

Guyana

The Government of Guyana 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) and people living with HIV.

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 collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: groups for health-care workers and people living with HIV.

Evidence-based policy and data for action

There is routine surveillance for viral hepatitis. There is a national surveillance system for acute as well as chronic hepatitis B.

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 was not known.

Liver cancer cases and cases with HIV/hepatitis coinfection are 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 outbreak investigations and other surveillance activities for hepatitis A, hepatitis B and hepatitis C, but not for hepatitis E.

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

Population (in millions) (2011)	0.8
Country classification (2012)	Lower-middle-income
Gross national income per capita (PPP int \$) (2011)	\$3460
Total health expenditure as % of GDP (2010)	5.38%
Per capita total health expenditure (PPP int \$) (2010)	\$166.69
Per capita government health expenditure (PPP int \$) (2010)	\$142.35
Life expectancy at birth (in years) (2009)	67
Human Development Index (2011)	0.633
Median age (in years) (2010)	24
Total fertility rate per woman (2010)	

Prevention of transmission

There is no national policy on hepatitis A vaccination.

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

Nationally, no newborn infant in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth. In a given recent year, 92% of one-year-olds (ages 12–23 months) 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 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.

Less than 14% of injections administered annually in health-care settings are unnecessary, according to official government estimates.

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 schools for health professionals (pre-service education) and on-the-job training.

There are national clinical guidelines for the management of viral hepatitis. Information was not provided on whether they 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 but not for hepatitis C.

People testing for hepatitis B register by name; the names are kept confidential within the system. Hepatitis B tests are free of charge for all individuals and are compulsory for certain groups but information was not provided regarding which groups.

Information was not provided on whether people testing for hepatitis C register by name, whether the tests are free of charge for all individuals or compulsory for members of any specific group.

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

The following drugs for treating hepatitis B are on the national essential medicines list or subsidized by the government: interferon alpha, adefovir dipivoxil and tenofovir. It is not known which drugs for treating hepatitis C are on the national essential medicines list or subsidized by the government.

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