

## SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Japan 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 **64.0%** of items.

Survey points marked "accurate":  
1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.4, 3.5, 4.2,  
4.3, 4.4, 4.5, 4.8, 4.9, 4.10 and 5.2.

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

Survey points marked "not accurate":  
3.3, 4.1, 4.6, 4.7, 5.1, 5.3 and 5.4

— The respondent took no position on the government information for **8.0%** of items.

Survey points marked "take no position":  
3.2 and 5.5.

Survey comments from the Institute of Biomedical and Health Sciences, Hiroshima University:

## Information reported by government (2012–2013)

## Civil society respondent comments (2014)

✓ To our knowledge, this information is accurate.

**3.5** There is a national public health research agenda for viral hepatitis. It is not known whether viral hepatitis serosurveys are conducted regularly.

Now we have the national programme for viral hepatitis screening for persons aged 40 years or older in residence.

**4.2** The government has not established the goal of eliminating hepatitis B.

Japan has met the WHO hepatitis B control goal of reducing the hepatitis surface antigen seroprevalence in children at least five years of age to less than 2% by 2012.

**4.3** Nationally, no newborn infant in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and no one-year-old (age 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

However, Japan has had a selective vaccination programme for babies born to mothers who are hepatitis B carriers. So the HBsAg seroprevalence in children under age five is less than 1% now.

**4.5** There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

In addition, students in medical universities are also vaccinated against hepatitis B.

**4.8** There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

In Japan, all donated blood units and blood products have been screened for hepatitis B since 1972, and for hepatitis C since 1990.

**4.9** There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

People who inject drugs now are rare in Japan.

# Japan

## Institute of Biomedical and Health Sciences, Hiroshima University continued

### Information reported by government (2012–2013)

### Civil society respondent comments (2014)

✓ *To our knowledge, this information is accurate.*

**4.10** The government does not have guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

*Hepatitis A and hepatitis E are not health problems in Japan. However, we have effective disease prevention through food and water safety.*

✗ *To our knowledge, this information is not accurate.*

**3.3** Liver cancer cases are registered nationally, but cases with HIV/hepatitis coinfection are not. The government publishes hepatitis disease reports weekly.

*Cancer registration system now is working. HIV cases are nationally reported, so we can identify HIV/hepatitis coinfection.*

**4.1** There is no national policy on hepatitis A vaccination.

*The government recommends hepatitis A vaccination for residents who intend to travel to hepatitis A endemic countries.*

**4.6** It is not known whether there is a national policy on injection safety in health-care settings, or whether single-use or autodisable syringes, needles and cannulas are always available in all health-care facilities.

*Japan has had a policy on injection safety for many decades. Now autodisable syringes, needles and cannulas are always fully available in all healthcare facilities.*

**4.7** Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings were not known.

*Unnecessary injections in healthcare settings is not currently a problem in Japan.*

**5.1** It is not known how health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis. There are national clinical guidelines for the management of viral hepatitis, but they do not include recommendations for cases with HIV coinfection. There are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

*Since 2010, the Japanese government has established a system of counselors specialising in viral hepatitis.*

**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 and are not compulsory for members of any specific group.

*Hepatitis B and hepatitis C tests are free of charge for persons aged 40 years or over. Local health centres where people take the tests know and keep their name confidential.*

## Information reported by government (2012–2013)

**X** To our knowledge, this information is not accurate.

**5.4** Publicly funded treatment is available for hepatitis B and hepatitis C. The following group is eligible for such treatment for hepatitis B: patients receiving interferon therapy or nucleoside analogue therapy. The following group is eligible for publicly funded treatment for hepatitis C: patients receiving interferon therapy. Information was not provided on the amount spent by the government on such treatment for hepatitis B and hepatitis C.

## Civil society respondent comments (2014)

*We can find the information of government budget for hepatitis B and hepatitis C treatment in some reports.*

**Statement from the Institute of Biomedical and Health Sciences, Hiroshima University regarding key hepatitis policy issues in Japan:**

**Prevention of transmission.** Although we have a national surveillance system for viral hepatitis, the rate of reporting from medical doctors for acute hepatitis

cases is insufficient. Government should have a policy for raising awareness of the importance of the surveillance system among all medical doctors.

**Screening, care and treatment.** Because of the achievement of the hepatitis B and hepatitis C screening program, the number of unaware infected persons has

decreased. However, many diagnosed infected persons who have no symptoms and seem to be healthy do not visit hospitals for treatment. Government should continue to increase awareness of the risk of hepatocellular carcinoma as well as the publicly funded treatment for hepatitis B and hepatitis C.

# Japan

## Japan Association for Promotion of Hepatitis Measures\*

General incorporated association

Tokyo, Japan

<http://www.jspah.org/>

### SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Japan 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 **80.0%** of items.

Survey points marked "accurate": 1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.2, 3.5, 4.1, 4.2, 4.3, 4.4, 4.5, 4.8, 4.9, 4.10, 5.1, 5.2, 5.4 and 5.5.

✗ The government information was thought to not be accurate for **8.0%** of items.

