

Cyprus

The Government of Cyprus reports as follows.

National coordination

There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.

There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. There are no people working full-time on hepatitis-related activities in any government agency/body.

The government does not have a viral hepatitis prevention and control programme that includes activities targeting specific populations.

Awareness-raising and partnerships

The government did not hold events for World Hepatitis Day 2012 and has not funded other viral hepatitis public awareness campaigns since January 2011.

The government does not collaborate with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

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, C, D and E, and for the following types of chronic hepatitis: B, C and D.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. No hepatitis case is reported as "undifferentiated" or "unclassified" hepatitis.

Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally.

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 investigation of viral hepatitis outbreaks and other surveillance activities.

There is no national public health research agenda for viral hepatitis. It is not known whether viral hepatitis serosurveys are conducted regularly.

Population (in millions) (2011)	1.1
Country classification (2012)	--
Gross national income per capita (PPP int \$) (2011)	\$30 970
Total health expenditure as % of GDP (2010)	5.97%
Per capita total health expenditure (PPP int \$) (2010)	\$1841.64
Per capita government health expenditure (PPP int \$) (2010)	\$764.40
Life expectancy at birth (in years) (2009)	81
Human Development Index (2011)	0.866
Median age (in years) (2010)	34
Total fertility rate per woman (2010)	1.5

Prevention of transmission

There is a national policy on hepatitis A vaccination.

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

Nationally, 0.4% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 96% 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 not vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

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 does not have 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.

There are national clinical guidelines for the management of viral hepatitis. 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, and there is open access to their names. Hepatitis B and hepatitis C tests are not free of charge for all individuals, but they are free of charge for people living with HIV, pregnant women, blood donors and people infected with either hepatitis B or hepatitis C. Information was not provided on whether hepatitis B or hepatitis C tests are compulsory for members of any specific group.

Publicly funded treatment for hepatitis B and hepatitis C is available to the entire population. The amount spent by the government on such treatment is not known.

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

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