

New Zealand

The Government of New Zealand 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 a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities: the Public Health, Sector Capability and Implementation Business Unit of the Ministry of Health. It has one tenth of one full-time staff member. 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: people who inject drugs.

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: the Hepatitis Foundation of New Zealand, Needle Exchange New Zealand and the Hepatitis C Support Group.

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, and for chronic hepatitis D.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Of hepatitis cases, 6.4% are reported as "undifferentiated" or "unclassified" 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 and are further investigated. There is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

Population (in millions) (2011)	4.4
Country classification (2012)	High-income
Gross national income per capita (PPP int \$) (2011)	\$28 930
Total health expenditure as % of GDP (2010)	10.10%
Per capita total health expenditure (PPP int \$) (2010)	\$3020.05
Per capita government health expenditure (PPP int \$) (2010)	\$2513.32
Life expectancy at birth (in years) (2009)	81
Human Development Index (2011)	0.908
Median age (in years) (2010)	37
Total fertility rate per woman (2010)	2.2

There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target population is people who inject drugs. The last serosurvey was carried out in 2009.

Prevention of transmission

There is a 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, 93% 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.

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

There are no national clinical guidelines for the management of viral hepatitis, but there are for the management of HIV, which include recommendations for coinfection with 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. Hepatitis B tests are compulsory for blood donors and immigrants, and hepatitis C tests for blood donors.

Publicly funded treatment for hepatitis B and hepatitis C is available to some segments of the population, but information was not provided on who is eligible. In fiscal year 2011/2012, the government spent NZ\$ 16 080 000 (US\$ 13 026 971) on such treatment for hepatitis B and hepatitis C.

The following drugs for treating hepatitis B are on the national essential medicines list or subsidized by the government: lamivudine, adefovir dipivoxil, entecavir 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 and ribavirin.

The Government of New Zealand did not indicate a need for assistance from WHO in relation to viral hepatitis prevention and control.