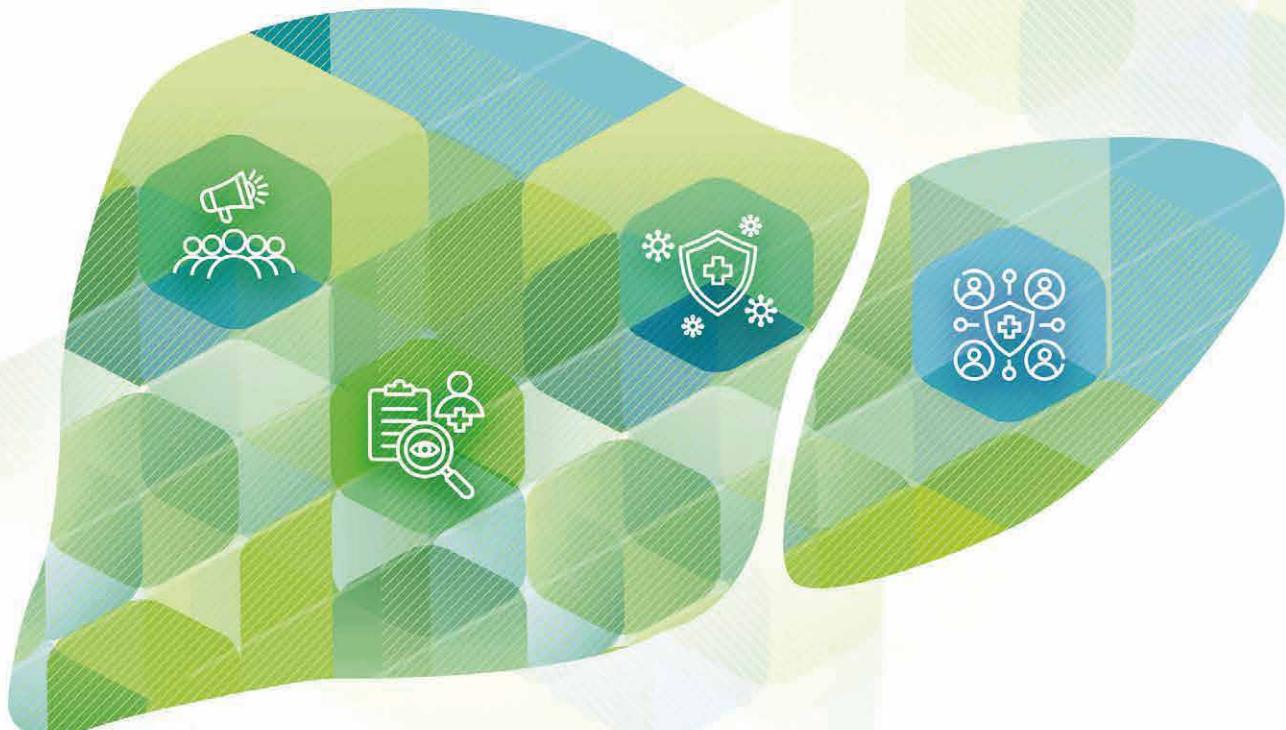


# HONG KONG VIRAL HEPATITIS ACTION PLAN 2025 - 2030



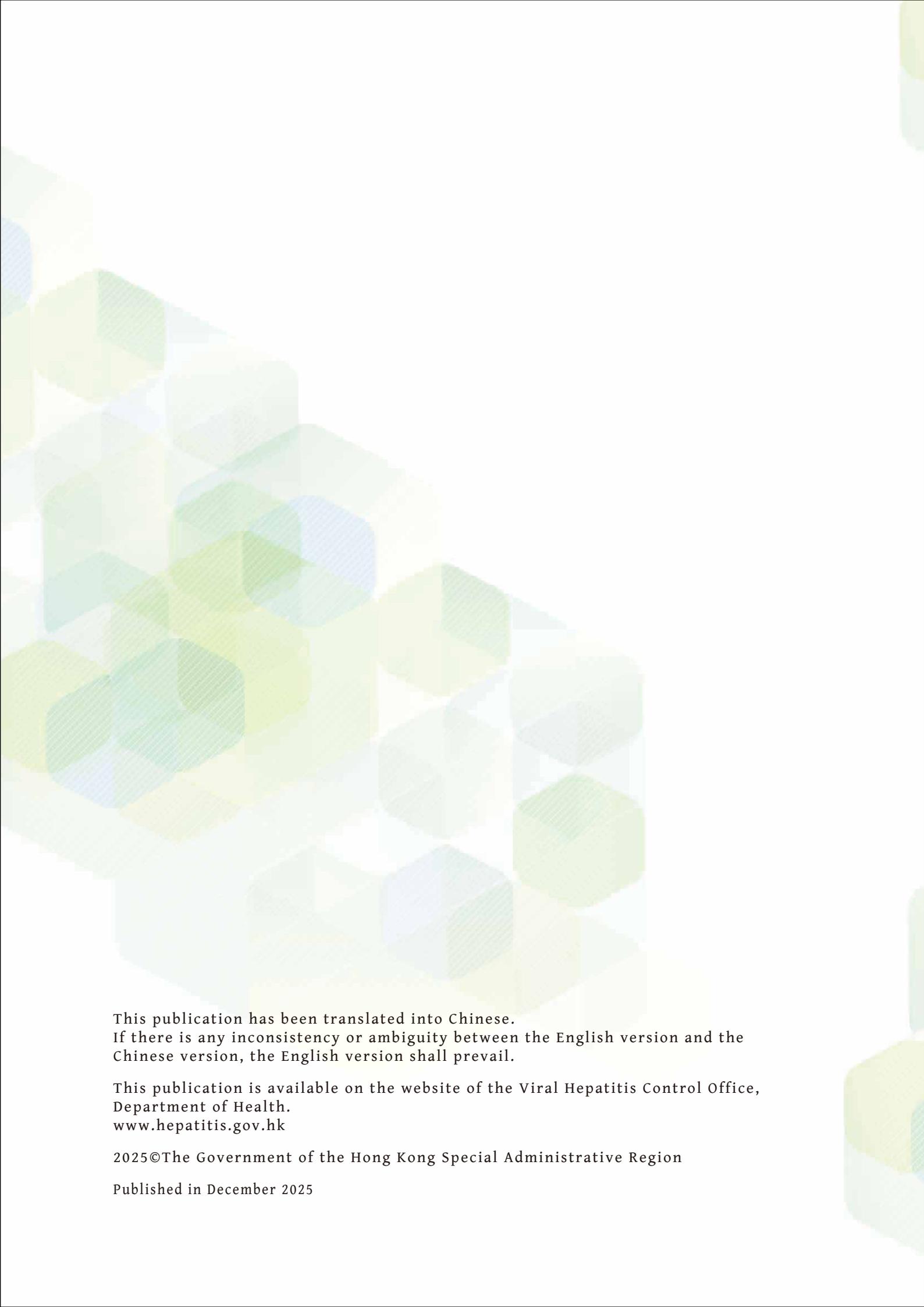
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# Foreword

**Professor Chung-mau LO, BBS, JP**  
**Secretary for Health**



Having actively engaged in clinical practice, teaching and scientific research in hepatobiliary surgery for more than three decades, the elimination of viral hepatitis holds a special place in my heart.

I am thrilled to see the publication of the Hong Kong Viral Hepatitis Action Plan 2025-2030, which builds on the significant progress made under the previous Action Plan, reaffirming our steadfast commitment to combating viral hepatitis as a public health threat in Hong Kong.

Viral hepatitis, particularly those caused by hepatitis B and C virus infections, can lead to severe liver diseases, including cirrhosis and liver cancer. As derived from the Population Health Survey 2020-22, there are approximately 410 000 people (about 5.6% of the Hong Kong population) living with chronic hepatitis B and 17 000 with chronic hepatitis C. Liver cancer is the fifth most common cancer and the third leading cause of cancer deaths in Hong Kong, accounting for approximately 1600 new cases and claiming the lives of more than 1400 citizens each year. More than 80% of the primary liver cancer cases were related to infection with hepatitis B and hepatitis C virus.

The Government of the Hong Kong Special Administrative Region is determined to eliminate the public health threats posed by viral hepatitis through implementing comprehensive and timely interventions. The implementation of the universal neonatal hepatitis B vaccination programme in 1988 has significantly reduced the prevalence of hepatitis B in the younger generation to less than 1%. Meanwhile, the use of maternal antiviral prophylaxis and post-vaccination serologic testing were introduced in 2020 and 2022 respectively, further strengthening our mother-to-child transmission prevention effort to realise a hepatitis B-free generation.



Despite these advancements, a significant portion of our local population with hepatitis B remains undiagnosed or unlinked to care. The latest reform of primary care in Hong Kong presents a timely opportunity to enhance hepatitis B screening. This Action Plan emphasises the importance of expanding access to hepatitis B testing, particularly in primary care and community settings, to ensure early diagnosis and timely interventions and treatments.

Aligned with the *Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030* published by the World Health Organization, this Action Plan outlines four strategic axes, namely raising awareness, tracking health sector response, preventing new infections, and expanding access to screening, care, and treatment. These strategies aim to bridge existing gaps and ensure access to appropriate care, treatment and support for all individuals at risk of or living with viral hepatitis.

Achieving these goals demands collaboration across sectors. We called for unified efforts from government agencies (including the Hospital Authority), academia, and community-based organisations, to drive systematic improvements and meet the WHO's targets.

I extend my heartfelt gratitude to the Steering Committee on Prevention and Control of Viral Hepatitis and all the partners involved in the development and implementation of this Action Plan. Your unwavering commitment and tireless efforts are crucial to our continued success.

Let us continue to work together towards eliminating viral hepatitis and safeguarding public health.

# Preface

**Dr. Ronald Man-kin LAM, JP**  
**Director of Health**



It is my privilege to introduce the Hong Kong Viral Hepatitis Action Plan 2025-2030. This comprehensive strategy embodies the steadfast commitment of the Government and the wider health sector to confronting the significant public health challenges posed by viral hepatitis, particularly hepatitis B and C, within our community.

Decades of dedicated effort have yielded substantial progress in mitigating mother-to-child transmission (MTCT) of the hepatitis B virus (HBV), which is the primary driver of hepatitis B prevalence in Hong Kong. The universal adoption of antenatal screening, neonatal hepatitis B vaccination, and administration of hepatitis B immunoglobulin to at-risk newborns since the 1980s has achieved a remarkable reduction in prevalence—from exceeding 10% in earlier eras to 5.6% during 2020-22 in the general population. Notably, the prevalence is even lower than 1% among the younger generation born after the implementation of universal neonatal hepatitis B vaccination programme in 1988. Building decisively upon this foundation, initiatives launched under our previous action plan—namely maternal antiviral prophylaxis and post-vaccination serologic testing—have brought us measurably closer to the aspirational goal of a hepatitis B-free generation.

Notwithstanding these advances, hepatitis B remains a prevalent condition, affecting an estimated 410 000 individuals in Hong Kong. Left unmanaged, chronic infection can progress to cirrhosis and hepatocellular carcinoma, imposing a considerable burden on both individuals and our healthcare infrastructure. It is therefore imperative that we enhance screening efforts to identify undiagnosed cases within the community and ensure seamless linkage to appropriate medical care for all diagnosed individuals.





This Action Plan is meticulously aligned with the World Health Organization's (WHO) global strategy for the elimination of viral hepatitis. It articulates a focused approach across four strategic axes: heightening awareness, tracking health sector response, preventing new infections, and expanding access to screening, care, and treatment. A cornerstone initiative involves the strategic introduction of a risk-based hepatitis B testing programme in primary care and community settings, leveraging the proven momentum and invaluable experience gained from recent enhancements to focused risk-based testing in selected Department of Health clinical services.

The successful realisation of this Plan hinges fundamentally on collaboration. We call upon the concerted efforts of the Government, the Hospital Authority, academic institutions, and our indispensable community stakeholders to advance collectively towards the shared global ambition of eliminating viral hepatitis as a public health threat by 2030.

I extend my profound gratitude to the Steering Committee on Prevention and Control of Viral Hepatitis and all partners whose expertise and dedication were instrumental in formulating this critical Action Plan. Your unwavering commitment is essential to securing a future for Hong Kong unburdened by the public health threat of viral hepatitis.



**Dr. Libby Ha-yun LEE**  
**Chief Executive, Hospital Authority**

The launch of the Hong Kong Viral Hepatitis Action Plan 2025-2030 marks a significant milestone in our ongoing efforts to combat viral hepatitis. Reflecting on the progress made since the implementation of the first Action Plan (2020-2024), our strategies—raising awareness, enhancing surveillance, promoting prevention, and expanding access to treatment—have laid a strong foundation for addressing the public health challenges posed by viral hepatitis in Hong Kong. Through the concerted efforts of the Hospital Authority (HA), the Department of Health, and our partners across the public and private sectors, we have made remarkable strides towards realising the vision of a hepatitis-free future.

Preventing mother-to-child transmission remains a key priority in our endeavour to achieve a hepatitis B-free generation. Since August 2020, the HA has provided comprehensive assessments and antiviral prophylaxis to eligible pregnant women with hepatitis B infection, achieving consistently high acceptance rates. This initiative builds on existing preventive measures and further reduces the risk of hepatitis B transmission to newborns. In September 2023, the publication of comprehensive information resources provided primary care physicians with practical guidance on managing stable adult patients with chronic hepatitis B. This step strengthens the role of primary care physicians in the continuum of care and empowers them to deliver patient-centred care to individuals with chronic hepatitis B. It also enhances Hong Kong's capacity to scale up the management of viral hepatitis. Moreover, the HA has launched targeted programmes to identify patients with chronic hepatitis C, ensuring they receive timely and effective treatment. This initiative brings us closer to eliminating hepatitis C in Hong Kong.

