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 [1].

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 [2].

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 [3]. 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 [4]. These international frameworks establish specific global targets for both 2025 and 2030, as detailed in Table 1.

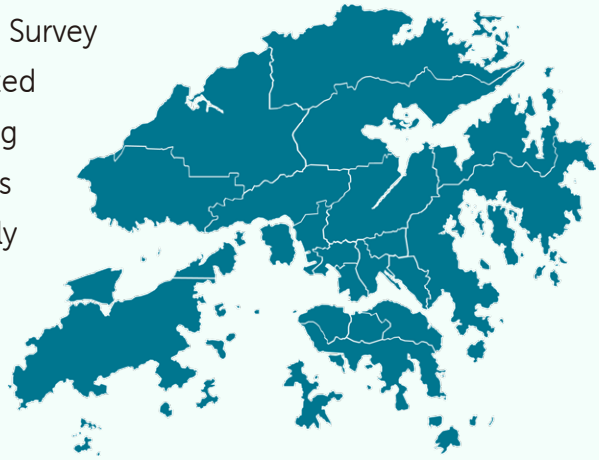
Target Areas	2025 Targets	2030 Targets
Coverage targets		
Hepatitis B - percentage of people living with hepatitis B diagnosed / and treated	60% / 50%	90% / 80%
Hepatitis C - percentage of people living with hepatitis C diagnosed / and cured	60% / 50%	90% / 80%
Percentage of newborns who have benefitted 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%
Impact targets		
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 [5, 6]. 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 [7], 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% [7].

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 [7]. 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 [7]. 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 [8, 9]. 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 [10]. 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

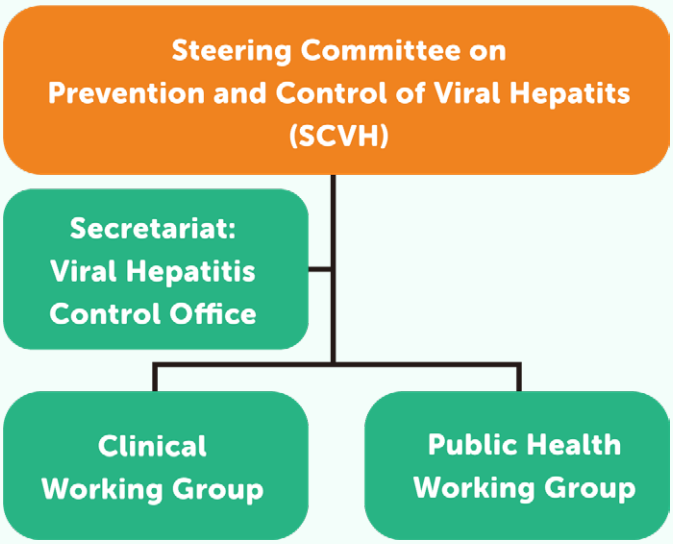
10. The impact of viral hepatitis on Hong Kong's liver cancer burden underscores the need for enhanced prevention strategies. Liver cancer is the fifth most common cancer and the third leading cause of cancer deaths locally. Hepatocellular carcinoma (HCC), the most common form of primary liver cancer, 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 [11].

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% [12]. This pattern remained consistent in 2023, with

documented HBV and HCV infection identified in 74.6% and 7.8% respectively among patients with HCC [11]. 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

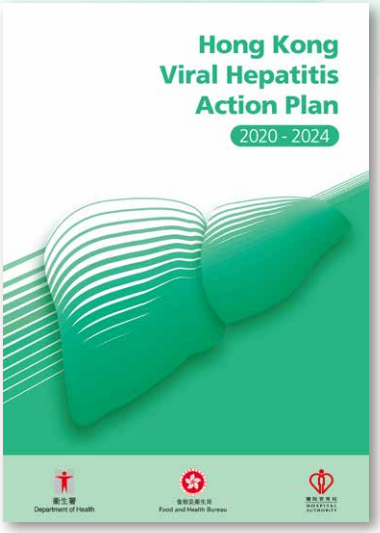
12. Recognising the significant public health threat posed by viral hepatitis, the Hong Kong Government announced in the 2017 Policy Address the establishment of a dedicated steering committee to formulate comprehensive prevention and control strategies. This commitment led to the formation of the Steering 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 [13], 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 [14], 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) 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 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 to 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 condition. 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
Strategy 1: Awareness			
1.1:	**Awareness campaign for the general population**		
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
1.2:	**Professional training for healthcare workers**		
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
1.3:	**Education targeting at-risk populations, patients and their service providers**		
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
1.4:	**Building a supportive environment**		
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
3.2:	**Prevent healthcare-related transmission of HBV and HCV**		
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
3.3:	**Reduce risk and disease burden in vulnerable populations**		
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
4.2:	**Expansion of access to direct-acting antivirals for HCV**		
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
4.3:	**Micro-elimination of HCV infection**		
4.3.1:	**Screen and treat patients with end stage renal failure on dialysis**		
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
4.3.2:	**Screen and treat patients co-infected with human immunodeficiency virus**		
4.3.2.1	Establish a policy initiative to provide DAA for HCV treatment in all HIV-positive patients	SCVH	Completed in 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
4.4:	**Promotion of HCV testing in people who inject drugs**		
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