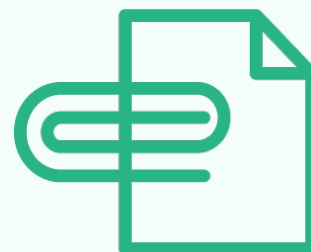


Annex



Annex I. Steering Committee on Prevention and Control of Viral Hepatitis - Terms of Reference and Membership

Terms of Reference (July 2024 - June 2027)

1. To keep in view local and international developments in the prevention and control of viral hepatitis;
2. To advise the Government on overall policy, targeted strategies, and effective resource allocation related to prevention and control of viral hepatitis; and
3. To conduct and co-ordinate monitoring and evaluation of actions as set out in the Action Plan.

Membership of SCVH (July 2024 - June 2027)

Co-chairpersons:

Dr. LAM Man-kin, Ronald, J.P.
Dr. LEE Ha-yun, Libby (since August 2025)
Dr. KO Pat-sing, Tony, J.P. (till July 2025)

Members:

Dr. CHAN Lik-yuen, Henry	Dr. LAO Wai-cheung
Dr. CHAN Ming-wai, Angus	Prof. LAU Yu-lung, B.B.S., J.P.
Dr. CHEUNG Chi-wai, Stephen	Dr. LEUNG Kwan-wa, Maria
Dr. CHONG Shing-kan, Patrick	Dr. LEUNG Wing-cheong
Dr. FUNG Yan-yue, James	Dr. TSANG Tak-yin, Owen
Dr. HUNG Ling-lung, Derek	Prof. WONG Wai-sun, Vincent
Dr. KUNG Kam-ngai	Prof. YUEN Man-fung, J.P.

Ex-officio members:

Mr. HUI Chark-shum, Sam, J.P. (till June 2025)
Dr. TSUI Lok-kin, Edwin, J.P.
Dr. WONG Lap-gate, Michael
Mr. WU Wai-man, Raymond, J.P. (since July 2025)

Secretary:

Dr. WONG Chun-kwan, Bonnie

Annex II. Clinical Working Group - Terms of Reference and Membership

Terms of Reference

1. To provide input to and implement the Hong Kong Action Plan for Prevention and Control of Viral Hepatitis;
2. To review and evaluate the service load and gaps in diagnosis, treatment and monitoring; and strengthen related service provision and staff training for viral hepatitis;
3. To oversee the effective linkage of persons with viral hepatitis to treatment and care; and
4. To devise, evaluate, update and implement cost-effective management guidance and protocols for viral hepatitis.

Membership of Clinical Working Group (as of October 2025)

Convenor:

Dr. LAI Cing-hon, Jeffrey

Members:

Dr. CHAN Pang-fai

Dr. CHEUNG Chi-wai, Stephen

Dr. HUI Yee-tak

Dr. KUNG Kam-ngai

Dr. KWAN Yat-wah, Mike

Dr. LAU Ho-lim

Prof. MAK Lung-yi, Loey

Dr. WONG Chun-kwan, Bonnie

Dr. WONG Han, Ann

Prof. WONG Lai-hung, Grace

Ms. YOUNG Wai-man, Grace

Co-opt members:

Mr. CHEUNG Tak-lun, Alan

Dr. LEUNG Wing-cheong

Dr. MA Vinci

Mr. TANG Tsz-wang, Van

Secretary:

Ms. CHAN Sin-yee, May

Annex III. Public Health Working Group - Terms of Reference and Membership

Terms of Reference

1. To provide input to and implement the Hong Kong Action Plan for Prevention and Control of Viral Hepatitis;
2. To evaluate, revise and strengthen surveillance of viral hepatitis in Hong Kong;
3. To promote awareness and advise on screening of viral hepatitis for the public and healthcare providers;
4. To assist in education programmes to update healthcare providers related to viral hepatitis; and
5. To enlist and partner with community and professional stakeholders according to strategy consideration.

