

# Taiwan

The Government of Taiwan 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 of viral hepatitis via injecting drug use, prevention of treatment in healthcare settings, treatment and care, and coinfection with HIV.

There is no designated governmental unit/department responsible only for collecting and/or carrying out viral hepatitis-related activities. One person works full-time on hepatitis-related activities within the government.

The government has a viral hepatitis prevention and control program that targets the following populations: health workers (including health care waste handlers), people who inject drugs, indigenous people, food workers, and people working in or travelling to high prevalence areas.

## Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 and has funded other public viral hepatitis awareness campaigns since January 2011. The primary messages of these campaigns were general information about hepatitis and its transmission, vaccination for hepatitis A and B, the importance of knowing one's hepatitis B and C status and promoting safe sex practices.

The government collaborates with the following civil society groups to develop and implement its viral hepatitis prevention and control programme: Liver Disease Prevention and Treatment Research Foundation and the Taiwan Children Liver Foundation.

## Evidence-based policy and data for action

There is routine surveillance for viral hepatitis. There is also a national surveillance system for hepatitis A, B, C, D and E.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to the central registry. 1.26% of hepatitis cases are reported as "undifferentiated" or "unclassified" hepatitis.

Liver cancer cases are registered nationally, but cases of HIV/hepatitis coinfection are not. However these can be traced by the National Notifiable Disease Surveillance System of Taiwan Centre for Disease Prevention and Control.

Population (in millions) (2011)	23
Country classification (2012)	High-income
Gross national income per capita (PPP int \$) (2012)	\$39,400
Total health expenditure as % of GDP (2010)	6.5%
Per capita total health expenditure (PPP int \$) (2010)	\$2,231
Per capita government health expenditure (PPP int \$) (2010)	unknown
Life expectancy at birth (in years) (2009)	79.7
Human Development Index (2011)	unknown
Median age (in years) (2010)	38.7
Total fertility rate per woman (2010)	1.1

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support viral hepatitis outbreak investigations and other surveillance activities

There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted every three years; the target population is children under age 15 and the general population. The last serosurveys took place in 2011.

## Prevention of transmission

There is a national hepatitis A vaccination policy addressing travellers to highly endemic countries, preschool children in aboriginal regions and food workers.

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

83.9% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth. In 2010, 93% of one-year olds (ages 12-23 months) received three doses of hepatitis B vaccine.

There is a national policy specifically targeting mother-to-child transmission of hepatitis B.

There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and C infection in health-care settings. Healthcare 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 healthcare settings. Single-use or auto-disable syringes, needles and canulas are always available in all healthcare facilities.

Official estimates on the number and percentage of unnecessary injections administered annually in healthcare setting were unknown.

There is a national infection control policy for blood banks and 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 of health professionals (pre-service education) and on-the-job training.

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

People testing for hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Tests are free for adults born after 1966. Hepatitis B and hepatitis C tests are not compulsory for members of any specific group.

Publicly funded treatment is available for hepatitis B and hepatitis C. The government spent 3.2 billion NTD on such treatment in 2010.

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 and ribavirin.

The Government of Taiwan indicated a need for assistance from the World Health Organization for assessing the economic impact of viral hepatitis.