Building on these successes, the second Action Plan introduces refined strategies and priority interventions to accelerate progress towards eliminating viral hepatitis as a public health threat. Together with our partners and stakeholders, we are confident that this next phase will pave the way for a healthier Hong Kong that is free from chronic viral hepatitis.

# Executive Summary

Viral hepatitis remains a significant public health issues locally and globally. In 2022, viral hepatitis caused an estimated 1.3 million deaths worldwide, while the number of people living with hepatitis B (HBV) and C virus (HCV) reached 254 million and 50 million respectively. As derived from the results of Population Health Survey 2020-22 conducted by the Department of Health, the prevalence of HBV and HCV infection in the general population in Hong Kong was 5.6% and 0.23% respectively, amounting to about 410 000 people with hepatitis B and 17 000 people with hepatitis C. Without treatment, chronic infection with HBV and HCV can lead to cirrhosis and liver cancer, which is the fifth commonest cancer and the third leading cause of cancer deaths in Hong Kong. The latest statistics from Hong Kong Cancer Registry found that more than 80% of the primary liver cancer cases were related to HBV and HCV infection.

The Hong Kong Government has long attached great importance to tackling the public health burden posed by viral hepatitis. Back in the 1980s, a series of interventions have been introduced to prevent the mother-to-child transmission (MTCT) of HBV. In particular, the universal neonatal immunisation programme launched in 1988 has effectively reduced the prevalence of HBV infection in the younger generation in Hong Kong nowadays. The effort on prevention and control of viral hepatitis was further stepped up following the establishment of the Steering Committee on Prevention and Control of Viral Hepatitis in July 2018 and the formulation of the first Hong Kong Viral Hepatitis Action Plan 2020 - 2024 in October 2020. The key initiatives of using antivirals to prevent MTCT of HBV, post-vaccination serologic testing and expansion of access to direct-acting antivirals for HCV treatment have all contributed significantly to further reduction of the local burden from HBV and HCV infection.

This Action Plan is formulated to carry forward the achievements and progress made in the Action Plan 2020 - 2024 and continue the effort on viral hepatitis elimination. As outlined in the latest Global Health Sector Strategies for 2022 - 2030, the World Health Organization (WHO) has updated a set of global impact and service coverage targets to be reached by 2030 for eliminating the public health threat of viral hepatitis. These include a diagnosis and treatment coverage for viral hepatitis at 90% and 80% respectively, as well as some specific targets for both the incidence (hepatitis B: < 0.1% prevalence of hepatitis B

surface antigen among children aged below 5; hepatitis C:  $\leq 5$  per 100 000 in the general population and  $\leq 2$  per 100 among people who inject drugs) and mortality (combined hepatitis B and C:  $\leq 6$  per 100 000).

This Action Plan aligns with these updated WHO's global targets and shares the same vision and goals as the previous Action Plan, with a view to eliminating viral hepatitis as a public health threat in Hong Kong -

### **Vision**

- where new viral hepatitis infections have ceased, and where everyone with chronic viral hepatitis has access to effective and affordable care and treatment

### **Goals**

- reducing transmission of viral hepatitis, as well as morbidity and mortality due to viral hepatitis, especially liver cancer

This Action Plan adopts four strategic axes, which are developed to demonstrate an evolving strategy and a broadened scope of actions following the successful implementation of the previous Action Plan, as well as taking reference from the latest local and international developments in the prevention and control of viral hepatitis. Priority actions in each axis to be carried out in 2025 - 2030 for progressing towards the WHO targets of viral hepatitis elimination are laid down as follows.

### **Strategy 1: Heightening Awareness**

- Awareness campaign for the general population
- Education for key populations, patients and their service providers
- Professional training for healthcare workers
- Building a supportive environment

## Strategy 2: Tracking Health Sector Response

- Estimation of the burden due to chronic viral hepatitis
- Monitoring the trends of viral hepatitis
- Measurement for the Local Indicators
- Validation of prevention and control measures

## Strategy 3: Preventing New Infections

- Ongoing preventive measures to stop MTCT of HBV, including antenatal screening, vaccinations, maternal antiviral prophylaxis and post-vaccination serologic testing
- Prevention of healthcare-related transmission of HBV and HCV
- Reduction of risk and disease burden in key populations

## Strategy 4: Expanding Access to Screening, Care and Treatment

- Enhanced risk-based testing services for viral hepatitis
- Enhanced management of adults with chronic hepatitis B in primary care
- Macro-elimination of HCV in patients under care
- Promotion of HCV testing and linkage to care among people who inject drugs

This Action Plan outlines specific actions for the Department of Health, Hospital Authority, Primary Healthcare Commission and other stakeholders, with milestones established for key actions. Indicators have also been developed to facilitate the monitoring and evaluation of the overall health sector responses, which endeavours to progress towards the global targets for the viral hepatitis elimination by 2030. We urge everyone to support the Action Plan and join hands to render Hong Kong free from the threat of chronic viral hepatitis.

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# Introduction



1. Viral hepatitis, an inflammatory liver disease caused by various viruses, is a significant public health challenge. Among these, infections with hepatitis B virus (HBV) and hepatitis C virus (HCV) are major contributors to liver-related morbidity and mortality worldwide, as both can lead to chronic or lifelong infection with serious and potentially fatal complications, constituting most of the disease burden associated with viral hepatitis <sup>[1]</sup>.
2. Globally, the impact of viral hepatitis remains substantial, resulting in approximately 1.3 million deaths in 2022. HBV infection accounted for 83% of these deaths, while HCV infection was responsible for 17%. During the same year, an estimated 254 million people, or 3.3% of the world's population, were living with chronic HBV infection. Concurrently, approximately 50 million people, or 0.7% of the world's population, were living with HCV infection <sup>[2]</sup>.
3. In response to this ongoing challenge, the World Health Organization (WHO) has developed updated guidance building upon the achievements and lessons learned from its 2016-2021 global health sector strategy on viral hepatitis <sup>[3]</sup>. The new 2022-2030 global health sector strategy provides a clear framework to guide national health sectors in implementing focused responses that aimed at eliminating the epidemics of viral hepatitis B and C <sup>[4]</sup>. These international frameworks establish specific global targets for both 2025 and 2030, as detailed in Table 1.

Target Areas	2025 Targets	2030 Targets
<b>Coverage targets</b>		
Hepatitis B - percentage of people living with hepatitis B diagnosed / and treated	60% / 50%	90% / 80%
Hepatitis C - percentage of people living with hepatitis C diagnosed / and cured	60% / 50%	90% / 80%
Percentage of newborns who have benefitted from a timely birth dose of hepatitis vaccine and from other interventions to prevent the vertical (mother-to-child) transmission of HBV	70%	90%
Hepatitis B vaccine coverage among children (third dose)	90%	90%
Number of needles and syringes distributed per person who injects drugs	200	300
Blood safety - proportion of blood units screened for bloodborne diseases	100%	100%
Safe injections - proportion of safe health-care injections	100%	100%
<b>Impact targets</b>		
Hepatitis B surface antigen (HBsAg) prevalence among children younger than 5 years old	0.5%	0.1%
Number of new hepatitis B infections per year	850 000 new cases 11 per 100 000	170 000 new cases 2 per 100 000
Number of new hepatitis C infections per year	1 million new cases 13 per 100 000	350 000 new cases 5 per 100 000
Number of new hepatitis C infections per year among people who inject drugs per year	3 per 100	2 per 100
Number of people dying from hepatitis B per year	530 000 deaths 7 per 100 000	310 000 deaths 4 per 100 000
Number of people dying from hepatitis C per year	240 000 deaths 3 per 100 000	140 000 deaths 2 per 100 000

Table 1. Service coverage and impact targets in Global Health Sector Strategies for HIV, viral hepatitis and sexually transmitted infections for the period 2022 - 2030

## Local situation of viral hepatitis

### Prevalence of hepatitis B and C

4. Hepatitis B has represented a persistent public health challenge in Hong Kong for decades. Historical studies published in the early 1980s documented an HBV infection prevalence of approximately 10% across our general population <sup>[5, 6]</sup>. This high burden prompted the implementation of sustained, multi-generational interventions in Hong Kong, including the screening of pregnant women for HBV during antenatal care since the 1980s, the provision of hepatitis B immunoglobulin to babies born to mothers with hepatitis B, and the introduction of a universal neonatal vaccination programme in 1988. The cumulative impact of these efforts is now evident: according to the Population Health Survey (PHS) 2020-22 <sup>[7]</sup>, the age- and sex-adjusted prevalence of HBV infection in Hong Kong has declined significantly to 5.6%. While this represents substantial progress, approximately 410 000 individuals continue to live with chronic hepatitis B infection—underscoring the critical importance of our ongoing elimination efforts.



5. The PHS 2020-22 reveals a clear generational divergence in hepatitis B burden. Among participants aged 35-84 years, HBV prevalence remains elevated at 7.8%, reflecting historical exposure patterns. In contrast, among those aged 34 or below—representing the generation born after Hong Kong introduced the universal neonatal vaccination programme in 1988—the prevalence is below 1% <sup>[7]</sup>.

6. While the prevalence of chronic HBV infection in the younger generation has been reduced to a very low level, significant care gaps persist for those who are being affected by the infection. The PHS 2020-22 revealed that nearly 40% of people with chronic HBV infection were not aware of their condition, and approximately 70% of people with chronic HBV infection did not have any medical follow-up for liver diseases <sup>[7]</sup>. These findings highlight a need to enhance both diagnosis and linkage to care, particularly among middle-aged and older adults who bear the greatest disease burden.

7. In contrast to hepatitis B, hepatitis C maintains a consistently low prevalence of 0.23% in Hong Kong's general population, affecting approximately 17 000 individuals <sup>[7]</sup>. Nevertheless, HCV infection is concentrated within specific populations. Recent studies indicate that approximately 50% of people who inject drugs (PWID)

live with active HCV infection<sup>[8, 9]</sup>. Additionally, 4.0% of people with HIV under care at the Kowloon Bay Integrated Treatment Centre of the Department of Health (DH) tested positive for the antibody against HCV (anti-HCV), a marker indicating previous exposure to HCV, at baseline screening<sup>[10]</sup>. These epidemiological patterns reflect the distinct transmission dynamics of hepatitis C infection among key populations, highlighting the need for targeted prevention and testing strategies for vulnerable subgroups.

### **Screening for hepatitis B and C**

8. Hong Kong has established multiple screening pathways for viral hepatitis, forming a robust detection infrastructure. Foundational programmes include universal antenatal hepatitis B surface antigen (HBsAg) screening and mandatory blood donor testing - longstanding measures that have safeguarded transfusion safety for decades. These efforts were strategically augmented in 2022-23 with focused risk-based testing across DH clinics, targeting high-risk populations. Concurrently, screening for hepatitis B is provided in certain clinical settings for individuals with specific indications, including those undergoing renal dialysis, receiving cytotoxic or immunosuppressive therapy, or tuberculosis treatment.
9. While these screening mechanisms provide essential coverage in clinical settings, a significant gap remains: Hong Kong lacks a territory-wide screening programme for asymptomatic individuals at elevated risk of HBV infection in the community. This limitation represents a key opportunity to strengthen the local elimination strategy through broader primary care engagement.

### **Liver cancer and viral hepatitis**

10. The impact of viral hepatitis on Hong Kong's liver cancer burden underscores the need for enhanced prevention strategies. Liver cancer is the fifth most common cancer and the third leading cause of cancer deaths locally. Hepatocellular carcinoma (HCC), the most common form of primary liver cancer, demonstrates a strong etiological link to chronic infection with hepatitis viruses. The latest statistics from the Hong Kong Cancer Registry show that the annual number of new liver cancer cases ranged between 1 612 and 1 735 from 2020 to 2023, while there were 1 408 - 1 530 liver cancer deaths registered each year during the same period<sup>[11]</sup>.
11. Notably, hepatitis B drives the majority of the liver cancer burden locally, as supported by both past studies and the latest statistics. A review of local studies showed that up to 80% of HCC cases were attributable to chronic HBV infection, while hepatitis C accounted for fewer than 10%<sup>[12]</sup>. This pattern remained consistent in 2023, with

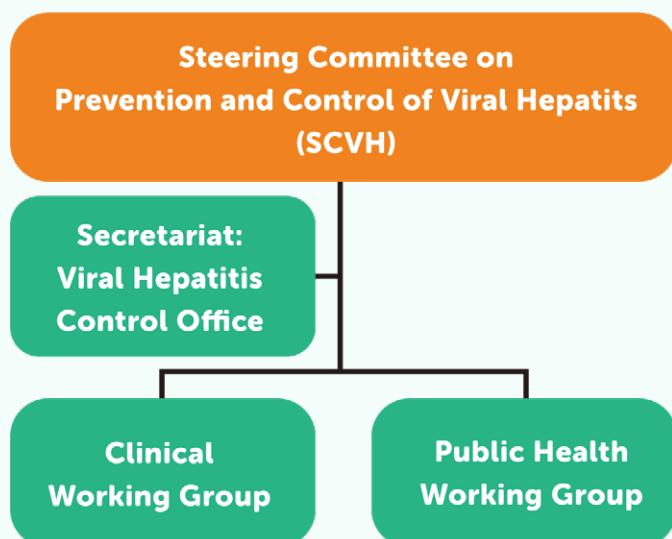
documented HBV and HCV infection identified in 74.6% and 7.8% respectively among patients with HCC<sup>[11]</sup>. In this context, the prevention and control of viral hepatitis, particularly for hepatitis B, remains a cornerstone of liver cancer prevention in Hong Kong.

## Establishment of the Steering Committee on Prevention and Control of Viral Hepatitis

12. Recognising the significant public health threat posed by viral hepatitis, the Hong Kong Government announced in the 2017 Policy Address the establishment of a dedicated steering committee to formulate comprehensive prevention and control strategies. This commitment led to the formation of the Steering Committee on Prevention and Control of Viral Hepatitis (SCVH) in July 2018. The SCVH is co-chaired by the Director of Health and the Chief Executive of the Hospital Authority. Its membership, appointed by the Secretary for Health, includes representatives from academia, experts across various medical specialties, alongside officials from the Health Bureau, the Centre for Health Protection of the DH, and the Hospital Authority (HA). The full membership is detailed in Annex I.

