

Hong Kong Viral Hepatitis Action Plan 2020 – 2024

The Government recognises the public health threat posed by viral hepatitis. To provide a comprehensive strategy for reducing the public health burden, the Steering Committee on Prevention and Control of Viral Hepatitis (SCVH) formulated the *Hong Kong Viral Hepatitis Action Plan 2020 - 2024 (The Action Plan)*.

The Action Plan 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

Local Situation of Hepatitis B and C

- 7.2% of population (~540 000 people) infected with hepatitis B virus (HBV)
- 0.3% of population (~22 000 people) infected with hepatitis C virus (HCV)
- 1 552 people died of liver cancer in 2017

About Hepatitis B and C

Many people with hepatitis B or C are **asymptomatic** and unaware of their infection.

HBV and HCV are the major causes of chronic liver disease, cirrhosis and liver cancer.

Route of Transmission

HBV and HCV can be transmitted through contact with contaminated blood or body fluid.

Major Route of Transmission

- HBV: Mother-to-child transmission (MTCT)
- HCV: Injecting drugs

Vaccine and Treatment

	Hepatitis B	Hepatitis C
Vaccine	Safe and effective vaccine available	Not available
Treatment	Regular monitoring and consider antiviral drug	Curative treatment available
Effective treatment of hepatitis B and C can reduce risk of cirrhosis, liver failure and liver cancer.		

Targets by 2030

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

- 90% infected people diagnosed
- 80% eligible patients treated
- 90% reduction in number of new cases of chronic hepatitis B and C *
- 65% reduction in number of deaths from hepatitis B and C *

(*As compared with baseline number in 2015)

Framework of Action Plan

The Action Plan adopts the **four strategic axes**, as described in WHO framework for global action: **awareness, surveillance, prevention and treatment.**

Strategy 1: Raising Awareness

- **Launch awareness campaign for the general population**
 - Telephone hotline, internet, printed materials, health talks, roving exhibition, billboards at bus stops and health promotion activities in Kwai Tsing District Health Centre, etc.
- **Provide professional training**
 - Enhance the capacity of health care workers to deliver quality care to patients with hepatitis
- **Educate at-risk populations**
 - People who inject drugs, pregnant women with chronic hepatitis B, patients and their service providers
- **Build supportive environment**
 - Foster an environment for effective management of viral hepatitis cases

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

- **Universal screening for pregnant women and neonatal vaccination for hepatitis B**
 - Continue the preventive measures for MTCT implemented since 1988
 - Screen pregnant women for hepatitis B during each pregnancy
 - Give 3-dose hepatitis B vaccination to every baby
 - Administer hepatitis B immunoglobulin within 24 hours after birth for babies born to HBV-infected mothers
- **Use antivirals for preventing MTCT of HBV**
 - Test viral load for pregnant women infected with HBV
 - Provide a treatment option to use antivirals for pregnant women with high viral load in the third trimester for further minimising the chance of MTCT
 - Provide long-term management of the liver condition for pregnant women infected with HBV
- **Post-vaccination serologic testing**
 - Test for hepatitis B antibody and infection status after 3-dose vaccination for babies born to HBV-infected mothers
 - Assess the need for revaccination
 - Enable early management for HBV-infected infants
- **Prevent healthcare-related transmission of HBV and HCV**
 - Continue current effective blood safety strategies
 - Uphold infection control standards
- **Reduce the risk and disease burden in vulnerable populations**
 - Intensify condom programming
 - Undertake harm reduction approach

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

- **Expansion of access to direct-acting antivirals (DAA) for HCV**

- DAA is effective in curing HCV infection with minimal side effects
- Expand the HA Drug Formulary indication for DAA therapy on all patients, regardless of their disease severity, 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**

- ✧ Provide specific educational information about HCV transmission
- ✧ Identify testing options and algorithms for carrying out HCV testing