

United States of America

Population (in millions) (2011)	313.1
Country classification (2012)	High-income
Gross national income per capita (PPP int \$) (2011)	\$48 820
Total health expenditure as % of GDP (2010)	17.89%
Per capita total health expenditure (PPP int \$) (2010)	\$8361.73
Per capita government health expenditure (PPP int \$) (2010)	\$4436.61
Life expectancy at birth (in years) (2009)	79
Human Development Index (2011)	0.910
Median age (in years) (2010)	37
Total fertility rate per woman (2010)	2.1

The Government of the United States of America reports as follows.

National coordination

There is a written national strategy or plan that focuses exclusively on the prevention and control of viral hepatitis. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, treatment and care, and coinfection with HIV.

There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities: the Division of Viral Hepatitis within the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (US Centers for Disease Control and Prevention). It has 100 staff members. There are 150 full-time equivalent staff members who work 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, migrants, prisoners, the homeless, people living with HIV, low-income populations, the uninsured, immigrants and refugees, people born between 1945 and 1965, Asian-Americans, military veterans, and people who have chronic hepatitis C and live in areas underserved by treatment specialists.

Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 and has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: Viral Hepatitis Action Coalition, National Viral Hepatitis Roundtable, and Asia and Pacific Alliance to Eliminate Viral Hepatitis.

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 and D 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. No hepatitis case is reported as "undifferentiated" or "unclassified" hepatitis.

Liver cancer cases are registered nationally, but cases with HIV/hepatitis coinfection are not.

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 conducted regularly; the target populations are children over the age of six years and the general population. The last serosurvey was carried out in 2011.

Prevention of transmission

There is a national policy on hepatitis A vaccination.

The government has established the goal of eliminating hepatitis B but information was not provided about a specific timeframe for this goal.

Nationally, 58% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 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 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.

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), on-the-job training, postgraduate training and continuing medical education.

There are national clinical guidelines for the management of viral hepatitis, which include recommendations for cases with HIV coinfection.

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; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not free of charge and are not compulsory for members of any specific group.

Publicly funded treatment is not available for hepatitis B or 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 the United States of America did not indicate a need for assistance from WHO in relation to viral hepatitis prevention and control.