

Strategy 1

Awareness



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- 1. Launch awareness campaign for the general population**
 - 2. Provide professional training**
 - 3. Educate at-risk populations**
 - 4. Building supportive environment**
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45. In contrast to the endemicity of HBV in Hong Kong, public awareness is suboptimal. In 2010, a telephone survey of 506 respondents showed that 55% were aware that hepatitis B was the most common cause of chronic viral hepatitis, and 65% were aware that MTCT was a risk factor. Nevertheless, a majority (73%) erroneously believed that the virus was also transmittable by eating contaminated seafood [36].



Telephone survey: only 55% Hong Kong people were aware that HBV was the most common cause of viral hepatitis

46. Certain misconceptions of HCV are also widespread in the community. Most are unaware that HCV infection can be cured. Many view HCV as relatively benign and patient refusal was the most common reason (31.9%) for patients with HCV infection being left untreated [37]. In a more recent study, 16% of hepatitis C patients refused treatment even if offered [34]. This high level of treatment refusal may partly be attributed to the failure of understanding the seriousness of the disease and the effectiveness of treatment. Besides, some people associate HCV exclusively with injecting drug use and overlook the risk inherent with past exposure to blood and body fluids, MTCT and male-to-male sex. It is thus crucial that awareness and the correct knowledge of HCV are promoted to avoid stigmatisation on the one hand, and enhance acceptance of testing and subsequent linkage to treatment on the other.

A supportive environment is needed to address the consequential service need following increasing awareness.

Community engagement and awareness enhancement for HBV and HCV infections shall be tailored to the needs of different target groups, such as the general public, healthcare workers, at-risk populations, patients and their service providers.

Strategy 1.1: Awareness campaign for the general population

47. Promotion of public awareness, to improve knowledge and awareness of viral hepatitis and to reduce stigma and discrimination associated with the infection in the general population, is essential to prevention and treatment efforts as well as societal support to policy. Promotion activities in the awareness campaign tailored to the general local situation and context should be conducted. Simple and targeted health messages are preferred.
48. Viral Hepatitis Control Office, Department of Health, has been providing health education through various channels, including telephone hotline, internet, printed materials and health talks for the public, etc.



Actions

- 1.1.1  Viral Hepatitis Control Office (VHCO) has its own website www.hepatitis.gov.hk for disseminating various information for the public. The website has been revamped in early 2020 to provide essential and updated information on viral hepatitis, meeting the public's need and improving user experience.
- 1.1.2  Further enhancement to the website to strengthen the design and functionality will be made as required.

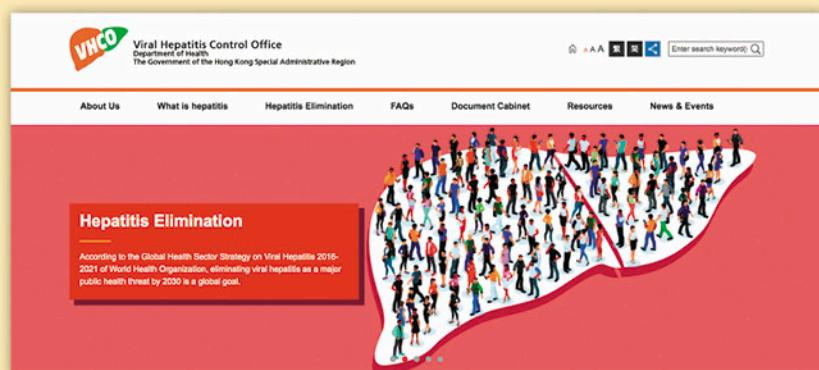


Figure 7. Website of VHCO



1.1.3 **World Hepatitis Day** is a key event to recognise, promote and raise awareness of hepatitis around the world. It falls on 28 July each year. To echo World Hepatitis Day each year, roving exhibitions on viral hepatitis are held to promote public awareness of the prevention of viral hepatitis. Yearly themes of awareness campaign for the coming three years are listed in Table 5.

Table 5. Yearly themes of awareness campaign

Year	Theme
2020	Chronic HBV and HCV infections are asymptomatic but can cause liver cancer
2021	Prevention of vertical transmission of HBV – use of hepatitis B immunoglobulin (HBIG) and vaccine, and use of antivirals during pregnancy
2022	HBV – get tested and treated



1.1.4 The yearly theme of 2023 - 2024 will be decided according to the public's need in the fourth quarter of 2022.



1.1.5 The next stage of awareness campaign, including billboards at bus stops and involvement of Kwai Tsing District Health Centre (DHC), would be launched.