13. The SCVH holds primary responsibility for reviewing both local and international developments pertaining to viral hepatitis prevention and control. It advises the Government on overall policies, targeted strategies, and effective resource allocation in this area. Furthermore, the SCVH is tasked with conducting and coordinating the monitoring and evaluation of actions implemented under the Viral Hepatitis Action Plan.

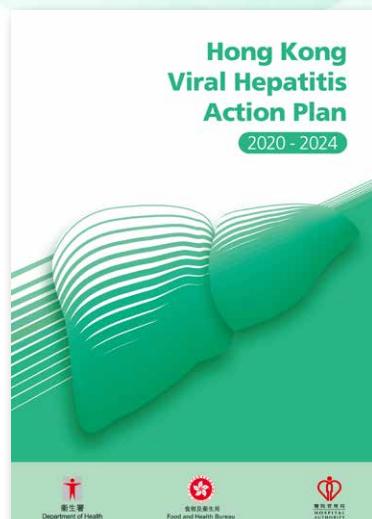
14. To support the execution of the Action Plan, two working groups operate under the SCVH. The Public Health Working Group is convened by the Consultant of the Viral Hepatitis Control Office of the DH, while the The Clinical Working Group is convened by the Chief Manager (Quality and Standards) of the HA. The terms of reference and membership of the working groups are outlined in Annexes II and III respectively.



## Implementation and achievements of Hong Kong Viral Hepatitis Action Plan 2020 - 2024

15. With valuable advice from the SCVH, the ***Hong Kong Viral Hepatitis Action Plan 2020 - 2024*** (*the Action Plan 2020 - 2024*) was launched in October 2020<sup>[13]</sup>, marking Hong Kong's first action plan on viral hepatitis. With reference to the framework for global actions as laid down in *Prevention and Control of Viral Hepatitis Infection: Framework for Global Action* published by the WHO<sup>[14]</sup>, the *Action Plan 2020 - 2024* adopted four strategic axes, including -

- (a) Raising awareness;
- (b) Enhancing surveillance;
- (c) Promoting prevention; and
- (d) Expanding access to treatment.



16. Hong Kong has achieved measurable progress in viral hepatitis control between 2020 and 2024 through systematic implementation of actions under these four strategic axes. These efforts have established a strong foundation for advancing towards the WHO's 2030 elimination targets.

### Raising awareness

17. Hong Kong sustained a comprehensive public education campaign throughout 2020-2024, anchored by annual World Hepatitis Day (WHD) observances featuring specific themes endorsed by the SCVH (Table 2). These campaigns disseminated prevention messages through diverse channels including social media, radio interviews, newspaper features, and public transportation advertisements. Collaborative outreach with District Health Centres (DHCs) enabled 30 community health education sessions engaging more than 20 000 residents.

18. For healthcare professionals, the DH launched an accredited online iContinuing education (iCE) platform in June 2021, offering five specialised modules that trained over 700 doctors and nurses by 2024. Educational materials were reviewed and updated to reflect the latest clinical evidence and education needs of the target populations, supporting the implementation of initiatives outlined in *the Action Plan 2020 - 2024*. Over the past five years, a total of nine pamphlets were revised or newly produced and distributed in both physical and digital formats across healthcare facilities. The Viral Hepatitis Control Office website ([www.hepatitis.gov.hk](http://www.hepatitis.gov.hk)) underwent

regular updates to serve as an information hub, providing up-to-date guidelines and resources for professionals and the public.

Year	Theme
2020	Hepatitis B causes cancer Make check-up regular 乙肝無聲致肝癌 定期檢查就最啱
2021	Stop mother-to-child transmission to realise a hepatitis B-free generation 斷絕乙肝母嬰傳播 實現無乙肝新一代
2022	Hepatitis B can cause cancer Get tested and treated early 乙肝無聲致肝癌 及早檢測及早醫
2023	Test hepatitis B Save your life 驗乙肝 救你命
2024	Managing hepatitis B for healthy living 治理乙肝 保障健康

Table 2. Yearly theme for World Hepatitis Day

### Enhancing surveillance

19. The PHS 2020-22 conducted by the DH was the first in this series of territory-wide surveys to assess the viral hepatitis status of the Hong Kong population. Seroprevalence data from over 2 000 health examination participants suggested that there were approximately 410 000 people living with chronic hepatitis B (5.6%) and 17 000 with viraemic hepatitis C (0.23%) in Hong Kong. Critically, the survey revealed care gaps: 40% of people with hepatitis B were undiagnosed, while 70% received no medical follow-up.
20. To systematically evaluate the gaps in the prevention and control of viral hepatitis and measure progress towards elimination goals, a set of 12 Local Indicators was developed. This Indicator set facilitates the standardised tracking of essential metrics, such as diagnosis rates, treatment coverage, and mortality impacts, thereby strengthening our surveillance and data collection mechanisms. The latest measurement of these 12 Local Indicators, with the respective WHO's global targets by 2030, is provided in Table 3.

Local Indicator	WHO targets by 2030	Latest local figures
Prevalence of chronic HBV infection	-	5.6% (2020-22)
Prevalence of chronic HCV infection	-	0.23% (2020-22)
Coverage of timely hepatitis B vaccine birth dose (within 24 hours) and other interventions to prevent MTCT of HBV	90%	99.0% (2024)
Coverage of third dose of hepatitis B vaccine among infants	90%	Children aged 3-5: 99.9% (2024)
People living with HBV and/or HCV diagnosed	90%	HBV: 61.6% (2020-22); HCV: 75.1% (2024) *#^
Treatment coverage for hepatitis B patients	80%	87.3% (2024) *#^
Treatment initiation for hepatitis C patients	80%	76.4% (2024) *#^
Viral suppression for chronic hepatitis B patients treated	-	97.4% (2023) *#
Cure for chronic hepatitis C patients treated	-	96.2% (2023) *#
Cumulative incidence of HBV infection in children 5 years of age (i.e. HBsAg prevalence of those aged below 5)	< 0.1%	< 0.1% (2022)
Incidence of HCV infection	General population: ≤ 5 per 100 000; PWID: ≤ 2 per 100	4.45 per 100 000 population (2020); 1.58 per 100 PWID (2022)
Deaths attributable to HBV and HCV infection	≤ 6 per 100 000	HBV: 11.16 per 100 000 population *; HCV: 1.97 per 100 000 population *

Table 3. Latest measurement of the 12 Local Indicators as established in *the Hong Kong Viral Hepatitis Action Plan 2020 - 2024*

\* Provisional figures

# Provisional figures are estimated based on patients in the HA only, and may not be representative of the whole territorial situation.

^ 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.

+ Provisional figures are estimated based on patients assessed for treatment eligibility in the HA only, and may not be representative of the whole territorial situation.

## Promoting prevention

21. Preventing mother-to-child transmission (MTCT) of HBV remains a priority for Hong Kong, as this transmission pathway contributes significantly to the prevalence of chronic infection locally. Substantial progress has been made towards realising a hepatitis B-free generation through the implementation of a universal neonatal vaccination programme and other MTCT prevention measures since the 1980s, further enhanced by initiatives introduced in *the Action Plan 2020-2024*.
22. The use of maternal antiviral prophylaxis to prevent MTCT of HBV was initially piloted in selected hospitals and has been fully implemented across all eight HA birthing hospitals in August 2020. Following universal antenatal screening for HBsAg, pregnant women with high HBV viral loads (HBV DNA  $>200\ 000$  IU/mL) are systematically identified. These women are referred to hepatology clinics and dedicated nurse-led clinics for assessment, counselling, and initiation of antiviral prophylaxis by the third trimester. From August 2020 to December 2024, 3 796 pregnant women who tested positive for HBsAg underwent further evaluation. Among the 549 women (14.5%) identified with high viral loads, 524 (95.4%) attended physician consultations, and 489 (93.3% of attendees) received antiviral treatment.
23. In addition, the post-vaccination serologic testing (PVST) programme was introduced in January 2022 for infants born to HBsAg-positive mothers, demonstrating strong inter-departmental collaboration in protecting our newborns from HBV infection. The DH (Family Health Service and Public Health Laboratory Services Branch) and the HA worked together to provide accessible phlebotomy services for infants at higher risk of HBV infection, after completion of the primary series of hepatitis B vaccination. Acceptance of PVST has increased markedly, rising from 78.0% in 2022 to 95.1% in 2024. Between January 2022 and December 2024, 2 806 babies joined the PVST programme, which identified 2 666 (95.0%) as sero-protected. The programme also found 131 (4.7%) babies showing inadequate initial immune response, requiring re-vaccination, and 9 (0.3%) babies with HBV infection necessitating referral to specialist paediatric care. These coordinated efforts represent significant strides in our road to eliminating MTCT of HBV and advancing Hong Kong's goal of a hepatitis B-free generation.

24. Among the eight mothers whose babies were infected with HBV (including one set of twins), several underlying factors were identified. Three mothers were unaware of their eligibility for antiviral prophylaxis, as they received antenatal care either before the implementation of the prophylaxis programme or outside the HA. One mother had an HBV DNA level below the threshold for prophylaxis. One mother self-discontinued long-term antiviral treatment during pregnancy. Three mothers who were eligible for antiviral prophylaxis either refused treatment or did not adhere to the regimen. These findings underscore the critical role of maternal antiviral prophylaxis in minimising the residual risk of HBV transmission in Hong Kong.

### **Expanding access to treatment**

25. Effective antiviral therapies are now available to treat chronic HBV infection and cure HCV infection, and ensuring access to these treatments is crucial for reducing the local morbidity and mortality burden related to viral hepatitis. Since the launch of *the Action Plan 2020-2024*, a series of initiatives have been implemented by the DH and the HA to expand access to viral hepatitis treatment. These include the focused risk-based testing initiative in the DH, enhancement of hepatitis B management capacity through the pilot implementation of a collaborative care model in selected HA clusters and expanded access to direct-acting antiviral (DAA) therapy for all patients with HCV infection.

26. Having considered the WHO recommendations, local situation and international experience, the SCVH in the term 2021-2024 recommended focused risk-based testing for six priority populations at higher risk of HBV infection to start scaling up HBV screening and pave the way to population-based screening in Hong Kong. These six priority populations included PWID, people in prisons and other closed settings, men who have sex with men (MSM), sex workers, people with HIV, and family members (including parents, siblings and offspring) and sexual partners of people with hepatitis B. For the first five priority populations, concomitant hepatitis C testing should be offered.

27. Following these recommendations, the DH has been enhancing the focused risk-based testing service for viral hepatitis for people at a higher risk of HBV infection in its Services. With effect from April 2022, all MSM and sex workers attending Social Hygiene Clinics of the DH are offered HBV screening as part of the comprehensive screening for sexually transmitted infections (STI). With effect from July 2023, the DH has launched risk-based viral hepatitis screening services at its Elderly Health Service (EHS), Woman Health Service (WHS), Families Clinics and methadone clinics.

28. As of the end of 2024, more than 65 000 health assessments were conducted to determine the need for hepatitis B testing in EHS, WHS and Families Clinics, and around 10% of them were offered hepatitis B testing as indicated by an increased risk of HBV infection (i.e. having family members or sexual partners with hepatitis B). Acceptance rate was generally exceeding 90%, with an HBsAg positivity rate of 3%. For other priority groups due to behavioural risks, the prevalence of hepatitis virus infection varied, ranging from 1.0% in MSM to 10.0% in sex workers for HBsAg and from 0.6% in sex workers to 69.7% in PWID for anti-HCV. In short, the focused risk-based testing initiative provided valuable experience in planning risk-based testing for viral hepatitis in Hong Kong.
29. To address capacity constraints in specialist care and enhance the long-term sustainability of managing Hong Kong's substantial population with chronic hepatitis B (CHB), a collaborative care model was developed. This initiative recognises that stable CHB cases can be effectively managed in primary care settings with appropriate guidance and support.
30. Building on this approach, the HA has piloted a collaborative care model for hepatitis B management in phases across six clusters since January 2023. The model incorporates clinical guidance and referral pathways between Medicine and Family Medicine units, enabling family physicians to manage people with stable CHB, while those with complex conditions generally require specialist care. From the launch of the pilot programme to June 2025, 966 individuals with CHB have received follow-up care under Family Medicine units, with positive feedback reported from both patients and healthcare providers. This structured collaboration has demonstrated the feasibility of decentralised CHB care, providing valuable insights for expanding primary care engagement to achieve WHO treatment targets.
31. Based on experience gained from the HA's pilot programme, information resources were developed to support primary care physicians in managing adult patients with stable CHB. The guidance document, *Management of Adult Patients with Chronic Hepatitis B in Primary Care*, was published in September 2023 and made available on the Viral Hepatitis Control Office website to facilitate territory-wide promulgation among primary care physicians.

32. A significant advancement in hepatitis C management occurred with the introduction of highly effective DAA therapy, which achieves cure rates exceeding 95%. Despite substantial medication costs, universal access to DAA therapy was ensured through the expansion of the HA Drug Formulary in October 2020, extending coverage to all adults with HCV infection. By 2023, micro-elimination initiatives were completed, with the majority of patients receiving dialysis or living with HIV co-infection proactively screened for HCV infection and treated with DAAs where indicated.
33. Complementing the micro-elimination initiative, a system-wide case-finding programme was launched in the HA in 2021 to identify patients who had ever tested positive for HCV infection, based on their HA health records. By the end of 2024, the HA had identified 16,306 individuals in records dating back to 1997 who had ever had HCV infection, either a past or current infection. Clinical review was completed for over 90% of these cases, and dedicated efforts have been made to contact all individuals requiring further management and to initiate antiviral treatment where indicated. Of those identified, nearly 14 000 individuals have ever undergone viral load testing, 9 000 have had documented viraemia, and 7 000 have received antiviral treatment. Cases were closed in the event of resolved infections, treatment refusal, medical unsuitability, patient death, or unsuccessful contact attempts. As of December 2024, around 1 000 cases remained to be reviewed or followed up, with completion expected by 2026. Between 2020 and 2024, a total of 5 914 patients received DAA treatment in the HA, with annual numbers ranging from 984 to 1 552.

