Singapore

Population (in millions) (2011)	**5.2**
Country classification (2012)	**High-income**
Gross national income per capita (PPP int $) (2011)	**$59 380**
Total health expenditure as % of GDP (2010)	**3.96%**
Per capita total health expenditure (PPP int $) (2010)	**$2272.64**
Per capita government health expenditure (PPP int $) (2010)	**$824.98**
Life expectancy at birth (in years) (2009)	**82**
Human Development Index (2011)	**0.866**
Median age (in years) (2010)	**38**
Total fertility rate per woman (2010)	**1.3**

The Government of Singapore 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. 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 populations: health-care workers (including health-care waste handlers) and people who inject drugs.

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 and E, and for chronic hepatitis B.

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.

The government publishes hepatitis disease reports weekly and 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.

There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target populations are children under the age of 17 years and the general population. The last serosurvey was carried out in 2012.

Prevention of transmission

There is no national policy on hepatitis A vaccination.

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

Nationally, 31% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 61% 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 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 postgraduate training.

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. Hepatitis B tests are compulsory for injecting drug users in prison settings, and hepatitis C tests for health-care workers and injecting drug users in prison settings.

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

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 and entecavir. The following drugs for treating hepatitis C are on the national essential medicines list or subsidized by the government: interferon alpha and pegylated interferon.

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