

# Italy

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| Population (in millions) (2011)                              | <b>60.8</b>        |
| Country classification (2012)                                | <b>High-income</b> |
| Gross national income per capita (PPP int \$) (2011)         | <b>\$32 400</b>    |
| Total health expenditure as % of GDP (2010)                  | <b>9.53%</b>       |
| Per capita total health expenditure (PPP int \$) (2010)      | <b>\$3021.72</b>   |
| Per capita government health expenditure (PPP int \$) (2010) | <b>\$2345.36</b>   |
| Life expectancy at birth (in years) (2009)                   | <b>82</b>          |
| Human Development Index (2011)                               | <b>0.914</b>       |
| Median age (in years) (2010)                                 | <b>43</b>          |
| Total fertility rate per woman (2010)                        | <b>1.4</b>         |

The Government of Italy 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. Information was not provided on how many people work full-time 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), 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 officers, firefighters, public officials and garbage disposal workers.

## Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 but 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, 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. 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.

Liver cancer cases and cases with HIV/hepatitis coinfection are not 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. Viral hepatitis serosurveys are not conducted regularly.

## Prevention of transmission

There is a national policy on hepatitis A vaccination.

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

Nationally, all newborn children of hepatitis B-infected mothers 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 no specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings.

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 a 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 schools for health professionals (pre-service education) and postgraduate training.

There are no national clinical guidelines for the management of viral hepatitis. Information was not provided on whether there are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

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

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.

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.

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: interferon alpha, pegylated interferon, ribavirin, boceprevir and telaprevir.

The Government of Italy did not indicate a need for assistance from WHO in relation to viral hepatitis prevention and control.