

A stylized graphic of a liver, split vertically. The left half is white with horizontal green stripes, and the right half is a solid teal color. The background is a solid teal color with a white diagonal line running from the top left towards the center.

2020 - 2024 年

香港病毒性肝炎 行動計劃

Hong Kong Viral Hepatitis
Action Plan

Hepatitis B and Hepatitis C

- Globally, it is estimated that about 257 million and 71 million people are living with chronic hepatitis B and C virus ("HBV and HCV") infection respectively.
- Epidemiological studies gauged a prevalence of 7.2% and 0.3% for HBV and HCV infection respectively in local population, amounting to about 540 000 HBV cases and 22 000 HCV cases.
- Chronic HBV and HCV infection can persist for decades without symptoms. Many infected persons are not aware of their infection status and not seeking appropriate care and treatment. Untreated persons with chronic HBV or HCV infection may develop cirrhosis and liver cancer.
- Annually, there are around 1 500 - 1 600 registered deaths from liver cancer, which is the third leading cause of cancer deaths in Hong Kong and mostly associated with hepatitis B and C.

Hepatitis B and Hepatitis C - Treatment

Chronic HBV infection can be treated, but not cured

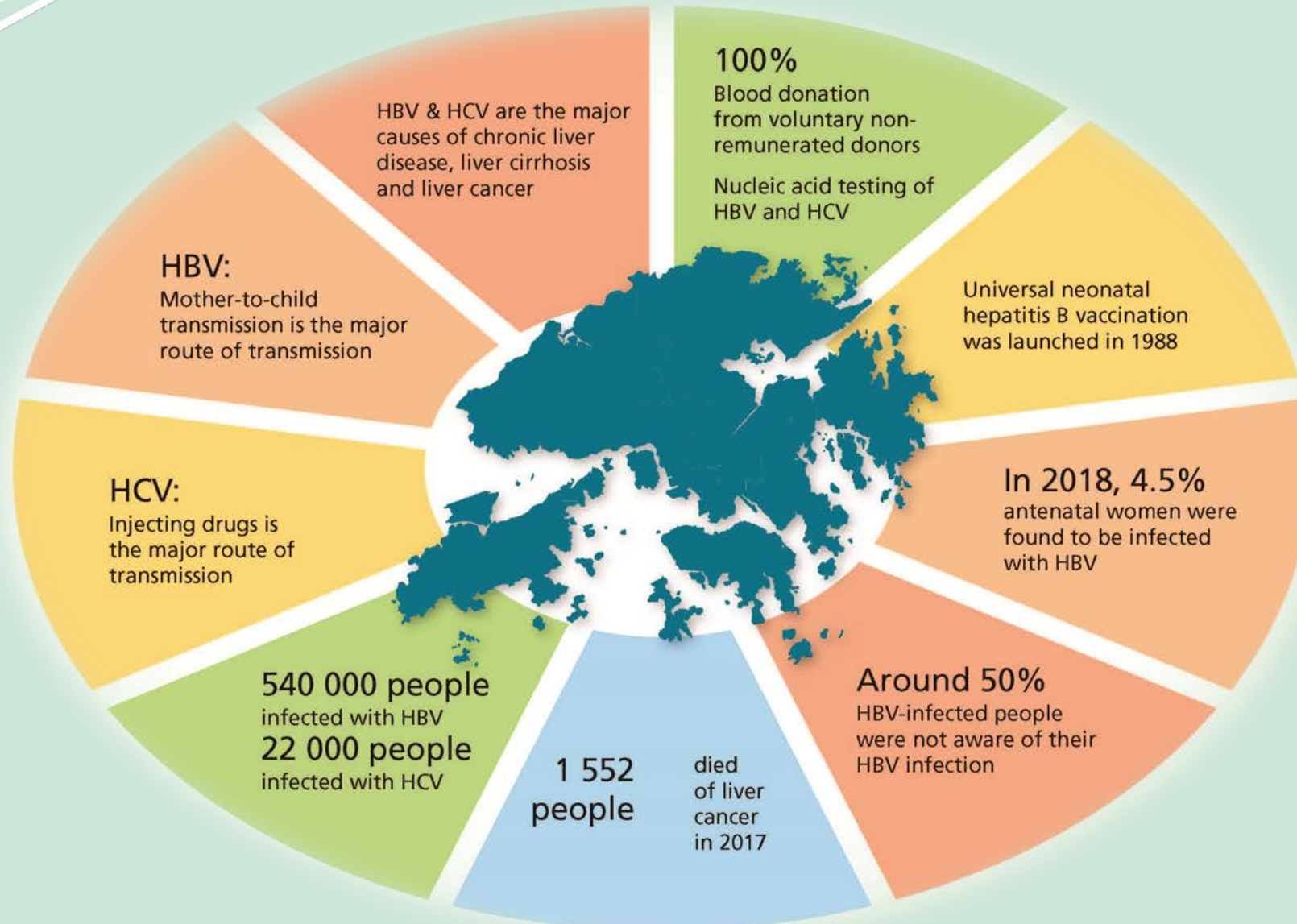
- Use of effective antivirals can inhibit the replication of HBV
- However, the use of antivirals is unable to clear HBV completely, and lifelong treatment is usually indicated in most patients

Chronic HCV infection can be cured

- Traditionally, treatment of HCV was based on interferon. However, interferon-based treatment is fraught with significant adverse effects that are difficult to manage, and the rate of treatment success is limited (40 - 70%), depending on the genotypes.
- Effective, well-tolerated and all-oral direct-acting antivirals (DAA) are now available and they can clear HCV in more than 90% of the cases

Treatment can reduce the risk of cirrhosis, liver failure, liver cancer and long-term complications of chronic infection.

