

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 ^[26]. 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^[27].
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 ^[8, 9]. 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 ^[4]. 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 ^[31].
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 ^[32,33,34], 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 ^[35]. 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 ^[36].
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.