

Grenada

The Government of Grenada 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. It is not known 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 living with HIV and pregnant women.

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

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Information was not provided regarding the percentage of hepatitis cases reported as “undifferentiated” or “unknown” 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 but are not further investigated. There is adequate laboratory capacity nationally to support outbreak investigations and other surveillance activities for hepatitis B and hepatitis C, but not for hepatitis A and hepatitis E.

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

Population (in millions) (2011)	0.1
Country classification (2012)	Upper-middle-income
Gross national income per capita (PPP int \$) (2011)	\$10 350
Total health expenditure as % of GDP (2010)	5.86%
Per capita total health expenditure (PPP int \$) (2010)	\$594.09
Per capita government health expenditure (PPP int \$) (2010)	\$267.16
Life expectancy at birth (in years) (2009)	73
Human Development Index (2011)	0.748
Median age (in years) (2010)	25
Total fertility rate per woman (2010)	2.2

Prevention of transmission

There is no national policy on hepatitis A vaccination.

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

Nationally, 100% of newborn infants 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. 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 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.

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 and whether they include recommendations for coinfection with viral hepatitis.

The government has national policies relating to screening and referral to care for hepatitis B, but not for hepatitis C.

People testing for both hepatitis B and hepatitis C register by name; there is open access to the names. Hepatitis B tests are not free of charge for all individuals, but they are free of charge for antenatal women, health-care workers and people living with HIV. Information was not provided on whether hepatitis C tests are free of charge for all individuals. Hepatitis B and hepatitis C tests are not compulsory for members of any specific group.

Publicly funded treatment is available for hepatitis B. The following groups are eligible: pregnant women, health-care workers and people living with HIV. The amount spent by the government on such treatment for hepatitis B is not known. Publicly funded treatment is not available for hepatitis C.

The following drugs for treating hepatitis B are on the national essential medicines list or subsidized by the government: lamivudine and tenofovir. No drug for treating hepatitis C is on the national essential medicines list or subsidized by the government.

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