Membership of Public Health Working Group (as of October 2025)

Convenor:

Dr. WONG Chun-kwan, Bonnie

Members:

Dr. AU Wan-yee, Winnie

Dr. CHEN Hong

Dr. IP Fong-cheng, Francis

Dr. LAI Cing-hon, Jeffrey

Dr. MAK Siu-kuen

Dr. NG King-man, Kevin

Dr. TAM Ka-wae, Tammy

Dr. TAM Kwok-cheong, Barry

Dr. YIP Wing-yi, Michelle

Co-opt members:

Mr. TANG Tsz-wang, Van

Secretary:

Dr. WU Hin-yam, Zenith

Annex IV. Updated set of Local Indicators for monitoring the progress of hepatitis B and C elimination in Hong Kong

Updated set of Indicators & what it measures	Global targets by 2030	Data source / measurement methods	Latest local figures
1. Prevalence of chronic hepatitis B Number and proportion (out of total population) of people with chronic HBV infection (HBsAg positive)	-	Population Health Survey conducted by the DH and literature review	5.6% (2020-22) [~410 000 persons]
2. Prevalence of chronic hepatitis C Number and proportion (out of total population) of people with chronic HCV infection (HCV RNA positive)	-	Population Health Survey conducted by the DH and literature review	0.23% (2020-22) [~17 000 persons]
3. Coverage of timely hepatitis B birth dose vaccine Proportion of newborns who have benefitted from timely birth dose of hepatitis B vaccine (within 24 hours)	≥ 90%	Statistics on the administration of hepatitis B vaccine birth dose, regularly collected by the DH	99.0% (2024)
4. Coverage of third-dose hepatitis B vaccine among infants Proportion of infants (younger than 12 months of age) who received the third dose of hepatitis B vaccine	≥ 90%	Immunisation Coverage Survey conducted by the DH as proxy	Children aged 3 - 5: 99.9% (2024)
5. Coverage of hepatitis B testing among pregnant women (new indicator) Proportion of pregnant women who were tested for HBsAg during pregnancy	≥ 90%	Statistics on antenatal screening regularly collected by the DH	99.8% (2023)

Updated set of Indicators & what it measures	Global targets by 2030	Data source / measurement methods	Latest local figures
6. Coverage of antiviral therapy among eligible HBsAg-positive pregnant women (new indicator) Proportion of pregnant women attending antenatal care services who received antiviral drugs (for prophylaxis or treatment) according to national policy, in accordance with WHO guidelines	$\geq 90\%^1$	Clinical, laboratory and prescription records in the HA	96.8% (2024) *
7. Coverage of opioid agonist maintenance treatment among people who inject drugs (PWID) (new indicator) Percentage of PWID who are opioid dependent receiving opioid agonist maintenance therapy, measured at the service provider level	$\geq 40\%^2$	Statistics on the attendance to methadone clinics	97.8% (2024) *
8. Proportion of people with chronic hepatitis B who have been diagnosed Number of people with chronic HBV infection who have been diagnosed, divided by the estimated number of people with chronic HBV infection	$\geq 90\%$	Population Health Survey conducted by the DH, estimation from clinical and laboratory records in the HA and pilot programme statistics from (PHCC)	61.6% (2020-22) ³

* Provisional figures

1. For countries/ regions with targeted timely hepatitis B birth-dose vaccine or without universal timely hepatitis B birth-dose vaccine
2. Measured at population level
3. Estimated based on the results of Population Health Survey 2020-22.

Updated set of Indicators & what it measures	Global targets by 2030	Data source / measurement methods	Latest local figures
9. Proportion of people with chronic hepatitis C who have been diagnosed Number of people with chronic HCV infection who have been diagnosed, divided by the estimated number of people with chronic HCV infection	$\geq 90\%$	Population Health Survey conducted by the DH and estimation from clinical, laboratory and prescription records in the HA	75.1% (2024) * ⁴
10. Proportion of people diagnosed with chronic hepatitis B initiating treatment (new indicator) Treatment coverage for people with hepatitis B among those eligible	$\geq 80\%$	Clinical, laboratory and prescription records in the HA	93.7% (2024) ⁵ *
11. Proportion of people with chronic hepatitis B currently receiving treatment of those eligible Treatment coverage for people with hepatitis B among those eligible, taking into account retention and attrition status by the end of the reporting period	-	Clinical, laboratory and prescription records in the HA	87.3% (2024) ⁵ *
12. Proportion of people diagnosed with chronic hepatitis C initiating treatment Treatment coverage for people with hepatitis C among those eligible	$\geq 80\%$	Clinical, laboratory and prescription records in the HA	76.4% (2024) ⁵ *

* Provisional figures

4. Provisional figure estimated based on the cumulative number of alive patients ever diagnosed with HCV in the HA as at the end of 2023 based on either laboratory testing results, pre-defined drug prescription or diagnosis coding, and the prevalence of HCV infection (anti-HCV positive) derived from the results of Population Health Survey 2020-22. While the numerator is an underestimate of the overall situation in Hong Kong, the indicator is not comparable with the diagnosis rate derived from the results of PHS 2020-22.
5. Provisional figures are estimated based on patients in the HA only, and may not be representative of the whole territorial situation.