## Progress toward Elimination

34. As summarised in Table 4, actions set out in *the Action Plan 2020 - 2024* have all been completed as scheduled. While these developments have established essential infrastructure for progress towards the WHO targets, significant challenges remain. These include reaching the large proportion of the local population with CHB who remain undiagnosed or unlinked to care, and expanding primary care capacity for hepatitis B testing and management beyond current coverage levels. These priorities will inform the next phase of action towards viral hepatitis elimination in Hong Kong.

Expected Outcomes by 2024		Action Party	Progress
<b>Strategy 1: Awareness</b>			
<b>1.1: Awareness campaign for the general population</b>			
1.1.1	Revamp the website of Viral Hepatitis Control Office to provide up-to-date information and to improve user experience	DH	Completed in March 2020
1.1.2	Review and update the information of the website of Viral Hepatitis Control Office	DH	Ongoing
1.1.3	Define yearly themes of awareness campaign across the territory	SCVH	Completed
1.1.4	Establish the yearly theme for 2023 - 2024	DH	Completed in November 2022
1.1.5	Launch enhanced awareness campaign, involving Kwai Tsing District Health Centre	DH & DHC	Ongoing since 2020 Q3
<b>1.2: Professional training for healthcare workers</b>			
1.2.1	Conduct professional training programmes with the KAP assessment by phases, starting for obstetricians and midwives and extending to other groups of healthcare workers under the similar framework	HA, DH & constituent Colleges of Hong Kong Academy of Medicine	KAP survey completed in 2020; ongoing online iContinuing Education since June 2021

Expected Outcomes by 2024		Action Party	Progress
<b>1.3:</b>	<b>Education targeting at-risk populations, patients and their service providers</b>		
1.3.1	Develop focused education materials for pregnant women about preventive strategies of perinatal HBV transmission	DH & HA	Completed in January 2020
1.3.2	Integrate education on safe injection and safer sex practices for prevention of HBV and HCV infection with HIV prevention programme	DH	Ongoing
1.3.3	Develop standardised training and education materials on HCV infection for service providers of PWID	DH, HA & NGOs	Ongoing since May 2021
<b>1.4:</b>	<b>Building a supportive environment</b>		
1.4.1	Enhance service capacity of testing and treatment for HBV and HCV infection	DH & HA	Ongoing with focused risk-based testing in DH settings enhanced since April 2022
1.4.2	Evaluate HBV- and HCV-related service in the public sector to provide useful statistics and support the longer term planning and capacity building	HA	Ongoing

## Strategy 2: Surveillance

2.1	Continue surveillance of viral hepatitis and hepatitis B vaccination coverage	DH	Ongoing
2.2	Develop a set of local indicators for monitoring and evaluation of the viral hepatitis elimination strategies for HBV and HCV infection	SCVH	Completed
2.3	Update the HBV and HCV situation according to the results of the Population Health Survey (PHS)	DH	Completed in December 2023

Expected Outcomes by 2024		Action Party	Progress
2.4	Adopt a consistent and sustainable approach for the measurement of the Local Indicators for 2015 and 2020	DH & HA	Completed in December 2021 and October 2022 respectively

### Strategy 3: Prevention

#### 3.1: Reduce mother-to-child transmission of HBV

##### 3.1.1: Using antivirals to prevent MTCT of HBV

3.1.1.1	Establish a policy initiative to provide HBsAg-positive mothers with high viral load with a treatment option to use antivirals	SCVH	Completed
3.1.1.2	Refer all HBsAg-positive mothers in HA for care of HBV infection	HA	Ongoing since 2020 Q3
3.1.1.3	Start using antivirals to prevent MTCT in selected HA hospitals as pilot	HA	Ongoing since January 2020
3.1.1.4	Start using antivirals to prevent MTCT in all HA birthing hospitals	HA	Ongoing since August 2020
3.1.1.5	Provide professional training to specialists in O&G, public and private, about the use of antivirals to prevent MTCT	DH & HA	Ongoing since March 2021
3.1.1.6	Review the acceptance of using antivirals to prevent MTCT	DH & HA	Ongoing

##### 3.1.2: Post-vaccination serologic testing

3.1.2.1	Establish a policy initiative to provide PVST to babies born to HBsAg-positive mothers	SCVH	Completed
3.1.2.2	Establish the implementation plan and resources implication of PVST	DH & HA	Completed in 2020 Q4
3.1.2.3	Provide professional training about PVST programme to obstetricians and paediatricians	DH & HA	Ongoing since September 2021

Expected Outcomes by 2024		Action Party	Progress
3.1.2.4	Establish the logistics and workflow of PVST	DH & HA	Completed in 2021 Q4
3.1.2.5	Implement PVST programme	DH & HA	Ongoing since January 2022
3.1.2.6	Review the acceptance of PVST programme	DH & HA	Ongoing
<b>3.2: Prevent healthcare-related transmission of HBV and HCV</b>			
3.2.1	Screen all blood donations in a quality-assured manner	HA	Ongoing since 1978 (HBV) and 1991 (HCV)
3.2.2	Provide treatment to people contracted HCV through blood / blood product transfusion	HA	Ongoing
3.2.3	Conduct regular infection control training, including Standard Precautions and sharps injury or mucosal contact prevention and management	DH & HA	Ongoing
<b>3.3: Reduce risk and disease burden in vulnerable populations</b>			
3.3.1	Intensify condom programming and take harm reduction approach	DH	Ongoing

## Strategy 4: Treatment

### 4.1: Enhancement of treatment for HBV infection

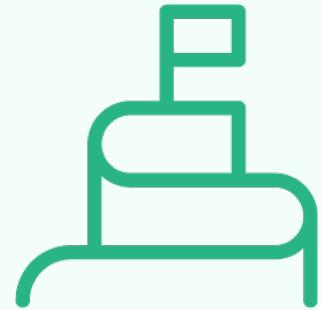
4.1.1	Augment diagnosis and treatment capacity for HBV infection, in terms of laboratory, equipment, drug and model of care	HA	Ongoing
4.1.2	Review the service provided by nurse clinics	HA	Ongoing
4.1.3	Engage HA hepatologists to explore strategies to enhance service capacity for HBV infection in both public and private settings	DH & HA	Completed
4.1.4	Engage primary care physicians to support management of HBV infection	DH & HA	Ongoing

Expected Outcomes by 2024		Action Party	Progress
4.1.5	Develop information resources to facilitate management of HBV infection by primary care physicians	DH & HA	Completed in September 2023
4.1.6	Promulgate the information resources to primary care physicians	DH & HA	Completed in 2023 Q4
4.1.7	Estimate the service need of ultrasound for HCC surveillance	DH & HA	Completed in October 2021
<b>4.2: Expansion of access to direct-acting antivirals for HCV</b>			
4.2.1	Establish a policy initiative to deploy DAA in HCV treatment in a stepwise manner	HA	Completed
4.2.2	Expand DAA treatment for hepatitis C patients with METAVIR fibrosis stages F2 or above	HA	Completed
4.2.3	Expand DAA treatment for all hepatitis C patients	HA	Ongoing since October 2020
4.2.4	Review the number of patients treated with DAA	HA	Ongoing
<b>4.3: Micro-elimination of HCV infection</b>			
<b>4.3.1: Screen and treat patients with end stage renal failure on dialysis</b>			
4.3.1.1	Establish a policy initiative to provide DAA for HCV treatment in all patients undergoing dialysis	SCVH	Completed
4.3.1.2	Start using DAA to treat HCV infection in all patients undergoing dialysis	HA	Ongoing since 2020 Q1
<b>4.3.2: Screen and treat patients co-infected with human immunodeficiency virus</b>			
4.3.2.1	Establish a policy initiative to provide DAA for HCV treatment in all HIV-positive patients	SCVH	Completed in May 2020
4.3.2.2	Start using DAA to treat HCV infection in all patients co-infected with HIV	DH & HA	Ongoing since October 2020
4.3.2.3	Review the number of patients co-infected with HCV and HIV treated with DAA	DH & HA	Completed in 2022
4.3.2.4	Assess the number of re-infection among patients co-infected with HCV and HIV after completion of effective HCV treatment	DH & HA	Completed in Q3 of 2024

Expected Outcomes by 2024		Action Party	Progress
<b>4.4:</b>	<b>Promotion of HCV testing in people who inject drugs</b>		
4.4.1	Establish a policy initiative to promote HCV testing in PWID, who are attending methadone clinics (MCs) or under the custody of Correctional Services Department, for treatment	SCVH	Completed in in May 2020
4.4.2	Provide specific educational information about HCV transmission, testing and treatment to PWID	DH	Ongoing since March 2021
4.4.3	Engage professional staff and other workers serving PWID at MCs by promoting the importance of HCV infection	DH	Ongoing since April 2021
4.4.4	Identify testing options and algorithms for HCV testing, including the carrying out of a pilot programme, at MCs	DH	Completed in January 2022, with viral hepatitis screening programme launched in September 2023
4.4.5	Educate and engage staff of Correctional Services Department	DH & CSD	Ongoing

Table 4. Summary table of actions in the *Hong Kong Viral Hepatitis Action Plan 2020 - 2024* and their progresses

# Vision and goals



35. To eliminate viral hepatitis as a public health threat in Hong Kong, the Action Plan 2025 - 2030 shares the same vision and goals and largely adopts the four-axis framework, as set out in the previous Action Plan.



36. 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.

37. In connection with the global goal of ending the epidemics of viral hepatitis by 2030, this Action Plan has two overarching goals, including -

- (a) reducing transmission of viral hepatitis; and
- (b) reducing morbidity and mortality due to viral hepatitis, especially liver cancer.



# Strategic Axes



38. The framework for this Action Plan takes reference from the latest Global Health Sector Strategies for 2022 - 2030 <sup>[4]</sup> and guidance manual for the development and assessment of national viral hepatitis plans <sup>[15]</sup> published by the WHO, as well as the recommended framework for global actions <sup>[14]</sup> and the previous Action Plan <sup>[13]</sup>.
39. With an evolving strategy and a broadened scope of actions in this Action Plan, priority actions for progressing towards the WHO targets of viral hepatitis elimination have been developed in each of the following axes -



## Strategy 1

# Heightening Awareness



40. Public awareness initiatives form an important foundation for viral hepatitis prevention and control in Hong Kong. As demonstrated through public education campaigns under the 2020-2024 Action Plan— including annual World Hepatitis Day campaigns and multi-channel outreach— targeted communication effectively mobilises community engagement while reducing stigma. This strategy builds upon these established platforms to achieve three core objectives: enhancing public understanding of viral hepatitis transmission and prevention, strengthening community support for evidence-based control measures, and building a supportive environment that facilitates care-seeking behaviours.
41. Recognising the diverse needs across our population, awareness efforts will extend beyond general public messaging to prioritise key stakeholders. Healthcare workers require up-to-date clinical knowledge to support early case detection and management. Populations at elevated risk of HBV or HCV infection, such as PWID, individuals with HIV co-infection, and those with intra-familial exposure to hepatitis B, could benefit from tailored information addressing their specific transmission pathways and care options. This dual focus ensures that future awareness initiatives align with Hong Kong's epidemiological profile.



## Strategy 1.1:

# Enhance awareness campaign for the general population

42. Public awareness initiatives play an important role in encouraging at-risk individuals to seek testing and care for HBV and HCV infection. These efforts systematically disseminate essential information— including transmission pathways, prevention strategies, testing accessibility, treatment options, and the importance of ongoing medical monitoring— to empower the community to make informed health decisions.
43. Hong Kong's sustained public education efforts have established foundational awareness of viral hepatitis. However, the PHS 2020-22 reveals that about 40% of people with CHB remain undiagnosed, and 70% of them lack regular medical follow-up— indicating gaps in risk perception and care engagement.
44. To address these barriers, future WHD campaigns will feature themes responsive to local epidemiological changes and health needs, going beyond general information dissemination to actively motivate testing and linkage to care. The DH will expand dynamic community engagement through health talks and public events, while reinforcing timely digital communication via the Centre for Health Protection's social media channels and targeted media briefings. Moreover, impact-based evaluation for health promotion activities would be introduced to understand the health behaviour change.

## Actions and activities

- 1.1.1 Launch annual World Hepatitis Day campaign with themes responsive to Hong Kong's evolving epidemiological situation, ensuring campaigns effectively address current prevention priorities and motivate behavioural change.
- 1.1.2 Expand community outreach through health talks and public engagement events with impact-based evaluation to actively disseminate viral hepatitis information, foster dialogue on prevention strategies, and encourage at-risk individuals to seek testing and maintain linkage to care.
- 1.1.3 Maintain timely public communication through regular updates on the Centre for Health Protection's social media platforms and targeted media briefings, ensuring accurate health messaging reaches diverse audience segments across multiple channels.

## Strategy 1.2:

# Conduct targeted education for key populations, patients and their service providers

45. Tailored education is essential for populations disproportionately affected by viral hepatitis and their service providers. To support the implementation of initiatives in the previous Action Plan, materials for pregnant women emphasising the prevention of mother-to-child HBV transmission, and targeted resources for PWID were prepared and distributed through the network of their service providers.
46. These efforts on targeted education shall be sustained to address population-specific barriers, with a view to reducing their unmet needs along the viral hepatitis care cascade. For example, the prevalence of chronic hepatitis C infection remains substantial among PWID, exceeding 50%, suggesting gaps in access to testing and subsequent treatment. Antenatal women would be the critical target group for interventions to realise a hepatitis B-free generation.
47. To boost diagnosis and treatment coverage, future efforts will emphasise two priorities: encouraging testing among high-risk groups, and promoting linkage to care for diagnosed individuals. Concurrently, training community partners and peer workers will enhance their capacity to deliver accurate prevention advice and reduce stigma with culturally competent communication tools.

