

# Uzbekistan

The Government of Uzbekistan reports as follows.

## National coordination

There is a written national strategy or plan that focuses primarily on the prevention and control of viral hepatitis, and also integrates other diseases. It includes components for vaccination, prevention in general and prevention of transmission in health-care settings.

There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. It is not known how many people work full-time on hepatitis-related activities in all government agencies/bodies.

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 and C, 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. The percentage of hepatitis cases reported as "undifferentiated" or "unclassified" hepatitis is not known.

It is not known whether liver cancer cases are registered nationally. Cases with HIV/hepatitis coinfection are not registered nationally.

The government publishes hepatitis disease reports monthly.

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support investigation of outbreaks and other surveillance activities.

Population (in millions) (2011)	27.8
Country classification (2012)	Lower-middle-income
Gross national income per capita (PPP int \$) (2011)	\$3420
Total health expenditure as % of GDP (2010)	5.31%
Per capita total health expenditure (PPP int \$) (2010)	\$168.36
Per capita government health expenditure (PPP int \$) (2010)	\$87.39
Life expectancy at birth (in years) (2009)	69
Human Development Index (2011)	0.736
Median age (in years) (2010)	24
Total fertility rate per woman (2010)	2.4

There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

## Prevention of transmission

There is no national policy on hepatitis A vaccination.

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

Nationally, approximately 90% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and approximately 90% 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. Information was not provided on whether health-care workers are 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 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 national clinical guidelines for the management of viral hepatitis, which 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.

The government has national policies relating to screening and referral to care for hepatitis B and 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. Information was not provided on whether hepatitis B or hepatitis C tests are free of charge for any specific group. Hepatitis B and hepatitis C tests are not compulsory for members of any specific group.

Publicly funded treatment is not available for hepatitis B or hepatitis C.

No drug for treating hepatitis B or hepatitis C is on the national essential medicines list or subsidized by the government.

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