Strategy 1.2: Professional training for healthcare workers

49. Professional training is to promote evidence-based diagnosis and treatment of HBV and HCV infection so as to expand capacity and skills in the hepatitis workforce. The training will improve the quality and consistency of health care delivery, focusing on practical knowledge required in managing HBV and HCV infection.

Knowledge-attitude-practice assessment

50. Evidence indicates that education programmes, whether for professionals or patients, that are based on well-conducted assessments can lead to changes in behaviour [38]. A knowledge-attitude-practice (KAP) assessment is to collect information on the knowledge (i.e. what is known), attitudes (i.e. what is thought), and practices (i.e. what is done) about a specific topic. KAP assessment should be undertaken for the development of professional training materials for healthcare workers' long-term use.

Target audience

51. Different medical specialties are involved in the care continuum of hepatitis. To meet the specific needs of healthcare workers of different specialties, tailored training materials should be developed for different specialties to ensure that patients receive access to appropriate care at key points in their care pathway.
52. Professional training should follow service need and support the implementation of prioritised and policy-driven initiatives. For example, as the use of antivirals for pregnant women with high HBV viral load will be implemented in 2020 - 2021, KAP assessment will be conducted for obstetricians and midwives who are involved in the initiative.

53. KAP assessment will then be conducted for doctors of other specialties, such as (i) medical physicians who are not hepatologists, gastroenterologists or infectious disease physicians, (ii) family physicians and general practitioners, and (iii) other doctors, such as oncologists and surgeons, according to their service need.
54. Appropriate professional development programmes will be developed accordingly to enhance their capability of managing HBV and HCV infections. Professional training materials should also be developed for other groups of healthcare workers.

Actions



- 1.2.1 To improve the capacity and capability to deliver quality care to patients with chronic HBV and HCV infection, professional training programmes with the KAP assessment will be conducted incrementally. The plan is to start with obstetricians and midwives who are going to support new initiatives in prevention of MTCT of HBV (details under “Prevention” section). Thereafter, training materials will be developed for other groups of healthcare workers under the similar framework by phases.

Strategy 1.3: Education targeting at-risk populations, patients and their service providers

55. Counselling and education provided to at-risk populations aim to induce behavioural changes to lower their health risk from contracting HBV or HCV, such as practising safer sex and quitting drug injection practices. Patients and at-risk populations need to know about the transmission route of HBV and HCV and benefits of treatment for HBV and HCV, which can prevent the adverse consequences of chronic HBV and HCV infection, like cirrhosis and liver cancer.

Actions

Education targeting at-risk population, patients and their service providers would be given as follows.

- 1.3.1  Focused education materials on preventive strategies of perinatal HBV transmission will be made available. Specific information on use of antiviral therapy to reduce the risk of transmitting HBV to babies will also be made available to pregnant women with chronic HBV infection of high viral load.
- 1.3.2  Preventing transmission of HBV and HCV by safe injection and safer sex practices should be emphasised. The work can be integrated with HIV prevention programme. For example, distribution of free condoms to promote "safer sex" can be coupled with education about the transmission of HIV and also HBV and HCV.
- 1.3.3  Service providers for at-risk populations, such as PWID, shall be targeted. Information on the implications of HCV infection, benefits of and access to HCV testing and treatment services should be provided to PWID. Standardised training and education materials on HCV infection should also be made available to service providers of PWID.

Strategy 1.4: Building a supportive environment

56. To eliminate HBV and HCV infection, infected persons must be identified and managed to reduce the risk of chronic infection and further transmission of the virus. A supportive environment would pave the way for effective identification and management of HBV and HCV infection.



Actions



1.4.1 Provision of quality testing and treatment is crucial to the successful control of HBV and HCV infection. The service capacities of testing and treatment should be scaled up to match the clinical need.



1.4.2 An evaluation of HBV- and HCV-related service in the public sector, including diagnosis, linkage to care, treatment, follow-up and related support services has to be undertaken to provide useful information to support the longer term planning and capacity building for managing HBV and HCV infection in Hong Kong.