## Actions and activities

- 1.2.1 Develop and distribute tailored educational materials addressing specific transmission risks and care pathways for priority groups including ethnic minorities, new immigrants, people living with viral hepatitis, and their healthcare providers, supporting implementation of prevention and treatment initiatives.
- 1.2.2 Integrate viral hepatitis education into existing HIV and STI prevention programmes through coordinated training modules and resource sharing, acknowledging overlapping transmission modes and common at-risk populations for enhanced efficiency.

## Strategy 1.3:

# Conduct professional training for healthcare workers

48. Professional training ensures evidence-based management of HBV and HCV, expanding clinical capabilities across care settings. Since June 2021, iContinuing education (iCE) on Viral Hepatitis, an accredited online platform, has been launched, providing free, regularly updated training modules for doctors, nurses, and allied health professionals.

49. With 410 000 people living with chronic HBV infection and 70% of them receiving no regular follow-up, frontline providers need enhanced skills to: 1) identify asymptomatic at-risk individuals, and 2) perform risk stratification and manage stable cases within community settings.

50. To address Hong Kong's transition from a specialist-led hepatitis management to a shared care model supported by primary care, efforts will focus on developing targeted materials to facilitate the identification of high-risk individuals requiring HBV/HCV screening by primary care practitioners. Capacity-building programmes will be developed on person-centred chronic disease management, equipping frontline healthcare workers to deliver quality care aligned with service needs.



## Actions and activities

- 1.3.1 Create specialised guidance materials to assist primary care practitioners in identifying high-risk individuals requiring HBV/HCV screening, supporting broader community case-finding initiatives outlined in the "Expanding access to screening, care and treatment" section.
- 1.3.2 Deliver professional development programmes on chronic viral hepatitis management for healthcare workers, particularly in primary care settings, focusing on person-centred approaches.

## Strategy 1.4:

# Build a supportive environment

51. Reducing stigma and promoting health equity facilitate effective hepatitis control. Vulnerable groups— including ethnic minorities and socially marginalised populations — often face compounded barriers to accessing health information.
52. To cultivate broader health equity, collaborations will deepen with media, DHCs, and non-governmental organisations (NGOs), ensuring culturally resonant messaging reaches vulnerable communities. Notably, DHCs— serving as hubs for health promotion and chronic disease coordination— play a central role in local primary healthcare.
53. With an aim to facilitate information access, the Viral Hepatitis Control Office website will evolve into a comprehensive resource hub, centralising access to guidelines and patient support tools.



## Actions and activities

- 1.4.1 Enhance and regularly update the Viral Hepatitis Control Office website ([www.hepatitis.gov.hk](http://www.hepatitis.gov.hk)) as a centralised information hub, providing the latest guidelines, patient resources, and professional tools for stakeholders.
- 1.4.2 Strengthen collaborative partnerships with District Health Centres and NGOs to implement community-based health promotion activities under the evolving strategy in levels of care for viral hepatitis testing and management, leveraging complementary strengths to advance Action Plan objectives through coordinated public engagement.

## Strategy 2:

# Tracking Health Sector Response



54. Hong Kong has maintained robust viral hepatitis surveillance systems for decades, monitoring acute infections, prevalence of chronic infections, and sequelae of viral hepatitis, such as liver cancer. Under the *Action Plan 2020-2024*, these systems were strengthened through the development of 12 Local Indicators. These metrics enable standardised tracking of diagnosis, treatment and immunisation coverage, as well as mortality impacts, forming an evidence base for policy formulation. These surveillance mechanisms support assessment regarding the progress towards the global WHO elimination targets while providing actionable insights into local epidemiological trends.
55. To achieve a more comprehensive assessment of the local disease burden, there is room to fortify the monitoring of the sequelae of viral hepatitis, for example, cases of incident liver cancer and liver transplants related to HBV and HCV infection, which have not yet been covered in the previous Action Plan. Moreover, there is a need to update the set of Local Indicators, following the new recommendations on maternal antiviral prophylaxis, newly established impact targets for PWID and the latest development in the global initiative related to the validation of triple elimination of MTCT of HIV, syphilis and HBV. Of a related note, sustained assessment of MTCT elimination efforts would require strengthened data linkages across maternal, neonatal, and immunisation programmes to validate achievement of global targets. Looking ahead, Hong Kong will systematically enhance its health information systems to drive evidence-based interventions.

## Strategy 2.1:

# Estimate burden due to chronic viral hepatitis

56. Chronic viral hepatitis imposes a multifaceted burden extending beyond infection prevalence to encompass life-altering sequelae including cirrhosis, liver cancer, and premature mortality. The PHS 2020-22 provides up-to-date prevalence estimates for HBV and HCV infections in Hong Kong's general population, revealing approximately 410 000 and 17 000 affected individuals, respectively. The existing Local Indicators framework tracks core epidemiological and mortality metrics, enabling ongoing assessment of the public health impact.
57. Chronic viral hepatitis also places significant pressure on Hong Kong's public healthcare system. In 2023, 182 100 patients with HBV infection utilised services in the HA. In the same year, 9,500 new cases of HBV infection and 1,302 new cases of HCV infection were documented in the HA. Between 2022 and 2024, the annual number of patients placed on the waiting list for liver transplantation ranged from 20 to 39 for HBV infection, and from 0 to 2 for HCV infection, highlighting the substantial healthcare resources required for managing advanced liver disease.
58. The measurement framework could be further expanded to cover the cascade of complications arising from chronic infection. The factsheet of liver cancer published by the Hong Kong Cancer Registry in 2024 included for the first time the distribution of incident HCC cases with prior documentation of HBV or HCV infection<sup>[11]</sup>, marking the start of systematic assessment regarding the linkage between viral hepatitis diagnoses and incident complications, as well as the long-term impact of treatment scale-up on reducing advanced liver disease.
59. Building on these mechanisms, the Population Health Survey 2025/26 will further update the prevalence situation of viral hepatitis and linkage to care through household surveys and health examinations. Moreover, the number of liver cancer cases and liver transplants related to HBV or HCV infection will be estimated through the enhanced data integration in cancer registries and by making use of the transplant databases, respectively.

## Actions and activities

- 2.1.1 Update the epidemiological situation of chronic HBV and HCV infection (Local Indicators 1 & 2) with the Population Health Survey 2025/26, which would include detailed analysis of the prevalence estimates, diagnosis rates and medical follow-up patterns among infected individuals.
- 2.1.2 Systematically estimate HBV/HCV-attributable liver cancer cases and liver transplantation events, supplementing evidence-based assessment of treatment impact on severe liver disease prevention.

## Strategy 2.2:

# Monitor trends in hepatitis B and C over time

60. Hong Kong's longitudinal surveillance has consistently tracked viral hepatitis trends through multiple mechanisms: statutory notifications for acute cases, seroprevalence data reported from selected adult communities (e.g. antenatal women, blood donors), and programme-specific monitoring. These data reveal significant progress, particularly for HBV infection, where the prevalence among antenatal women declined from >10% in the 1990s to 2.3% in 2024 and among new blood donors from 8.0% to less than 1.0% over the same period. These findings on viral hepatitis trends are synthesised and made publicly available in the annual surveillance reports.

61. Following the expansion of DAA treatment to all patients with HCV infection and the completion of two micro-elimination initiatives, monitoring of HCV infection and re-infection in populations with ongoing risk behaviours supports the evaluation of the effectiveness and sustainability of hepatitis C control efforts. Emerging transmission networks among MSM and people with HIV co-infection observed in the past decade require closer scrutiny, while the extent of hepatitis C treatment coverage among PWID is pivotal in determining the progress of hepatitis C elimination in Hong Kong.

62. Surveillance will be reinforced through continuous notification of acute infections and sentinel screening in adult communities, with focuses on populations with ongoing HCV transmission risk, and structured assessments among PWID, MSM, and cohorts of people with HIV to track incidence and treatment uptake. The analysis of epidemiological trends will continue through annual surveillance reports, integrating data from clinical programmes, research studies, and outbreak monitoring.

## Actions and activities

2.2.1 Maintain robust surveillance systems for acute viral hepatitis notifications and chronic infection monitoring in adult communities, ensuring continuous tracking of the epidemiological patterns.

2.2.2 Assess patterns of new HCV infections among key populations including people with HIV, men who have sex with men, and people who inject drugs to evaluate effectiveness of targeted interventions and treatment scale-up.

2.2.3 Disseminate annual surveillance reports, which provide the latest epidemiological information related to viral hepatitis from integrated analyses of surveillance data, research findings, and programme statistics.

## Strategy 2.3:

# Make measurement for the Local Indicators

63. The 12 Local Indicators established under *the Action Plan 2020-2024* provide a standardised framework for tracking Hong Kong's progress towards WHO elimination targets. Developed with reference to the WHO core indicators and local context, these metrics have enabled consistent monitoring of diagnosis, treatment, prevention, and mortality outcomes <sup>[16]</sup>.
64. The *Consolidated Guidelines on Person-Centred Viral Hepatitis Strategic Information* published by the WHO in 2024 update the metadata standards and measurement methodologies, in light of the latest developments in viral hepatitis elimination <sup>[17]</sup>. Our current indicator set requires expansion for a more comprehensive assessment of efforts in the prevention and control of viral hepatitis, for example, by including new indicators on prevention (e.g. antenatal hepatitis B screening coverage) and high-risk group interventions (e.g. opioid agonist therapy coverage among PWID). Data extraction feasibility also needs optimisation amidst advancements in electronic health records.
65. The Local Indicators will be reviewed and updated to incorporate the WHO's latest recommendations and address local data gaps. New indicators will include hepatitis B testing coverage among pregnant women, antiviral therapy uptake in high-viral-load mothers, and harm reduction service coverage for PWID. The eHealth+ One Health Data Repository will be leveraged to automate data collation where possible, ensuring rigorous adherence to WHO measurement protocols. Historical consistency will be preserved to maintain comparability across reporting periods (2015, 2020, 2025, 2030), facilitating longitudinal assessment of elimination efforts.

## Actions and activities

- 2.3.1 Review and update the set of Local Indicators (Annex IV) to incorporate additional context-specific metrics including antenatal hepatitis B screening coverage, antiviral therapy uptake in eligible pregnant women, and harm reduction service coverage for people who inject drugs.
- 2.3.2 Enhance measurement methodologies through strategic utilisation of the eHealth+ One Health Data Repository, evaluating electronic health record capabilities to implement WHO-recommended standards for data quality and comparability.
- 2.3.3 Ensure longitudinal consistency in indicator measurement across reporting periods (2015, 2020, 2025 and 2030) by maintaining standardised definitions as far as possible for comparable assessment of the elimination progress over time.

## Strategy 2.4:

# Evaluate the progress towards elimination of mother-to-child transmission of HBV

66. Hong Kong has implemented comprehensive measures since the 1980s to eliminate MTCT of HBV, including universal antenatal screening, universal neonatal vaccination (since 1988), administration of hepatitis B immunoglobulin (HBIG) for babies born to mothers with hepatitis B, and targeted antiviral prophylaxis for high-risk mothers (fully implemented by 2020). The combined evidence of decreasing HBsAg prevalence among pregnant women and low breakthrough infection rates (0.3%) observed in the PVST programme indicates potential attainment of global MTCT elimination targets.
67. Sustaining elimination requires robust systems validated against international standards. The WHO's "triple elimination" framework (HIV, syphilis and hepatitis B) recommends rigorous assessment of four foundational pillars: data quality, laboratory quality, programme integration, and equity/community engagement <sup>[18]</sup>. Formal evaluation of these dimensions is needed to verify and maintain Hong Kong's elimination status.
68. A comprehensive assessment will be conducted on MTCT elimination foundations using the WHO's validation toolkit. This includes auditing data completeness across antenatal, neonatal, and immunisation registries; verifying laboratory quality assurance for HBsAg and HBV DNA testing; evaluating service accessibility and uptake disparities; and assessing community awareness and stigma barriers. Ongoing monitoring of antenatal HBsAg prevalence and prophylaxis coverage will continue. Evidence demonstrating the achievement of all WHO process and impact targets will be compiled to support formal application for validation of MTCT elimination.

## Actions and activities

- 2.4.1 Conduct systematic evaluation of foundational MTCT elimination requirements on data quality, laboratory, programme, and equity in service access using WHO validation tools.
- 2.4.2 Collate and analyse MTCT programme data including antenatal prevalence, intervention coverage, and breakthrough infection rates to assess Hong Kong's achievement of WHO process and impact targets for formal validation.

## Strategy 2.5:

# Strengthen information exchange regarding prevention and control of viral hepatitis

69. Hong Kong actively contributes to global viral hepatitis elimination efforts, aligning local strategies with WHO frameworks and participating in regional knowledge exchange. Data from our surveillance systems and experience from the launch of Action Plan initiatives can inform discussions on implementation science, particularly regarding MTCT prevention and primary care integration.
70. Regional and international collaboration will be strengthened through sharing Hong Kong's implementation experience-including successes and challenges-at forums like the WHO Western Pacific Regional Committee and other regional and international conferences, where peer feedback for programme enhancement can be exchanged. Meanwhile, emerging global evidence regarding the prevention, care, and treatment of viral hepatitis will be structurally reviewed, facilitating timely deployment of the latest recommendations into local policy.

## Actions and activities

- 2.5.1 Present Hong Kong's Action Plan implementation experiences at regional and international forums to facilitate knowledge exchange and obtain expert feedback for programme refinement.
- 2.5.2 Compile data related to the progress of viral hepatitis elimination periodically through established mechanisms for reporting to the WHO as per request and contributing to global monitoring of viral hepatitis elimination efforts.
- 2.5.3 Continuously monitor international advancements in hepatitis prevention, care, and treatment to identify international recommendations applicable to Hong Kong's context.

