Italy

Associazione EpaC*

NGO – hepatitis patient group
Vimercate, Italy
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SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Italy reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

*The government information was thought to be accurate for **72.0%** of items.*

Survey points marked "accurate": 1.2, 2.1, 3.1, 3.4, 3.5, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.10, 5.1, 5.2, 5.4 and 5.5.

*The government information was thought to not be accurate for **28.0%** of items.*

Survey points marked "not accurate": 1.1, 1.3, 2.2, 3.2, 3.3, 4.9 and 5.3.

Survey comments from Associazione EpaC:

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
To our knowledge, this information is accurate.	**1.2** There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. Information was not provided on how many people work full-time on hepatitis-related activities in all government agencies/bodies.	*There is just a department taking care of prevention of infectious diseases.*
	2.1 The government held events for World Hepatitis Day 2012 but has not funded other viral hepatitis public awareness campaigns since January 2011.	*To be more clear and honest, the government never take any hepatitis public awareness activity and they held events for World Hepatitis Day just under pressure of patient association and scientific associations. Also because World Hepatitis Day has not yet been officially approved by any Italian government although we have asked for this several times.*
	3.1 There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: *A, B, C, D and E*, but not for any type of chronic hepatitis.	*Yes there is only a registry for acute hepatitis, but not all local health district departments adhere to this system. In any case, this surveillance do not provide any information on the real number of patients we have with hepatitis B and hepatitis C, how many new diagnoses each year, and so on. It is a very limited source of information.*
	4.2 The government has not established the goal of eliminating hepatitis B.	*But we have a good vaccination programme.*
	4.10 The government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.	*Maybe they have, but we should consider whether those guidelines are known by citizens. To our knowledge, there are no active efforts to circulate the information.*

* World Hepatitis Alliance member.

Italy

Associazione EpaC continued

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
To our knowledge, this information is accurate.	**5.1** Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools of health professionals (pre-service education) and post-graduate training. Information was not provided on whether there are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.	*Skill and competence are also provided by the scientific associations.*
	5.4 Publicly funded treatment is available for hepatitis B and hepatitis C. Information was not provided regarding who is eligible for this. Information was not provided on the amount spent by the government on publicly funded treatment for hepatitis B and hepatitis C.	*We confirm, but of course access to treatment is another story.*
	5.5 The following drugs for treating hepatitis B are on the national essential medicines list or subsidised by the government: interferon alpha, pegylated interferon, lamivudine, adefovir dipivoxil, entecavir, telbivudine and tenofovir. The following drugs for treating hepatitis C are on the national essential medicines list or subsidised by the government: interferon alpha, pegylated interferon, ribavirin, boceprevir and telaprevir.	*It is time to add sofosbuvir.*
To our knowledge, this information is not accurate.	**1.1** There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.	*Partially true. In fact there is a strategy/ plan ready, written by a selected group of stakeholders, but not yet approved by the Minister of Health. We have been waiting for approval for several months*
	1.3 The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers), people who inject drugs, prisoners, partners of carriers of HBsAg and hepatitis C virus, people cohabiting with carriers of HBsAg or hepatitis C virus, people undergoing multiple blood transfusions, people with haemophilia, people undergoing haemodialysis, people with chronic skin lesions of the hands (eczema, psoriasis), travellers to hepatitis B-endemic areas, police offi cers, firefighters, public officials and garbage disposal workers.	*Government does not have a unique hepatitis control programme. However, many of the activity mentioned are included in other plans and specific laws, i.e., the drug users strategy, vaccination strategy, travellers to hepatitis B endemic areas, people with haemophilia. But some time are not systematic activities if we look at the local level (regions) and in any case are not included in a unique hepatitis control programme.*

	Information reported by government (2012–2013)	Civil society respondent comments (2014)
✕ *To our knowledge, this information is not accurate.*	**2.2** The government does not collaborate with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.	*They started to collaborate beginning last year. But the impression is that they cooperate in everything that does not imply costs (like to have a strategic plan) that have no cost for government because it is a piece of paper. They stop the cooperation when it is time to put money into the plan and/or approve everything have a cost.*
	3.2 There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. In response to a question asking what percentage of hepatitis cases are reported as "undifferentiated" or "unclassified", the following information was provided: incidence rate/100 000 of unclassified hepatitis: 0.1.	*This is unclear. By the way, hepatitis deaths are not well calculated because we need to sum up the deaths from hepatocellular carcinoma, cirrhosis, post-transplant, that means the consequences and complications of hepatitis. And from our calculation, we have at least 10,000 deaths per year just for hepatitis C.*
	3.3 Liver cancer cases and cases with HIV/hepatitis coinfection are not registered nationally. The government publishes hepatitis disease reports annually.	*To my knowledge, new cases of liver cancer and coinfection are not reported (there are just estimations) but are reported the death each four years of the liver cancer mortality. I have never seen a hepatitis disease report from government. Very curious to see what this means regarding a "hepatitis disease report."*
	4.9 There is a national policy relating to the prevention of viral hepatitis among people who inject drugs.	*This is a very vague statement. Which prevention policy? If we refer to the screening they forgot to say that at local level the screening is not done properly and systematically. I mean that whatever is written in a strategy, then you need to see the implementation at the local level. We have 21 different regional systems, and many times things are done differently region by region and district by district.*

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	Information reported by government (2012–2013)	Civil society respondent comments (2014)
✕ *To our knowledge, this information is not accurate.*	**5.3** People testing for hepatitis B and hepatitis C do not register by name. Hepatitis B and hepatitis C tests are free of charge for all individuals.Information was not provided on whether hepatitis B or hepatitis C tests are compulsory for members of any specific group.	***This point is not clear as formulated. It is true that there is a strong policy on maintaining patient privacy with nondisclosure systems. Not true that tests are free of charge for all individuals, just some specific groups. In most cases, a regular citizen must co-pay the test, especially hepatitis C (EUR 8 through a doctor's prescription, or EUR 15-20 privately.) In some cities, there are free anonymous testing services for special categories of people (for example, sex workers, men who have sex with men). But these are local initiatives.***

Statement from Associazione EpaC regarding key hepatitis policy issues in Italy:

In Italy nothing exists regarding the topics [in the civil society survey]. I do not think there will be any national coordination, awareness, screening mobilisation or whatever in viral hepatitis without a specific directive from the European Parliament and support statements to World Health Assembly resolution 63.18.

Our government does not listen to patient associations, but listens a lot the European directives. So we should put any possible efforts into convincing the European Parliament to introduce hepatitis into the health agenda.