin	
	Novact M	Kaketsuken	
	Octafix	Octapharma	
\boxtimes	Octanine F	Octapharma	
	Replenine – VF	BioProducts Lab.	
\boxtimes	Rixubis	Baxalta (Baxter Bioscience)	
	Other:		

PLEASE NOTE: For "Other", please provide the Brand Name and Manufacturer.

22. Prothrombin Complex Concentrates used in 2016

(Please check the box on the left if a product is used, and if known, fill out the cost per international unit in your currency.)

Used	Brand Name	Manufacturer	Price per IU
	Bebulin VH	Baxalta (Baxter Bioscience)	
\boxtimes	Beriplex P/N	CSL Behring	
	Cofact	Sanquin	
	Facnyne	Greencross Corp	
	Haemosolvex Factor IX	National Bioproducts	
	HT DEFIX	SNBTS	
	Kanokad Confidex	LFB	
	KASKADIL	LFB	
\boxtimes	Octaplex	Octapharma	
	PPSB-HT	Nihon Pharmaceutical	
	PPSB-human SD/Nano 300/600	German Red Cross NSTOB	
	Profilnine SD	Grifols	
\boxtimes	Proplex – T	Baxalta (Baxter Bioscience)	
	Prothrombinex PXT	CSL Bioplasma	
	Prothrombinex- VF	CSL Bioplasma	
\boxtimes	Prothromplex-T	Baxalta (Baxter Bioscience)	
	Prothroraas	Shanghai RAAS	
	UMAN Complex D.I.	Kedrion	
	Other:		

PLEASE NOTE: For "Other", please provide the Brand Name and Manufacturer.

23. Other Products used in 2016

(Please check the box on the left if a product is used, and if known, fill out the cost per international unit in your currency.)

Used	Brand Name	Manufacturer	Price per IU
	Aryoseven	Aryogen	



2017

FEDERAG	CIÓN MUNDIAL DE HEMOFILIA	Please return to WFH by May 30,					
	Byclot (1.5mg)	Kaketusken					
\boxtimes	Ceprotin	Baxalta (Baxter Bioscience)					
	Clottafact Wilstart	LFB					
	Clottagen (fibrinogen)	LFB					
	Coagil 7 (activated factor VII)	Pharmstandard	Price per vial: Vial size:				
	FACTEUR VII	LFB					
\boxtimes	Factor VII	Baxalta (Baxter Bioscience)					
	Factor VII	Bio Products					
\boxtimes	Factor X P Behring	CSL Behring					
	Factor XI	Bio Products					
\boxtimes	FEIBA	Baxalta (Baxter Bioscience)					
	Fibrinogen HT	Benesis					
	Fibrogammin P (=Fibrogammin HS) (Factor XIII)	CSL Behring					
	FIBRORAAS (fibrinogen)	Shanghai RAAS					
\boxtimes	Haemocomplettan P = Haemocomplettan HS (fibrinogen)	CSL Behring					
\boxtimes	HEMOLEVEN (Factor XI)	LFB					
\boxtimes	Kovaltry	Bayer					
\boxtimes	NovoSeven (=Niastase) (activated factor VII)	NovoNordisk	Price per vial: Vial size:				
	Riastap	CSL Behring					
	Tretten rXIII	NovoNordisk					
\boxtimes	WILFACTIN (Von Willebrand Factor)	LFB					
	Other:						
PLEASE NO	OTE: For "Other", please provide the Brand	d Name and Manufacturer.					
Dioaco ra	sturn to:						
Please return to: Email: globalsurvey@wfh.org							
	Fax: 514-875-8916						

Address: World Federation of Hemophilia

1425 René Lévesque Boulevard West, suite 1010

Montréal, Québec, H3G 1T7

Canada

DI	 	£ -	41	\A/EII	A	01-1-1	C	 collection	

Comments:	



Please return to WFH by May 30, 2017

Glossary of terms

Bernard-Soulier syndrome: A severe congenital bleeding disorder characterized by thrombocytopenia and large platelets, due to a defect in the platelet glycoprotein 1b/V/IX receptor.

Cryoprecipitate: A fraction of human blood prepared from fresh plasma. Cryoprecipitate is rich in factor VIII, von Willebrand factor, and fibrinogen (factor I). It does not contain factor IX.

Desmopressin (DDAVP): A synthetic hormone used to treat most mild cases of von Willebrand disease and mild hemophilia A. It is administered intravenously or by subcutaneous injection or by intranasal spray.

Factor concentrates: These are fractionated, freeze-dried preparations of individual clotting factors or groups of factors derived from donated blood.

Glanzmann's thrombasthenia: A severe congenital bleeding disorder in which the platelets lack glycoprotein IIb/IIIa, the blood platelet count is normal, but their function is very abnormal.

Hemophilia A: A condition resulting from factor VIII deficiency, also known as classical hemophilia.

Hemophilia B: A condition resulting from factor IX deficiency, also known as Christmas disease.

Hemophilia treatment centre: A specialized medical centre that provides diagnosis, treatment, and care for people with hemophilia and other inherited bleeding disorders.

HIV: Human immunodeficiency virus. The virus that causes AIDS.

Identified person: A living person known to have hemophilia, von Willebrand disease, or another bleeding disorder.

Inhibitors: A PWH has inhibitors when their body's immune system attacks the molecules in factor concentrate, rendering it ineffective.

International Unit (IU): A standardized measurement of the amount of factor VIII or IX contained in a vial. Usually marked on vials as 250 IU, 500 IU, 1000 IU or 2000 IU.

Mild hemophilia: Condition resulting from a level of factor VIII or factor IX clotting activity below normal but above 5% of normal activity in the bloodstream. (National definitions differ on the upper limit for mild hemophilia, ranging from 24% to 50%. The normal range of factor VIII or IX is 50 to 200%)

Moderate hemophilia: Condition resulting from a level of factor VIII or factor IX clotting activity between 1 to 5 % of normal activity in the bloodstream.

Plasma-derived products: Factor concentrates that contain factor VIII or IX that have been fractionated from human blood.

PWH: Person with hemophilia

Recombinant products: Factor concentrates that contain factor VIII or IX that have been artificially produced and are, therefore, not derived from human blood.

Registry: A database or record of identified people with hemophilia or inherited bleeding disorders. A registry includes information on personal details, diagnosis, treatment and complications.

Severe hemophilia: Condition resulting from a level of factor VIII or factor IX clotting activity of less than 1 % in the bloodstream.

von Willebrand disease (VWD): An inherited bleeding disorder resulting from a defect or deficiency of von Willebrand factor.