Hepatitis B and C in Hong Kong



“Hong Kong Viral Hepatitis Action Plan 2020 - 2024” is a milestone towards significantly reducing the burden of chronic hepatitis B and hepatitis C, with the ultimate vision to render Hong Kong free of chronic viral hepatitis.



Vision

Hong Kong will be a place where new viral hepatitis infections have ceased, and where everyone with chronic viral hepatitis has access to effective and affordable care and treatment.

Goals

- Reduce transmission of viral hepatitis
- Reduce morbidity and mortality due to viral hepatitis

World Health Organization Goals

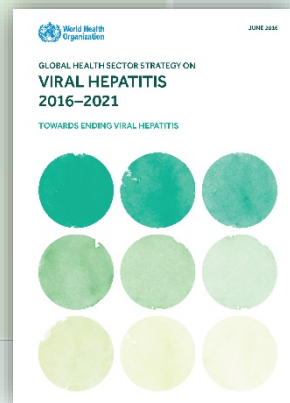
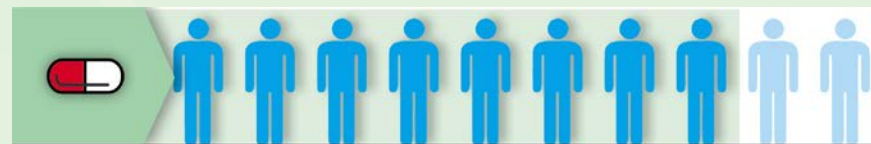
Aligning with the *Global health sector strategy on viral hepatitis, 2016 – 2021* by World Health Organization, we will work to eliminate viral hepatitis as a major public health threat by 2030

- Reduce 90% number of new cases of hepatitis B and C
- Reduce 65% number of deaths from hepatitis B and C

- 90% infected people diagnosed



- 80% eligible patients treated



Strategy

Strategic Axes

- “Hong Kong Viral Hepatitis Action Plan 2020 - 2024” adopts four strategic axes, as described in the World Health Organization (WHO) framework for global action: **awareness**, **surveillance**, **prevention** and **treatment**.
- Priority actions in each axis to be carried out in 2020 - 2024 for progressing towards the 2030 WHO targets of viral hepatitis elimination have been developed.





Strategy 1: Raising Awareness

A supportive environment is needed to address the consequential service need following increasing awareness.

Community engagement and awareness enhancement for HBV and HCV infections shall be tailored to the needs of different target groups, such as the general public, healthcare workers, at-risk populations, patients and their service providers.



Strategy 1: Raising Awareness

- Launch awareness campaign for the general population
- Provide professional training for healthcare workers
- Educate at-risk populations, patients and their service providers
- Build supportive environment





Strategy 2: Enhancing Surveillance

To achieve the WHO 2030 targets, additional information is required to support the evidence-based policy-making for prevention and control of HBV and HCV infection, as well as close monitoring of the progress towards these goals in Hong Kong.

A consistent approach should be adopted for the measurement of the Local Indicators regularly. As such, comparability of the indicators over time can be ensured for monitoring the progress towards the 2030 WHO targets.



Strategy 2: Enhancing Surveillance



Conduct ongoing surveillance

- ◇ Notification system for acute viral hepatitis
- ◇ Prevalence assessment for chronic viral hepatitis



Develop local indicators

- ◇ Monitor and evaluate the viral hepatitis elimination strategies






Strategy 3: Promoting Prevention

Mother-to-child transmission (MTCT) is an epidemiologically important route of HBV transmission, which accounts for the prevalence of HBV infection in Hong Kong. Preventing MTCT by vaccination and other available means should be the focus.

There is no vaccine for hepatitis C. Its prevention measures should be on controlling the practices known to spread it and curing chronic infection.



Strategy 3: Promoting Prevention

- Universal screening for pregnant women and neonatal vaccination for hepatitis B 
- Use antivirals for preventing MTCT of HBV 
- Post-vaccination serologic testing 
- Prevent healthcare-related transmission of HBV and HCV
- Reduce the risk and disease burden in vulnerable populations



Strategy 4: Expanding Access to Treatment

Current available treatments can control chronic HBV infection effectively through inhibiting viral replication and cure chronic HCV infection, resulting in substantial reduction in HBV- or HCV-related morbidity and mortality.

To reduce hepatitis-related mortality, providing effective treatment for people infected with HBV and/or HCV is crucial.



Strategy 4: Expanding Access to Treatment

Enhancement of treatment for hepatitis B

- ◇ Enhancement in the Hospital Authority (HA) on hepatitis B management in four areas



Laboratory



Equipment



Drug



Model of care

- ◇ Explore strategies in the long run to sustain and expand the service provision for hepatitis in both public and private sectors



Strategy 4: Expanding Access to Treatment

- ✦ **Expansion of access to direct-acting antivirals (DAA) for HCV**
 - ◇ Expand the HA Drug Formulary indication for DAA therapy on all patients in a stepwise manner
- ✦ **Micro-elimination of HCV infection**
 - ◇ Screen and treat patients on renal dialysis
 - ◇ Screen and treat HIV-positive patients
- ✦ **Promotion of HCV testing in people who inject drugs**



Making It Happen

- Outline the specific actions for Department of Health, HA and other stakeholders, as well as the time frames for implementation of the actions
- Monitor and review the progress of the elimination of HBV and HCV infection and gaps in implementing practice improvement strategies
- Highlight the significant collegiality and commitment of different stakeholders