

Nigeria

The Government of Nigeria 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. 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

Information was not provided on whether the government held events for World Hepatitis Day 2012 or funded other viral hepatitis public awareness campaigns since January 2011.

Information was not provided on whether the government collaborates 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. Information was not provided about which specific types of acute and chronic hepatitis are monitored by surveillance systems.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Information was not provided on the percentage of hepatitis cases reported as “undifferentiated” or “unknown” hepatitis.

Liver cancer cases are registered nationally. Information was not provided on whether cases with HIV/hepatitis coinfection are registered nationally.

The government publishes hepatitis disease reports monthly.

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

Population (in millions) (2011)	162.5
Country classification (2012)	Lower-middle-income
Gross national income per capita (PPP int \$) (2011)	\$2290
Total health expenditure as % of GDP (2010)	5.07%
Per capita total health expenditure (PPP int \$) (2010)	\$121.36
Per capita government health expenditure (PPP int \$) (2010)	\$45.98
Life expectancy at birth (in years) (2009)	54
Human Development Index (2011)	0.459
Median age (in years) (2010)	18
Total fertility rate per woman (2010)	5.5

Information was not provided on whether there is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

Prevention of transmission

There is no national policy for hepatitis A vaccination.

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

Information was not provided regarding the percentage of newborn infants nationally in a given recent year who had received the first dose of hepatitis B vaccine within 24 hours of birth or the percentage of one-year-olds nationally (ages 12–23 months) in a given recent year who had received three doses of hepatitis B vaccine.

There is no national policy that specifically targets mother-to-child transmission of hepatitis B.

There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. It is not known whether 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. It is not known whether 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. It is not known whether all donated blood units (including family donations) and blood products nationwide are screened for hepatitis C.

It is not known whether there is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

It is not known whether 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 national clinical guidelines for the management of viral hepatitis, but information was not provided on whether these guidelines include recommendations for cases with HIV coinfection. Information was not provided on whether there are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

It is not known whether the government has 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 not free of charge. Information was not provided on whether hepatitis B or hepatitis C tests are compulsory for members of any specific group.

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

No drug for treating hepatitis B or hepatitis C is on the national essential medicines list or subsidized by the government.

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