Survey points marked "not accurate": 3.4 and 5.3

— The respondent took no position on the government information for **12.0%** of items.

Survey points marked "take no position": 3.3, 4.6 and 4.7.

Survey comments from the Japan Association for Promotion of Hepatitis Measures:

#### Information reported by government (2012–2013)

#### Civil society respondent comments (2014)

✓ To our knowledge, this information is accurate.

2.2 The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: the Japan Hepatitis Council and the Viral Hepatitis Research Foundation of Japan.

However, they should support private organisations like us actively, who are also a member of the World Hepatitis Alliance the same as the two associations, for expanding an understanding of hepatitis. We make sure appeal to Japanese government continually.

✗ 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 and are not compulsory for members of any specific group.

It is not compulsory for members of any specific group, however, only some people who meet some determinate requirements can test for free.

**Statement from the Japan Association for Promotion of Hepatitis Measures regarding key hepatitis policy issues in Japan:**

#### Awareness-raising, partnerships and resource mobilisation

**What are the greatest problems with this component of the national response to viral hepatitis?**

- Low awareness for prevention medicine of Japanese national.
- Educational activities in the workplace are obstructed by lack of knowledge about hepatitis and discrimination against infected people.
- Low budget for educational activity from Japanese government.

#### What needs to change?

- Increase awareness for prevention medicine of Japanese national.
- Enhanced educational activities in the workplace.
- Government should seek cooperation from private companies as a national movement, not as mere public relations.

**What should be the government's role in bringing about these changes? What responsibilities should the government have?**

- It is important for the government to enhance partnerships with civilian organisations like us which focus on educational activities and patient advocacy groups that deal with irradiation, and also have a responsibility to support their activities.

**What should be the roles and responsibilities of other stakeholders at the community, national and international levels?**

- They should support more pro-actively civilian organisations like us which focus on educational activities and patient advocacy groups that deal with irradiation
- They should provide us with more academic information.
- They should back up the investigation by hepatology specialists.

**What evidence exists to support your organisation's viewpoint?**

- Estimates of hearing survey by our own visits to local authority.
- Independent investigation for having a relationship with hepatology specialists directly.
- Result of national study by our association and partnership private company.

\* World Hepatitis Alliance member.

## Social Welfare Corporation, Habataki, Welfare Project\*

NGO – organisation for HIV-infected patients and hepatitis C-infected patients

Tokyo, Japan

<http://www.habatakifukushi.jp/>

## SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Japan 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 **64.0%** of items.

Survey points marked "accurate":  
1.2, 1.3, 2.1, 2.2, 3.5, 4.1, 4.2, 4.3, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 5.1 and 5.5.

✗ The government information was thought to not be accurate for **16.0%** of items.

Survey points marked "not accurate":  
1.1, 3.4, 4.4 and 5.3.

— The respondent took no position on the government information for **20.0%** of items.

Survey points marked "take no position":  
3.1, 3.2, 3.3, 5.2 and 5.4.

## Survey comments from the Social Welfare Corporation, Habataki, Welfare Project:

## Information reported by government (2012–2013)

## Civil society respondent comments (2014)

✓ To our knowledge, this information is accurate.

**1.2** There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities: the Office for Promotion of Hepatitis Measures within the Health Service Bureau of the Ministry of Health, Labour and Welfare. It has 12 staff members. There are two full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

*Some staff members within the Health Service Bureau of the Ministry of Health, Labour and Welfare work to settle a massive hepatitis lawsuit in Japan. So all of them are not engaged in promotion of hepatitis measures.*

**2.1** The government held events for World Hepatitis Day 2012 and has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

*Habataki organisation collaboratively worked the events for World Hepatitis Day 2012 with government and contributed to the public awareness campaign. However, we were not given any government funding.*

**2.2** The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: the Japan Hepatitis Council and the Viral Hepatitis Research Foundation of Japan.

*It is regrettable that the name of our Social Welfare Corporation, Habataki Welfare Project, is missing from this section. We are also dedicated to making many efforts for patients with hepatitis. Surveillance for blood products is insufficient.*

**3.5** There is a national public health research agenda for viral hepatitis. It is not known whether viral hepatitis serosurveys are conducted regularly.

*Their designed scheme concerning public health should be possible on the background of robust research and survey.*

\* World Hepatitis Alliance member.

# Japan

## Social Welfare Corporation, Habataki, Welfare Project continued

✓ To our knowledge, this information is accurate.

### Information reported by government (2012–2013)

4.2 The government has not established the goal of eliminating hepatitis B.

4.3 Nationally, no newborn infant in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and no one-year-old (age 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

4.5 There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

4.8 There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

4.9 There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

4.10 The government does not have guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

### Civil society respondent comments (2014)

*Hepatitis vaccination is not a priority in Japan. This truth of hepatitis in Japan is extremely shameful in comparison with other Asian countries. They should set numerical targets for vaccination.*

*Hepatitis vaccinations are optional for individuals in Japan. Vaccination should be an obligatory task among the Japanese as soon as possible.*

*Manuals for avoiding medical accidents are prepared for health care providers. Some health care providers do not get vaccinated. There are reports that they are accidentally involved in medical mishaps.*

*All donated blood units and blood products nationwide are screened for hepatitis B, hepatitis C and HIV.*

*Government has not arranged for policy and business operations for people who use drugs. Thus, it is regretful that the occurrence of co-infection with HIV and hepatitis C is gradually increasing because of sharing injection equipment with other drug users.*

*All donated blood units and blood products are screened for hepatitis A and hepatitis E. Public announcements let us know how raw meat such as deer meat presents a hepatitis A transmission risk.*

## Information reported by government (2012–2013)

## Civil society respondent comments (2014)

✓ To our knowledge, this information is accurate.