## Strategy 3:

# Preventing new infections



71. Preventing new infections remains central to Hong Kong's elimination strategy. MTCT has historically been a significant route of HBV transmission locally, while HCV prevention relies on interrupting transmission chains in the absence of a vaccine.
72. The key aim of this Strategy is to reduce viral hepatitis transmission in three major areas through delivering a combination of evidence-based interventions, including the prevention of MTCT of hepatitis B, prevention of hepatitis in PWID and other marginalised populations, and prevention of hepatitis infections in healthcare settings. The essential package of viral hepatitis prevention services would typically include the following <sup>[3, 19]</sup> -
  - (a) Hepatitis B vaccination;
  - (b) Injection, blood and surgical safety and universal precautions;
  - (c) Prevention of MTCT of HBV;
  - (d) Harm reduction services for PWID; and
  - (e) Treatment of chronic HBV and HCV infection as secondary and tertiary prevention

(See Strategy 4).

## Strategy 3.1:

# Stop mother-to-child transmission of hepatitis B

73. Hong Kong has sustained a comprehensive MTCT prevention programme for over three decades. The universal neonatal hepatitis B vaccination programme launched in 1988, coupled with universal antenatal HBsAg screening and administration of HBIG for infants born to mothers with hepatitis B, laid the groundwork.

74. Building on this foundation, the Action Plan 2020-2024 introduced two initiatives enhancing the prevention of MTCT of HBV: maternal antiviral prophylaxis for pregnant women with high viral loads (HBV DNA  $>200\,000$  IU/mL), fully implemented across all public birthing hospitals in August 2020<sup>[20]</sup>, and a PVST programme for infants born to mothers with hepatitis B, launched in January 2022. By 2024, 3 796 eligible pregnant women had been assessed under the prophylaxis initiative. Among those with a high viral load who attended physician consultations, 93.3% accepted antiviral prophylaxis. Moreover, 2 806 infants joined the PVST programme as of the end of 2024, which identified 95.0% as sero-protected after the primary series of hepatitis B vaccination and enabled prompt interventions for the remaining 5.0%, including re-vaccination and follow-up by paediatricians for infected babies. These measures collectively establish all WHO-recommended components in the incremental approach to preventing HBV infection at birth and in the first years of life (Figure 1)<sup>[21]</sup>.

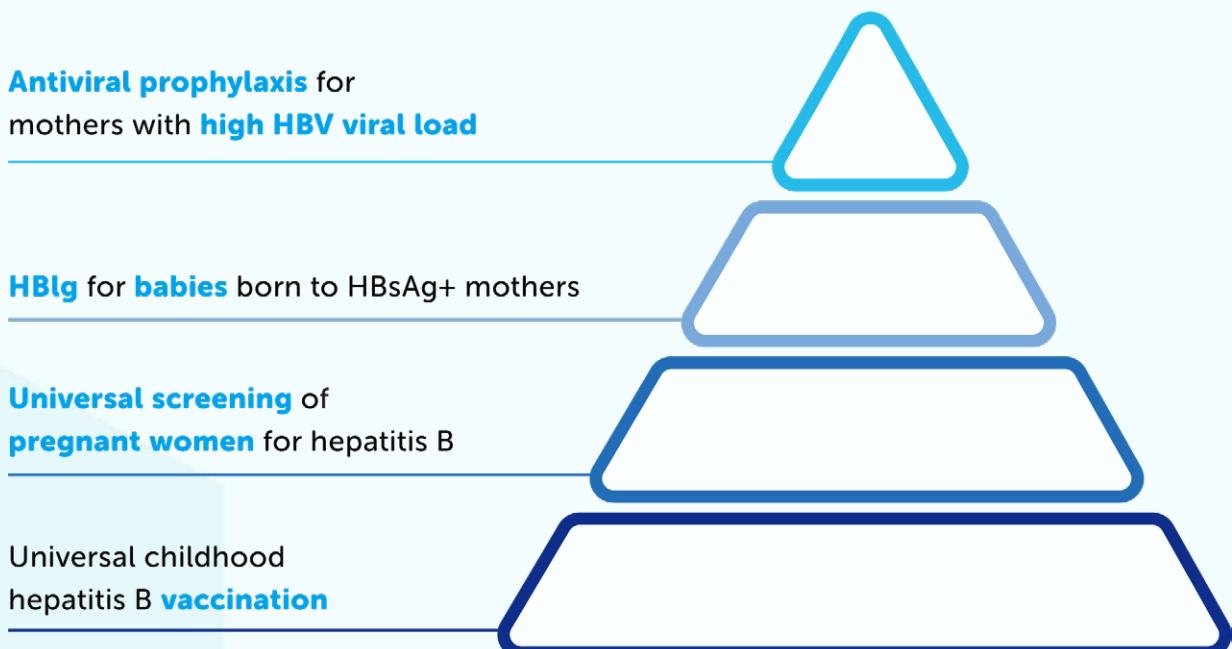


Figure 1. Incremental approach recommended by the WHO regarding prevention of HBV infection at birth and in the first years of life

75. Future efforts will be dedicated to maintain core interventions— antenatal screening, neonatal vaccination, immunoglobulin administration, and maternal antiviral prophylaxis - while systematically evaluating their reach and effectiveness. PVST coverage will be closely monitored to ensure at-risk babies are assessed, with appropriate follow-up actions for hypo— or non-responders, as well as for those infected. Emerging evidence on prophylaxis protocols will be reviewed, reinforcing Hong Kong's commitment towards elimination of MTCT of HBV with best practices.

## **Actions and activities**

- 3.1.1 Sustain existing MTCT prevention measures including universal neonatal vaccination, universal antenatal HBsAg screening, hepatitis B immunoglobulin administration for exposed newborns, and maternal antiviral prophylaxis for pregnant women with high viral loads.
- 3.1.2 Continuously monitor service coverage to maintain optimal programme performance and identify improvement opportunities.
- 3.1.3 Maintain high uptake of PVST to verify infant protection status and ensure early linkage to care for infected cases.
- 3.1.4 Regularly review emerging scientific evidence on MTCT prevention strategies to determine their potential application in Hong Kong.

## Strategy 3.2:

# Prevent healthcare-related transmission of hepatitis B and C

76. Healthcare-related transmission of HBV and HCV poses a preventable risk globally. Hong Kong has long prioritised blood safety and infection control. Blood safety strategies in Hong Kong are based on 100% voluntary non-remunerated blood donations, donor selection, and quality-assured screening of all donated blood and blood components used for transfusion by antibody and nucleic acid testing. Of note, screening of blood donors for HBV and HCV infection has been in place since 1978 and 1991, respectively, to prevent transfusion-related transmission of these two hepatitis viruses. Robust infection control guidelines - including standard precautions, hepatitis B vaccination for healthcare workers, and protocols for managing occupational exposures - have substantially minimised nosocomial transmission. These measures align with the WHO 2030 targets for 100% safe blood supplies and injections.

77. To prevent nosocomial transmission of blood-borne viruses, various local infection control guidelines have been published by the DH. These include guidance on Standard Precautions, hepatitis B vaccination and documentation of post-vaccination serology for healthcare workers, and management of occupational exposure, including medical evaluation for testing, treatment, and post-exposure prophylaxis as appropriate. These widely adopted infection control measures in local healthcare settings have substantially reduced healthcare-related transmission of HBV and HCV.





78. Despite these infection control measures, a cluster of HCV infections was reported in a public hospital in 2024, where healthcare-related transmission could not be excluded. In response, a series of strengthened measures were implemented in the HA, including a comprehensive review of lancing device use and disinfection protocols, reinforcement of proper blood-taking practices and aseptic techniques through regular audits and refresher training sessions, and promotion of early prescription of HCV treatment to minimise the risk of onward transmission.
79. To address evolving risks, existing safeguards will be reinforced. Blood safety frameworks will undergo review in response to the latest developments regarding safe blood supplies. Regular infection control training for healthcare workers will continue, emphasising aseptic techniques, sharps handling, and exposure management. The 2014 guidelines on post-exposure prophylaxis for blood-borne pathogens<sup>[22]</sup> will be updated, with reference to new clinical evidence and revised international practices.



## Actions and activities

- 3.2.1 Uphold blood safety protocols through continuous quality assurance monitoring and periodic review of new developments.
- 3.2.2 Provide regular infection control training for healthcare workers covering standard precautions, aseptic techniques, sharps safety, and exposure management to minimise occupational transmission risks of HBV and HCV.
- 3.2.3 Update guidelines on post-exposure management for blood-borne pathogens published in 2014 to incorporate new clinical evidence and take into consideration revised international practices.



## Strategy 3.3:

# Reduce risk and disease burden in key populations

80. Key populations refer to defined groups at increased risk of viral hepatitis due to specific higher-risk behaviours, irrespective of epidemic type or local context. These may include PWID, MSM and sex workers.
81. As recommended by the WHO, essential health interventions, which have demonstrated direct impact on viral hepatitis prevention, include—
  - (a) harm reduction, including opioid agonist maintenance therapy,
  - (b) condoms and lubricants,
  - (c) prevention of vertical HBV transmission,
  - (d) hepatitis B vaccination; and
  - (e) addressing chemsex <sup>[23]</sup>.

These interventions have all been in place in Hong Kong, under specific clinical or health promotional settings operated by the DH or the HA, to reduce the burden of viral hepatitis in key populations. For example, over 350 000 condoms were distributed annually to various community stakeholders to promote safer sex, while information on HIV/AIDS, STI and viral hepatitis is available on the websites hosted by the Special Preventive Programme, DH. Methadone clinics under the DH provide methadone maintenance and treatment programmes to opioid-using PWID as a harm reduction measure, where the average daily attendances at methadone clinics reached 2 700 in 2024.

82. Hong Kong will intensify accessible, non-stigmatising services for these groups. A comprehensive package - including opioid agonist therapy, HBV vaccination, and condom/ lubricant distribution - will be expanded through collaborative efforts with community partners. Moreover, scaling up HCV testing and DAA treatment for key populations will be prioritised, in recognition of the benefits of treating and curing HCV infection to reduce onward transmission <sup>[24,25]</sup>. To realise this "treatment-as-prevention" strategy, identification of HCV re-infection and linkage to prevention, care and retreatment will be embedded in service delivery.

## Actions and activities

- 3.3.1 Enhance accessibility of prevention services, with reference to the comprehensive package of interventions recommended by the WHO, including hepatitis B vaccination, harm reduction programmes, and risk-reduction counselling for key populations, such as PWID, MSM and sex workers.

## Strategy 4

# Expanding Access to Screening, Care and Treatment



83. Proactive identification of viral hepatitis infections forms the foundation of effective disease management. Screening enables detection of HBV and HCV infections in asymptomatic individuals at elevated risk, thereby reducing the number of undiagnosed cases and facilitating linkage to prevention, care, and treatment services.
84. Clinical management through regular assessment and antiviral treatment is crucial for improving health outcomes - suppressing HBV replication to prevent cirrhosis and liver cancer, and curing HCV infection with DAA therapy. This strategy aims to reduce HBV- and HCV-related morbidity and mortality by expanding service coverage across the care continuum, from screening to care and treatment services.
85. As testing and diagnosing HBV or HCV infection are the gateway to accessing care, treatment and HCC screening services, the expansion of screening services is key for strengthening an effective response to alleviate the public health burden of viral hepatitis.

## Strategy 4.1:

# Enhance focused risk-based testing services for viral hepatitis

86. The HBsAg prevalence in the general population found in the PHS 2020-22 remained high to justify the adoption of a general population testing approach for HBV infection in Hong Kong<sup>[26]</sup>. Building on recommendations from the SCVH in the term 2021-2024, Hong Kong has initiated focused risk-based testing for six priority groups: PWID, people with HIV, MSM, sex workers, people in prisons, and family members or sexual partners of people with HBV infection.
87. Integrated into DH services - including Integrated Treatment Centres, Social Hygiene Clinics, methadone clinics, and Families Clinics— this approach facilitated concomitant HBV/HCV testing where appropriate. As of the end of 2024, data from the focused risk-based screening programme indicated high uptake of the tests among clients having family members or sexual partners with HBV infection (about 90% acceptance rate of tests) and identified high HCV seroprevalence in PWID in methadone clinics (69.7%).
88. The Hong Kong Government is committed to scaling up screening for the effective identification of undiagnosed people with hepatitis B in the community, with a view to progressing towards the global target of a 90% diagnosis rate for viral hepatitis. As announced in the 2024 Policy Address, a new programme to subsidise hepatitis B screening to prevent liver cancer will be rolled out. The Primary Healthcare Commission (PHCC) will provide risk-based hepatitis B screening and subsequent management via DHCs and family doctors through a strategic purchasing and co-payment model. The programme enables early detection of people with HBV infection in the community and timely management of CHB to reduce the risk of complications, such as cirrhosis and liver cancer.
89. To expand access to hepatitis B testing and subsequent care in Hong Kong, the SCVH made recommendations in November 2024, which provide key reference to the planning of the hepatitis B screening programme. These include (i) the use of rapid diagnostic tests, (ii) decentralisation to primary care and community settings, (iii) strengthening linkage to care and (iv) a phased approach prioritising high-risk populations. A pilot in primary care and community settings will identify barriers to testing uptake and service delivery challenges, facilitating seamless transitions from diagnosis to treatment. Uptake and care linkage metrics will be systematically reviewed to evaluate programme effectiveness and guide resource allocation.

