

Egypt

The Government of Egypt reports as follows.

National coordination

There is a written national strategy or plan that focuses exclusively on the prevention and control of viral hepatitis. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, and treatment and care.

There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities: Hepatitis Unit, Preventive Sector, Ministry of Health. It has three staff members. There are three full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

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) and patients on dialysis.

Awareness-raising and partnerships

The government did not hold events for World Hepatitis Day 2012, but has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: Terros, Misr-elkheir and the Sawiris Foundation.

Evidence-based policy and data for action

There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B and C, but not for any type of chronic hepatitis.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Of hepatitis cases, 69% are reported as "undifferentiated" or "unclassified" hepatitis.

Liver cancer cases are registered nationally, but cases with HIV/hepatitis coinfection are not.

The government publishes hepatitis disease reports annually.

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support outbreak investigations and other surveillance activi-

Population (in millions) (2011)	82.5
Country classification (2012)	Lower-middle-income
Gross national income per capita (PPP int \$) (2011)	\$6120
Total health expenditure as % of GDP (2010)	4.66%
Per capita total health expenditure (PPP int \$) (2010)	\$288.57
Per capita government health expenditure (PPP int \$) (2010)	\$107.94
Life expectancy at birth (in years) (2009)	71
Human Development Index (2011)	0.644
Median age (in years) (2010)	24
Total fertility rate per woman (2010)	2.7

ties for hepatitis A, hepatitis B and hepatitis C, but not for hepatitis E.

There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target population is people aged 15–59 years. The last serosurvey was carried out in 2008.

Prevention of transmission

There is no national policy on hepatitis A vaccination.

The government has established the goal of eliminating hepatitis B in children under five years of age, but did not provide information about a specific timeframe for this.

Nationally, no newborn infant in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 95% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

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.

There is a national policy on injection safety in health-care settings, which recommends single-use syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

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

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.

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

The government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through on-the-job training and postgraduate training.

There are national clinical guidelines for the management of viral hepatitis but it is not known whether they include recommendations for cases with HIV coinfection.

The government does not have national policies relating to screening and referral to care for hepatitis B or hepatitis C.

People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are free of charge for all individuals and are compulsory for patients on dialysis, visa applicants and blood donors.

Publicly funded treatment for hepatitis B and hepatitis C is available to all people with health insurance and for those supported by the governmental treatment programme.

The government spends about LE 800 million (US\$ 131.8 million) annually on publicly funded treatment for hepatitis B and hepatitis C.

The following drugs for treating hepatitis B are on the national essential medicines list or subsidized by the government: pegylated interferon and lamivudine. The following drugs for treating hepatitis C are on the national essential medicines list or subsidized by the government: pegylated interferon and ribavirin.

The Government of Egypt welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).