**5.1** It is not known how health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis. There are national clinical guidelines for the management of viral hepatitis, but they do not include recommendations for cases with HIV coinfection. There are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

*Regarding HIV, lecture and guidance is already arranged for medical care providers in order to obtain skills and capability required to provide effective treatment for patients.*

**5.5** The following drugs for treating hepatitis B are on the national essential medicines list or subsidised by the government: pegylated interferon, lamivudine, adefovir dipivoxil and entecavir. The following drugs for treating hepatitis C are on the national essential medicines list or subsidised by the government: interferon alpha, pegylated interferon, ribavirin and telaprevir.

*Only a few patients have no medical fees. Fees need to be proportionally paid depending on patients' income.*

✗ To our knowledge, this information is not accurate.

**1.1** There is a written national strategy or plan that focuses exclusively on the prevention and control of hepatitis B and hepatitis C. It includes components for raising awareness, vaccination, prevention in general, prevention of transmission in health-care settings, and treatment and care.

*We know that government has a written national strategy and plan for prevention and control of hepatitis B and hepatitis C. However, these are not directly linked to raising awareness, vaccination and prevention in general.*

**3.4** Hepatitis outbreaks are required to be reported to the government. There is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

*Generally speaking, the reporting of hepatitis outbreaks is not compulsory.*

**4.4** There is a national policy specifically targeting mother-to-child transmission of hepatitis B (Annex B).

*We carefully focus on targeting mother-to-child transmission of hepatitis B.*

*Since it is not essential to get vaccinated in Japan, mother-to child transmission has not been eliminated.*

**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 and are not compulsory for members of any specific group.

*It is free of charge to receive a viral load test in a local public health center. Yet there is a fee for undergoing the same test in a hospital.*

# Japan

## Social Welfare Corporation, Habataki, Welfare Project continued

— We take no position regarding this statement.

### Information reported by government (2012–2013)

**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.

**3.2** There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Of hepatitis cases, 5.6% are reported as “undifferentiated” or “unclassified” hepatitis.

**3.3** Liver cancer cases are registered nationally, but cases with HIV/hepatitis coinfection are not. The government publishes hepatitis disease reports weekly.

**5.4** Publicly funded treatment is available for hepatitis B and hepatitis C. The following group is eligible for such treatment for hepatitis B: patients receiving interferon therapy or nucleoside analogue therapy. The following group is eligible for publicly funded treatment for hepatitis C: patients receiving interferon therapy. Information was not provided on the amount spent by the government on such treatment for hepatitis B and hepatitis C.

### Civil society respondent comments (2014)

*Information collection and grasp is insufficient.*

*In this section, it is mentioned that hepatitis deaths are required to be reported to government registry. However, we do not think it is obligatory to report and register newly diagnosed hepatitis patients. A comprehensive structure based on law is really necessary to carry this out.*

*It is very regrettable that we are incapable of seeing the overall picture of coinfecting patients. We think that it is an immediate issue to grasp the current situation of these people.*

*Only hepatitis-infected patients with agreement of hepatitis lawsuit can receive an admission free of medical fees. The majority of patients with hepatitis must pay for all medical costs.*

### Statement from the Social Welfare Corporation, Habataki, Welfare Project regarding key hepatitis policy issues in Japan:

Since viral hepatitis is a chronic disease, Government should implement a policy focusing on the fact that it is very important to consider long-term treatment of patients. To achieve this, Government should create a basis of life for patients, coordinating with welfare policy as well as their work. Both of them are essential and neither should be omitted. Medical care providers need to take a patient-oriented approach in order to make their life healthy, including their policy-making

system. When looking back on medical measure for hepatitis, treatment for people with immediate hepatitis is well established. However measures for people with chronic hepatitis are unsatisfactory.

Comprehensive medical care is quickly required to sustain the long-term treatment of patients. Of course government is responsible for conducting this, and we think that the financial base as well as awareness-raising for eliminating prejudice of hepatitis among people in general is necessary. From the international standpoint, introduction and/or uptake by new system around the world will make up for shortcomings

of the Japanese system. Also we have a responsibility to share our unique and proficient system to the rest of the world.

Habataki organisation is actively targeting for work of patients with hepatitis as well as make efforts to grasp their life and conduct both of research and survey, quantifying the degree of difficulty by using International Classification of Functioning, Disability and Health. We are taking care of numerous patients coinfecting with hepatitis and HIV. In order to resolve their difficulty of life, we energetically propose an advocacy that makes them happier and healthier to government as well as people in general.