

India

The Government of India 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, and treatment and care.

There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. It has four staff members. 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 population: health-care workers, including health-care waste handlers.

Awareness-raising and partnerships

It is not known whether the government held events for World Hepatitis Day 2012 or 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 no routine surveillance for viral hepatitis.

There are standard case definitions for hepatitis. Hepatitis deaths are not reported to a central registry. The percentage of hepatitis cases reported as "undifferentiated" or "unclassified" hepatitis is not known.

Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally.

The government does not publish hepatitis disease reports.

Hepatitis outbreaks are reported to the government and are further investigated. There is inadequate laboratory capacity nationally to support investigation of viral

Population (in millions) (2011)	1241.5
Country classification (2012)	Lower-middle-income
Gross national income per capita (PPP int \$) (2011)	\$3590
Total health expenditure as % of GDP (2010)	4.05%
Per capita total health expenditure (PPP int \$) (2010)	\$132.20
Per capita government health expenditure (PPP int \$) (2010)	\$38.57
Life expectancy at birth (in years) (2009)	65
Human Development Index (2011)	0.547
Median age (in years) (2010)	25
Total fertility rate per woman (2010)	2.6

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 no national policy on hepatitis A vaccination.

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

It is not known what percentage of newborn infants nationally in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth or what percentage of one-year-olds (ages 12–23 months) nationally 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).

It is not known whether there is a specific national strategy and/or policy for preventing hepatitis B and hepatitis C infection in health-care settings. However, 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 auto-disable 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.

It is not known whether 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 on-the-job training.

It is not known whether there are national clinical guidelines for the management of 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 both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are free of charge for all individuals and are compulsory for blood donors.

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

The following drug for treating hepatitis B is on the national essential medicines list: lamivudine. The following drug for treating hepatitis C is on the national essential medicines list: ribavirin.

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