## **Actions and activities**

- 4.1.1 Maintain targeted HBV/HCV testing services for high-risk individuals accessing clinical services of the DH.
- 4.1.2 Develop strategies to expand testing and subsequent care for hepatitis B, such as the use of rapid diagnostic tests, decentralised service delivery models, and strengthened care pathways and prioritisation for at-risk populations.
- 4.1.3 Establish implementation plans for risk-based hepatitis B screening programmes in primary care and community settings, with reference to the hepatitis B screening strategy put forward by the SCVH.
- 4.1.4 Pilot risk-based screening in primary care or community settings to identify operational barriers and optimise service delivery models for identification of undiagnosed people with HBV infection in the community.
- 4.1.5 Systematically review viral hepatitis testing uptake rates and subsequent linkage to care, and the effectiveness of finding undiagnosed hepatitis B or hepatitis C cases in the community, while facilitating seamless transitions from diagnosis to treatment initiation.

## Strategy 4.2:

# Enhance management of adults with chronic HBV infection in primary care

90. Currently, individuals with CHB under care in the public sector are mostly utilising specialist services provided by the HA. The high service demand from CHB patients in public secondary care has resulted in system overload, while a substantial proportion of people in the community known to have CHB remain unlinked to care, and have inadequate disease monitoring and management.
91. A collaborative care model has been piloted across six clusters in the HA since January 2023, demonstrating its feasibility. As of June 2025, 966 individuals with stable CHB have received follow-up care under Family Medicine units, with positive feedback from both patients and healthcare providers. This model enables specialist resources to be focused on patients with more complex conditions. This approach is also in line with the WHO recommendations for differentiated care, where clinically well and stable cases can be managed in primary care settings using standardised care package<sup>[27]</sup>.
92. Against this background, a community-based care model for CHB will be developed. Key components include stratifying patients by their clinical conditions, establishing bi-directional referral mechanisms between primary and specialist care, and leveraging DHCs for coordinated support. Information resources for primary care physicians will be updated to reflect the latest clinical evidence, and training programmes will be implemented to enhance capacity for CHB management. Service demand projections for secondary care will be evaluated to anticipate resource needs arising from expanded screening and primary care integration.

## **Actions and activities**

- 4.2.1 Engage policy makers and healthcare stakeholders in collaborative design of service models for effective chronic hepatitis B management in primary care settings.
- 4.2.2 Develop a standardised service model to be deployed in primary care settings, incorporating patient stratification criteria and bidirectional referral mechanisms between primary and specialist care levels.
- 4.2.3 Review and update clinical guidance resources for primary care physicians based on latest scientific evidence and local healthcare system situation.
- 4.2.4 Promulgate revised clinical guidance resources to build primary care capacity through training and professional development initiatives.
- 4.2.5 Establish coordinated service networks leveraging District Health Centres, community pharmacies, and diagnostic facilities and other healthcare providers to support primary care-based management of hepatitis B.
- 4.2.6 Estimate service demand impacts on secondary care resulting from expanded screening programmes and primary care integration, with evaluation of its resource implications.

## Strategy 4.3:

# Establish linkage to care for people with hepatitis C

93. The introduction of safe and highly efficacious DAA treatment has revolutionised the management of HCV infection, with cure rates exceeding 95% [28, 29, 30]. Following the scale-up of laboratory facilities for the diagnosis and management of viral hepatitis, the expansion of DAA treatment coverage under the HA Drug Formulary in 2020 enabled universal access to treatment for patients with HCV infection by overcoming barriers related to high treatment costs.



94. The HA launched a system-wide "macro-elimination" initiative in 2021, which identified individuals who previously tested positive for HCV infection. Further testing was conducted for those indicated to confirm viraemic infection, followed by the provision of treatment for eligible individuals. Between 2020 and 2024, 5 914 patients received DAA therapy in the HA.

95. Building on this foundation, the HA will continue active case-finding, treatment linkage, and outcome monitoring. All patients identified with HCV infection will be offered DAA treatment following hepatology assessment and counselling, with treatment numbers tracked to measure progress towards elimination targets.

## Actions and activities

- 4.3.1 Continue HA's system-wide "macro-elimination" initiative to actively identify and manage those who have tested positive for HCV.
- 4.3.2 Link patients with viraemic infection with hepatologist assessment and counselling for offering DAA treatment according to clinical protocols.
- 4.3.3 Monitor and report DAA treatment uptake metrics to measure progress towards HCV elimination targets.

## Strategy 4.4:

# Promote HCV testing and linkage to care among people who inject drugs

96. PWID are one of the key populations disproportionately affected by hepatitis C in Hong Kong, with recent local studies indicating approximately half have active HCV infection <sup>[8, 9]</sup>. Since 2023, integrated testing services have been operational across all methadone clinics, providing accessible screening to this key population. Results from the testing services suggest that about 70% of the methadone users have been exposed to HCV, as reflected by their positivity rate of anti-HCV tests.
97. The WHO has also newly included specific impact targets for PWID, given the contribution of sharing of needles, syringes and drug paraphernalia among PWID in driving the HCV epidemics worldwide <sup>[4]</sup>. To progress towards these targets, sustained efforts in promoting HCV testing in PWID and linking them to treatment would play a key role. Engaging in collaborations with NGOs could prove instrumental in addressing significant obstacles to achieving HCV elimination <sup>[31]</sup>.
98. Moving forward from the successful micro-elimination efforts among dialysis patients (99% cleared of viraemic infection) and HIV co-infected individuals (98% treated or cleared), HCV micro-elimination among PWID would be pivotal for achieving effective control of HCV infection. Of note, methadone clinics will remain an important point of access to HCV testing, while future efforts will strengthen treatment linkage through accelerated referral pathways and collaborative partnerships with peer navigators and community organisations. These measures aim to overcome barriers to care retention while ensuring timely treatment initiation. Progress will be measured through systematic surveillance of treatment coverage among individuals identified with hepatitis C.

## Actions and activities

- 4.4.1 Maintain integrated HCV testing services across all methadone clinics to identify active infections among PWID.
- 4.4.2 Strengthen treatment pathways by exploring accelerated referral systems to public hospitals and engagement of peer navigators to support retention in care.
- 4.4.3 Monitor HCV treatment coverage rates among methadone users with positive HCV test result to evaluate micro-elimination progress.

## Strategy 4.5:

### Promote HCV testing in persons in custody

99. People in prison are disproportionately affected by viral hepatitis in many parts of the world <sup>[32-34]</sup>, as PWID are often overrepresented in prison populations. It is probably due to the criminalisation of behaviours, such as drug use and drug possession, and engagement in criminal activity to fund illicit drug use.

100. Locally, a three-year HCV screening pilot was launched in October 2023 by the Correctional Services Department and academic partners <sup>[35]</sup>. Eligible persons in custody are invited to join the programme on a voluntary basis, where hepatitis C testing and treatment are offered, if indicated. Preliminary results of the programme revealed a 4.6% viraemic rate among 346 participants - lower than figures reported overseas <sup>[36]</sup>.

101. The programme's findings and effectiveness will be evaluated to inform future testing expansion in custodial settings.



#### Actions and activities

4.5.1 Conduct evaluation of the pilot HCV screening programme for persons in custody to assess its effectiveness and plan appropriate way forward based on findings.

# Monitoring and Evaluation

102. The implementation and effectiveness of the actions under this Action Plan will be measured and assessed through various monitoring and evaluation activities. A mid-term review of the progress and outcomes of the implementation of the Action Plan will be conducted in 2028, followed with a final review to be undertaken in 2030.

103. To facilitate the monitoring and evaluation of the implementation, milestones for key actions of the Action Plan has been established and tabulated in Table 5.

Milestones	Actions	Target time
<b>Heightening Awareness</b>		
Introduce impact-based evaluation for health promotion activities	1.1 - 1.2	Commence in 2026
Launch professional training programme for healthcare workers regarding the screening and management of patients with chronic hepatitis B	1.3, 4.2	2026 Q1
<b>Tracking Health Sector Response</b>		
Submit validation report regarding the elimination of MTCT of HBV	2.4	By 2026
Estimate the number and fraction of incident liver cancer cases and liver transplants attributed to HBV and HCV infection	2.1 - 2.2	By 2026
Make measurement for the Local Indicators for the year 2025	2.3	2026 Q2
Update the HBV and HCV situation according to the results of the Population Health Survey	2.1 - 2.3	2027 Q1
<b>Preventing New Infections</b>		
Update the local guidelines on post-exposure management for blood-borne pathogens (HIV, HBV and HCV)	2.4	2025 Q4
Review the evolution of MTCT prevention strategies and assess their applicability in Hong Kong	3.1	2027 Q1
<b>Expanding Access to Screening, Care and Treatment</b>		
Update the information resources to facilitate hepatitis B management by primary care physicians	4.2	2025 Q4
Launch pilot risk-based hepatitis B screening programme in primary care or community settings	4.1	2025 Q4
Enhance linkage-to-care pathway for HCV treatment among methadone users	4.4	By 2026
Evaluate the findings and effectiveness of the pilot HCV screening programme for persons in custody	4.5	2027 Q2

Table 5. Milestones of the Action Plan

# Summary Table of Actions



# Strategy 1

## Heightening Awareness

Actions and activities	Action party
<b>1.1 Enhance awareness campaign for the general population</b>	
1.1.1 Observe World Hepatitis Day on 28 July each year	DH & NGO
1.1.2 Reach the general public through activities for health education and promotion with impact-based evaluation	DH & NGO
1.1.3 Disseminate health messages through mass media and social media	DH
<b>1.2 Conduct targeted education for key populations, patients and their service providers</b>	
1.2.1 Develop education materials tailoring to the specific needs of the target populations	DH
1.2.2 Integrate education and training for viral hepatitis prevention with HIV/STI prevention programme	DH
<b>1.3 Conduct professional training for healthcare workers</b>	
1.3.1 Prepare information materials for increasing awareness of healthcare workers for screening populations at increased risk of HBV or HCV infection	DH
1.3.2 Conduct professional training programme for healthcare workers for capacity building regarding the management of patients with chronic hepatitis	DH, HA & PHCC
<b>1.4 Build a supportive environment</b>	
1.4.1 Review and update the website of Viral Hepatitis Control Office as an information hub for viral hepatitis	DH
1.4.2 Collaborate with the communities, including District Health Centres and other non-governmental organisations, to hold health promotion activities	DH, PHCC & NGO

## Strategy 2

### Tracking Health Sector Response

Actions and activities	Action party
<b>2.1 Estimate burden due to chronic viral hepatitis</b>	
2.1.1 Update the HBV and HCV situation according to the results of the Population Health Survey	DH
2.1.2 Estimate the number and fraction of incident liver cancer cases and liver transplants attributed to HBV and HCV infection	DH & HA
<b>2.2 Monitor trends in hepatitis B and C over time</b>	
2.2.1 Continue surveillance of viral hepatitis in specific adult communities	DH
2.2.2 Assess the patterns of new HCV infection in at-risk populations	DH & HA
2.2.3 Analyse and disseminate the latest epidemiological information in annual surveillance report	DH
<b>2.3 Make measurement for the Local Indicators</b>	
2.3.1 Review and update the list of Local Indicators in view of the latest local and international developments	DH & HA
2.3.2 Review and enhance the measurement of the Local Indicators	DH & HA
2.3.3 Adopt a consistent and sustainable approach for the measurement for the year 2025	DH & HA
<b>2.4 Evaluate the progress towards elimination of mother-to-child transmission of HBV</b>	
2.4.1 Conduct evaluation on the robustness of the health systems to sustain triple elimination	DH
2.4.2 Collect and collate relevant data for assessing the elimination status of MTCT of HBV	DH

Actions and activities	Action party
<b>2.5 Strengthen information exchange regarding prevention and control of viral hepatitis</b>	
2.5.1 Share the experience of the implementation of the Action Plan in regional and international meetings	DH & HA
2.5.2 Contribute data to the WHO for reporting the progress of viral hepatitis elimination	DH
2.5.3 Keep in view the advances in prevention, care and treatment of hepatitis B and C	SCVH

## Strategy 3

### Preventing New Infections

Actions and activities	Action party
<b>3.1 Stop mother-to-child transmission of hepatitis B</b>	
3.1.1 Continue existing MTCT preventive measures, including universal hepatitis B vaccination, administration of hepatitis B immunoglobulin, universal antenatal screening for HBsAg and maternal antiviral prophylaxis	DH & HA
3.1.2 Monitor and maintain high coverage of the preventive measures	DH & HA
3.1.3 Evaluate the coverage of post-vaccination serologic testing	DH & HA
3.1.4 Review the development of MTCT prevention strategies and assess their applicability in Hong Kong	DH & HA
<b>3.2 Prevent healthcare-related transmission of hepatitis B and C</b>	
3.2.1 Screen all donated blood in a quality-assured manner	HA
3.2.2 Conduct infection control training for healthcare workers	DH & HA
3.2.3 Review and update the local guidelines on post-exposure management for blood-borne pathogens (HIV, HBV and HCV)	DH
<b>3.3 Reduce risk and disease burden in key populations</b>	
3.3.1 Intensify accessibility and availability of package of interventions	DH

## Strategy 4

# Expanding Access to Screening, Care and Treatment

Actions and activities	Action party
<b>4.1 Enhance focused risk-based testing services for viral hepatitis</b>	
4.1.1 Continue offering viral hepatitis testing among clients in DH settings, who are assessed to be of a higher risk of infection	DH
4.1.2 Formulate strategies with recommendations on expanding access to hepatitis B testing and subsequent care	SCVH
4.1.3 Establish the implementation plan and resource implications for risk-based hepatitis B screening in primary care or community settings outside DH clinics	PHCC
4.1.4 Pilot risk-based hepatitis B screening programme in primary care or community settings	PHCC
4.1.5 Review the uptake of viral hepatitis testing and linkage to care	DH & PHCC
<b>4.2 Enhance management of adults with chronic HBV infection in primary care</b>	
4.2.1 Engage policy makers and relevant stakeholders for primary healthcare provision	DH, HA, PHCC & Health Bureau
4.2.2 Develop a service model in primary healthcare settings for management of stable CHB cases including bi-directional referral between primary care physicians and specialists	DH, HA & PHCC
4.2.3 Review and revise the information resources to facilitate hepatitis B management by primary care physicians	DH, HA & PHCC
4.2.4 Promulgate the revised information resources to primary care physicians	DH, HA & PHCC
4.2.5 Utilise the network of services from community pharmacies, laboratories and other healthcare providers for supporting hepatitis B management in primary care settings	PHCC & DHC