Updated set of Indicators & what it measures	Global targets by 2030	Data source / measurement methods	Latest local figures
13. Proportion of people with chronic hepatitis B with annual follow-up among those not initiating treatment (new indicator) Number of people diagnosed with chronic HBV infection and not initiating antiviral therapy who have annual follow-up, divided by the number of people with chronic HBV infection not initiating treatment	-	Clinical, laboratory and prescription records in the HA and pilot programme statistics from PHCC	45.5% (2024) ^{5,6*}
14. Proportion of treatment attrition among people with chronic hepatitis B in the reporting year (new indicator) Proportion of people with chronic HBV infection receiving antiviral therapy at the end of the last reporting period and those newly initiating antiviral therapy during the current reporting period who were not receiving antiviral therapy at the end of the reporting period	-	Clinical, laboratory and prescription records in the HA	3.8% (2024) ^{5*}
15. Proportion of people with chronic hepatitis C treated and achieving cure Proportion of people with chronic HCV infection cured among those initiated treatment and were assessed for sustained viral response at week 12	-	Clinical, laboratory and prescription records in the HA	97.4% (2023) ^{5*}

* Provisional figures

6. This indicator reflects the proportion of patients followed up in the HA among those alive and ever diagnosed with HBV in the HA as at 31 Dec 2024, without any antiviral prescription from 2022 to 2024. Note that patients diagnosed in the HA but later followed up by private practitioners are not captured in HA records.

Updated set of Indicators & what it measures	Global targets by 2030	Data source / measurement methods	Latest local figures
16. Proportion of people with chronic hepatitis B treated and achieving HBV DNA viral suppression Proportion of people with chronic HBV infection on treatment for at least one year having undetectable HBV DNA in the past 12 months	-	Clinical, laboratory and prescription records in the HA	96.2% (2023) ^{5 *}
17. Incidence of hepatitis B (HBsAg prevalence among children five years and younger) Proportion of children five years or younger with serological evidence of past or present chronic HBV infection	≤ 0.1% HBsAg prevalence among children aged ≤ 5	Mathematical modelling with inputs from surveys, programme statistics and published studies	< 0.1% (2022) ⁷
18. Incidence of hepatitis C Estimated number of new HCV infections per 100 000 population and per 100 PWID per year	≤ 5 per 100 000 population; ≤ 2 per 100 PWID	Mathematical modelling with inputs from surveys, programme statistics and published studies	4.45 per 100 000 population (2020); 1.58 per 100 PWID (2022) ⁸
19. Mother-to-child-transmission rate of HBV (new indicator) Proportion of HBsAg-positive infants among the births to women with chronic HBV infection in the previous 12 months	≤ 2% ⁹	Statistics on clinical outcomes obtained from the post-vaccination serologic testing programme, regularly collected by the DH	0.2% (2024)

* Provisional figures

7. Lancet Gastroenterol Hepatol 2023; 8(10):879-907.

8. Int J Infect Dis 2025; 152 Suppl: 107482.

9. For settings using targeted timely hepatitis B birth-dose vaccine, and not applicable to Hong Kong

Updated set of Indicators & what it measures	Global targets by 2030	Data source / measurement methods	Latest local figures
20. Deaths from hepatocellular carcinoma, cirrhosis and chronic liver diseases attributable to chronic hepatitis B and C Number of deaths attributable to hepatitis B and C per 100 000 population (total population)	≤ 6 per 100 000 population per year (combined hepatitis B and C)	Review of death statistics in the DH to identify related deaths; review respective clinical and laboratory records in the HA to estimate the attributable fraction to HBV and HCV infection	Hepatitis B: 11.16 per 100 000 population (2024) *; Hepatitis C: 1.97 per 100000 population (2024) ¹⁰ *

* Provisional figures

10. Provisional figure estimated based on the registered deaths of selected liver diseases in 2024 (provisional figure) and their attributable fraction to HBV and HCV infection found in a review exercise on deaths on 2020.