Thailand

The Government of Thailand reports as follows.

Population (in millions) (2011)	**69.5**
Country classification (2012)	**Upper–middle-income**
Gross national income per capita (PPP int $) (2011)	**$8360**
Total health expenditure as % of GDP (2010)	**3.88%**
Per capita total health expenditure (PPP int $) (2010)	**$329.71**
Per capita government health expenditure (PPP int $) (2010)	**$247.42**
Life expectancy at birth (in years) (2009)	**70**
Human Development Index (2011)	**0.682**
Median age (in years) (2010)	**34**
Total fertility rate per woman (2010)	**1.6**

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. There are no people working full-time on hepatitis-related activities in any government agency/body.

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

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, C, D and E, but not for any type of chronic hepatitis.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Of hepatitis cases, 25% are reported as "undifferentiated" or "unclassified" hepatitis.

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

The government publishes hepatitis disease reports weekly and annually.

Hepatitis outbreaks are 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 not conducted regularly. The most recent serosurvey, which targeted the general population, was carried out in 2004.

Prevention of transmission

There is no national policy on hepatitis A vaccination.

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

Nationally, 99% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 98% 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 for preventing hepatitis B and hepatitis C infection in health-care settings, but it addresses only vaccination for health-care workers. Health-care workers are not 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 does not have 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 and technical seminars.

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, but not for 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 for all individuals, but they are for pregnant women, blood donors and civil servants. Hepatitis C tests are free of charge for blood donors. Hepatitis B and hepatitis C tests are compulsory for blood donors.

Publicly funded treatment is available for hepatitis B and hepatitis C. Patients under the universal coverage scheme are eligible. However, only lamivudine and tenofovir are included in the universal coverage package for hepatitis B, and major drugs for treating hepatitis C are not included. The amount spent by the government on publicly funded treatment for hepatitis B and hepatitis C is not known.

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

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