Actions and activities	Action party
4.2.6 Estimate the service needs regarding the management of hepatitis B patients in secondary care and evaluate the related resource implications	DH, HA & PHCC

### 4.3 Establish linkage to care for people with hepatitis C

4.3.1	Identify individuals who have tested positive for HCV for appropriate management	HA
4.3.2	Provide DAA treatment for patients with viraemic HCV infection	HA
4.3.3	Monitor the number of patients who have received DAA treatment	HA

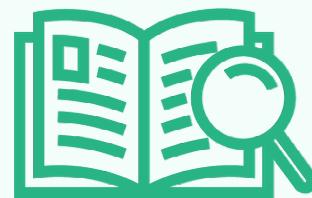
### 4.4 Promote HCV testing and linkage to care among people who inject drugs

4.4.1	Identify methadone users who have been infected with HCV	DH
4.4.2	Enhance linkage-to-care for HCV treatment among methadone users	DH, HA & NGO
4.4.3	Assess the HCV treatment coverage for methadone users with positive HCV test result	DH & HA

### 4.5 Promote HCV testing in persons in custody

4.5.1	Evaluate the findings and effectiveness of the pilot HCV screening programme for persons in custody, and plan the way forward according to the recommendations	DH, Correctional Services Department and the academics
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# Reference



- [1] Stanaway JD, Flaxman AD, Naghavi M, et al. The global burden of viral hepatitis from 1990 to 2013: findings from the Global Burden of Disease Study 2013. *Lancet* 2016; 388(10049):1081-8.
- [2] Global hepatitis report 2024: action for access in low- and middle-income countries. Geneva: World Health Organization; 2024.
- [3] Global health sector strategies on viral hepatitis, 2016-2021. Geneva: World Health Organization; 2016.
- [4] Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030. Geneva: World Health Organization; 2022.
- [5] Chang WK, Yeoh EK. Hepatitis B infection in Hong Kong: a serological study of a Chinese population. *J Hong Kong Med Assoc* 1985; 37:27-30.
- [6] Kwan LC, Ho YY, Lee SS. The declining HBsAg carriage rate in pregnant women in Hong Kong. *Epidemiol Infect* 1997; 119:281-3.
- [7] Thematic Report on Viral Hepatitis (Population Health Survey 2020-22). Hong Kong: Department of Health; 2023.
- [8] Wong NS, Chan DP, Chan CP, et al. Point-of-care hepatitis C reflex testing and treatment referral in methadone clinic settings in Hong Kong-a pilot study. *IJID Reg* 2022; 5:8-12.
- [9] Mak LY, To WP, Tsui V, et al. Pilot model of hepatitis C virus micro-elimination in high-risk populations in Hong Kong: barriers and facilitators. *Int J Drug Policy* 2024;132: 104568.
- [10] Surveillance of Viral Hepatitis in Hong Kong - 2022 Report. Hong Kong: Department of Health; 2023.
- [11] Hong Kong Cancer Registry, Hospital Authority. (<https://www3.ha.org.hk/cancereg/>, accessed 20 January 2025)
- [12] Yuen MF, Hou JL, Chutaputti A, et al. Hepatocellular carcinoma in the Asia Pacific Region. *J Gastroenterol Hepatol* 2009; 24(3): 346-53.
- [13] Hong Kong Viral Hepatitis Action Plan 2020 - 2024. Hong Kong: The Government of the Hong Kong Special Administrative Region; 2020.
- [14] Prevention & Control of Viral Hepatitis Infection: Framework for Global Action. Geneva: World Health Organization; 2012.
- [15] Manual for the development and assessment of national viral hepatitis plans: a provisional document. Geneva: World Health Organization; 2015.

- [16] Monitoring and evaluation for viral hepatitis B and C: recommended indicators and framework. Geneva: World Health Organization; 2016.
- [17] Consolidated guidelines on person-centred viral hepatitis strategic information: using data to support country scale-up of hepatitis prevention, diagnosis and treatment services. Geneva: World Health Organization; 2024.
- [18] Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus. Geneva: World Health Organization; 2021.
- [19] World Health Organization. Prevention, Global Hepatitis Programme (<https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hepatitis/prevention>, accessed 20 January 2025)
- [20] Hui VW, Cheung AC, Yip AC, et al. A pilot integrated model nurse clinic increases the uptake of antiviral treatment for the prevention of mother-to-child transmission of HBV. *Liver Int* 2024; 44(10):2583-91.
- [21] Prevention of mother-to-child transmission of hepatitis B virus: guidelines on antiviral prophylaxis in pregnancy. Geneva: World Health Organization; 2020.
- [22] Recommendations on the management and postexposure prophylaxis of needlestick injury or mucosal contact to HBV, HCV and HIV. Hong Kong: Department of Health; 2014. ([https://www.chp.gov.hk/files/pdf/recommendations\\_on\\_postexposure\\_management\\_and\\_prophylaxis\\_of\\_needlestick\\_injury\\_or\\_mucosal\\_contact\\_to\\_hbv\\_hcv\\_and\\_hiv\\_en\\_r.pdf](https://www.chp.gov.hk/files/pdf/recommendations_on_postexposure_management_and_prophylaxis_of_needlestick_injury_or_mucosal_contact_to_hbv_hcv_and_hiv_en_r.pdf), accessed 20 January 2025)
- [23] Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization; 2022.
- [24] Martin NK, Vickerman P, Dore GJ, et al. The hepatitis C virus epidemics in key populations (including people who inject drugs, prisoners and MSM): the use of direct-acting antivirals as treatment for prevention. *Current opinion in HIV and AIDS* 2015; 10(5):374-80.
- [25] Pitcher AB, Borquez A, Skaathun B, et al. Mathematical modeling of hepatitis C virus (HCV) prevention among people who inject drugs: A review of the literature and insights for elimination strategies. *J Theor Biol* 2019; 481:194-201.
- [26] WHO guidelines on hepatitis B and C testing. Geneva: World Health Organization; 2017.
- [27] Guidelines for the prevention, diagnosis, care and treatment for people with chronic hepatitis B infection. Geneva: World Health Organization; 2024.

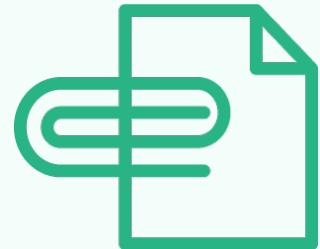
- [28] Guidelines for the screening care and treatment of persons with chronic hepatitis C infection, Updated version, April 2016. Geneva: World Health Organization; 2016.
- [29] Guidelines for the care and treatment of persons diagnosed with chronic hepatitis C virus infection. Geneva: World Health Organization; 2018.
- [30] Updated recommendations on treatment of adolescents and children with chronic HCV infection, and HCV simplified service delivery and diagnostics. Geneva: World Health Organization; 2022.
- [31] Lai JC, Ho AH, Wu CW, et al. HCV elimination in Hong Kong - Non-government organisation (NGO) activities. *Glob Health Med* 2021;3(5):283-7.
- [32] Larney S, Kopinski H, Beckwith CG, et al. Incidence and prevalence of hepatitis C in prisons and other closed settings: results of a systematic review and meta-analysis. *Hepatology* 2013; 58(4):1215-24.
- [33] Dolan K, Wirtz AL, Moazen B, et al. Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees. *Lancet* 2016; 388(10049):1089-102.
- [34] Ahmadi Gharaei H, Fararouei M., Mirzazadeh A, et al. The global and regional prevalence of hepatitis C and B co-infections among prisoners living with HIV: a systematic review and meta-analysis. *Infect Dis Poverty* 2021; 10:93.
- [35] Hong Kong Correctional Services - Annual Review 2023. Hong Kong: Correctional Services Department; 2024.  
(<https://www.csd.gov.hk/annualreview/2023/web/en/chapter/3>, accessed 20 January 2025)
- [36] Mak LY, et al. Novel use of point-of-care hepatitis C virus RNA test for rapid confirmation of sustained virological response after direct acting antivirals among prisoners in Hong Kong. Paper accepted for presentation at: The 34th Annual Meeting of the Asia-Pacific Association for the Study of the Liver; 2025 March 26-30; Beijing, China.
- [37] Polaris Observatory Collaborators. Global prevalence, cascade of care, and prophylaxis coverage of hepatitis B in 2022: a modelling study. *Lancet Gastroenterol Hepatol* 2023; 8(10):879-907.
- [38] Wong NS, Wong B, Poon CM, et al. Achievability of the impact targets for HCV elimination in people who inject drugs by 2030 in Hong Kong. *Int J Infect Dis* 2025; 152 Suppl: 107482.

# Abbreviations



anti-HCV	antibody against hepatitis C virus	MC	Methadone clinic
CHB	Chronic hepatitis B	MSM	Men who have sex with men
DAA	Direct-acting antiviral	MTCT	Mother-to-child transmission
DH	Department of Health	NGO	Non-governmental organisation
DHC	District Health Centre	PHCC	Primary Healthcare Commission
DNA	Deoxyribonucleic acid	PHS	Population Health Survey
EHS	Elderly Health Service	PVST	Post-vaccination serologic testing
HA	Hospital Authority	PWID	People who inject drugs
HBIG	Hepatitis B immunoglobulin	RNA	Ribonucleic acid
HBsAg	Hepatitis B surface antigen	SCVH	Steering Committee on Prevention and Control of Viral Hepatitis
HBV	Hepatitis B virus	STI	Sexually Transmitted Infection
HCC	Hepatocellular carcinoma	WHD	World Hepatitis Day
HCV	Hepatitis C virus	WHO	World Health Organization
HIV	Human Immunodeficiency Virus	WHS	Women Health Service
iCE	iContinuing education		

# 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

Prof. MAK Lung-yi, Loey

Dr. CHEUNG Chi-wai, Stephen

Dr. WONG Chun-kwan, Bonnie

Dr. HUI Yee-tak

Dr. WONG Han, Ann

Dr. KUNG Kam-ngai

Prof. WONG Lai-hung, Grace

Dr. KWAN Yat-wah, Mike

Ms. YOUNG Wai-man, Grace

Dr. LAU Ho-lim

#### 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
<b>1. Prevalence of chronic hepatitis B</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	<b>5.6%</b> (2020-22) [~410 000 persons]
<b>2. Prevalence of chronic hepatitis C</b> 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	<b>0.23%</b> (2020-22) [~17 000 persons]
<b>3. Coverage of timely hepatitis B birth dose vaccine</b> 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	<b>99.0%</b> (2024)
<b>4. Coverage of third-dose hepatitis B vaccine among infants</b> 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: <b>99.9%</b> (2024)
<b>5. Coverage of hepatitis B testing among pregnant women (new indicator)</b> Proportion of pregnant women who were tested for HBsAg during pregnancy	≥ 90%	Statistics on antenatal screening regularly collected by the DH	<b>99.8%</b> (2023)

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

\* 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
<b>9. Proportion of people with chronic hepatitis C who have been diagnosed</b> Number of people with chronic HCV infection who have been diagnosed, divided by the estimated number of people with chronic HCV infection	≥ 90%	Population Health Survey conducted by the DH and estimation from clinical, laboratory and prescription records in the HA	<b>75.1%</b> (2024) * <sup>4</sup>
<b>10. Proportion of people diagnosed with chronic hepatitis B initiating treatment (new indicator)</b> Treatment coverage for people with hepatitis B among those eligible	≥ 80%	Clinical, laboratory and prescription records in the HA	<b>93.7%</b> (2024) <sup>5*</sup>
<b>11. Proportion of people with chronic hepatitis B currently receiving treatment of those eligible</b> 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	<b>87.3%</b> (2024) <sup>5*</sup>
<b>12. Proportion of people diagnosed with chronic hepatitis C initiating treatment</b> Treatment coverage for people with hepatitis C among those eligible	≥ 80%	Clinical, laboratory and prescription records in the HA	<b>76.4%</b> (2024) <sup>5*</sup>

\* 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
<b>13. Proportion of people with chronic hepatitis B with annual follow-up among those not initiating treatment (new indicator)</b>  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	<b>45.5%</b> (2024) <sup>5,6 *</sup>
<b>14. Proportion of treatment attrition among people with chronic hepatitis B in the reporting year (new indicator)</b>  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	<b>3.8%</b> (2024) <sup>5 *</sup>
<b>15. Proportion of people with chronic hepatitis C treated and achieving cure</b>  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	<b>97.4%</b> (2023) <sup>5 *</sup>

\* 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
<b>16. Proportion of people with chronic hepatitis B treated and achieving HBV DNA viral suppression</b> 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	<b>96.2%</b> (2023) <sup>5*</sup>
<b>17. Incidence of hepatitis B (HBsAg prevalence among children five years and younger)</b> 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	<b>&lt; 0.1%</b> (2022) <sup>7</sup>
<b>18. Incidence of hepatitis C</b> 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) <sup>8</sup>
<b>19. Mother-to-child-transmission rate of HBV (new indicator)</b> Proportion of HBsAg-positive infants among the births to women with chronic HBV infection in the previous 12 months	≤ 2% <sup>9</sup>	Statistics on clinical outcomes obtained from the post-vaccination serologic testing programme, regularly collected by the DH	<b>0.2%</b> (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
<p><b>20. Deaths from hepatocellular carcinoma, cirrhosis and chronic liver diseases attributable to chronic hepatitis B and C</b></p> <p>Number of deaths attributable to hepatitis B and C per 100 000 population (total population)</p>	<p><math>\leq 6</math> per 100 000 population per year (combined hepatitis B and C)</p>	<p>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</p>	<p>Hepatitis B: 11.16 per 100 000 population (2024)*; Hepatitis C: 1.97 per 100000 population (2024)<sup>10</sup>*</p>

\* 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.



